Session 1. Ethics Education and Available Resources

Douglas J. Opel, MD, MPH, FAAP

Overview
Bioethics is relevant to every practicing clinician. Whether it is in the form of a doctor’s duty to his or her patient to maximize benefit and minimize harm or including a patient’s or family’s values in clinical decision-making, medical practice includes a moral component. Bioethics education has therefore been made a priority in medical training programs, and faculty are often called on to give formal and informal ethics teaching. How should bioethics education be approached? What are the goals of bioethics education? What bioethics resources are available to attending pediatricians to help facilitate and promote bioethics education among residents and fellows?

This module highlights the importance of bioethics education in pediatric training and the resources needed to become involved in ethics education. It reviews the goals of bioethics education and discusses research that has evaluated bioethics educational interventions. Participants will learn general approaches to bioethics curricula for pediatric residents and fellows. Participants will also review the available resources in bioethics and identify current debates in the teaching of bioethics to medical trainees.

Instructor’s Guide
- Case Summary
- Alternate Cases
- Learning Objectives
- Suggested Reading for Instructor
- Further Reading
- Case Discussion
- Conclusions and Suggestions

Case Summary
You are the primary preceptor for several residents in a busy outpatient primary care clinic. Over the course of several years, despite what you perceive as an increased prevalence of ethical issues in the clinic setting, you feel that the residents are less attuned to them. Instead, you have noticed that the residents’ focus has shifted to cases about death and dying and other tragic scenarios in the inpatient setting. You decide that you would like to develop an outpatient ethics curriculum for your residents that would explore ethical issues in everyday clinic encounters.

- Is this time well spent? Don’t residents get more than enough ethics education?
- What bioethics educational resources are available to help develop a curriculum?
- Are there models for effective bioethics curricula?
- What should the general goals be for bioethics education?
• Will this make a difference? What outcomes have been improved as a consequence of bioethics education?

Alternate Cases
1. The chief pediatric resident asks you to join her in leading a session with a number of residents who have been involved in the care of an 18-year-old girl with anorexia. The residents are frustrated with how to handle this patient’s continued refusal of recommended treatment. You have been the emergency department attending the last few times this patient has come in, and the chief resident would like you to provide a synopsis of the ethical dimensions of this case to start off the discussion. The meeting is tomorrow and you are on the night shift tonight. Furthermore, you don’t feel very qualified to give an ethics talk. How and where do you begin?

2. You are the coordinator for the pediatric resident noon conference lecture series. The residency director e-mails you in a panic asking for your help in meeting the Accreditation Council for Graduate Medical Education (ACGME) core competency for professionalism. The ACGME site visit at the institution is next month. You agree to help, but despite your interest in resident education, you have no experience developing a formal ethics curriculum.

Learning Objectives
1. Understand the goals and outcomes of bioethics education.
2. Describe the current state of bioethics education in pediatric residency training.
3. Identify current bioethics curricula for pediatric residents.
4. Describe 2 aspects of bioethics education that are presently being debated.

Suggested Reading for Instructor


Case Discussion

What is the current state of pediatric resident education in bioethics? What is the current state of fellowship bioethics education?

Despite the existence of an ACGME requirement since 1997 that all residency programs must provide educational experiences for residents to demonstrate knowledge, skills, and attitudes in professionalism—as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population—45% of pediatric residents queried in a 2004 study rated their ethics education as fair to poor (Kesselheim et al). This finding is even more surprising in light of the fact that most pediatric residency training programs have standardized bioethics curricula. Informal discussions with supervising attending physicians were rated by pediatric residents as being the most influential on their ethics education; however, more than half of the residents surveyed also found formal ethics teaching conferences to be influential (Kesselheim et al). There are little data on the extent to which bioethics education exists in pediatric subspecialty fellowship programs, but there is increased recognition among neonatology fellowship programs that formal ethics curricula are needed (Salih and Boyle).

Why is bioethics education considered to be important?

