

Ethics Integration into Clinical Clerkships: a comparative study & a student's perspective

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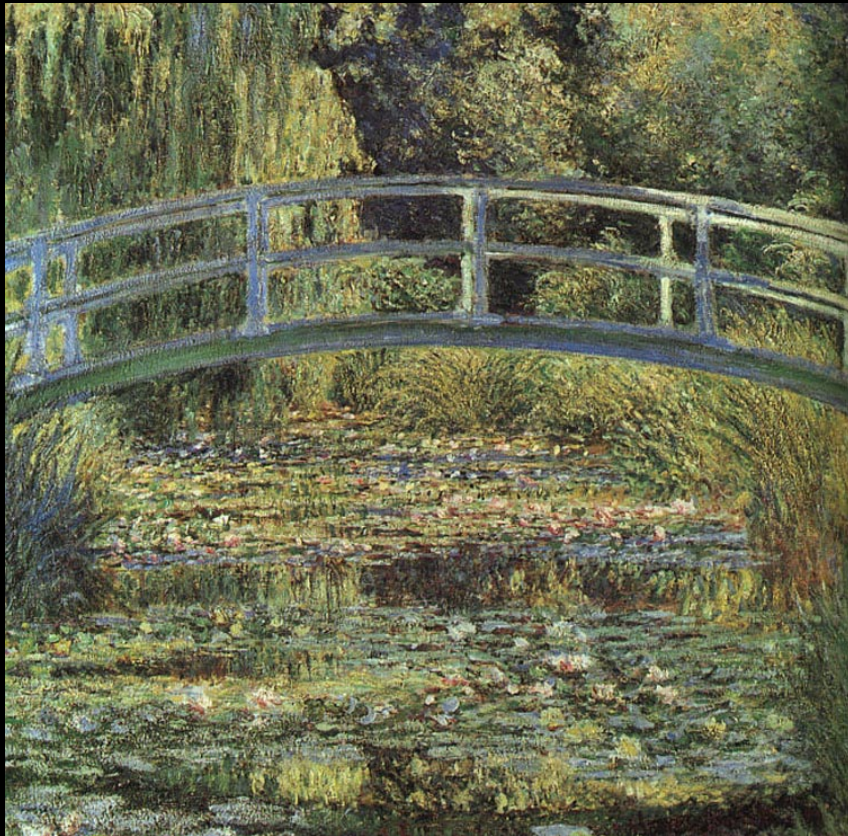
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SOMA Ethics Ed Program 2012-13



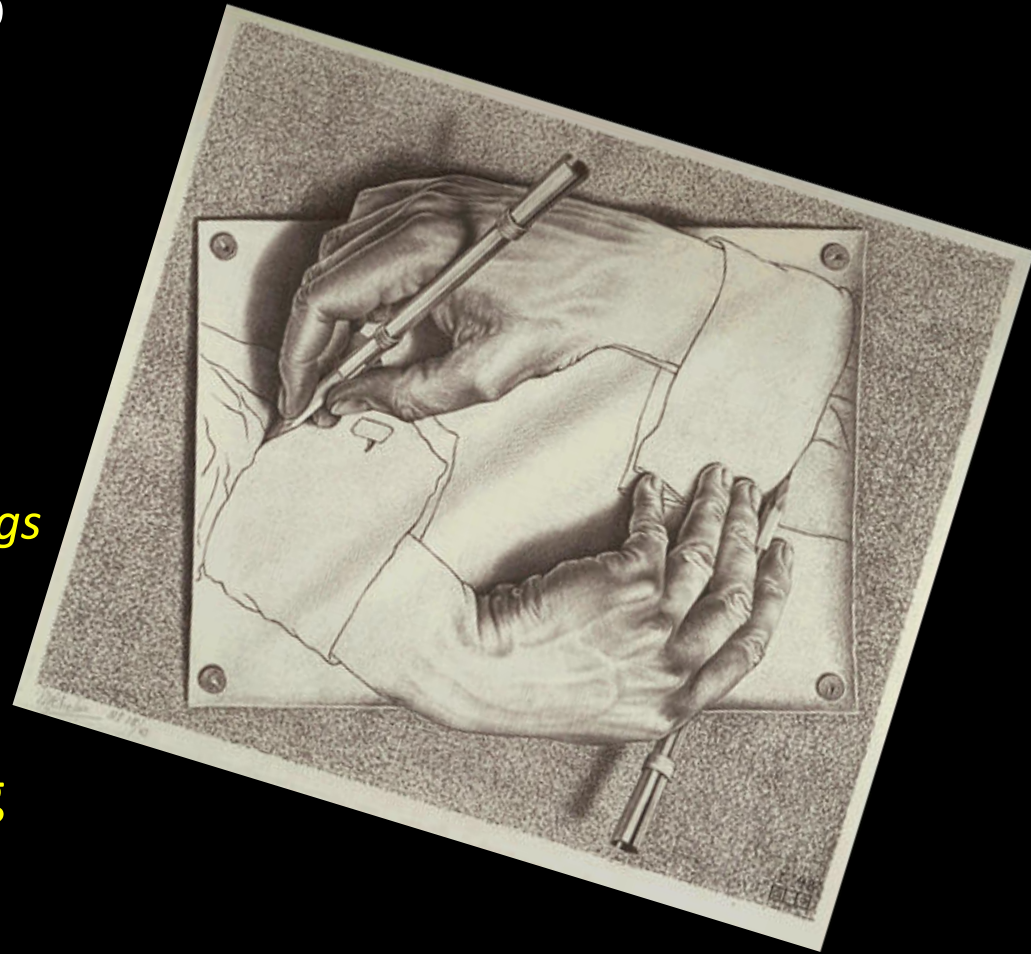
Desired Outcomes:

