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EDITORIAL

Ethics Teaching Rounds: A Paradigm for All Teaching Hospitals

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Ethics Teaching Rounds: A Paradigm for All Teaching Hospitals

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The way in which young physicians are trained is an essential component to the healthcare system as a whole. In order to provide patients with excellent treatment and care, doctors must be comprehensively trained in all aspects that contribute to caring for a patient. To ensure that the medical education of its interns and residents is appropriately fulfilling this requirement, the Mercy Health System of Southeastern Pennsylvania implemented a new form of teaching rounds, Ethics Teaching Rounds; to more effectively train interns and residents in areas not comprehensively covered during traditional medical rounds, namely bioethics and law. The ultimate purpose of these Ethics Teaching Rounds is to prepare medical interns, residents and fellows to be able to think through clinical situations they will be confronted with in the future and reach a well-reasoned decision that is medically, ethically and legally based.

Teaching rounds are an important aspect of medical teaching. They provide a platform for experienced physicians to impart their knowledge and expertise to interns, residents, fellows, and medical students. Medical teaching rounds can occur in multiple forms, with the overall pattern being the combination of evidence-based medicine, current literature, and personal experience into a format from which a diverse, as well as applied, education is provided to physicians-in-training.[1]

Teaching at the bedside has long been an integral part of a medical education and can be defined as teaching in the presence of the patient.[2] While the use of bedside teaching rounds is still important in medical education today, the overall observation of many health professionals is that its prevalence has declined over the years. In fact, the occurrence of rounds at the bedside decreased from around 75% of the time in 1964 to around 25% of the time as of 2005.[3] [4] These more didactic forms of learning, although important, have been found to be less effective in some aspects in comparison with bedside teaching rounds. Namely, patients who experienced bedside teaching rounds when compared to those who did not, have been found to believe their physician cares more about their care and privacy and rate their overall perception of the quality of care given to them slightly more positively.[5]

[1] J. P. Langlois and S. Thach, "Teaching at the Bedside," *Family Medicine* (2000) 32(8): 232-234.

[2] Ibid.

[3] F. Reichsman et al, "Observations of Undergraduate Clinical Teaching in Action," *Academic Medicine* (1964)39 (2): 147-163.

[4] J. D. Gonzalo et al, "Attending Rounds and Bedside Case Presentations: Medical Student and Medicine Resident Experiences and Attitudes," *Teaching and Learning in Medicine* (2009) 21 (2): 105-110.

[5] B. Brandon et al, "Impact of Bedside Teaching Rounds on Patient Perception of Care," *New York Medical Journal* (2006) 1(2): 45-51.

Contrary to this, a similar study found that medical personnel preferred learning in the conference room setting rather than at the bedside.[6] However, doing so may negatively impact the interpersonal skills of physicians.[7]

The challenges produced from the shifts in medical education have led some health systems to look for new forms of medical teaching to alleviate these issues. This was the impetus for the Mercy Health System of Southeastern Pennsylvania to design and implement a new form of rounds, Ethics Teaching Rounds, to provide an interdisciplinary learning environment to help healthcare providers provide better care for their patients by teaching a comprehensive and holistic approach to patient care and treatment.

Traditional medical teaching rounds, though necessary to a medical education, focus mainly on the physical treatment of a specific condition affecting the patient. Clearly, there is much more to a patient than his or her current physical condition; such as social and legal issues, past medical history and family medical history, religious beliefs, values, personal beliefs on specific treatments, financial situations, etc. Focusing only on the physical ailment of the patient can cause physicians to ignore less obvious problems and treat only what is seen on the surface. This creates a problem in that physical problems, social problems, mental health problems, etc. can contribute to the overall condition the patient is being treated for or other ailments that may lead to the patient soon being readmitted to the hospital. Physicians must be educated on all the facets that encompass what is necessary to provide patients with quality treatment and care.

