

Teaching and learning ethics in medicine

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AIMS: The following specific areas will be introduced in this session:



To introduce the teaching and learning of ethics in healthcare



What should healthcare workers learn about ethics?



Orientations for education



Inter-professional ethics: uniformity or diversity?



Place in the curriculum: undergraduate, postgraduate?



What does ethics education look like and who should pay for it?



Levels of ethical competence



Assessment of learning: Miller's Pyramid

Ground Rules for the afternoon



Chatham House Rule



Ethics/Professionalism are sensitive areas, we are talking about right and wrong, good and bad, professional and unprofessional



We're all going to disagree at some point – please respect each other and disagree respectfully with reasons.

WHAT is **ETHICS** for the purpose of teaching doctors ...or indeed any healthcare professional?



IS IT?



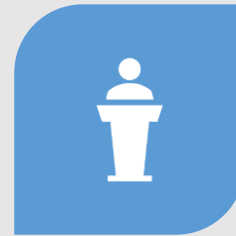
LAW, GUIDELINE
AND POLICY?



PHILOSOPHY



EVERYDAY
MORALITY?



RELIGIOUS
PRECEPT?



CIVIC
ATTITUDES?

Problems for teaching and learning



Lack of consistency between different ethical schools of thought



Issues when law and ethics are not in line



Issues with moral relativism

Healthcare education and first principles

Deontology

Utilitarianism

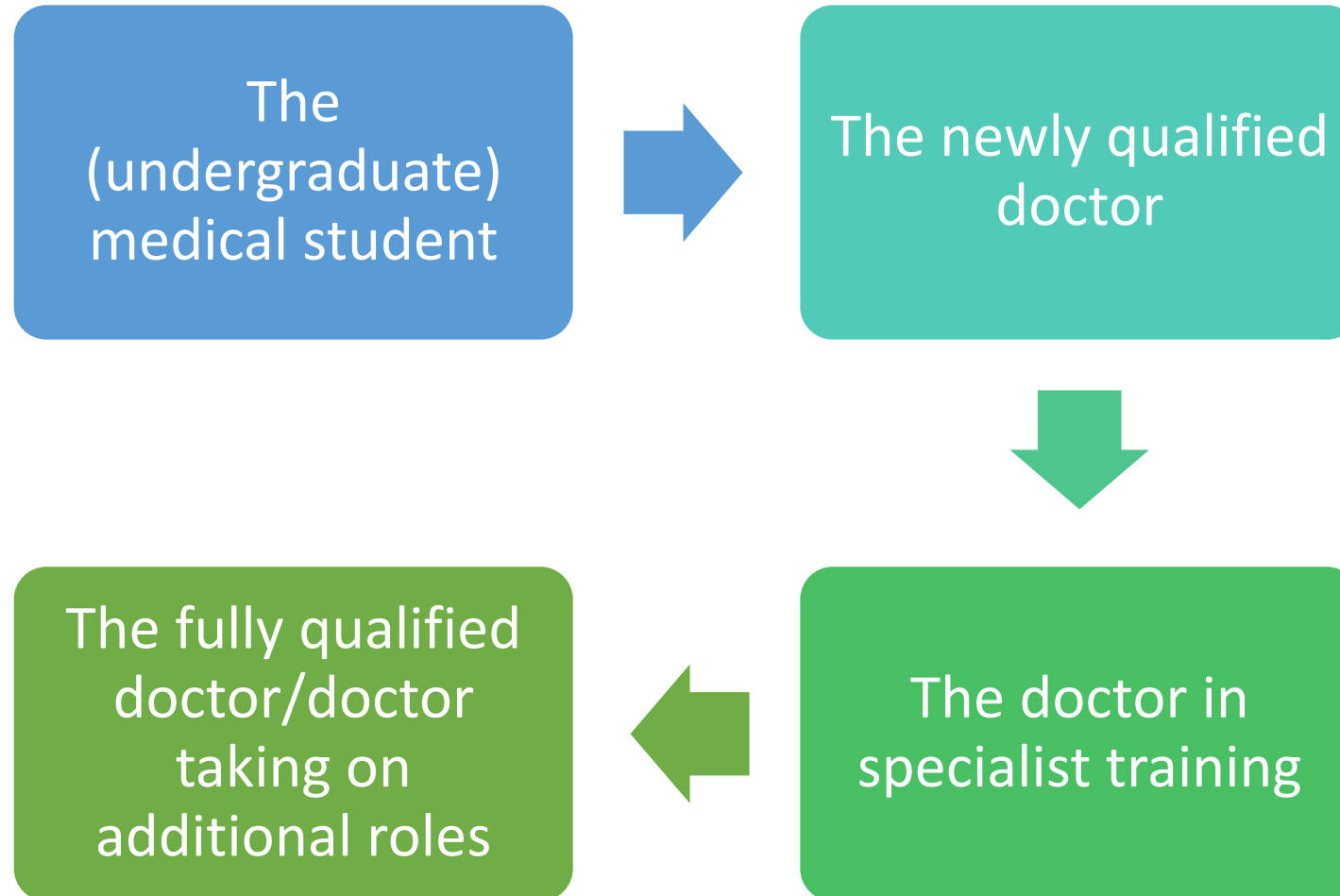
Virtues

Contractarianism

Or Beneficence, Nonmaleficence, Autonomy
and Justice

June 14, 2023

Seniority roles and changing educational needs



Educational insufficiency is not educational incompetence



Generational
differences in doctors



Differences in cultural
background



Differences in medical
education



Different stresses and
demands at different
times in career

What should healthcare workers learn about ethics?

And why?



Orientations for
education (Eisner)

What is the
significance of
these goals for
Commissioners,
