



## **Ethics Rounds on the Inpatient Service: Fostering Idealism**

*Resident-driven, Case-based, Virtue-focused*

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# Disclosures

- Neither presenter has anything to disclose.

# Objectives

- ❖ Upon completion of this session, participants should be able to:
- ❖ Identify three virtues necessary for learners to acquire as part of education in professionalism
- ❖ Identify and implement one model for longitudinal ethics and professionalism teaching
- ❖ Identify and access resources to help them adapt and develop this curricular element for their own educational settings.

# Where we're goin'

- ❖ Historical overview
- ❖ Virtue: What is it? What are they?
- ❖ "Teaching" virtue: Ethics rounds
- ❖ Survey/Interview results

# A brief historical overview of Medical Ethics

- ❖ Hippocrates - 400 B.C.
- ❖ Breakdown of Hippocratic Tradition - 1960s
- ❖ Moral philosophers
- ❖ Beauchamp and Childress - 1979
- ❖ MacIntyre *After Virtue* - 1981



Pellegrino ED. The metamorphosis of medical ethics. A 30-year retrospective. *JAMA*. 1993 Mar 3;269(9): 1158-62.

Pellegrino and Thomasma. *The Virtues in Medical Practice*. New York, NY:Oxford;1993:3-12

# *Family Medicine, July-August 2016*

## **SPECIAL** ARTICLES



### **Justice, Courage, and Truthfulness: Virtues That Medical Trainees Can and Must Learn**

Kyle E. Karches, MD; Daniel P. Sulmasy, MD, PhD

**BACKGROUND:** Medical educators and powerful physician organizations agree on the importance of professionalism for the formation of good physicians. However, the many definitions of professionalism found in the literature lack content and differ

Some authors have sought to measure professionalism using checklists that note whether, for example, trainees shake hands and make eye



# What is Virtue?

❖ Aristotle: Those qualities, the possession of which will enable an individual to achieve *eudaimonia* and the lack of which will frustrate his movement toward that *telos*

Macintyre A. *After virtue*, second edition. Notre Dame, Ind: University of Notre Dame Press, 1984, 148

❖ A habitual disposition of character that issues in right action, even in unforeseeable and stressful circumstances

Karches KE, Sulmasy DP. Justice, Courage, and Truthfulness: Virtues That Medical Trainees Can and Must Learn. *Fam Med* 2016;48(7):512

# What is Virtue?

❖ **Practice:** A "coherent and complex form of socially established cooperative human activity through which goods internal to that form of activity are realized. . ."

Macintyre A. *After virtue*, second edition. Notre Dame, Ind: University of Notre Dame Press, 1984:187

❖ Two different types of **goods**: external and internal



# What is Virtue?

- ❖ MacIntyre: An acquired human quality that
  - enables us to achieve those goods which are internal to practices
  - sustains communal identities in which individuals can seek the good of their whole lives
  - sustain traditions that provide practices and individual lives with necessary historical context

Pellegrino ED and Thomasma DC. *The virtues in Medical Practice*. New York: Oxford University Press, 1993:11.

## What are the Virtues?

- ❖ Justice, courage, truthfulness necessary for initiation into any practice (Karches & Sulmasy, from MacIntyre)
- ❖ Fidelity to trust, compassion, phronesis, justice, fortitude, temperance, integrity, self-effacement, intellectual honesty, humility, therapeutic parsimony (Pellegrino and Thomasma)

# Two perspectives on the goals of ethics education

- ❖ A means of providing physicians with a skill set for analyzing and resolving ethical dilemmas
- ❖ A means of creating virtuous physicians
- ❖ The act? Or the actor? . . . Or both?

Leffel GM, Oakes Mueller RA, Curlin FA, Yoon JD. Relevance of the rationalist-intuitionist debate for ethics and professionalism in medical education. *Adv Health Sci Educ Theory Pract.* 2015;20(5):1371-1383.

