Analysis of Work Assignments After Medical Ethics Workshop for First-Year Residents at Siriraj Hospital

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ABSTRACT

Background: Upon entering the residency training program, all 1st year residents at Siriraj Hospital must join medical ethics workshop held by the Division of Postgraduate Studies. At the end of the workshop, the residents were given a work assignment to write a clinical ethics situation they have encountered in their past practice.
Methods: This study is an analysis of content described in the work assignments in order to gain the information regarding common medical ethics dilemmas, which the physicians faced in the early days of practice.
Results: 740 work assignments were reviewed. The 4 most common ethical principle mentioned in these assignments were autonomy (144, 19.5%), palliative care (133, 18.0%), beneficence (121, 16.4%), and confidentiality (110, 14.9%). More than half of the situations described were during their internship (474, 64.1%) and tended to distributed equally among community hospital (39.1%), university hospital (28.0%), and general hospital (24.3%).
Conclusion: This study should raise the awareness of the medical educator towards these medical ethics issues during curriculum planning.

Keywords: Medical ethics; medical education; postgraduate training

Siriraj Med J 2016;68:358-362
E-journal: https://www.tci-thaijo.org/index.php/sirirajmedj
doi:10.14456/smj.2016.24

INTRODUCTION

Medical ethics or professionalism is one of the competencies stated in nearly all postgraduate curricular. The Accreditation Council for Graduate Medical Education (ACGME) included professionalism as one of six core competencies, stating that "Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles."[1] Postgraduate education is different from undergraduate education in many ways, mainly because the outcome of training is to transform a young physician to be an expert in that specialty. Since possession of clinical experience can affect the learners' attitude to be more preferable towards medical ethics education[2], teaching medical ethics to the residents should pass through basic ethical theory and push effort towards detailed discussion in ethical dilemmas.

After receiving learning experience, the learners should give a reflection to integrate the knowledge into their existing knowledge structures.[3] Furthermore, these work assignments may be considered as feedback data from the learners. Thus, they hold many useful information for the course administrator. Also, medical ethics curriculum should be shaped by feedback from learners as a part of stakeholders.[4]

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Received 4 July 2016
Revised 19 September 2016
Accepted 23 September 2016

MATERIALS AND METHODS

Medical ethics workshop

Upon entering the residency training program, all 1st-year residents at Siriraj Hospital must join medical ethics workshop held by the Division of Postgraduate Studies. The workshop is 1-day long, and comprises of 3 sessions. First session is an interactive lecture on professionalism. Second session is about end-of-life care portrayed by watching a movie regarding end-of-life situation, and discussion of the lesson learned from the movie. In the last session, the residents are divided into groups of 10 persons rotated through 6 ethical scenario discussions. The scenarios were shown in Table 1. At the end of the workshop, the residents are given a work assignment, which is to write a clinical ethics situation they have encountered in their past practice, describe ethical principles applied to such situation, and also summarize the lessons they have learned from that situation.

Assignment analysis

The work assignments from workshop year 2013-2015 were obtained by the author. The author then analyzed and tried to conclude one main ethical principle from the clinical situation described in each assignment. If a resident described more than one ethical principle, only one core principle would be picked for analysis. Other information collected from the assignment for analysis included the time period of the event (e.g. medical student, intern year, residency training), the workplace in hospital (e.g. ward, outpatient, and etcetera), and the level of hospital (e.g. community hospital, university-based hospital, and etc).

Ethical consideration

The research process was reviewed and approved by the Institutional Review Board of Siriraj Hospital (Si.439/2015).

RESULTS

740 pieces of work assignments were reviewed. The author categorized the ethical principles based on learning objectives from the workshop which were based on 4 essential principles, including autonomy, beneficence, non-maleficence, and justice. Since palliative care and medical negligence had their own session in the workshop, they were considered as distinctive entities. It is also factual that palliative care is a concept formed by many ethical principles, including autonomy, beneficence, and doctor-patient relationship. Confidentiality was also considered as unique ethical principle, because of legal aspect. Professionalism was considered when the residents stated physician's behavior or conduct as a main plot. Doctor-patient relationship was categorized when either communication or relationship was the main point in assignment.

