

Thinking Ethically: The Series...

Practice of Medicine I & II



**Center for Biomedical Ethics and Humanities
Barringer 5th Floor
University of Virginia Health System**

Thinking Ethically: Becoming A Medical Student

Practice of Medicine I
September 8, 2008



Center for Biomedical Ethics and Humanities
Barringer 5th Floor
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Get clickers out

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For all large group sessions in ethics...

Responses will be anonymous.

This means that we will not be able to track any answers back to any particular individual

Take Home Messages

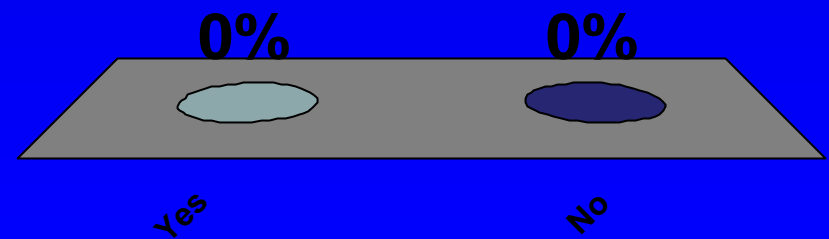
- You have joined a profession. Welcome.
- Being part of this profession means new ethical and professional obligations
- In part, this requires learning to “think ethically” through self-reflection, alone and with others
- Learning and practicing these “ethics thinking skills” begins as a medical student...

But first...

**A sense of where we are
coming from...**

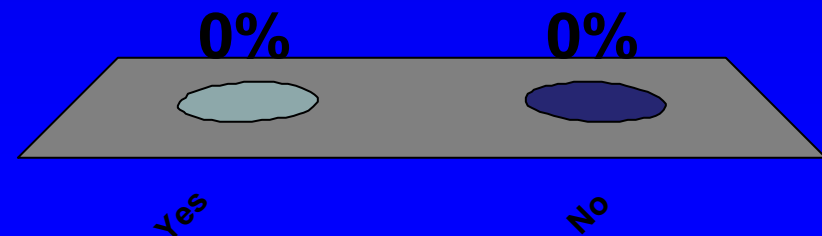
Is there a physician in your family?

1. Yes
2. No



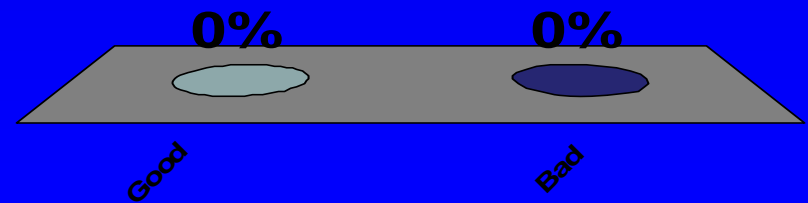
Have you or a close family member ever faced a serious medical illness?

1. Yes
2. No



Overall, the experience with health care providers was...

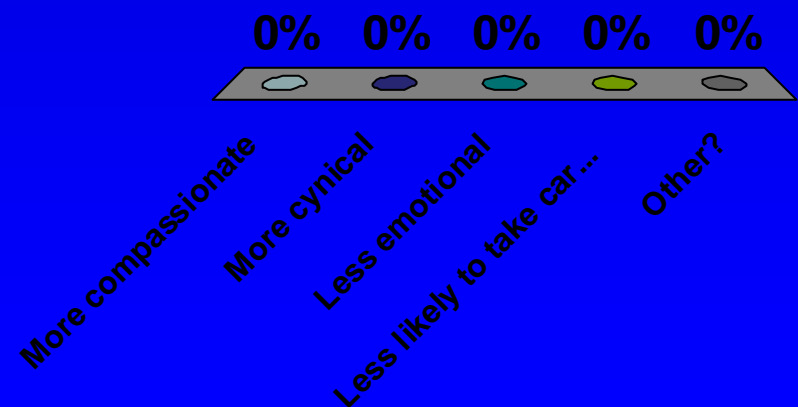
1. Good
2. Bad



**Do you think that becoming a
doctor will change you...?**

Do you think becoming a doctor might make you...?

