Ethics Thread - Gretchen Schwarze

PC4. Perform basic technical skills related to the care of the patient including the appropriate utilization of informed consent.

PR3. Adhere to ethical principles in working with patients and populations.

1. Truth: When must we tell the truth? Can it be permissible to mislead or lie?

   a. Intro to ethics
   - Construct a framework to facilitate the analysis of complex clinical ethical problems.
   - List key ethical principles
   - Describe key limitations to the use of principles in ethical decision-making, and assess alternative approaches.
   - Explain how conflict can arise even when everyone wants what is in the best interest of the patient and a process is needed to resolve these disputes.
   - Describe a hospital Ethics Committee’s role and function, and its relationship to the courts.
   - List key aspects of state and federal law that affect the doctor-patient relationship.

   b. Ethics in the care of children and adolescents
   - Discriminate between the best interest standard and the reasonable person standard and how this impacts decision making for pediatric patients.
   - Explain clinical conflicts in which the protection (or conversely, violation) of confidentiality for pediatric patients is in the interest of the patient.
   - Discuss the role of paternalism in pediatrics.
   - Explain the concept of developing capacity
   - Discuss parents’ claims to raise their children in a way that is congruent with their own values including refusal of treatment.
   - Describe the special status of adolescents in regard to sexual and reproductive decisions.
   - Define “emancipated minor” and “mature minor”.
   - List key aspects of state and federal law that affect the rights of minors and the duties of their physicians.
   - Describe special consideration relating to children as subjects in human subject research

   c. Disclosure of medical errors
   - Identify medical errors, and be able to discuss
     o definitions of relevant terms
     o systems perspectives on medical error
   - Explain why medical errors occur in health care, the impact of medical errors, and how the system of care is an important determinant of patient safety
   - Classify human error, human performance, and fallibilities
   - Describe the rationale for disclosure of unanticipated outcomes
   - Identify the steps to take when disclosing an error or unanticipated outcome
   - Describe key aspects of medical malpractice law
   - Demonstrate communication skills for discussing unanticipated outcomes with patients and families, including managing emotion and providing transparency
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- Demonstrate skills necessary for participating in and supporting system improvements through root cause analysis
- Employ strategies for personal processing of unanticipated outcomes
- Elicit patients’ perspective about unanticipated outcomes regarding their need for information and care from their doctor
- Defend the importance of participating in efforts to improve care through good communication, event reporting, systems analysis and support of common goals.

d. Content of the medical record

- List key aspects of state and federal law governing management of the medical record
- Discuss the impact of data sharing on health care quality and patient confidentiality

e. Treatments versus enhancements

- Assess the issues surrounding boundaries of treatment vs. enhancement (e.g. growth hormone, steroids, albuterol)
- Discuss why some people, including insurers and health care reformers, believe the distinction between treatment and enhancement is important. Be able to defend this perspective and to attack it.
- Discuss why some believe the distinction has no coherent basis and is of uncertain moral significance. Be able to defend this perspective and to attack it.

2. Loyalty: How should physicians balance their loyalty to the patient with their obligations to their employers, to public health/safety, and to religious groups?

a. Rationing/allocation of scarce resources (transplants/ICU beds/dialysis chairs)

- Distinguish among priority-setting methods used to determine who receives care
- Explain how rationing can raise serious problems of justice.
- Compare rationing in emergency situations with rationing in everyday clinical practice (e.g. through insurance status, co-pays, etcetera).

b. Public health – preventive treatments and refusals to participate (e.g. measles vaccines)

- Discuss the complexity of resolving cases in which considerations for the public health conflict with the interests of individuals and be able to defend both sides if this type of conflict.
- Assess how one balances the individual rights of a patient versus the benefit to society.
- Describe what criteria must be satisfied to enact a public health intervention
  - Screening (e.g. newborn screen tests)
  - Treatment (e.g. vaccination)
  - Abuse reporting
  - Surveillance
  - Quarantine
  - Soft drinks, tobacco, helmets, seat belts
- Prepare a strategy to respond to patients who disagree with public health recommendations.

c. Stewardship of the health care system
• Describe the enormous costs (financial, emotional, opportunity, etcetera) associated with medical care
• Describe the impact of rationing at different levels of the health care system
• Describe clinical situations in which rationing may occur
• Describe obligations to employers and workers in the context of occupational health screening and monitoring
• Explain the rationale for different strategies to allocate resources from global allocation policies to the bedside.
• Explain why healthcare is rationed and must be rationed.
• Describe the importance of efficiency in the use of health-care resources
• Describe the importance of how the system of health-care provision is organized.

