

## **A Curriculum to Teach Ethics to Residents in an Outpatient Setting**

**John M. Pach, M.D.**  
**Consultant, Department of Ophthalmology**

### **Abstract**

A curriculum to teach ethics to residents involved primarily in an outpatient setting was developed to address a deficiency in the Department of Ophthalmology. The curriculum covers the patient's perspective on disease, the role of the physician in the patient-doctor relationship, the physician's individual motives and purpose in medicine, potential conflicts, and personal growth and development. With the use of published material, an interactive small group approach is used to elicit a discussion of these topics. The primary purpose is to make the audience aware of these issues and to stimulate individual thought and personal conclusions. The development of a personal approach towards understanding the patient's plight and the wider scope of the patient-doctor relationship is desired.

### **Specific Aims/Objectives**

A formal structured curriculum in ethics is aimed at residents in a primarily outpatient program. Excerpts from journals, books, and videos are used to foster a small group discussion of the following topics:

- Patient's perspective of disease
- The patient-doctor relationship and the physician's role in the wider scope of the restoration of health
- Exploring the individual physician's desire, motives, and talents and the development of an individual sense of purpose in medicine
- Potential conflicts in the physician's obligations
- Personal growth and development in order to become a more effective physician leader, and teacher

### **Background/Significance**

Much of the material in medical ethics deals in end of life issues that have little relevance to a primarily outpatient residency program such as Ophthalmology. A primer in ethics has been developed by the American Academy of Ophthalmology, which deals with topics such as patient rights, delegation of authority, the impaired physician, and advertising. Although some topics may be pertinent to residents, the manual does not offer a sequential examination of topics that lead to personal conclusions.

Pellegrino and colleagues write, “In short, ethics requires that the physician be a person of character.” They further explain that cognitive aspects of medical ethics can be presented in a lecture series with analysis of the ethical questions in case studies. Subjects can be tested to determine their knowledge and skill at applying ethical principles similar to examinations in other disciplines. The deeper issue is whether ethics is translated into action. Knowing the right thing to do and doing the right thing at times may be unconsciously disconnected. An objective analysis of an individual’s intentions is at best accomplished through observations of one’s behavior.

A structured curriculum in ethics is not only required by the Residency Review Committee but offers residents an opportunity to develop a personal approach to their profession. The more obvious moral issues are ingrained in the practice of Mayo consultants and leave little room for argument. Some topics in the realm of ethics are rarely discussed in a formal or informal way. For example, an individual physician’s role in the scope of a patient’s battle with disease is not only limited to the physical sense of altering the course of the pathologic process. Underlying psychological issues such as fear of blindness and death or perhaps spiritual issues such as the reason for suffering, are just as much part of the disease process to the patient as the physician’s treatment plan. The development of a physician-patient relationship provides an opportunity for such issues to surface and to be appropriately handled. By understanding the wider scope of the disease process, the physician has a unique opportunity not only to restore physical health but address underlying psychological or spiritual matters once a trusting relationship is established with the patient. In addition, if the physician is able to see the world through the eyes of the patient, a different role for the physician may become apparent. The motive or intent of the physician as well as a sense of purpose or calling, potential conflicts, and personal development can be integral parts of a personal approach to one’s career.

These topics also lend themselves to a mentoring process whereby medical students and residents of any specialty may begin to examine their motives and potential roles in medicine. It is a well-established mantra that the needs of the patient come first. With these needs in mind, the beginning physician may more easily find his or her role if one’s true desires and critical evaluation of one’s strengths and weaknesses are exposed early on. If one’s desires are matched with a sense of purpose and talents, a more rewarding and productive career may be realized. Under the umbrella of ethics, mentoring may be more effective if the resident or medical student perceives a true sense of direction.

## **Methods**

The curriculum is divided into five sections:

- The patient’s perceptions of the disease process
- The role of the physician in the restoration of health
- The exploration of the individual physician’s desires, motives, and talents and

- the development of an individual sense of purpose in medicine
- Examining potential conflicts in the physician's sense of purpose and obligations.
- Personal growth and development in order for one to be a more effective physician, leader, and teacher.

Through the use of published material, various patients' perspectives on health problems are introduced. By the presentation of the patient's perception of illness and its accompanying fears and doubts, the physician will be made aware of the impact the disease has on the patient as a person. The aim of this section is to impart to the resident the need to look at the patient as a person, like himself or herself, and to recognize the possibility of underlying fear, despair, and suffering the patient may be experiencing. This raises the need for the physician to expand his or her focus beyond the physical realm. The result of this discussion will be an attempt to see the world through the eyes of a person faced with chronic disease, visual impairment, or a disability. With the realization that a patient may be experiencing more than pain or blurred vision, the role of a physician is then examined.

