AMERICAN ACADEMY OF FAMILY PHYSICIANS

AAFP Reprint No. 279

Recommended Curriculum Guidelines for Family Medicine Residents

Medical Ethics

This document was endorsed by the American Academy of Family Physicians (AAFP), the Association of Departments of Family Medicine (ADFM), the Association of Family Medicine Residency Directors (AFMRD) and the Society of Teachers of Family Medicine (STFM),and developed in cooperation with the University of Minnesota Methodist Hospital Family Medicine Residency Program.

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Attitudes, knowledge and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) http://www.acgme.org. The curriculum must include structured experience in several specified areas. Most of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center. Structured didactic lectures, conferences, journal clubs and workshops must be included in the curriculum with an emphasis on outcomes-oriented, evidence-based studies that delineate common and chronic diseases affecting patients of all ages. Targeted techniques of health promotion and disease prevention are hallmarks of family medicine. Appropriate referral patterns and provision of cost-effective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME Web site. Current AAFP Curriculum Guidelines may be found online at http://www.aafp.org/cg. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies as indicated on each guideline.

Each residency program is responsible for its own curriculum. ***This guideline provides a useful strategy to help residency programs form their curricula for educating family physicians.***

Preamble

The decision-making process is at the core of ethics and medicine. Family physicians in residency training spend three years learning to make decisions with, for and about patients and their health care. Most of these daily decisions have potential ethical implications. Competent family physicians must be able to recognize the ethical considerations in the care of patients in both in- and out-patient settings. Family physicians should understand that there are multiple influences on both patients and health care providers, such as culture, education, religion, personal and family values and social and individual experience. The ultimate concern of the family physician must be the welfare of each patient in the context of the family, culture and belief system.

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

Competencies

At the completion of residency training, a family medicine resident should:

- Provide care that is sensitive to the belief systems of the patient and family.
- Provide counseling that reflects an understanding of ethical principles regarding decisions that have potential and ethical implications. (Patient Care, Medical Knowledge, Interpersonal Communication, Professionalism, and Systems-based Practice)
- Act as an effective patient advocate with other members of the health care team. (Patient Care, Medical Knowledge, Interpersonal Communication, Professionalism, and Systems-based Practice)
- Understand, explain and appropriately apply care according to the applicable state and federal laws and current standard of medical care regarding consent and confidentiality. (Medical Knowledge, Professionalism, Systems-based Practice, Interpersonal Communication)
- Demonstrate personal ethical standards that reflect adherence to the AMA Code of Ethics. Understand and avoid potential ethical conflicts with the pharmaceutical industries, health insurance companies and other health industry providers, as well as in personal conduct with patients, staff and colleagues. (Medical Knowledge, Practice-based Learning, Professionalism, Systems-based Practice)
- Describe the composition of his or her institutional ethics board or committee. Appropriately refer challenging ethical cases for assistance in clarification and management of ethical dilemmas to these resources. (Patient Care, Interpersonal Communication, Systems-based Practice)

Attitudes

The resident should demonstrate attitudes that encompass:

- An appreciation for the value and dignity of human life.
- An understanding of cultural, social and religious customs and beliefs that may differ from his or her own.
- An understanding of individual, cultural, institutional and societal biases that may affect ethical decision-making.
- A commitment to ethical medicine in every patient encounter.
- Selfless work on behalf of every patient's well-being.
- 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.
- An understanding of and appreciation for the value of institutional ethics committees and a willingness to serve on such bodies.
- A self-awareness regarding personal ethical strengths and vulnerabilities as they affect one's own professional practice.

Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

1. Belief systems about right and wrong, meaning and purpose, and religious and spiritual values and biases, and how they affect decision-making regarding:
    a. The physician and other care providers
    b. The patient
    c. The family
    d. Health care systems and society at large
2. Analysis and decision-making
    a. Identification of the ethical issues in a case and the underlying opposing components
    b. Methods of prioritization of issues and components
    c. Articulation of issues and their consequences in terms understandable to patients and families
3. Principles of ethics
    a. Autonomy— patients' rights and physicians' rights
    b. Responsibilities and duties of patients and physicians
    c. Beneficence— acting in the best interest of patients
    d. Non-malfeasance— to do no harm (or the least harm possible)

e. Honesty as an absolute vs. situational good— when withholding information is appropriate in the context of culture, patient emotional and cognitive status, etc. (e.g., a child who has cancer; an Alzheimer's patient reluctant to take medication for agitation)

f. Confidentiality

g. Informed consent
   i. Ethical approach
   ii. Legal approach (varies from state to state)

h. Patient competency and capacity
   i. *Competence* is a legal state, not a medical one. Competence refers to the degree of mental soundness necessary to make decisions about a specific issue or to carry out a specific act. All adults are presumed to be competent unless adjudicated otherwise by a court.
   ii. *Capacity* is defined as an individual's ability to make an informed decision. Any licensed physician may make a determination of capacity.
   iii. Surrogate decision-making

i. Medical reasonableness as a factor in whether to offer or withhold treatment

j. Best interests of patient vs. autonomy (e.g., a patient chooses discharge to home when nursing home would be advisable)

k. Principle of double effect— it is acceptable to perform an action that is good in itself that has two effects (an intended good effect that is otherwise not reasonably attainable in another way, and an undesirable negative effect) provided there is a due proportion between the intended good and the permitted negative effect (e.g., it is acceptable to treat pain with narcotics even if that will hasten death in a patient who has a terminal illness)

l. Justice— tension in health care between:
   i. Microallocation: fair allocation of resources based on individual patient needs
   ii. Macroallocation: fair allocation of resources at the state and national level

4. Business and professional ethics

   a. American Medical Association Code of Ethics

   b. Code of behavior for dealing with pharmaceutical firms and other proprietary industries (American Medical Association's "Ethical Guidelines for Gifts to Physicians from Industry")

   c. Laws regarding economic self-interest (Stark laws, Medicare and state laws as applicable)

   d. Appropriate medical charges, billing practices, and coding for services

   e. Managing health care
      i. Family physician as patient care coordinator
      ii. System fairness of allocation of health care resources
      iii. Disclosure to patients and audiences of financial donations from pharmaceutical firms

5. Family physicians' role in counseling patients and families on the meaningful completion of advanced care planning documents

a. Advance directives and living wills
    i. Life support
    ii. Treatment abatement
    iii. Chronic progressive illness
b. Durable power of attorney for health care

6. Caring for partially competent and incompetent patients
    a. Identification and documentation of decision-making capacity
    b. Legal issues
    c. Guardianship
    d. Perinatal ethics

7. Application of ethical principles, government laws and regulations to specific patient care scenarios
    a. End of Life care
        i. “Do not resuscitate” (DNR) orders
        ii. Heart-lung death
        iii. Brain death
        iv. Persistent vegetative state
        v. Medical futility and inappropriate care requests
        vi. Autopsy
        vii. Organ Donation
        viii. Euthanasia and physician-assisted suicide
    b. Consent and Decision-Making
        i. Withholding or withdrawal of treatment
        ii. Informed consent and right to refuse
        iii. Adolescents and emancipated minors (consent to treat)
    c. Human reproductive issues
        i. Contraception and abortion
        ii. Genetic testing and counseling
        iii. Perinatal ethics
        iv. Sterilization
    d. Specific clinical issues
        i. Pain control
        ii. Testing (informed consent, cost, implications for individuals other than the patient; e.g., prostate-specific antigen [PSA], HIV, and other sexually-transmitted infections [STIs])

8. Ethical risks secondary to stress in practicing medicine
    a. Effects of stress on perception, integration and decision-making by physicians and other health care team members
    b. Skills and techniques for combating professional stress
    c. Physician professionalism (including integrity and behavior)
    d. Physician error (identification and coping with your own and others)

e. The impaired physician
f. Balancing physician and patient performance expectations