1. For the students to be able to identify an ethical issue when they see one
1. For students to be able to imagine more than one possible response—at least in retrospect

...in a safe, dialogical space

Longitudinal Ethics @ UNC SOM-A

- *Continuity* care w/ patients
- Inpatient weeks, rural surgery, ED
- Art of Medicine seminars
- Master Clinician cases
- **Ethics notes in clinical logs**
 - *Mining the logs*
 - *Monthly ethics case study*
 - *Ethics research website & readings*
- **Hospital Ethics Committee**
- **Ethics Grand Rounds**
- **Individual conferences, writing**



Pre-test & Post-test questions

1. Name the kinds of ethical issues you expect to encounter/**encountered** in your clinical work this year. **SOM-A = SOM-CH**
2. What makes those specific issues you listed "ethical"?
SOM-A = SOM-CH
3. Select TWO of those identified issues and write what you hope you would do to respond in a morally reasonable way to that situation.
Write what you did and one other way of responding that would also be morally reasonable.

Contrast = w/ #3... in post-test.

+ Moral distress inventory



[Photo: Patricia Hinz, MD. Palo Alto Med Fndation. Santa Cruz, CA](http://blogs.adobe.com/conversations/2012/08/adobe-stories-photography-as-another-type-of-medicine.html)
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Results-pre-test #1 2012-13:

Name the kinds of ethical issues you expect to see this year

UNC SOM-Asheville

=

UNC SOM-Chapel Hill

- Informed consent
- Conflicts of interest (pharma, etc)
- Access to good care
- Different values from patients
- Medical education & ethics
- Respect for patients (jokes, derogatory comments, etc.)
- Patient autonomy v. clinical beneficence

- Informed consent
- Conflicting values with attendings, residents
- Conflicting values from patients
- Medical education & ethics
- Access to good care
- Respect for patients (etc.)
- Patient autonomy v. clinical beneficence



2012-2013 post-test results: SOM-A

Identification of ethical issues

- 401 issues identified in logs
- 2/3 of issues = inpatient
- 1/3 of time = inpatient
- 2/3 of time = outpatient
- 1/3 of issues = outpatient

Themes (in priority order)

- MD responsibilities, truth-telling & disclosure, informed consent, respectful, clear communication
- End-of-Life issues
- Patient rights, informed consent
- Access/ economic justice / systems
- Medical education & ethics
- Beginning of life issues



2012-13 Post-test Results, SOM-CH

Themes – in priority order

Many fewer issues identified in post-test. SOM-CH students did not log re ethical issues—only medical issues, procedures, Dx

- MD-patient relationships (poor communication with pts and with team, lack of respect for those lower in hierarchy and for patients)
- End-of-Life issues (stopping futile care, hospice, pressures to prolong treatment, abortion)
- Systems/ economic justice/ access to care
- Medical education & ethics (sexual harassment, speaking up v. superiors in hierarchy; ed for med student v. best care for pt)

SOM-A

The end-of-life cases are the most difficult. Mr. O had MOST form, but his SNF & family sent him to the hospital, the ICU... NOT what he'd said.

I'm concerned about this issue and am trying to be active in addressing it in my career.