**How to teach medical ethics  
in a way that embraces the character-  
driven, virtue aspects along with  
the technical, process-oriented aspects?**

## “Ethics Rounds”

- ❖ Inpatient service team
- ❖ Friday afternoons
- ❖ Resident-driven, case-based - the residents choose one or more patients to talk about

## Questions to elicit a virtue-focused discussion

- ❖ How was it being a doctor for these patients this week?
- ❖ Which patient(s) was it difficult to be a doctor for? Why? (Courage, truthfulness)
- ❖ What do we owe this patient? Our colleagues? The system in which we work? Ourselves? (Justice)
- ❖ What was the motivation for the decision(s) you made? (Justice, courage, truthfulness)

## Questions to elicit a virtue-focused discussion

- ❖ What does it *mean* to be this patient's doctor? What does it take to be a good doctor for this patient? (Phronesis)
- ❖ Were we truthful with this patient? Our colleagues? Our selves? If not, why not? (Truthfulness)
- ❖ What was your relationship with this patient like? What went well? Could it have been better/more therapeutic? How?
- ❖ How did you react to this patient? Why? (Compassion, self-awareness)



## Questions to elicit a virtue-focused discussion

- ❖ How did it feel to be this patient's doctor? Why?
- ❖ How do we gain this patient's trust? (Fidelity to trust)
- ❖ What are the patient's goals? How can we best partner with her to achieve them? (Fidelity to trust)
- ❖ How do you think the patient is experiencing this illness? This patient-physician relationship? (Compassion)

# Examples

**Whether we realize it or not . . .**

**All of us, all the time,  
Are always teaching  
Either virtue  
Or vice**

# Surveys

Have you found ethics rounds to be helpful, beneficial, useful at all?

13 Returns: (18 residents)

Very worthwhile - 12

Fairly helpful - 1

Waste of time - 0

# Surveys

Has what happened in ethics rounds ever affected how you think about or take care of a subsequent patient?

- "changed my attitude or approach to patients. Allows me to step back and think about different aspects of pt care"
- "remembering to walk a mile in my pts shoes"
- "helps me to step back and examine a situation from another perspective"
- "ethics rounds have helped open up my mind regarding pts; what is 'a life worth living'"
- "previously I tended toward judgment. By understanding my pts I can understand more what makes their life worth living"
- when dealing with difficult patients, ethics rounds has helped me to take a step back and think"
- "it has effected how I approach patients , often there are medico-legal and social determinants I did not see before"

# Surveys

Any other thoughts, comments, suggestions, complaints about ethics rounds?

- “I love ethics rounds, its like a happy M and M , except hopefully no mistakes were made!”
- “they were helpful and interesting but maybe q2 rather than q1 week”
- “incredibly valuable and one of the only resident activities that focus on the human elements of medicine – a practice that is important for not only pt care but also resident wellness”
- “Don’t stop!”
- “I ask the question: 'What do I owe this patient' now with every pt encounter”
- “I wish we could have ethics rounds more often, not just on FMIP”

# Themes

- Reflective practice
- Longitudinal progress
- Resident wellness
- Idealism
- Structure of the curriculum
- Case based
- Residents unique role
- The difficult patient/family
- Virtues : justice;truthfulness;courage;compassion
- Can you teach virtues?



## Structure of the Curriculum

- “I really enjoyed the collegial atmosphere...you kind of talking with your attending on equal footing... this kinds of opens it up..” R2
- “took a while to get used to it...I found that as time went by its value became more apparent ...” R3
- “having an attending lead, not on the service, was important” R3
- “maybe Q2 rather than Q1...” R1
- “a bit too fluid at times...” R2
- “discussion would occur, and then , back to work, and, like, you still have this patient there on your service...”R3

## Progression

- “at first I was like, an hour on Friday!... as it went on I saw it as the most valuable hour of the week...” R1
- “when you’re a physician, it’s a different role, right, when you’re the one responsible” R2
- “as an intern I was just trying to find the bathrooms...” R1

## Resident Wellness

- “talk about burnout, this has the potential to reverse that...”
- “as opposed to sitting around a room using guided imagery ...”R1
- “the culture of medicine doesn’t allow for self- care...”
- “I mean, what are we really doing? Were talking about our feelings!”R3

“it kind of gives us a place to express your feelings about a patient or an issue ... and by that token alone it places good amount of emphasis on resident wellness.” R3

## Truthfulness

- “we had a patient who had,like, an opioid overdose and went to the ICU...the team really struggled with how to approprialtely address it..”R3
- ‘we had a patient who was at Chernobyl ...’  
“ I was night float. I would jut sit at the bedside...”

## **Reflective Practice**

“ When in the world will I ever get a chance to think about these things?”

## Courage

- “I wish I had had more courage ...
- “I was an intern but, still,... I could have spoken up...”

## Compassion

“ I remember this one patient....”



