

Ethics and Professionalism for the Medical Student

Brought to you by your AMA-MSS
Committee on Medical Ethics



The *Gestalt* of Medical Ethics



Scenarios

- Patient Confidentiality
- Medical Errors
- Medical Learning and Honesty
- Disagreeing With a Superior
- The Malignant Resident

Patient Confidentiality

You and your team have rounded on your patients in acute care. While waiting for the elevator back to the regular floor, the very tired post-call resident tells you, “Let’s wrap this up. Present Mr. Smith, our new patient with High-5.” Several people, presumably family members of patients, are also waiting for the elevator.

Patient Confidentiality (cont.)

What's the problem here?

- The resident has identified a patient by name in a public area
- There are non-medical persons, and medical staff not involved with Mr. Smith's care, who can hear what is being said
- Even euphemistically, one should not discuss a patient's HIV status where it can be overheard

Patient Confidentiality (cont.)

What can you do?

- Remain silent, refusing to give the report
 - This does you no good
- Stall for time until the elevator comes
 - No better than remaining silent
- Admonish the resident
 - A very poor idea if you want honors
- Politely suggest that this is not the ideal environment to discuss a patient

Medical Errors

You are following a patient who came to the hospital with a partial small bowel obstruction. His condition has improved since admission, but he still requires bowel rest. You accidentally enter an order for a laxative, and no one notices the error until after the patient has already taken it. Several hours later, the patient has a bowel movement and normal function returns.

Medical Errors (cont.)

What's the problem here?

- The patient was given a potentially dangerous therapy
- Even though there was a good outcome, a mistake was made

Medical Errors (cont.)

What can you do?

- As soon as an error is discovered, approach an upper level on the team
- If possible, undertake corrective measures to reverse the error
- Inform the patient about the error as soon as it is practical to do so—allow the team leader to decide who should tell the patient

Medical Learning and Honesty

You are about to perform your first placement of a central line. You walk in with your resident, who states to the patient, “This is John Doe; he will be performing your central line placement.”



Medical Learning and Honesty (cont.)

What's the problem here?

- Neither you nor the resident identified you as a medical student
- The patient does not know that the medical student has no experience performing this procedure
- Students need to learn procedures even though they increase a patient's risk when they do so

Medical Learning and Honesty (cont.)

What should be done?

- Medical learning is essential to medicine, but patient autonomy should not be sacrificed by misleading a patient or withholding relevant information
- Politely tell the patient that you are a medical student learning this procedure, and that the resident will supervise the entire process

Disagreeing With/Correcting a Superior

Non-emergent—Mrs. Jones is an 82 YOWF with multiple rib fractures and pneumothorax after a MVC. She has a past history of myocardial infarction and Wolff-Parkinson-White syndrome. Routine urinalysis on admission reveals bacteria in the urine, but no other sign of infection. You are uncertain about the potential for sepsis and wonder if you should treat; your attending writes orders that do not address the bacteruria.

Disagreeing With/Correcting a Superior (cont.)

What's the problem here?

- The attending may have overlooked something important but not immediately life-threatening
- You are uncertain about the proper course of action for this patient

Disagreeing With/Correcting a Superior (cont.)

What can you do?

- Since this problem is non-emergent, approach it as a learning opportunity
- Speak to your attending away from the patient at a convenient time
- Do not be afraid to ask for the why or why not of a particular course of action or drug
- Be polite



Disagreeing With/Correcting a Superior (cont.)

Emergent—Mrs. Jones from the previous case later increases her heart rate to 160 beats/minute, confirmed to be a supra-ventricular tachycardia by EKG. A new resident has just come on and was given a report. The resident orders you to give an adenosine push as initial therapy. You remember that Mrs. Jones has known WPW, and adenosine is contraindicated in this condition; you also confirm this with your pocket reference card.

Disagreeing With/Correcting a Superior (cont.)

What's the problem here?

- You are 200% certain that you are right and your resident is wrong, or at least not fully informed about this patient
- Your resident is about to unwittingly kill your patient!



Disagreeing With/Correcting a Superior (cont.)

What can you do?

- Get your resident's attention *immediately*
- Quietly and quickly inform/remind the resident about Mrs. Jones's condition and the potential drug interaction

The Malignant Resident

Dr. Spivey, your upper level, has a reputation as a fantastic teacher. While you have learned a lot about patient care, he also has repeatedly ordered you to perform tasks that are not expected of a medical student, such as changing patient diapers, and on two separate occasions has loudly berated you in front of other students and patients for not knowing an answer to a “pimping” question.

The Malignant Resident (cont.)

You are scheduled to work a Saturday call shift with Dr. Spivey, and the Friday afternoon before he pulls you aside, telling you to bring him breakfast and fresh coffee from a local coffee shop. He adds, “I’m not kidding about breakfast and coffee. If you don’t bring them tomorrow, hot and fresh, I’ll knock 10% off your grade for the clerkship.”

The Malignant Resident (cont.)

What's the problem here?

- Dr. Spivey has forced you to repeatedly do “scut work”
- Dr. Spivey has verbally abused you, in public
- Dr. Spivey has threatened to alter your grade based on actions that you do or do not perform that are in no way related to your medical training

The Malignant Resident (cont.)

What can you do?

- Your institution must have in place a mechanism for you to report inappropriate conduct
- Respect the proper hierarchy for reporting an event—this likely begins with a chief resident or the attending
- Do not be afraid to move up the ladder if your concerns are not addressed in a timely manner

Question and Answer Period



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