Ethical principles mentioned in the assignments were shown in Table 2. Autonomy was the most common ethical principle stated (144, 19.5%), followed by palliative care (133, 18.0%), and beneficence (121, 16.4%). There was neither significant difference nor notable change in ethical principles mentioned between each workshop year, from 2013–2015, and different residency program (data not shown). There were some misunderstandings among the residents about the term "medical ethics", since 8 of them described a situation like inspiring physician they have seen or why they wanted to be a medical doctor.

More than half of the situations described were during their internship (474, 64.1%) or the first 3 years before they engaged in the residency training. They were distributed nearly equally among community hospital (39.1%), university hospital (28.0%), and general hospital (24.3%). These data are shown in Table 3 and 4.

The author further analyzed 4 common ethical principles into sub-categories, as follows.

Autonomy

The assignments describing autonomy could be divided into 3 groups, 68 (47.6%) in disclosure issue, 41 (28.0%) regarding conflict with patient's best interest, and 35 (24.5%) in decision making in informed consent, shown in Table 5. Many physicians stated that they encountered a situation where many family members did not want their relatives (mostly their parents) to know his/her diagnosis. This created an uncom-

TABLE 1. The scenarios used in workshop.

Case	Brief scenario	Related ethical principles
1	15-year-old female, who was diagnosed with acute leukemia, would like to involve in treatment plan. However, her mother did not want her to know and wanted to seek treatment from alternative medicine.	Patient Rights, Informed Consent, Confidentiality
2	Two patients needed to admit to intensive care unit, but there was only one unit available. The resident was asked to decide which patient should be admitted to intensive care unit.	Equity in Health, Resource Allocation, Beneficence
3	65-year-old patient with progressive muscular dystrophy made an advance directive to limit his treatment to palliative care and place non-resuscitation order. Her daughter have just arrived hospital and would like to have her father full treatment.	Ethical Issues at the End-of-Life Care
4	Two physicians received medical text-books, drug samples, meals, and movie tickets from drugs representative. The resident was asked to discuss these doctor's behaviors.	Pharmaceutical Industry Relationship and Professionalism
5	A patient with lung cancer had bleeding complication during surgery and received blood transfusion. An anesthesiologist found an unmatched pack red cell bag left in an operating room after the operation. The resident was asked to discuss the scenario and further management.	Medical Negligence, Truth Telling
6	25-year-old female visited emergency department due to severe laceration wound on her face. An on-call resident took her photo by mobile phone and sent it to senior resident for opinion. Unfortunately, the senior resident forwarded her photo to his friend because he found out that she was an actual superstar.	Informed Consent, Confidentiality

TABLE 2. The frequency of each ethical principle stated in the assignments.

Ethical principles	Number of assignments (N = 740)
Autonomy	144 (19.5%)
Palliative care	133 (18.0%)
Beneficence	121 (16.4%)
Confidentiality	110 (14.9%)
Professionalism	88 (11.9%)
Medical negligence	81 (10.9%)
Justice	28 (3.8%)
Doctor-patient relationship	27 (3.6%)
Unclassified	8 (1.1%)

TABLE 3. Time period when the events occurred.

Time period	Number of assignments (N = 740)
Intern	474 (64.1%)
Residency training	203 (27.4%)
Medical student	12 (1.6%)
Not mention	51 (6.9%)

TABLE 4. Level of the hospitals mentioned in work assignments.

Level of hospital	Number of assignments (N = 740)
Community hospital	289 (39.1%)
University hospital	207 (28.0%)
General hospital	180 (24.3%)
Private practice	13 (1.8%)
Not mention	51 (6.9%)

fortable atmosphere during morning ward round or each outpatient visit. It is observed that most of the residents did not mention the term “therapeutic privilege” in their work assignments. The second theme described was a situation where a patient preferred opposite care to that suggested by a physician or refused to have a treatment. This situation was classified as “conflict with patient’s best interest”. In this category, the physician valued their treatment decision based on patient autonomy. The third category was problem in a decision making process when asking for patient consent, such as communication barrier in minority population, or communication failure.

Palliative care

There were 85 (63.9%) assignments which described a situation where the autonomy of patient was a major concern, e.g. a family did not want to follow advance directive, or the patient did not want family to know the prognosis. Another 45 (33.8%) assignments described the situations where patients were unresponsive and they have to provide palliative care based on patient’s best interest. Another 3 cases described a moment of communication regarding end-of-life situation. These are shown in Table 6.

