AMERICAN ACADEMY OF FAMILY PHYSICIANS

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Recommended Curriculum Guidelines for Family Medicine Residents

Medical Ethics

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

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Attitudes, behaviors, 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), www.acgme.org. The family medicine curriculum must include structured experience in several specified areas. Much of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center, although additional experience gained in various other settings (e.g., an inpatient setting, a patient's home, a long-term care facility, the emergency department, the community) is critical for well-rounded residency training. The residents should be able to develop a skillset and apply their skills appropriately to all patient care settings.

Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum to supplement experiential learning, with an emphasis on outcomes-oriented, evidence-based studies that delineate common diseases affecting patients of all ages. Patient-centered care, and targeted techniques of health promotion and disease prevention are hallmarks of family medicine and should be integrated in all settings. Appropriate referral patterns, transitions of care, and the 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 website. 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.

Please note that the term “manage” occurs frequently in AAFP Curriculum Guidelines. “Manage” is used in a broad sense to indicate that the family physician takes responsibility for ensuring that optimal, complete care is provided to the patient. This does not necessarily mean that all aspects of care need to be directly delivered personally by the family physician. Management may include appropriate referral to other health care providers, including other specialists, for evaluation and treatment.

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

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 decisions with, for, and about patients and their health care. 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, and 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.

Competencies

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

- Provide care that is sensitive to the values and belief systems of the patient and family (Patient Care, Interpersonal and Communication Skills)
- Reflect an understanding of ethical principles regarding decisions and treatments that have potential ethical implications (Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Systems-based Practice)
- Act as an effective patient advocate with other members of the health care team (Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Systems-based Practice)

- 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 (Medical Knowledge, Professionalism, Systems-based Practice, Interpersonal and Communication Skills)
- Demonstrate personal ethical standards that reflect adherence to professional standards and organizational codes of medical ethics, such as the American Medical Association (AMA) Code of Medical Ethics and the AAFP's policies on ethics (Medical Knowledge, Practice-based Learning, Professionalism, Systems-based Practice)
- Understand and avoid potential ethical conflicts with the pharmaceutical and medical device industries, payers, 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 the institutional ethics board or committee and appropriately seek consultation in challenging ethical cases (Patient Care, Interpersonal Communication, Systems-based Practice)

Attitudes and Behaviors

The resident should demonstrate attitudes and behaviors that encompass:

- Appreciation for the value and dignity of human life
- Understanding and integration of patients' cultural, social, and religious customs and beliefs that may differ from their own
- Understanding of individual, cultural, institutional, and societal biases that may affect ethical decision-making
- Commitment to practicing ethical medicine in every patient encounter and across health care settings
- Recognition and awareness in situations that require placing the needs of the patient above self-interest
- Willingness to examine the ethical dilemmas presented by patients, discuss options with the patient and family (when appropriate), and work toward solutions that are mutually acceptable
- Understanding of and appreciation for the value of institutional ethics committees and a willingness to use and contribute to such resources, when needed
- 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 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, the 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 families and other members of the health care team

3. The four principles of bioethics
    a. Autonomy: patients' and physicians' rights
        i. Informed consent (ethical and legal approaches)
        ii. Informed decision-making
            1). Competence versus capacity: recognizing the physician role in assessing capacity
            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 provider competence

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. AMA Code of Medical Ethics
   b. Code of behavior for relationships with industry (AMA's *Gifts to Physicians from Industry*)
   c. Laws regarding economic self-interest
      i. Stark Law
      ii. Medicare
      iii. State laws, as applicable
   d. Appropriate medical charges, billing practices, and coding for services
   e. 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. Family physician's role in counseling patients and families on the meaningful completion of advance 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
   c. Transportable physician orders for life-sustaining treatment, national and state programs (Physician Orders for Life Sustaining Treatment [POLST])

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 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. Physician-assisted death
        i. Consent and decision-making
        ii. Withholding or withdrawal of treatment
        iii. Informed consent and right to refuse
        iv. Adolescents and emancipated minors (consent to treat)
        v. 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 abortion
        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) for HIV and other sexually transmitted infections (STIs)
        iii. Appropriate cancer screening; informed consent, cost, implications for individuals other than the patient (e.g., prostate-specific antigen [PSA])
        iv. Treating oneself, family, friends, colleagues, and/or learners
        v. Care for lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) individuals (e.g., gender reassignment, men who have sex with men [MSM]-specific care)
        vi. Experimental drug trials (compassionate use)
        vii. Medical marijuana

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 (identification of and coping with one's own errors and the errors of 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/or staff
    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

Skills

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

1. Identify the ethical aspects of a medical situation
2. Demonstrate 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 partially competent or is incompetent to make treatment decisions
    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 (i.e., Health Insurance Portability and Accountability Act [HIPAA] regulations)
3. Present priorities and options to the patient and his or her support group (e.g., family, legal guardian) effectively when dealing with conflicting ethical issues
4. Provide care for patients who have a poor prognosis, including patients who are terminally ill
    a. Deliver information and care to patients and their families appropriately
    b. Obtain informed decisions from patients and families about resuscitation status and advance directives

c. Incorporate a team approach in dealing with ethical issues to provide understanding and acceptance, as well as 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 payer 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. Monitor one's own professional behavior
   c. Evaluate professional and employment relationships for conflicts of interest and features that may be ethically compromising

7. Demonstrate appropriate consultation with and/or participation on an institutional ethics committee

8. Understand the importance of the day-to-day practice of family medicine and demonstrate the ability to make good judgments pertaining to this practice

9. Demonstrate professionalism as it relates to medical ethics
   a. Recognize that conflicting personal and professional values exist and maintain impartiality when they are present
   b. Recognize that physicians have an obligation to regulate themselves and exhibit self-discipline
   c. Document and report clinical and administrative information truthfully
   d. Identify appropriate channels to report unprofessional behavior
   e. Recognize one's own lapses in professionalism and those of others

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 discussion of care across settings.

Resources

Derse AR, Schiedermayer D. *Practical Ethics for Students, Interns, and Residents: A Short Reference Manual*. 4th ed. Frederick, Md.: BookBaby; 2017. (eBook)

Fleetwood J, Kassutto Z, Lipsky MS. *Clinical Ethics in Family Medicine*. FP Essentials™, Edition No. 302. Leawood, Ks.: American Academy of Family Physicians; July 2004.

Fleetwood J, Lipsky M. *Medical Ethics*. FP Essentials™, Edition No. 231. Leawood, Ks.: American Academy of Family Physicians; 2000.

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

Jonsen AR, Siegler M, Winslade WJ. *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine*. 8th ed. New York, NY: McGraw-Hill Education; 2015.

Lo B. *Resolving Ethical Dilemmas: A Guide for Clinicians*. 5th ed. Philadelphia, Pa.: Lippincott Williams & Wilkins; 2013.

Veatch RM. *The Basics of Bioethics*. 3rd ed. Abingdon, UK: Taylor & Francis; 2011.

Website Resources

American Medical Association:

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

Center for Practical Bioethics. www.practicalbioethics.org/

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

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

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

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
Revised 7/2017 by Cascades East Family Medicine Residency, Klamath Falls, OR