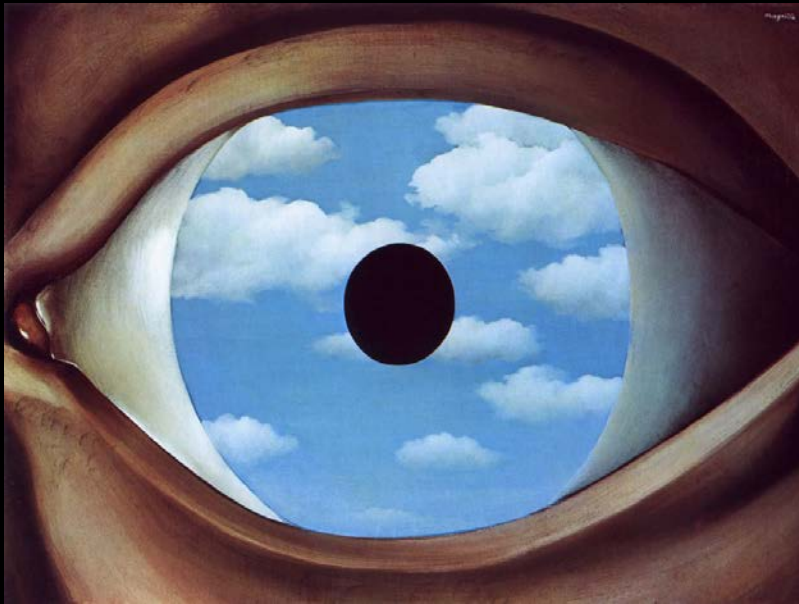
SOM-CH

My first day on a service – MVA. After 2 successful surgeries, Pt crashed. Pt's partner came. Code. Attending talked after pt died. Partner returned with more ?. Attending refused to talk: "I already did."

Then partner spoke to me., but I didn't know why patient crashed. felt terrible. ... Our team did not help process that tragedy.

Select TWO (2) cases; describe;
imagine one other possible response

UNC SOM-Chapel Hill



- 19 y/o said “yes” to lumbar puncture by med student; her father disagreed
- Pt sexually harassed student; team laughed
- Resident told me to do digital rectal xm – unnecessary for pt
- Two different parents with children with CP; one set “too involved” one too little involved. Judgment from care team on both.
- “Informed consent as I’ve seen it practiced is a legalistic sham...”

Q#3, continued (select situations, imagine possibilities)

