

Recommended Curriculum Guidelines for Family Practice Residents

Medical Ethics

This document has been endorsed by the American Academy of Family Physicians and was developed in cooperation with the Association of Departments of Family Medicine, the Association of Family Practice Residency Directors and the Society of Teachers of Family Medicine.

The ultimate concern of all physicians must be the welfare of each patient in the context of the family. In providing a wide range of medical services, the family physician often is required to make health care decisions based on both ethical issues and medical parameters. A physician's ethical standard is based on family upbringing, religion, education, personal values, and experience. A physician must be cognizant of societal forces as well as the perceived and real needs or desires of the patient.

As health care has become more highly technical, compartmentalized and impersonal, certain medico-ethical considerations are becoming more complex and difficult to resolve. Family physicians, in their roles as personal physician and long-term patient advocate, can play an important role in helping patients and their families deal with these ethical considerations.

Attitudes

The resident should develop attitudes that encompass the following:

- A. An appreciation for the value and dignity of human life
- B. An understanding of cultural, social and religious customs and beliefs that differ from his or her own
- C. An understanding of individual, cultural, institutional and societal biases that may affect ethical decision making
- D. A commitment to ethical practice in each encounter with every patient
- E. A willingness to embrace the ethical dilemmas presented by his or her patients, to discuss options with the patient and family, when appropriate, and to work toward solutions that are mutually acceptable
- F. An understanding of and appreciation for the value of institutional ethics committees and a willingness to serve on such bodies

Knowledge

The resident should develop knowledge of:

- A. Belief systems, values and biases
 1. The physician's
 2. The patient's
 3. The family's
 4. Influence of the belief system on decision making
- B. Analysis and decision making
 1. Identification of issues and components
 2. Prioritization of issues and components
 3. Articulation of issues and their consequences
- C. Principles of ethics
 1. Autonomy—patients' rights and physicians' rights
 2. Responsibilities and duties of patients and physicians
 3. Beneficence—acting in the best interest of patients
 4. Nonmaleficence—to do no harm (or the least harm possible)
 5. Truth telling
 6. Confidentiality
 7. Informed consent
 - a. Ethical approach
 - b. Legal approach (varies from state to state)
 8. Justice
 - a. Microallocation—fair allocation of resources based on individual patient needs
 - b. Macroallocation—fair allocation of resources at the state and national level
- D. Business and professional ethics
 1. American Medical Association Code of Ethics
 2. Code of behavior for dealing with pharmaceutical firms and other proprietary industries (American Medical Association Ethical Guidelines on Gifts to Physicians from Industry)
 3. Appropriate medical charges and billing practices
4. Managing health care
 - a. Family physician as patient care coordinator
 - b. System fairness of allocation
 - c. Disclosure
- E. Family physicians' role in counseling patients and families on the meaningful completion of advanced care planning documents
 1. Living wills
 - a. Life support
 - b. Treatment abatement
 2. Durable power of attorney for health care
 3. Advance directives
 4. Personal values history
- F. Caring for partially competent and incompetent patients
 1. Identification
 2. Documentation
 3. Legal issues
 4. Guardianship
- G. Application of ethical principles and government laws and regulations to specific patient care scenarios
 1. "Do not resuscitate" (DNR) orders
 2. Withholding or withdrawal of treatment
 3. Informed consent and right to refuse
 4. Heart-lung death
 5. Brain death
 6. Persistent vegetative state
 7. Pain control
 8. Medical futility and inappropriate care requests
 9. Autopsy
 10. Organ Donation
 11. Human immunodeficiency virus (HIV) and Acquired immunodeficiency syndrome (AIDS)
 12. Euthanasia and physician-assisted suicide
 13. Adolescents and emancipated minors: consent to treat
 14. Genetic testing and counseling
 15. Human reproductive issues, including contraception and abortion