Beneficence

Most residents raised beneficence as a main discussed theme in cases where a patient was unable to execute individual autonomy or so-called “incompetent patient” in 60 (49.6%) cases. Even though there were a number of cases where a patient was competent in 37 (30.6%) cases, a physician could not decide or determine what the patient’s best interest was. In 20 (16.5%) cases the best interest was against the patient’s wish or patient autonomy. These are shown in Table 7.

Confidentiality

Residents mainly described confidentiality as a situation where sensitive patient information were released or about to be released unintentionally. These sensitive encounters could be categorized into HIV infection 76 (69.1%), teenage sexual behavior or pregnancy 18 (16.4%), and care of psychiatric patient 16 (14.5%), as shown in Table 8. HIV infection was still a major concern or common dilemma in the aspect of confidentiality.

TABLE 5. Detailed issues regarding autonomy.

Detailed issues in autonomy	Number of assignments (N = 144)
Disclosure medical information to the patient	68 (47.6%)
Conflict with patient’s best interest	41 (28.0%)
Decision making in informed consent	35 (24.5%)

TABLE 6. Detailed issues regarding palliative care.

Detailed issues in palliative care	Number of assignments (N = 133)
Patient autonomy	85 (63.9%)
Patient best interest	45 (33.8%)
Communication with patient/family	3 (2.3%)

TABLE 7. Detailed issues regarding beneficence.

Detailed issues in beneficence	Number of assignments (N = 121)
Incompetent patient	60 (49.6%)
Competent patient	37 (30.6%)
Conflict with autonomy	20 (16.5%)
Etc.	4 (3.3%)

TABLE 8. Detailed issues regarding confidentiality.

Detailed issues in confidentiality	Number of assignments (N = 110)
HIV infection	76 (69.1%)
Teenage sexual behavior/pregnancy	18 (16.4%)
Care of psychiatric patient	16 (14.5%)

DISCUSSION

Most medical ethics curriculums are based on discussion of case vignettes. Only a few studies mentioned learner’s experience could also be used as a part of the frame work in medical ethics teaching, described as C.A.R.E. approach.[5] This approach uses 4 questions to reflect the learner’s experience into a lesson, 1) “What are my *core*

beliefs and how do they relate to this situation?" 2) "How have I *acted* in the past when faced with similar situations?" 3) "What are the *reasoned* opinions of others about similar situations?" 4) "What has been the *experience* of others in the past when faced with similar situations?"

The resident's experience towards medical ethics dilemma they have faced in the past few years could be used as a framework for course providers. The course providers could gain information regarding the common situations faced by young physicians in various areas, the mistake these physicians have made and willing to share, or a successful story as an inspiration for younger generation. These scenarios could also be picked up as a part of discussion for the residents in the consecutive year.[6]

Autonomy is a widely accepted core principle of modern medical ethics, along with beneficence, non-maleficence, and justice. This is also the topic requested to be taught more during medical school in a survey.[2] Common arguments raised in this survey were the cases where the patient's best interest was not the patient's preference. An example is a situation described in literature as "Discharge against Medical Advice"[7] or patient chooses to leave the hospital before the treating physician recommends discharge. In this survey, most physician valued the patient's autonomy in the first place. However, some of them valued the principle of beneficence over autonomy. This is debatable since today's society is pluralism in nature. A study suggested that a physician should try to understand the range of preferences in a society and make sure that the proper information is given to either patient or family.[8]

It is also interesting that many ethical dilemmas stated could be solved with good, compassionate, and precise communication skill. A study showed that formal curriculum in medical ethics can increase learner's factual knowledge, but changing learner's behavior is in doubt.[9] Many situations described in the work assignments have the answer in themselves, the main problem cited is how the physician should communicate to either the patient or the family. Especially the topic of medical negligence or medical error, where everyone decided to disclose the incident to the patient, which is ethically correct, but to tell it in person was another story.

First-year residents at Siriraj Hospital may not be a representative sample group for Thai physicians. However, this study gives guidance for medical educators to provide proper learning experience in medical ethics. Further qualitative study should be conducted to more generalized groups of physicians for medical ethics education improvement in Thailand.

CONCLUSION

This study reveals autonomy was the most common ethical principle encountered by Thai physicians during their intern period. Palliative care was also a common topic stated. These should raise awareness of the medical educator towards these medical ethics issues during curriculum planning.

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