By presenting published perspectives on empathy, the physician is challenged to expand his or her interaction with patients. The goal is not an emotional identification that skews rational and objective decision-making. Rather, the physician is to be made aware of the hints patients may drop in the course of the examination that may indicate an underlying fear, need, or concern. The physician is often held in a position of trust by patients, at times, equivalent to that of a confessor. By picking up on subtle clues in an unobtrusive way, that may require no more effort than asking a simple question and listening, the physician may calm fears through simply a detailed explanation of the disease process and treatment and covering worst case scenarios. The aim of this section is the realization that a physician may be able to aid the patient in the restoration of health by the development of a relationship that allows fears, worries and doubts to surface.

At this point, the individual resident is called upon to examine his or her intent in medicine. Again, through the use of published material including film clips, the point is made that the motive of physicians may not be apparent. The answer to "Why did you decide to go into medicine?" is often well rehearsed to appear altruistic and hide true motivating factors, perhaps lifestyle issues, or expose the lack of critical thinking in the decision-making process. The individual's answers are not made public, but by analyzing real and fictitious scenarios, the resident is challenged to honestly search his or her heart for the true motives for entering health care. Ideally, the resident will realize that the true value in a medical career lies in his or her ability to restore a patient's physical well being and to aid a fellow human being who is vulnerable and searching for help. Greed, pride, and power are also discussed and any indictments are self-imposed.

A sense of purpose or calling dovetails with the exploration of one's motives. Often one's career path is directed by the expectations of others rather than being a reflection of one's own desires and talents. The need for acceptance is vital to self esteem but can hinder one's pursuit of the path clearly apparent by examining one's own heart. This

aspect is discussed within the confines of the career pathways of research, education, and clinical practice.

No matter which career path is chosen, conflicts will arise. Different scenarios are presented to discuss potential points of conflict in one's career. Issues such as commitment to family, compensation, and relationships with colleagues are commonly encountered which can derail a career path. Through the presentation of fictitious and real but anonymous scenarios, conflicts are discussed. The aim is to make residents aware of potential areas of conflict which, if left unresolved, can lead to an unfulfilling career. Different ideas in conflict management are discussed that will at least promote awareness if not a personal approach to resolution.

The answers to all of these topics are not clear nor can they be outlined in a manual. The answers lie not only in the arena of ethics but also in the realm of psychology, philosophy, and theology. The discussion of these topics should hopefully prompt residents to seek answers in an individual manner. No one approach will be presented as the answer. But by raising such issues and questions, the search for answers should lead to individual growth and development. The rewards of such a search are wisdom and perhaps a view of "the big picture." With a broader understanding of life's problems that manifest themselves in the practice of medicine, a physician will be more effective. Also, an understanding of an individual's personal desires and talents will enhance the mentoring process and will affect one's role as a leader or a teacher. Too often, self-righteousness and contempt seep into the practice of medicine at the academic, as well as the private practice level, that hinder mentoring and teaching.

Barriers to discussion of such topics include the method of presentation. A didactic professorial style inhibits discussion. When I have held seminars on such topics, a sharing of my approach often creates a "safe" atmosphere that tends to allow others to do the same. Any judging of individual responses from the leader or audience is prohibited and the discussion is steered away from that tone by validating, in some way, all responses. The material used to prompt discussion may be a barrier as well. Long articles or book chapters are seldom useful. Short excerpts, quotes, or movie film clips are useful means to promote attention and thought.

## **Evaluation**

In all topics of the curriculum, the aim is to promote an awareness to prompt individual thought and search for answers. By discussing, in a Socratic way, individuals will be able to share his or her thoughts in an atmosphere of freedom without judgment or condemnation. The outcome of such an approach is broad and varying in depth that is difficult to quantitate. Self-assessment of one's motives may be a more sensitive but less objective method of measuring outcomes. Rather than testing knowledge and application of ethical principles, an anonymous self-assessment questionnaire may be given before and after completion of the course to measure a change in the participant's personal views.

## References

- Ethics Committee of the American Academy of Ophthalmology. The Ethical Ophthalmologist: A Primer. American Academy of Ophthalmology, 1993.
- Spiro HM, McCrea Curnen MG, Peschel E, St. James D ed. Empathy and the Practice of Medicine. Yale University, 1993.
- Professing Medicine. American Medical Association, 2001.
- Solmasy DP, Marx ES. Ethics education for medical house officers: long term improvements in knowledge and confidence. J Med Ethics 1997; 23: 88-92.
- Pellegrino ED, Siegler M, Singer PA. Teaching Clinical Ethics. J Clin Ethics 1990; 1: 175-180.