- H. Stress in practicing medicine
 1. Effects of stress on perception, integration and decision making
 2. Skills and techniques for combating professional stress
 3. Physician professionalism, including integrity and behavior
 4. Physician error
 5. The impaired physician
 6. Balancing physician and patient performance expectations
- I. Common types of unethical physician conduct, including:
 1. Sexual contact with patients and staff
 2. Boundary conflicts
 3. Economic self-interest
 4. Drug and/or alcohol abuse
- J. The purpose, structure and function of institutional ethics committees
- J. Moderate a family conference to discuss ethical dilemmas regarding a partially competent or incompetent patient
- K. Act appropriately when aware of unethical conduct by a colleague
- L. Self-monitor one's own professional behavior
- M. Evaluate an employment contract for features which may be ethically compromising
- N. Discuss with a patient how managed care incentives and restrictions may influence the determination of a preferred plan of care
- O. Consult with or participate on an institutional ethics committee
- P. Appropriately deliver bad news to the patient and/or family
- Q. Demonstrate appropriate consultation with the ethics committee
- 4. Jonsen AR, Clinical ethics: a practical approach to ethical decisions in clinical medicine. McGraw-Hill/Appleton & Lange; 5th edition (May 22, 2002)
- 5. Lo, B. Resolving ethical dilemmas: a guide for clinicians. Baltimore: Lippincott, Williams & Wilkins; 2nd edition (May 15, 2000)
- 6. Junkerman C. Practical ethics for students, interns, and residents: a short reference manual. Frederick, Md. University Publishing Group; 2nd edition (June 1998)
- 7. Virtual Mentor (www.virtualmentor.org) – The Ethics Journal of the American Medical Association for medical students, residents, and practicing physicians.
- 8. AMA Code of Medical Ethics on PDA (www.ama-assn.org/go/ceja) – The AMA Code is currently available in a downloadable format for palm-held devices.
- 9. Online Fellowship in Physician Ethics and Professionalism (www.ama-assn.org/go/ifc) – In collaboration with the Medical College of Wisconsin, the online fellowship provides an unique opportunity for physicians on Institutional Review Boards, Privacy Boards, and ethics committees or for those who want to learn more about applied ethics
- 10. Code of Medical Ethics Online Course (www.ama-assn.org/go/erc) – CMEOC is an web-based curriculum that provides physicians with the opportunity to learn about the practical ethical guidance provided by the AMA Code while earning CME credit.

Skills

The resident should demonstrate the ability to:

- A. Identify the ethical aspects of a particular case
- B. Obtain a valid informed consent or a valid refusal of treatment
- C. Act appropriately if a patient is only partially competent or is incompetent to consent to or refuse treatment
- D. Act appropriately if a patient refuses treatment
- E. Decide when it is ethically justified to withhold information from a patient
- F. Decide when it is ethically justified to breach confidentiality (Health Insurance Portability and Accountability Act (HIPPA) regulations)
- G. Care for patients with a poor prognosis, including patients who are terminally ill
- H. Present differing priorities and options to the patient and his or her support group (e.g., family, legal guardian) when dealing with conflicting ethical issues
- I. Incorporate the team approach in dealing with ethical and moral issues to provide not only understanding and acceptance, but also a support system for the patient

Implementation

Residents should have access to an ethicist or an instructor with training in medical ethics, both for clinical consultation and instruction. Residents should have the opportunity to serve on institutional ethics committees. Instruction on ethical issues during the family practice residency should take place either through a concentrated block or longitudinally throughout the residency program and may take such forms as grand rounds presentations, small group discussions, ethical case studies or a formal rotation in medical ethics. ■

Resources

1. Fleetwood J, Lipsky M. Medical ethics. Home Study Self-Assessment Program. No. 231 Leawood, Ks. American Academy of Family Physicians, 2000
2. Current Opinions of the Council on Ethical and Judicial Affairs. Chicago: American Medical Association <http://www.ama-assn.org/ama/pub/category/8288.html>
3. Academy Policy. Compendium of AAFP Positions on Selected Health Issues, Leawood, Ks.: American Academy of Family Physicians <http://www.aafp.org/x6791.xml>

Published 10/91
Reformatted 05/94
Revised 02/97
Revised 06/03