The need for an increase in medical ethics teaching is notable throughout the United States and Canada. A 2004 study analyzing both the prevalence and content of medical ethics being taught in both countries found that, while the prevalence of medical ethics teaching had increased in the previous decade, there was a lack of consensus regarding necessary content and the best method teaching the content.[8] Similarly, another study initiated by the Mayo Clinic reviewed all of its ethics consultations between the years 1995 and 2005. This study found that the most common reasons an ethics consultation was requested were due to patient competency and decision-making capacity, staff disagreement on care plans, medical futility, quality of life and end-of-life issues.[9] Additionally, 92% of the ethics consultations during this time period were requested by an attending physician, resident, fellow trainee, nurse, or social worker.[10] These results question the understanding and confidence levels of these healthcare providers in dealing with such ethical issues.

Although the need for the implementation of Ethics Teaching Rounds stems from a lack of certain aspects of teaching provided by medical teaching rounds, Ethics Teaching Rounds were in no way designed and implemented to replace medical teaching rounds. Rather, Ethics Teaching Rounds are a separate entity intended to complement the clearly necessary medical teaching rounds. The purpose of Ethics Teaching Rounds is threefold: first, to better enable healthcare professionals to provide quality care to patients; second, to reduce the number of ethics consultations requested within the hospital system; and third, to aid medical students, interns, residents, and fellows in their bioethical education in hopes of allowing them to better focus on the best intentions of their patients.

The implementation of Ethics Teaching Rounds accomplishes these goals by addressing the specific ethical needs of patients. An interdisciplinary team, assembled by the hospital's ethics committee, facilitates these discussions and puts forth recommendations regarding future treatment and care plans of patients. The specific disciplines that the team is comprised of vary among the hospitals in the Mercy Health System. Team members include the Vice President of Mission, Chief Medical Officer, bioethicist, pharmacist, nutritionist, pastoral care, physical and occupational therapists, and social workers. The interdisciplinary nature of this team is vital, as it helps coordinate between the many departments involved in a patient's treatment and care. Many bioethical and legal issues are raised and discussed; including informed consent, medical futility, advance directives, competency and incompetency, quality of life, proper allocation of resources, end-of-life care, surrogate consent, confidentiality, values, religious beliefs, etc. Many ethical principles also are examined in order to help physicians complement their learning during medical teaching rounds and then utilize that knowledge when treating and caring for patients. These principles include respect for persons, autonomy, beneficence, nonmaleficence, justice, fidelity, confidentiality, etc.

With these ethical principles in mind, Ethics Teaching Rounds emphasize the need of physicians to consider patients holistically. That is, to consider all possible aspects of personhood, whether they be physical, mental, spiritual, or other. This means patients should be defined as persons who are in an unfortunate state of bad health, rather than simply persons with illnesses. With this viewpoint, physicians can better treat and care for their patients with compassion and empathy. In attempting to do this, physicians must address all pertinent aspects of patients' lives by considering their medical history, personal and religious beliefs

[6] B. R. Nair et al, "Student and Patient Perspectives on Bedside Teaching," *Medical Education* (1997) 31(5): 341-346.

[7] W. L. Morgan, "Bedside Teaching," *Transactions of the American Clinical and Climatological Association* (1982) 93: 164.

[8] L. S. Lehmann et al, "A Survey of Medical Ethics Education at US and Canadian Medical Schools," *Academic Medicine* (2004) 79(7): 682-689.

[9] Ibid.

[10] K. M. Swetz et al, "Report of 255: Clinical Ethics Consultations and Review of the Literature," *Mayo Clinic Proceedings* (2007) 82(6): 686-691.

and values, financial situation, intellectual capacity, family situation, cultural background, etc. Taking into consideration all of these ensures the patient is "integrally and adequately considered."[11]