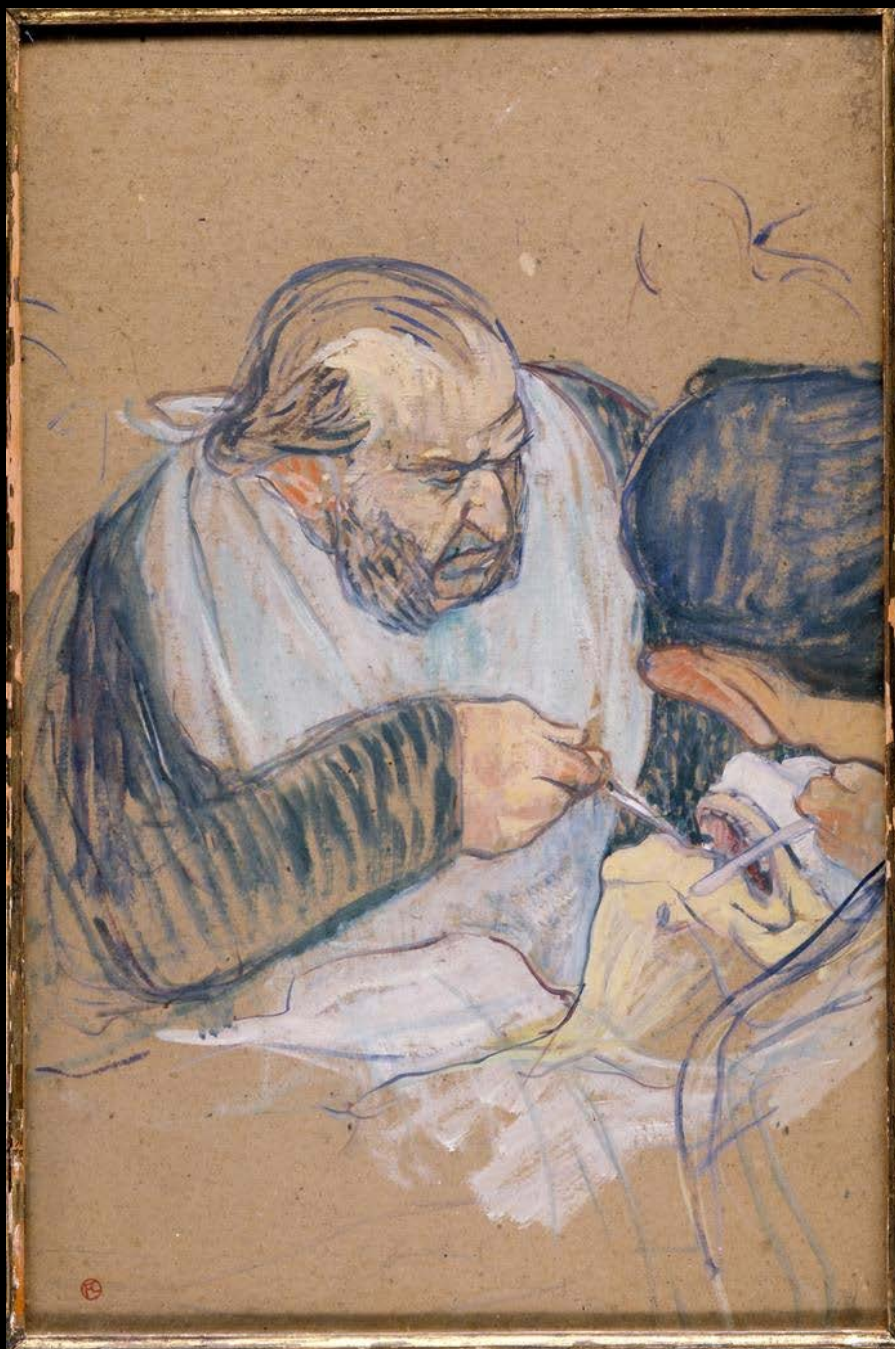
SOM-A

- 9 y/o boy with Asberger's, bed-wedding, more. Right after Sandy Hook. Grandmother – “He’s really into guns” → what to say???
- Many visits with old man— alcoholism, dementia, cardiac disease.... By end of year, → SW connection, sister with HCPOA, & plan!





- 98 y/o in ICU; son refused to withdraw care: *“I felt we were flogging the patient”*
- Several patients whose diseases were labeled *“psychogenic.”* I felt like MDs ...hide behind *psychogenic* when we don't understand.... Many of these pts had low SES & no voice....



SOM-A

- 'Barriers to care' is ...tricky. There is only so much a physician can do ...inside the exam room...My response to this is pursuing an MPH to determine how I can do more on a community level to improve health....”.
- Empathy has occasionally been my most challenging ethical concept to practice....Some pts ...I just don't like. Best advice...: find something good in that patient, because EVERYONE has something good in them....



Preliminary Results from qualitative data ...

Q 1: identification of ethical issues

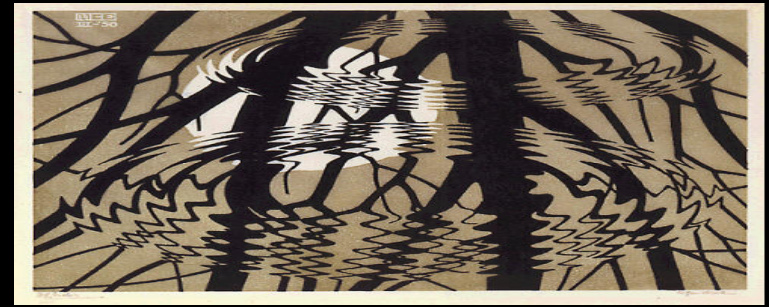
Pre: SOM-A = SOM-CH

**Post: same themes; SOM-A # > CH;
CH cases more blatant. A: more subtle**

Q 2: criteria for “ethical” issues

pre: same; post: same categories;

**post : SOM-CH not much change from pre;
SOM-A – same categories & themes, with
richer descriptions.**



Q 3: select two cases; tell story; identify alternatives

Pre: relatively similar

**Post: SOM-A = more nuanced ;
empowered re addressing systems**

Why the difference at the end?
Integrated ethics with LIC? ID issues
Throughout year; writing, reflecting,
guided, together, in safe space

Were ethics sessions helpful?

SOM-A

- I can't tell you how much the ethics curriculum enriched my clinical experience and I am very appreciative of the opportunities it provided to share my thoughts/concerns during the year.
- *I highly valued a curriculum that explicitly valued my character as a student and future provider. I am glad this was not shoved aside, and that I was encouraged to grow and develop as a person, with support, as my medical knowledge also grew.*

SOM-CH

- “ It snowed that day and was cancelled.”
- I wish I'd been keeping a log of the kinds of ethical issues you asked about. I know that lots of them happened, but at this point I can only really remember the ones that caused me moderate to severe distress or that were more recent.”

I've seen that medical care does not always help, can't always help. I've seen that often what matters most is being heard, being listened to, being understood. I've seen that often the best thing I can do is absolutely nothing, besides be there for someone when they need it. I hope I will never forget this year. Patients come in every day, and trust us with their most intimate secrets, fears, and moments. They share their vulnerability with us, and we have to cherish that.



**Jacob Stein, SOM-A MS3 2012-13
Currently in MPH program**