1. More compassionate
2. More cynical
3. Less emotional
4. Less likely to take care of your own needs
5. Other?



**Moving on to
being a medical student...**

Moving on to being a medical student...

Interacting with patients

Introductions

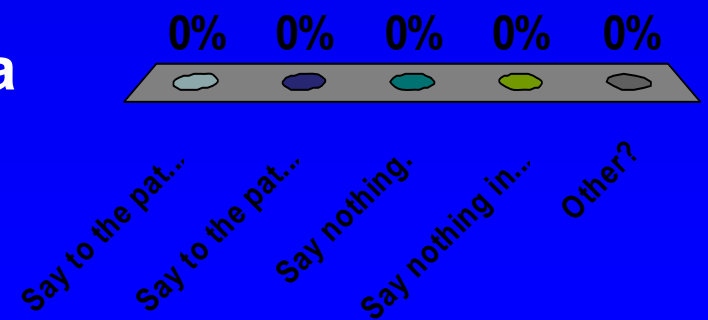
Hi, I'm _____, and I was wondering if I could ask you some questions about why you are here in the hospital?

1. Student-Doctor Smith
2. Dr. Smith
3. Sydney Smith, a medical student
4. Sydney Smith, a clinical clerk
5. Sydney Smith
6. Other?



A resident or attending introduces you as, “and my colleague, Dr. Smith.” What should you do?

1. Say to the patient, “(Actually), I’m a first-year medical student.”
2. Say to the patient, “(Actually), I’m a doctor in training.”
3. Say nothing.
4. Say nothing in front of the patient, but tell the resident/attending privately that you’d prefer to be introduced as a medical student
5. Other?



Beyond introductions...

As first-year medical students, what do you have to offer patients?

As first-year medical students, what do you have to offer patients?

- Listen to them
- Learn from them.
- Elicit important information that others might have missed
- Raise the bar for attendings and residents
- Respect them as your teachers

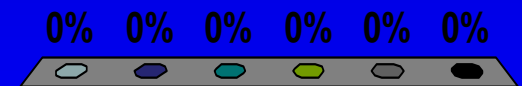
Respect for Patients as People

You are waiting for a call or text-message from your mother about your father's surgery, but are scheduled to observe a patient interview when the call is expected.

What should you do?

Should you...? (choose one)

1. Keep your phone on vibrate and answer it
2. Keep your phone on vibrate and step out to answer it
3. Keep your phone on vibrate, if it is a call, don't answer, but it is ok to check for a text message
4. Turn your phone off during the patient-interview
5. Ask someone to hold your phone for you (and come get you if it is urgent?)
6. Other?



Keep your phone on ..
Keep your phone on ..
Keep your phone on ..
Turn your phone off ..
Ask someone to hold .. Other?

**Another thing you do for
patients...**

**Another thing you do for
patients...**

You don't talk about them

or

**Break their confidence
(unnecessarily)**

Confidentiality...

Confidentiality...

- **General principle:** You keep what people tell you “in confidence” unless you have explicit permission to tell others
- **Doctor/patient relationship:** The assumption is that what the patient tells you in this relationship, she is telling “in confidence.”
- **Keeping information “confidential” can mean to yourself, or within the treatment team; issue is “the need to know” in order to fulfill duties to the patient.**
- **Why is the doctor/patient relationship one where confidentiality automatically attaches? Builds trust, Allows disclosure**

Confidentiality...

Later,

**you will learn about legal constraints on
confidentiality**

and

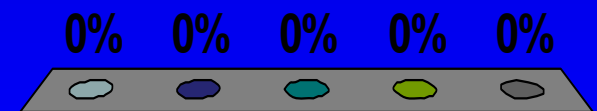
HIPAA obligations

You are practicing your patient interviewing... and a patient says “I haven’t told my doctors this, but . . . my daughter and I aren’t really getting along.”

What should you do?

Should you ... ? (choose one)

1. Keep what the patient told you confidential
2. Only tell the team if you think patient care would be compromised if they don't know this information
3. Tell the team everything the patient said
4. Try to interrupt the patient...
5. Other?



Keep what the .
Only tell the .
Tell the team .
Try to interrui.
Other?