Physicians sometimes focus too much attention on a patient's pronounced condition, rather than the underlying causes, possibly poor nutrition, addiction, stress, depression, etc. These physicians fail to view the patient holistically when attempting to diagnose and treat or care for them. Ethics Teaching Rounds work to remedy this by encouraging physicians to see the "big picture." The implementation of Ethics Teaching Rounds addresses this in a number of ways. First, physicians are taught to treat every patient with respect and dignity. By referring to a patient as "Mr. Smith," rather than "the 48-year-old male" or "the patient in room 15, bed 2", the physician may more easily relate to the patient as another person, rather than viewing the patient as a number or as a disease. Next, the interdisciplinary team facilitating Ethics Teaching Rounds asks questions pertaining to issues such as the patient's religious beliefs, values, home life, and financial situation that cause the physician to view the patient beyond simply his or her medical condition and prognosis. Likewise, this practice emphasizes the need for comprehensive medical and personal histories of the patient. In these ways, Ethics Teaching Rounds aid in creating a "person-treating-person mentality," which acts as the starting point of the physician-patient relationship that is based on trust, equality, and justice. This mentality emphasizes that the physician must understand that the patient is far more than the physical symptoms he or she is presenting; rather he or she is a person like the healthcare professional.

In conjunction with the bioethical education provided by Ethics Teaching Rounds, it must be noted that legal issues are intertwined with medical and ethical issues in healthcare decision-making. Ethics Teaching Rounds recognize and teach this interdependency among law, medicine, and ethics. A notable example that can explain this issue is that of Pennsylvania Act 169 of 2006, which governs the use of advance directives and healthcare decision-making for incompetent patients. This law has legal repercussions for both the healthcare provider and the patient, affects the medical treatment and care plans for patients, and is based in ethical principles such as autonomy, beneficence, nonmaleficence, and justice.

In summary, Ethics Teaching Rounds have been developed out of the necessity to better prepare physicians to provide quality treatment and care for patients. This is achieved by providing healthcare professionals with the ethical and legal training necessary to complement their medical training so they can apply that knowledge to provide quality care for their patients. The implementation of Ethics Teaching Rounds has proven to be successful in the Mercy Health System of Southeastern Pennsylvania over the last decade. Data from surveys distributed to interns and residents and the interdisciplinary ethics team who facilitates Ethics Teaching Rounds have showed the implementation of these rounds has benefitted patients and physicians by teaching medical personnel to view patients holistically and teaching them the ethical and legal principles to guide their practice. Through education provided by these rounds, interns and residents have also become more confident in making ethical decisions without needing an ethics consultation.

Based on the preceding information, I offer the following recommendations and conclusions:

1. Some form of Ethics Teaching Rounds should be implemented in all teaching hospitals. This should be done in order to benefit both patients and healthcare providers and should serve as a complement to traditional medical rounds, rather than as a replacement.
2. The design of the specific model of these rounds should be based on the models in place in the Mercy Health System of Southeastern Pennsylvania, while also being tailored to meet the needs of the hospital or health system in which it will be implemented.
3. Ethics Teaching Rounds must be facilitated by interdisciplinary ethics teams made up of members with a comprehensive understanding of bioethical and legal aspects of medicine from multiple departments within the hospital or hospital system.
4. Hospitals and health systems with no interns or residents may implement Ethics Teaching Rounds with the nursing staff, rather than with interns and residents.
5. Ethics Teaching Rounds will help to improve the communication skills of interns and residents. Encouraging interns and residents to speak with patients about their end-of-life wishes and giving them the skills to accomplish this task will make them better physicians. This can be done by having a member of the Pastoral Care team accompany them when they are going to have these discussions of having them observe certain attending physicians having these discussions with their patients. Improving the communication skills of physicians will improve the quality of life for patients.
6. Ethics Teaching Rounds assist residents in preparing for the ethics section of their Board exams. Exposing interns and residents to ethical and legal training better equips them to provide quality care for their patients and in turn excel on the ethics section of the Board exams.

[11] Ibid.

It is clear that the implementation of Ethics Teaching Rounds has already improved many lives of patients within the Mercy Health System of Southeastern Pennsylvania. If we value human life as a society, the implementation of Ethics Teaching Rounds should be carried out sooner rather than later to effectively prepare young physicians. A comprehensive approach to medical education utilizing Ethics Teaching Rounds in complement to traditional medical rounds and teaching could serve as a new paradigm for educating our physicians.

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