Focus here on the moral component of medicine. Every physician-patient encounter has a moral dimension (Carrese and Sugarman). For instance, clinical decision-making involves the consideration of patient and family values. Recognizing these values and incorporating them into decision-making requires knowledge and skill in ethics. Other examples of the intrinsic nature of ethics in medicine include the physician’s ethical and professional duties. Physicians take an oath...
to “do no harm.” In doing so, they are obligated in every clinical situation to provide care that benefits the patient and minimizes harm. This too requires ethical sensitivity.

It would be important to first understand what the goals of a bioethics curriculum should be. Besides meeting the ACGME core competency requirement in professionalism, what other goals should one consider?

Emphasize education goals that include acquisition of knowledge of analytic methods and skills as well as awareness of ethical issues encountered in medicine and pediatrics. There are published goals for ethics education that include these goals and provide additional ones, such as understanding the core ethical principles and values of the medical profession, demonstrated competence in core bioethics behavioral skills, appreciation of cultural diversity and its relationships to bioethics, and willingness and ability of faculty to teach clinical bioethics to medical students and trainees in clinical settings in real time (Carrese and Sugarman).

There are several analytic methods or theoretical models available in clinical ethics. None has been deemed the “right” approach and all have value. It might be helpful for clinicians to familiarize themselves with one of the analytic methods in bioethics and use it consistently. One common approach is called the 4-box method (Jonsen et al). This approach draws on 4 features of the case in question to help clarify underlying ethical issues: medical indications, patient preferences, quality of life considerations, and contextual features.

If I’m looking to develop a bioethics curriculum, it would be nice to have a starting point. What bioethics curriculum models are available?

There are published curriculum models for pediatric resident ethics education. The first published curriculum was from the pediatric training program at the University of Washington School of Medicine (Diekema and Shugerman). Other published examples include the curricula of Children’s Hospital Boston and the University of California, Davis. For members of the American Society for Bioethics and Humanities, the Syllabus Exchange Project of the Task Force on Graduate Medical Education on Bioethics and Humanities has posted several other curricula (www.asbh.org/membership/task_force/asbh.html).

What are some other available bioethics resources to help develop the content of a curriculum?

Medical literature contains numerous empirical and conceptual articles on bioethics topics; see “Suggested Reading for Instructor” for a few related to bioethics education. The American Board of Pediatrics offers an annotated bibliography of bioethics references, updated regularly, intended to promote familiarity with bioethics topics and problem solving. This bibliography is available for download (https://www.abp.org/ABPWebSite/resident/bioethics.htm). There are numerous other Web-based bioethics resources. Recommended links include the following:

- American Academy of Pediatrics Section on Bioethics (www.aap.org/sections/bioethics/default.cfm)
- Bioethics Research Library at Georgetown University (http://bioethics.georgetown.edu)
- The American Journal of Bioethics (http://bioethics.net)
- Pediatric Ethics Consortium (www.pediatricethics.org)
Does bioethics education actually make a difference? What positive outcomes have been associated with bioethics education?

Despite the aforementioned reference that found residents to be dissatisfied with their ethics education, education interventions in ethics have proven to be successful in improving several measurable outcomes. For instance, investigators performed a randomized trial comparing the effects of 3 ethics education interventions (control versus ethics lecture series versus ethics lectures series plus case discussions with an ethicist in attendance) involving 85 internal medicine residents and found that residents who received ethicist-mediated educational intervention were more confident addressing ethical issues and procedures with ethics dimensions (Sulmasy et al). In other studies, awareness and knowledge of ethics issues as well as ethical decision-making have all been shown to improve with ethics educational interventions.

What are some current debates about how to teach bioethics?

Bioethics teaching has historically focused on tragic cases encountered in the inpatient setting (Liaschenko et al). Not as much attention has been focused on the ethical dilemmas that arise in less dramatic settings, such as in routine encounters in a primary care clinic. There has been a movement over the last few years to not only better understand everyday ethics issues that pediatric residents encounter (Moon et al) but develop approaches that help residents learn how to navigate these ethical issues. Another interesting debate concerns the effectiveness of using instructor-generated cases versus resident-generated cases. Many curricula use instructor-generated cases, but there may be utility to increasing the number of resident-generated cases in curricula (Kon).

Conclusions and Suggestions

Bioethics education is an important part of pediatric residency training. There are numerous resources and curricula available to help in the development and augmentation of bioethics educational interventions.