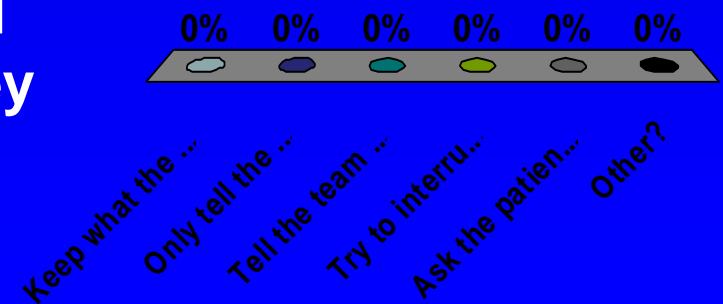
**You are practicing your patient interviewing... and a patient says “I haven’t told my doctors this, but . . .
I haven’t been taking my medicine
because it makes me feel worse.**

**That’s okay right, since this
medicine was supposed to be
optional anyway?”**

What should you do?

Should you ... ? (choose one)

1. Keep what the patient told you confidential
2. Only tell the team if you think patient care would be compromised if they don't know this information
3. Tell the team everything the patient said
4. Try to interrupt the patient...
5. Ask the patient why they haven't told the team... and if they would mind if you did...(or tell them they should tell the team...)
6. Other?



As first-year medical students, what *don't* you have to offer patients?

- **Be careful about offering medical advice or information...**
 - **Information about their conditions**
 - **Answers to their medical questions**

As first-year medical students, what *don't* you have to offer patients?

- Be careful about offering medical advice or information...
 - Information about their conditions
 - Answers to their medical questions
- Instead: “That’s a really good question. You should ask your doctor about that.”

A related idea: refraining from disparaging patients

- Even when patient information has not been given in confidence, it is to be handled with respect for the patient.

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- Even when patient information has not been given in confidence, it is to be handled with respect for the patient.
- Example: your patient is in the newspaper caught in an embarrassing situation, or your patient makes a scene in the hospital, how you handle this information also reflects your respect for your patients.

A related idea: refraining from disparaging patients

- Even when patient information has not been given in confidence, it is to be handled with respect for the patient.
- Example: your patient is in the newspaper caught in an embarrassing situation, or your patient makes a scene in the hospital, how you handle this information also reflects your respect for your patients.
- Consider: How would you feel if you knew your doctor were talking about you that way?

But...

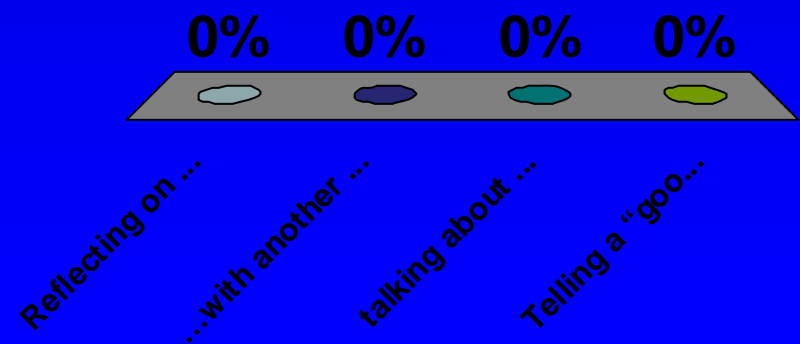
**What about my need to talk
about my experiences... what
I'm going through?**

Some reasons medical students end up talking about a patient?

- Reflecting on an inspiring or troubling experience with another student
- Reflecting on an inspiring or troubling experience with a significant other
- Talking about “work” at a party/social gathering
- Telling a “good” story

Could you see yourself talking about a patient while...?