d. Lying to others (insurers/family)
• Appraise the ethical arguments surrounding truth telling
• Prepare a strategy for when you are asked to lie to insurers, employers, or family members

e. Research ethics (problem of dual loyalties)
• Outline an appropriate course of action when participation in a research study is the only way that a patient can access certain forms of care.
• Describe situations in which a physician’s research interests may enhance or jeopardize appropriate patient care.
• Define the “therapeutic misconception.”
• Describe its implications for informed consent for participation in research.
• Explain arguments for and against “duty to care” for illnesses discovered in the course of a research study
• Recall basic ethical issues in research involving human subjects
• Distinguish basic ethical difference between the researcher’s vs the clinician’s obligations to patients/subjects
• Describe the “Tuskegee Study” “Nuremberg Trials” and “Willowbrook Study”

3. Choice: Who decides which medical intervention is appropriate, and how much information is needed for an informed choice to go forward or to decline?

a. Competence/ decision making capacity/ treatment refusal
• Explain under what conditions treatment may be refused.
• Describe the standards used in decision-making for those lacking capacity
• Explain how decisions about who is capable / incapable of making decisions are made.

b. Goals of care and futility
• Describe the different definitions of futility.
• Discuss the strengths and pitfalls of each definition of futility.
• Explain and justify a course of action when you are asked to provide care you believe to be medically inappropriate.
• Describe the process for unilateral withdrawal of life supporting treatment in states with futility laws and in states without such laws.
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- Defend why it is essential to determine a patient’s goals of care in order to make treatment decisions.

c. Informed consent and shared decision making
- Explain the historical emergence of the concept of “informed consent”
- List the five typical components of the informed consent process.
- Explain the legal requirements for informed consent in Wisconsin.
- Discuss the pitfalls in communicating risks and benefits to patients as it relates to the problem of uncertainty in medicine.
- Explain both the value and limits of evidenced based medicine as it applies to clinical decision making.
- Identify cognitive errors such as anchoring bias and availability bias which may interfere with medical decision making.
- Describe methods to understand and support patient preferences using shared decision making.
- Identify instances where lack of respect and compassion for people impairs patients’ rights to autonomy and self-determination
- Given a case or scenario, assess:
  - Whether the primary components of the informed consent process have been addressed.
  - Whether the legal requirements for informed consent in Wisconsin have been met.
  - What pitfalls in communicating risks and benefits may be present.

d. Contraception/Abortion/Reproductive technologies/Maternal-fetal interactions
- Describe the legal right of adults and minors to obtain contraception, and identify the limited exceptions to this right
- Describe the legal protections for elective abortion and identify the physician’s responsibilities under relevant state and federal law
- Describe the rights of patients to refuse contraceptives and sterilization
- Identify moments in history when the medical profession has been involved with reproductive abuses and describe why the history matters
- Identify the ethical or legal constraints on the general right of patients to use assisted reproductive technologies
- Identify the ethical concerns that have emerged with fetal surgery and other fetal interventions
- Identify ethical issues raised by court-ordered treatments for pregnant women; be able to attack and to defend such court orders.
- Summarize claims about the difference and similarity between abortion and infanticide
- Draw the distinction between concerns about interests of the fetus vs concerns about the future possible child

e. Advance directives
- Describe the criteria for decision-making capacity and when a power of attorney for health care may be activated
- Identify the difference between a “living will” and “durable power of health care.”
Analyze the complexities of using patient’s advanced directives in a clinical setting.
Recall the definition of Persistent Vegetative State and how this designation influences treatment withdrawal decisions
State the difference between substituted judgment and best interests
State five problems with advance directives
Summarize the Edna MF decision and why it appears to conflict with good medical practice

f. Death and definitions of death
- Describe the historical and cultural context in which “brain death” became a criterion for death of a person.
- Identify the current legal criteria and medical standards for meeting the criteria for “brain death” in relevant state and federal laws
- Identify five points of contention surrounding the adequacy of the legal criteria or medical standards for “brain death”
- Define cardiopulmonary death; discuss its limitations
- Describe the Dead Donor Rule; discuss its implications and limitations

g. Religious and cultural influences on autonomy
- Create a framework to understand the influence of religious and cultural beliefs on patient decision making.
- Create a strategy to respect patient autonomy when it is threatened by social hierarchies.
- Assess the implications of patients’ religious and cultural backgrounds for the provision of health care.
- Assess the implications that health care providers’ religious and cultural backgrounds may have for the provision of health care.
- Identify the role that religion and spirituality play in the current structure of American medical practice and determination of health outcomes.

h. Cultural dimensions of illness and health
- Discuss respect for the human body as it pertains to dissecting a cadaver.
- Describe the privilege and responsibility involved in touching others’ bodies in a professional context.
- Identify the role of culture in shaping patients’ ideas about body normativity, health beliefs and medical practice.
- Describe how the inherent inequalities of the doctor-patient relationship shape the nature of the clinical encounter in both local and global contexts
- Describe how disease categories and the criteria for diagnoses change over time
- Describe key features of medical culture—including its historical development—as it shapes health care providers’ ideas about body norms and appropriate medical interventions.
- Discuss two examples of how culturally specific ideas about health and illness altered medical practices over time in the U.S.
- Discuss one example of how culturally specific ideas about health and illness altered assessment of health outcomes.
- Explain how expectations of gender shape disease categories and diagnostics
Discuss how individuals who identify with socially stigmatized groups might especially fear medical encounters.