## Where we've been

- ❖ Historical perspective
- ❖ Virtue: What is it? What are they?
- ❖ "Teaching" virtue: Ethics rounds
- ❖ Survey/Interview results

## Lessons learned/ Future directions

- ❖ A case
- ❖ A facilitator not directly involved
- ❖ Expand beyond inpatient?
- ❖ Evaluation?

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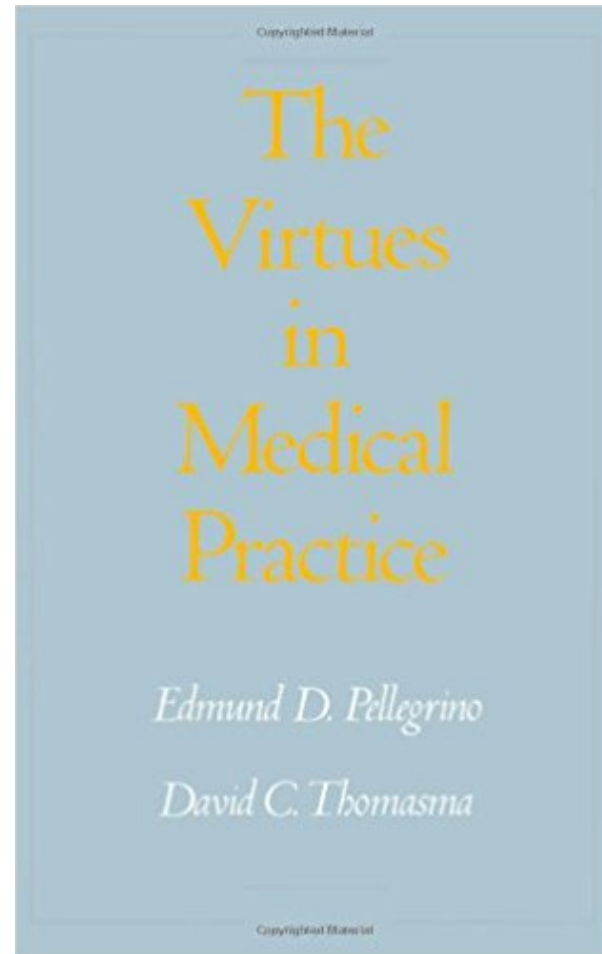
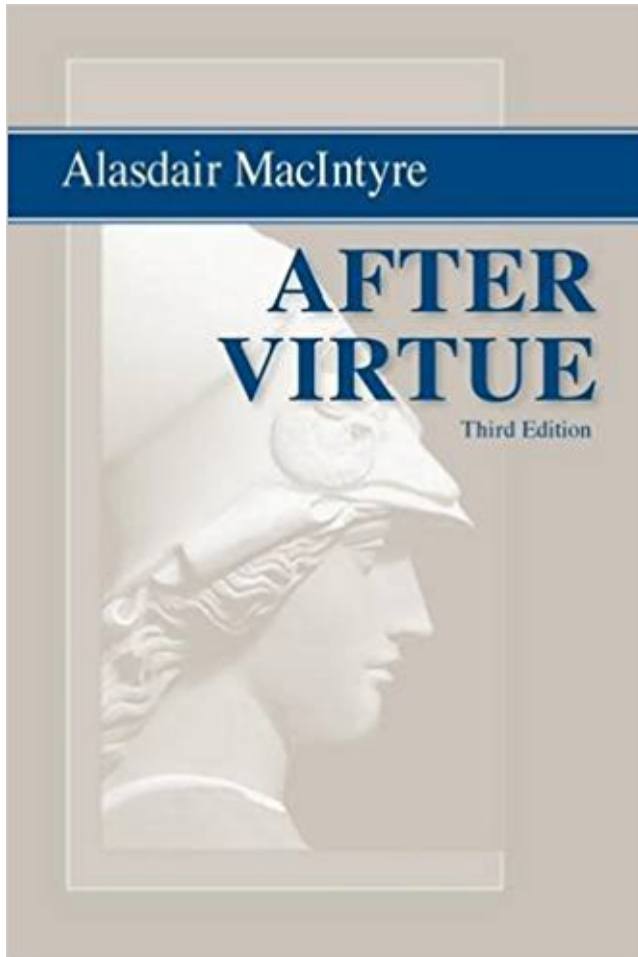
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# References



# Discussion/Questions

# Thank you!

