



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

AAFP Reprint No. 279

Recommended Curriculum Guidelines for Family Medicine Residents

Medical Ethics

This document is endorsed by the American Academy of Family Physicians (AAFP).

Introduction

Each family medicine residency program is responsible for its own curriculum. The AAFP Commission on Education's Subcommittee on Graduate Curriculum has created this guide as an outline for curriculum development, and it should be tailored to the needs of the program.

Through a series of structured and/or longitudinal experiences, the curricula below will support the overall achievement of the core educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) and provide guideposts to program requirements specific to family medicine. For updates and details, please refer to the ACGME website at www.acgme.org. Current AAFP Curriculum Guidelines may be found online at 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.

Preamble

Thoughtful dialogue, careful information-gathering, and informed decision-making are at the core of clinical ethics and the practice of medicine. Family physicians in residency training spend at least three years learning to make health care decisions with, for, and about patients. Most of these daily decisions have potential ethical implications. Family physicians must be able to recognize ethical considerations in the care of patients across a variety of settings and adapt those considerations throughout each patient's lifetime. Family physicians should understand the multiple influences on decisions faced by patients, families, and health care professionals. Influencing factors

include, but are not limited to, age, culture, education, finances, religion, personal and family values, medical comorbidities, individual experience, and social support. The engaged family physician must strive to maximize the physical and emotional well-being of each patient while working to preserve patient autonomy and eliminate barriers to informed decision-making.

Health care delivery is becoming more complicated and multifaceted. Many ethical considerations are also becoming increasingly complex and may be difficult to resolve. As personal physicians and patient/community advocates, family physicians are vitally important in helping patients, families, and health systems address ethical considerations. This curriculum guideline provides recommendations that family medicine training programs should include in their curricula. Incorporating these recommendations will improve the education of residents and students and potentially translate to better education of patients and future generations of physicians.

Patient Care

At the completion of residency, a family medicine resident should be able to:

- Provide care that is sensitive to the values and belief systems of the patient and family team
- Understand, explain, and appropriately provide care according to the applicable state and federal laws and the current standard of medical care regarding consent and confidentiality
- Seek consultation from an institutional ethics board or committee in challenging ethical cases, when indicated
- Understand and avoid potential ethical conflicts with the pharmaceutical and medical device industries, payers, and other health industry providers, as well as potential ethical conflicts in personal conduct with patients, staff, and colleagues
- Understand and integrate patients' cultural, social, and religious customs and beliefs that may differ from their own
- Recognize and be aware of situations that require placing the needs of the patient above self-interest
- Display a willingness to examine the ethical dilemmas presented by patients, discuss options with patients and their families (when appropriate), and work toward solutions that are mutually acceptable
- Determine competency for medical decision-making and display respect for medical decisions made by patients, even if those decisions are not in alignment with the beliefs of the health care team
- Provide end-of-life care when indicated

Medical Knowledge

In the appropriate setting, a family medicine resident should demonstrate the ability to apply knowledge of the following:

1. Cultural variations regarding right and wrong, meaning, and purpose, as well as religious and spiritual values and biases, and how these variations, values, and biases affect decision-making for:
 - a. The physician and other members of the health care team
 - b. The patient
 - c. The family
 - d. Health care systems
 - e. The community and society at large
2. Potential ethical dilemmas and the complexity of ensuing decisions
 - a. Identification of the ethical issues in specific patient encounters, underlying conflicts, and methods for prioritization of issues
 - b. Knowledge and use of resources available to help navigate difficult ethical situations
 - i. Curricular resources
 - ii. Online resources
 - iii. Institutional resources
 - c. Effective articulation of issues and their consequences in terms that are understandable to patients and their families and other members of the health care team
3. The four principles of bioethics
 - a. Autonomy: patients' and physicians' rights
 - i. Valid informed consent (ethical and legal approaches) and valid informed refusal
 - ii. Informed decision-making
 1. Competence versus capacity; recognizing the physician's role in assessing capacity and acting appropriately based on this assessment
 2. Surrogate decision-making
 - iii. Confidentiality (including adolescents and emancipated minors)
 - b. Beneficence: acting in the best interest of patients
 - i. Patient autonomy versus medical benefit
 1. Transitions of care (from one setting to another)
 2. Suicidal patients (involuntary medical holds)
 3. Implied consent (emergent situations)
 4. Mandated reporting (e.g., child/elder abuse, intimate partner violence)
 - c. Nonmaleficence: to do no harm (or the least harm possible)
 - i. The principle of double effect: how a single action or decision may have both positive and negative perceived effects
 - ii. Maintenance of competence by physicians and other health care professionals