Analyze the impact of social inequalities in the shaping of ideas about race, medical hierarchies and public health policies.

Describe historical examples of medical racism and analyze how they might still influence how communities of color value medical institutions.

Analyze how ideas about race, class and gender impact interactions between patients and doctors.

Identify problems associated with ethnic and racial labeling in medical research and practice.

Analyze how scientific and medical research and the evidence it produces is socially and culturally shaped.

4. Confidentiality: What are the duties of confidentiality, ethical and legal, and what are the exceptions? What should be done where the rules are in tension?

a. Confidentiality and privacy
   - Distinguish privacy from confidentiality and explain why confidentiality is important in a medical setting.
   - Define what constitutes a breach in confidentiality.
   - List circumstances when breaching confidentiality is appropriate.
   - Propose and justify a course of action when you are asked to provide confidential information.
   - Describe what the Tarasoff case was about.

b. Reporting of abuse
   - Identify the categories of mandatory reporting for abuse.
   - Distinguish criteria for mandatory vs voluntary reporting.
   - Identify the key private or public authorities who must be notified in cases of abuse.

c. Ethics of disabilities
   - Describe the historical context of the treatment of individuals with disabilities.
   - Identify ethical concerns surrounding treatment of individuals with disabilities and quality of life.
   - Identify how QALYs, DALYs and other health-related quality of life indicators are used in health policy making, and assess ethical arguments for and against these indicators.

d. Reporting of illnesses (public health: genetic diseases, infectious diseases)
   - Identify the ethical tension between the physician’s fiduciary responsibility to the individual patient versus the larger community.
   - Discuss rationales used to distinguish among reportable and non-reportable diseases, and how these distinctions have varied over place and time.
   - Describe the key issues of reporting using HIV as an example.

e. Genetic screening/engineering/gene therapy
   - Discuss the duty to inform patients about expected and unexpected results.
• Explain the ethical concerns regarding privacy of genetic information
• Describe ethical issues raised by stem cell technologies

5. Professional Integrity: How should physicians at each stage of career operate within a hierarchy?

a. Conflict of interest with industry
   • Describe situations in which interactions with industry jeopardize the physician’s fiduciary duty to his/her patient.
   • Identify instances in which there may be a concordance of interest between physicians and industry.
   • Create a personal strategy for minimizing conflict of interest as a medical student and future physician.
   • Defend arguments for and against restrictions on doctors’ interactions with industry.
   • Explain how motivated reasoning affects one’s decision-making ability.
   • Apply the principles of unintentional and unconscious self-serving bias to explain potential conflict of interest scenarios.
   • Defend arguments for and against full disclosure of financial gifts to patients.

b. Payment structures (FFS/capitation/HMO)
   • Explain how the formation of an Accountable Care Organization might encourage physicians to utilize resources judiciously in comparison to Fee for Service Medicare.
   • Describe how the structure of capitation (ACOs) promotes a strategy to share incentives among providers (keeping score).
   • Critique the advantages and disadvantages of capitation with regard to individual physician practices.

c. Conflict between providers
   • List possible impacts of inter-provider conflict on patient safety.
   • Define “disruptive behavior” and list examples.
   • Create a personal strategy to maximize smooth and effective inter-provider communication.

d. The right to refuse provision of treatment
   • Assess the role of “refusal clauses” in the delivery of reproductive care to women and in other circumstances.
   • Define “conscience clause.”
   • Create a strategy to address conflict between physician discretion or personal conscience and patient rights.
   • Construct an argument for and against the principle that professionals have a duty to put patient rights and needs ahead of personal philosophies.
   • Identify where conflicts in daily practice may exist between physicians and patients.

e. Duty to rescue
   • Describe the duty to rescue;
   • Assess the use and limitations of duty to rescue in medicine
f. Duty to serve (catastrophes: HIV, Ebola, Haiti, Katrina)

- Defend why obligations to the group vs. the individual may be different in catastrophic situations vs. ordinary clinical care.
- Define standard of care and determine how this is used in ordinary clinical practice vs. catastrophes.
- Appraise ethical obligations of physicians who are asked to respond during catastrophes.
- Appraise ethical obligations of physicians asked to respond to ordinary and ongoing inequities in medical care.