1. Reflecting on an inspiring/troubling experience with a significant other
2. ...with another student
3. talking about “work”
4. Telling a “good” story

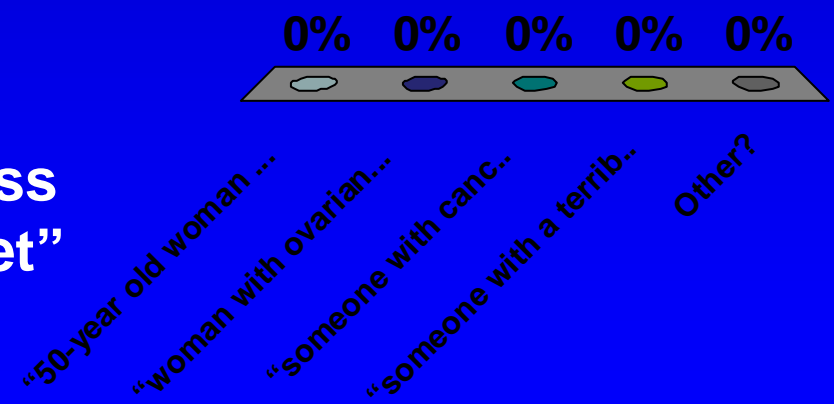


**If something is troubling you
about your day, and you want
to talk with your
roommate/spouse...**

**What is the MOST you can
ethically say about a patient?**

The most I should say...?

1. "50-year old woman from Lynchberg with metastatic ovarian cancer whose doctors haven't told her about the cancer yet"
2. "woman with ovarian cancer whose doctors haven't told her yet"
3. "someone with cancer whose doctors haven't told yet"
4. "someone with a terrible illness whose doctors haven't told yet"
5. Other?

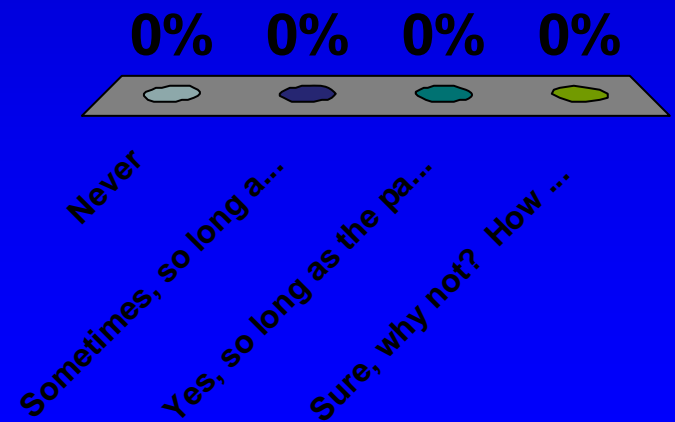


And... what about humor...?

**Is there a “proper” role for
humor among professional
healthcare providers?**

Is it ever appropriate to joke about a patient's appearance? (choose one)

1. Never
2. Sometimes, so long as the patient doesn't overhear
3. Yes, so long as the patient doesn't overhear and you apologize for being inappropriate
4. Sure, why not? How else do I avoid burn out?



Your need to learn...

Is important...

**BUT always in balance with
other considerations...**

Like...

- **Patient's rights**
- **Respect for patients and their families**
- **Other students' learning needs**
- **Your families' needs; your needs**

Other ethical issues in professional and personal relationships

- **Sexual harassment and exploitation**
- **Racial, ethnic, religious, gender issues**
- **Abuse of the supervisory or educational role**
- **Observation or knowledge of unethical or illegal behavior by superiors or fellow students**
- **Impaired colleagues**

“I just need to be like them”

VS

Paying attention to your gut

When Role Models Disappoint...

Where can you go? What can you do?

- **Trusted Mentor (even if it is he or she)**
- **Trusted Mentor (unless it is he or she)**
- **Office of Student Affairs, Dean Pearson, etc.**

Suggested Readings

- **Resolving Ethical Dilemmas: A Guide for Clinicians (3rd ed) by Bernard Lo**
 - Chapter 5. Confidentiality
 - Chapter 36. Ethical Dilemmas Students and House Staff Face
- **Sobel RK. Does laughter make good medicine? NEJM 2006.354;11:1114-5**
- **Wear D et al. Making fun of patients. Academic Medicine. 2006.81(5):454-62**
- **Shem S. Fiction as Resistance. AnnIM. 2002. 137(11):934-37**

Take Home Messages

- **Welcome to your profession**
- **Being part of this profession means new ethical and professional obligations**
- **In part, this requires learning to “think ethically” through self-reflection, alone and with others**
- **Learning and practicing these “ethics thinking skills” begins as a medical student...**