- iii. Medical negligence
 - d. Justice
 - i. Distributive justice and the tension between two or more needs in the setting of scarce resources
 - 1. Microallocation: fair allocation of resources based on individual patient needs
 - 2. Macroallocation: fair allocation of resources at the state, national, and global levels
 - ii. Social determinants of health and structural barriers to health
 - iii. Protection of human rights
- 4. Business and professional ethics
 - a. American Medical Association (AMA) Code of Medical Ethics and areas in which the code is modified based on the opinions of other national organizations (e.g., the AAFP)
 - b. Code of behavior for relationships with industry (AMA's "Gifts to Physicians from Industry")
 - c. The importance of not knowingly spreading disinformation or misinformation
 - d. Laws regarding economic self-interest
 - i. Stark Law
 - ii. Sunshine Act
 - iii. Medicare
 - iv. State laws, as applicable
 - e. Appropriate medical charges, billing practices, and coding for services
 - f. Managing health care
 - i. Family physician as health care team leader
 - ii. Fairness of allocation of health care resources in the system
 - iii. Disclosure to patients and audiences of financial donations from industry
 - iv. Navigating conflicts of interest (e.g., personal, professional, financial)
- 5. The role of the family physician in counseling patients and families on the meaningful completion of advance care planning documents
 - a. Advance directives, including do-not-resuscitate (DNR) orders, Physician Orders for Life-Sustaining Treatment (POLST), and living wills
 - i. Life support
 - ii. Treatment abatement
 - iii. Chronic progressive illness
 - b. Durable power of attorney for health care and/or health care proxy
- 6. Care of patients with other than full competency for medical decision-making
 - 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-attempt-resuscitation (DNAR) order; do-not-intubate (DNI) order
 - ii. Heart-lung death
 - iii. Brain death
 - iv. Persistent vegetative state
 - v. Medical futility and inappropriate care requests
 - vi. Autopsy
 - vii. Organ donation
 - b. Medical aid in dying
 - i. Relevant federal, state, and local laws
 - ii. Consent and decision-making
 - iii. Withholding or withdrawal of treatment
 - iv. Informed consent and right to refuse
 - v. Adolescents and emancipated minors (consent to treat)
 - vi. Release of information to outside agencies
 - 1. Legal requirements
 - 2. Patient consent
 - 3. Potential legal mandates versus patient preference
 - c. Human reproductive issues
 - i. Contraception and termination of pregnancy
 - ii. Genetic testing and counseling
 - iii. Perinatal ethics
 - iv. Adoption issues
 - v. Sterilization
 - d. Specific clinical issues
 - i. Pain control; utilization of controlled substances
 - ii. Testing and disease reporting (including need to treat sexual partners and use of expedited partner therapy) for HIV and other sexually transmitted infections (STIs)
 - iii. Appropriate cancer screening; informed consent; implications for individuals other than the patient
 - iv. Treatment of oneself, family, friends, colleagues, and/or learners
 - v. Care for lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI) individuals
 - vi. Experimental drug trials and compassionate use of medications
 - vii. Off-label use of medications/treatments
 - viii. Medical marijuana
 - ix. Emergency Medical Treatment and Labor Act (EMTALA)
8. Ethical risks inherent in the practice of 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 and promoting well-being
 - c. Physician professionalism (including integrity and behavior)
 - d. Physician error (identifying and coping with one's own errors and the errors of others)

- e. The impaired physician
 - f. Balancing physician and patient performance expectations
 - g. State-specific issues related to the practice of medicine or restrictions on the practice of medicine and ways these may conflict with patient well-being or patient request
9. Common types of unethical physician conduct, including:
- a. Sexual contact with patients, staff, and/or learners
 - b. Boundary conflicts (including using position of power as physician to influence patient's decision-making)
 - c. Economic self-interest
 - d. Substance abuse
 - e. Disruptive physician behavior
10. The purpose, structure, and function of institutional ethics committees

Interpersonal and Communication Skills

At the completion of residency, a family medicine resident should be able to:

- Understand and integrate patients' cultural, social, and religious customs and beliefs that may differ from their own
- Examine the ethical dilemmas presented by patients, discuss options with patients and their families (when appropriate), and work toward solutions that are mutually acceptable
- Understand, explain, and appropriately provide care according to the applicable state and federal laws and the current standard of medical care regarding consent and confidentiality
- Effectively communicate priorities and options to the patient and their support system when dealing with conflicting ethical issues
- Obtain informed decisions from patients and their families about resuscitation status and advance directives
- Moderate a family conference to discuss ethical dilemmas regarding an incapacitated, partially competent, or incompetent patient
- Effectively provide direct positive, constructive feedback to an institutional ethics committee

Systems-Based Practice

At the completion of residency, a family medicine resident should be able to:

- Explain the ethical principles regarding decisions and treatments that have potential ethical implications

- Act as an effective patient advocate with other members of the health care team
- Demonstrate personal ethical standards that reflect adherence to professional standards and organizational codes of medical ethics, such as the AMA Code of Medical Ethics and the AAFP's policies on ethics
- Understand and avoid potential ethical conflicts with the pharmaceutical and medical device industries, payers, and other health industry providers, as well as potential ethical conflicts in personal conduct with patients, staff, and colleagues
- Describe the composition of the institutional ethics board or committee and seek consultation in challenging ethical cases, when indicated
- Understand cultural, institutional, and societal biases that may affect ethical decision-making
- Understand the value of institutional ethics committees and be willing to use and contribute to such resources
- Decide when it is ethically justified to share patient information with entities outside the health care system
- Incorporate a team approach in dealing with ethical issues to provide understanding and acceptance, as well as a support system for the patient
- Discuss with a patient how payer incentives and restrictions may influence the determination of a preferred plan of care

Practice-Based Learning and Improvement

At the completion of residency, a family medicine resident should be able to:

- Explain ethical principles regarding decisions and treatments that have potential ethical implications
- Develop a skill set to evaluate ethical standards, guidelines, and protocols, and effectively teach clinical teams how to adhere to ethical standards or procedures
- Develop a skill set to evaluate potential ethical conflicts with pharmaceutical representatives and health care industry providers, and effectively teach clinical teams how to recognize these conflicts and avoid them
- Moderate a team approach to deal with patient-centered ethical issues

Professionalism

At the completion of residency, a family medicine resident should be able to:

- Recognize situations that require placing the needs of the patient above self-interest
- Understand, explain, and appropriately provide care according to the applicable state and federal laws and the current standard of medical care regarding consent and confidentiality
- Demonstrate personal ethical standards that reflect adherence to professional standards and organizational codes of medical ethics, such as the AMA Code of Medical Ethics and the AAFP's policies on ethics
- Commit to practicing ethical medicine in every patient encounter and across health care settings
- Demonstrate self-awareness regarding personal ethical strengths and vulnerabilities by monitoring one's own professional behavior
- Recognize that physicians have an obligation to regulate themselves and exhibit self-discipline
- Recognize one's own lapses in professionalism and those of others
- Act in accordance with ethical principles and prevailing law when aware of unethical conduct by a colleague
- Identify appropriate channels to report unprofessional behavior
- Document and report clinical and administrative information truthfully
- Recognize that conflicting personal and professional values exist and maintain impartiality when they are present
- Recognize the role of ethical dilemmas and the possible consequences of occupational stress
- Understand the role of physician right of conscience as it applies to ethical decision-making
- Seek help to understand and address personal and professional ethical dilemmas when needed
- Understand the role of compassion fatigue associated with the care of patients with ethical dilemmas
- Recognize the value of self-reflection as a means to process emotions associated with ethical decision-making and incorporate opportunities for such self-reflection
- Recognize the need to maintain emotional, physical, and spiritual boundaries when facing professional ethical dilemmas
- Understand the role of ethics in relation to self-care that produces positive, career-sustaining behaviors

Implementation

Residents should have access to an ethicist or an instructor who has training in medical ethics for both clinical consultation and instruction. Residents should have opportunities to serve on institutional ethics committees. During family medicine residency, instruction on ethical issues should be taught longitudinally throughout the residency program and may include large-group case presentations, small-group discussions, and/or ethical case studies. It should also be included as part of routine discussions of care across settings. Residents should be taught about the role of physician well-being as it relates to medical ethics.

Resources

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Website Resources

American Medical Association:

- *AMA Journal of Ethics*. <https://journalofethics.ama-assn.org/>
- AMA Code of Medical Ethics. www.ama-assn.org/topics/ama-code-medical-ethics
- Ethics. www.ama-assn.org/delivering-care/medical-ethics

Center for Practical Bioethics. www.practicalbioethics.org/

Georgetown University, Kennedy Institute of Ethics. Bioethics Research Library. <http://bioethics.georgetown.edu/>

National POLST (Physician Orders for Life-Sustaining Treatment). www.polst.org/

Palliative Care Network of Wisconsin. Fast Facts and Concepts. www.mypcnow.org/fast-facts

Developed 10/1991 by University of Minnesota Methodist Hospital Family Medicine Residency Program
Reformatted 05/1994
Revised 02/1997
Revised 06/2003
Revised 01/2008
Revised 08/2013 by Northwestern University McGaw Family Medicine Residency Program, IL
Revised 7/2017 by Cascades East Family Medicine Residency, Klamath Falls, OR
Revised 10/2022 by Gadsden Regional Medical Center Family Medicine Residency, AL