Medical students ponder ethical choices in their profession

CENTER VALLEY, PA (January 14, 2005) -- Some came in suits, others in scrubs. Some had sleepless nights, others were yet to begin their shifts. All were curious, for none of them had yet been trained for this.

For the first time in local history, forty medical students enrolled in residency programs in three hospitals in the Lehigh Valley gathered on the campus of DeSales University to take part in a series of workshops on the ethics of their profession. With a focus on "Conscience and/or Career," residents joined physicians and guest experts to discuss how to balance personal ethics, career choices, and group/institutional practices. The winter ethics colloquium was sponsored by the Baranzano Society on bioethics and supported with a grant from the Rider-Pool Foundation.

(continued ...
Participants in the colloquium are currently studying a variety of specialties, including family practice, obstetrics and gynecology, and geriatrics. While learning the skills of their profession at Lehigh Valley, Sacred Heart, and St. Luke's hospitals, on this day they would work together to address some fundamental concerns common to all in their profession. **Peter Leonard, Ph.D.,** a molecular biologist at DeSales University and president of the Baranzano Society, introduced the colloquium by explaining the society's intent to assist local hospitals in dealing with "professionalism" as a core competency of graduate medical education. He added that the purpose of hosting the day's events on a university campus was to provide an "opportunity to facilitate conversation and collaboration among what often seem to be competing health systems in the Lehigh Valley."

The colloquium began with two keynote presentations. **John Bruhn, Ph.D.,** former provost at Penn State University and author of *Values in Health Care: Choices and Conflicts* (1991) and *Managing Boundaries in the Health Professions* (2002), highlighted the importance of "trust" as the link between conscience and career. Citing various studies on the decreasing level of organizational ethics, he acknowledged that professional ethics require accountability in terms of both tasks to be accomplished and behavior to be modeled. Acting in a way that is right or good today faces both environmental challenges and people challenges. On the one hand, CEO's set the tenor for trust in a hospital or medical practice; some fail miserably, while others provide a model of character. On the other hand, a physician's primary focus is his/her patients, and what they want and need is helpful direction rather than scientific information. Putting people first, good doctors help to enable healthcare choices in a way that is personal rather than paternalistic. Bruhn concluded with a list of six common dilemmas that challenge the ethics of healthcare providers: the problem of inadequate resources; the allure of profits; the conflict between professional judgments and institutional regulations; the need to be truthful while also respecting confidentiality; the frustration of a patient's own behavior contributing to health problems; and the emergence of new biomedical technologies.

continued ...
Following this sociological presentation, Dr. James Reilly provided an organizational and personal perspective. As director of trauma at Crozer-Chester Medical Center, he acknowledged the financial exigencies of maintaining a hospital as a community resource, in an economy in which healthcare is now 30% of the nation's gross domestic product. For physicians, though, he reminded the residents that they only thing they can control is their own behavior and that their character is judged over the long haul of their profession rather than by a single case. In terms of actual care, Reilly also emphasized the importance of trust; using actual cases as examples, he offered several tips on how to establish a beneficial doctor-patient relationship. First, in terms of patient perception, it is critical that doctors convey that they know what they're doing. Second, doctors should consider who the patient is in terms of their ability to grasp the situation. Third, doctors need to consider their own mode of speaking, since how they speak often impact what a patient hears. Finally, doctors should make it a habit to ask questions of the patient, to ensure that they have left nothing out of the conversation and that the patient understands as much as is possible at that moment. While it is not possible, in his view, to deal fully with every patient and provide every scintilla of medical information, Reilly said that in each case, if doctors should ask themselves what they would do and say if the patient were their spouse or sibling, then they will be on the right track.

Armed with the theoretical explanations and practical examples, the residents were placed into smaller groups, arranged across institutional lines, for the sake of continued discussion. These sessions were led by the three speakers and three other physicians from the event's steering committee: Drs. Michael Krafczyk and Marian McDonald, from St. Luke's Hospital (pictured here), and Dr. Mary Elizabeth Roth, from Sacred Heart Hospital. Among the issues discussed in each group were obstacles to trust, conflicts with other doctor's medical opinions, and dealing with institutional policies that conflict with personal beliefs.

continued ...
Following the small group session, the colloquium ended with a question and answer session for the entire audience. In this final session, the plenary speakers addressed three critical questions. In terms of medical malpractice, they agreed that mistakes should always be admitted, not covered up, since most lawsuits stem more from the perception that the doctor is uncaring than from the fact that the doctor erred. In terms of a potential conflict of viewpoints between a resident and the attending physician, they emphasized that one should never do what is unethical and that discussing the matter, even with a hospital's ethics committee, is always helpful in ascertaining the best action to take for the sake of the patient. Finally, the panelists acknowledged that there will be times when a patient's views may conflict with or restrict a physician's opinion, as for example when religious beliefs do not permit certain medical practices. In this case, or whenever they encounter a dilemma, Dr. Reilly encouraged the residents to ask for a colleague's view, since another set of eyes and ears can help provide perspective.

As various beepers and cell phones signaled the need for the residents to return to work at the hospitals, the event's planning committee assessed the success of this initial venture. Judging by the number of participants and the quality of the discussions, the colloquium did manage to advance the goal set forth by the Rider-Pool grant, namely "to improve the health of the citizens in the Lehigh Valley by enhancing the awareness of ethical issues in the medical community."

The Baranzano Society is a regional association of university scholars, corporate professionals, and healthcare practitioners dedicated to public dialogue about bioethics. The work of the Society is sponsored by the Salesian Center for Faith & Culture at DeSales University and the Metanexus Institute on Science & Religion.

**********