A Vision for Bioethics Education

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Goals of Bioethics Education

• Improve the care of patients
• Develop critical thinking & ethical deliberation
  – Improve moral reasoning
  – Increase ability to identify ethical issues
  – Insight into learners own values
  – Appreciate the pluralism of perspectives
  – Facilitates decision making
• Cultivate of professionalism
  – Improve physician behavior
• Develop practical skills
  – Communication skills, shared decision making, informed consent, giving bad news, advance care planning & disclosure of medical errors
Professionalism as a Core Competency

• Personal qualities *beyond* knowledge and skills necessary to deliver high-quality care
  – Altruism, integrity, accountability, transparency, respect, compassion, promotion of the public good, commitment to excellence and lifelong learning

• Dynamic concept that evolves as the practice of medicine changes

• Instilled through active learning, role modeling, reflection, self-assessment & institutional culture
Why Cultivate Professionalism?

• Most complaints against physicians relate to unprofessional behavior
  – Not lack of knowledge or poor technical skill

• Opportunity to shape students’ moral development
  – Evidence of erosion of professionalism during clinical years

• Forms the basis of a social contract between physicians and society
  (Cruess 2006)
Bioethics Education & Moral Courage

• The courage to do what is right for patients despite potential risks
  – Alienating oneself from the team
  – Negative evaluations & recommendations
  – Conflict with the law
• Critical thinking & internalization of professional values may lead to greater moral courage
• Students who have considered ethical questions & the goals of medicine will be better prepared to make good ethical decisions and justify their reasons for acting
A Role for the Humanities

- A deep understanding of illness and suffering will influence students’ attitudes and behaviors
- As a result they will become more self-aware and will provide better health care to patients
  - See patients as individuals with a shared humanity
- Fosters curiosity & enhances empathy
- Tolerance for ambiguity
- Improves observational and descriptive abilities
- Personal rejuvenation
- Redirects our focus to ultimate ends of medicine
  - Improve physical, mental & social well-being of patients
Reach of Bioethics Education

• Citizens
  – Health care is important to all members of society
  – Organ donation, end of life care, use of assisted reproductive technology, disclosure of genetic information

• Health care professionals
  – Informed consent, advance care planning, disclosure of medical errors

• Public health professionals
  – Quarantine, resource allocation, personal responsibility for health

• Scientists
  – Ethical and social implications of research, scientific misconduct
Public Ethical Deliberation

• Questions of bioethics are questions for society
  – Physicians contribute medical expertise
  – Citizens share their values

• Public deliberation encourages everyone to justify their perspective by providing reasons
  – Group deliberation help clarify values & inform choices

• In clinical encounters, within the realm of societal norms, patients are the primary decision makers

• In public policy, members of society need to be engaged in the process of public deliberation to achieve a moral consensus
Challenges

• Difficult to engage people in ethical deliberation
• Time in curriculum for bioethics & humanities
  – Skill development is time consuming
• Faculty development
• Culture of teaching hospitals
  – The hidden curriculum & medical hierarchy
• Insufficient research connecting education to patient outcomes
Strategies for Enhancing Ethics Education

• Ethics in high school and college
• Development of model curricula
  – Medical school, residency & continuing medical education
  – Integrated into clinical settings
  – Relevant to learners
  – Interprofessional
  – Iterative and dynamic
  – Critical thinking
  – Internalization of professional values
  – Skill development
Strategies for Ethics Education

• Creative educational methods
  – Active learning
  – Simulation based education

• Increased funding for ethics education research
  – Longitudinal studies along continuum of education
  – Studies of relationship between curricula & patient outcomes

• Forums for public deliberation on bioethical issues
Summary

• Bioethics and humanities education are the gateway to the ethical practice of medicine and improved patient care
  – Need for model curricula at all levels of education
    • Cognitive, affective & skill development
  – Leadership support
  – Faculty development
• Research on ethics education & patient outcomes
• Infrastructure for public engagement in bioethics deliberation
The Need for Bioethics Education

• Constant flow of new ethical questions in medicine
  – Should physicians comply with a law that prevents them from discussing guns, when doing so is not in the best interest of our patients or the public health?
  – Should physicians discuss the cost of tests and procedures with patients?
  – Should there be age limits for access to IVF?
  – Should parents have access to their children’s adult onset genetic predispositions?
  – Should we quarantine health care workers who have cared for Ebola patients?
  – Should we impose paternalistic public health policies to curb the obesity epidemic?
  – Should insurers cover fertility preservation for healthy women?
Ethics & Clinical Outcomes

• High empathy scores correlated with good control of HbA1c and LDL in diabetic patients
  (Hojat Acad Med 2011)

• Exposure to negative role models associated with increased unprofessional behavior
  (Martinez Acad Med 2014)