



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

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Recommended Curriculum Guidelines for Family Medicine Residents

Medical Ethics

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

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Topic competencies, 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), 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 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.

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 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 across a variety of settings throughout the lifespan. Family physicians should understand the multiple influences on decisions faced by patients, families, and health care providers. Influencing factors include culture, education, religion, personal and family values, and individual experience. The ultimate concern of the family physician must be the welfare of each patient in the context of his or her family, culture, and belief system.

As health care has become more highly technical, compartmentalized, and impersonal, many ethical considerations are increasingly complex and may be difficult to resolve. Family physicians, in their role as personal physicians and long-term patient advocates, are pivotal 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
- Reflect an understanding of ethical principles regarding decisions and treatment that have potential 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 provide 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 American Medical Association (AMA) Code of Medical Ethics; understand and avoid potential ethical conflicts with the pharmaceutical industries, third-party 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 his or her institutional ethics board or committee and appropriately seek consultation in challenging ethical cases (Patient Care, Interpersonal Communication, Systems-based Practice)

Attitudes

The resident should demonstrate attitudes that encompass:

- Appreciation for the value and dignity of human life
- Understanding and acceptance of cultural, social, and religious customs and beliefs that may differ from his or her own
- Understanding of individual, cultural, institutional, and societal biases that may affect ethical decision making
- Commitment to practicing ethical medicine in every patient encounter
- Selfless work on behalf of every patient's well-being
- Willingness to examine the ethical dilemmas presented by his or her 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 serve on such bodies
- 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 conflicts, methods of prioritization of issues, and components
 - b. 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. Nonmaleficence: To do no harm (or the least harm possible)
 - e. Honesty as an absolute versus situational good: When withholding information is appropriate in the context of culture, a patient's emotional and cognitive status, etc. (e.g., a child who has cancer; a patient who has Alzheimer disease and is reluctant to take medication for agitation)
 - f. Confidentiality, including the care of adolescents and emancipated minors
 - 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 determinant in treatment decisions. Consideration of best interests of patient versus patient autonomy (e.g., a patient chooses discharge to home when nursing home would be advisable)
 - j. Principle of double effect: It is acceptable to perform an action that is good in itself that has two effects (i.e., 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).
 - k. Justice: Tension in health care between two or more needs:
 - 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. AMA Code of Medical Ethics
 - b. Code of behavior for relationships with industry (AMA's *Ethical Guidelines for Gifts to Physicians from Industry*)
 - c. Laws regarding economic self-interest (Stark Law, 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 industry
5. Family physician's 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
 - c. Transportable physician orders for life-sustaining treatment
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) 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 one's 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 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:

- 1. The identification of the ethical aspects of a 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 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. Presentation of priorities and options to the patient and his or her support group (e.g., family, legal guardian) when dealing with conflicting ethical issues
4. Provision of care for patients with 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 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. Discussion with a patient of how payer incentives and restrictions may influence the determination of a preferred plan of care
6. Application of 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 that may be ethically compromising
7. Demonstration of appropriate consultation with and/or participation on an institutional ethics committee
8. Understand the importance of and demonstrate the ability to make good judgments pertaining to the day-to-day practice of family medicine

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 include large group case presentations, small group discussions, or ethical case studies, in addition to being included as part of routine discussion of care across settings. A formal rotation in medical ethics as a concentrated block may be made available to interested residents.

Resources

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

Fleetwood J, Lipsky M. *Medical Ethics*. FP Essentials™, Edition No. 231, AAFP Home Study. 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*. 7th ed. New York, NY: McGraw Hill; 2011.

Junkerman C, Derse A, Schiedermayer DL. *Practical Ethics for Students, Interns, and Residents: A Short Reference Manual*. 3rd ed. Frederick, MD: University Publishing Group; 2008.

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. Upper Saddle River, NJ: Pearson; 2011.

Website Resources

American Medical Association:

- Ethics Resource Center. www.ama-assn.org/go/erc
- Virtual Mentor. www.virtualmentor.org
- American Medical Association's Code of Medical Ethics. www.ama-assn.org/go/code

Center for Practical Bioethics. www.practicalbioethics.org/

Bioethics Research Library at Georgetown University. <http://bioethics.georgetown.edu/>

Medical College of Wisconsin End of Life/Palliative Education Resource Center. www.eperc.mcw.edu/EPERC

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

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