9. Common types of unethical physician conduct, including:
   a. Sexual contact with patients and staff
   b. Boundary conflicts (including using position of power as physician to sway patient's decision-making)
   c. Economic self-interest
   d. Drug and/or alcohol abuse
   e. Disruptive physician behavior in the workplace
10. The purpose, structure and function of institutional ethics committees

Skills

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer:

1. The identification of the ethical aspects of a particular case
2. Appropriate behavior and conduct regarding issues of consent and confidentiality
   a. Obtain a valid informed consent or a valid refusal of treatment
   b. Act appropriately if a patient is only partially competent, or is incompetent to consent to or refuse treatment
   c. Act appropriately if a patient refuses treatment
   d. Decide when it is ethically justified to withhold information from a patient
   e. Decide when it is ethically justified to breach confidentiality (Health Insurance Portability and Accountability Act [HIPAA] regulations)
3. 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
4. Care for patients with a poor prognosis, including patients who are terminally ill
   a. Appropriately deliver to the patient and his or her family
   b. Obtain informed decisions from patients and families about code status and advance directives
   c. 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
   d. Moderate a family conference to discuss ethical dilemmas regarding a partially competent or incompetent patient
5. Discuss with a patient how managed care incentives and restrictions may influence the determination of a preferred plan of care

6. Apply ethical principles to professionalism and practice management:
    a. Act appropriately when aware of unethical conduct by a colleague
    b. Self-monitor one's own professional behavior
    c. Evaluate an employment contract for features which may be ethically compromising
7. Demonstrate appropriate consultation with and/or participation on an institutional ethics committee

Implementation

Residents should have access to an ethicist or an instructor who has training in medical ethics, both for clinical consultation and instruction. Residents should have opportunities to serve on institutional ethics committees. Instruction on ethical issues during family medicine residency should be taught longitudinally throughout the residency program and may take such forms as grand rounds presentations, small group discussions or ethical case studies, in addition to being included as part of routine discussion of care in the inpatient and outpatient settings. A formal rotation in medical ethics as a concentrated block may be made available to interested residents.

Resources

Fleetwood J, Lipsky M. Medical Ethics. *FP Essentials*, Edition 231, AAFP Home Study. Leawood, Kan: American Academy of Family Physicians, 2000.

Fleetwood J, Kassutto Z, Lipsky MS. Clinical Ethics in Family Medicine. *FP Essentials*, Edition 302. AAFP Home Study. Leawood, Kan: American Academy of Family Physicians, 2004.

Freeman JM, McDonnell K. Tough Decisions: Cases in Medical Ethics. 2nd ed. New York, N.Y.: Oxford University Press, 2001.

Jonsen AR, Siegler M, Winslade WJ. Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine. 6th ed. New York, N.Y.: McGraw Hill, 2006.

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Junkerman C, Schiedermayer DL. Practical Ethics for Students, Interns, and Residents: A Short Reference Manual. 2nd ed. Frederick, Md.: University Publishing Group,1998.

Veatch RM. The Basics of Bioethics. 2nd ed. Upper Saddle River, N.J.: Prentice Hall, 2003.

Web Sites

American Medical Association Ethics Resource Center
www.ama-assn.org/go/erc

American Medical Association Virtual Mentor
www.virtualmentor.org

American Medical Association Code of Medical Ethics for PDA
www.ama-assn.org/go/ceja

American Medical Association and the Medical College of Wisconsin
http://www.ama-assn.org/ama/pub/category/7549.html

Medical College of Wisconsin End of Life Palliative Care Resource Center
http://www.eperc.mcw.edu/ff_index.htm

Georgetown University Kennedy Institute of Ethics
http://bioethics.georgetown.edu/

Published 10/1991
Re-formatted 05/1994
Revised 02/1997
Revised 06/2003
Revised 01/2008