



Education



UNDERSTANDING ETHICAL DILEMMAS IN THE EMERGENCY DEPARTMENT: VIEWS FROM MEDICAL STUDENTS' ESSAYS

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Abstract—Background: For medical students, the emergency department (ED) often presents ethical problems not encountered in other settings. In many medical schools there is little ethics training during the clinical years. The benefits of reflective essay writing in ethics and professionalism education are well established. **Objectives:** The purpose of this study was to determine and categorize the types of ethical dilemmas and scenarios encountered by medical students in the ED through reflective essays. **Methods:** During a 4th-year emergency medicine rotation, all medical students wrote brief essays on an ethical situation encountered in the ED, and participated in an hour debriefing session about these essays. **Qualitative analysis** was performed to determine common themes from the essays. The frequency of themes was calculated. **Results:** The research team coded 173 essays. The most common ethical themes were autonomy (41%), social justice (32.4%), nonmaleficence (31.8%), beneficence (26.6%), fidelity (12%), and respect (8.7%). Many of the essays contained multiple ethical principles that were often in conflict with each other. In one essay, a student grappled with the decision to intubate a patient despite a preexisting do-not-resuscitate order. This patient encounter was coded with autonomy, beneficence,

and nonmaleficence. Common scenarios included ethical concerns when caring for critical patients, treatment of pain, homeless or alcoholic patients, access to care, resource utilization, and appropriateness of care. **Conclusion:** Medical students encounter patients with numerous ethically based issues. Frequently, they note conflicts between ethical principles. Such essays constitute an important resource for faculty, resident, and student ethics training. © 2015 Elsevier Inc.

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INTRODUCTION

Ethical behavior is fundamental to professionalism and is often embedded in medical decision-making. Formal ethics training has been a subject of considerable interest (1,2). Medical students may be introduced to medical ethics through formal curricula during their preclinical years, but there may be little or no structured ethical training during the clinical years and residency (3–5). In order for physicians to emerge from training equipped to make sound ethical decisions, it is important that curricula include practical, real-world ethics training. These principles and virtues are rarely taught explicitly during the clinical years, leading to their

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being primarily taught through the hidden curriculum (the values, norms, and beliefs taught through socialization as opposed to openly taught in the curriculum) (6). However, these issues can often be complex and it may be difficult for medical students to apply to the clinical setting. Further, with the busy emergency department (ED) environment, discussions of the ethical dimensions of care are frequently a lower priority than clinical obligations.

Principles-based ethics and virtue ethics are two common approaches to medical ethics (7,8). The four medical ethical principles are autonomy, beneficence, nonmaleficence, and social justice (Table 1). Virtue ethics include analysis of using the traditional ethical virtues of honesty, integrity, fidelity, trust, compassion, empathy, fairness, courage, and prudence. Both the principles and the virtues are commonly seen in the ED.

There is both an interest in and a demonstrated need for improved medical ethics training during medical school and residency (3,9,10). Ethics education in the ED is especially important due to the complex nature of patient interactions (9). As more medical schools mandate emergency medicine (EM) clerkships, ethics training in the acute setting will become needed. Despite its importance, there is little literature on teaching ethics to medical students during the EM clerkship. The most robust example recommends 30 h of extensive training and role playing (11). This amount of time is generally unavailable in a 1-month clerkship.

The ED presents unique ethical problems and other constraints not encountered in other settings (12,13). The purpose of this study is to determine and categorize the types of ethical dilemmas and common scenarios encountered by medical students in the ED to better understand ethical conflicts encountered. This will serve both as a useful exercise for emergency physicians to understand the ethical dilemmas seen in the ED, and as an informal needs assessment for further formal education in medical ethics.

MATERIALS AND METHODS

We used a cross-sectional study design with qualitative analysis. The study design was informed by previous work in professionalism (14,15). The setting was an academic ED with associated community and county EDs. Participants were all 4th-year medical students in a mandatory EM clerkship during the 2012–2013 academic year. The study was determined to be exempt by the institutional review board.

Students were prompted to “Write one paragraph about an ethical issue encountered during your EM rotation. If you did not encounter one this rotation you may write about an ethical encounter from another clinical rotation.” Students received credit for completion regardless of the content of their reflections. There was no separate guidance toward specific ethical principles or specific issues. All students submitted a brief essay. These essays formed the basis of an end-of-rotation student-led debriefing and discussion facilitated by a member of the School of Medicine’s ethics faculty. With the exception of gender, the reflections were de-identified prior to analysis.

The student essay data were analyzed qualitatively using grounded theory (16). This was informed by the literature on ethics and medical education and was ongoing and iterative. In contrast to most quantitative research, grounded theory is inductive rather than deductive; the theory is formed from the data. As the data were analyzed, emergent themes were recorded and refined after each batch of coding until common themes had emerged (14).

Coding was performed by a seven-person team that included five emergency physicians, one clerkship director, three ethicists, two lay people, and an expert in qualitative methods. The study team read the reflections, and discussed common themes that were generated from reading the primary data. The entire team coded the initial 2 months of essays. Common themes were identified and

Table 1. Categorization of Ethical Themes

Theme	Total Cases n	% of Cases*	Theme Definition
Autonomy	71	41.0%	Patients should have the right to self determination
Social justice	56	32.4%	The moral obligation to fairly balance competing interests (e.g., fairly distributing scarce resources)
Nonmaleficence	55	31.8%	First, do no harm
Beneficence	46	26.6%	Act in the patient’s best interest
Fidelity	21	12.1%	Put the patient’s interests first, above the physician’s own
Respect	15	8.7%	Respect for patients as people (e.g., cultural practices)
Compassion	14	8.1%	Showing compassion for the patients, and other people around
Confidentiality	5	2.9%	Keeping patient’s information private
Honesty	6	3.5%	Being honest in all situations

* Each student narrative could contain multiple codes.

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