Suppliers and
Users of
education?

The development of cognitive processes

Academic rationalism

Personal relevance

Social adaptation and social reconstruction

Curriculum as technology



Peter Toon 1994

“...academic scholarship predominantly treats doctors as platonic gentlemen of independent means, whose sole concern is to decide morally and empirically how best to occupy their time.”

Contrasting goals for ethics education – Kailayapillai

What are the aims for educators	What are the aims of learners?
A virtuous clinician	Stay out of trouble.
A doctor who can reason when presented with an ethical problem	To flourish in their profession.

Rewards: From the student logbook to P4P

Payment method		What doctors would do if they did not behave in line with their professional principles
Salary	Pay independent of workload or quality	As little as possible for as few people as possible
Capitation	Pay according to the number of people on a doctor's list	As little as possible for as many people as possible
Fee for service	Pay for individual items of care	As much as possible, whether or not it helped the patient
Pay for performance	Pay for meeting quality targets	A limited range of commendable tasks, but nothing else

What motivates and inhibits a moral agent?



Goals



Beliefs



Values



Condition

Discussion: What is the cost of doing the right thing?

What kinds of issues do

1. Students encounter as students
2. Trainees encounter as trainees?





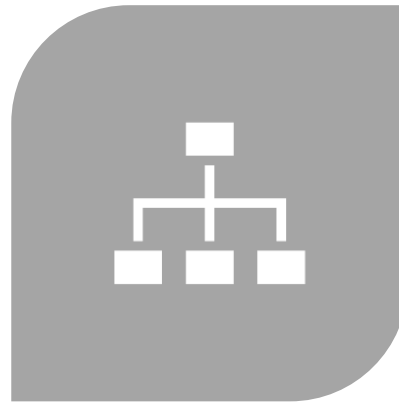
Discussion: inclusive teaching, diversity and discrimination

- The Equality Act 2010 covers the same groups that were protected by existing equality legislation – age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. These are now called ‘protected characteristics’.
- Can we think of any practical examples in which teaching or the teaching of medical ethics excludes any voices in the classroom?
- Can we / how to we ‘decolonise’ ethics education?

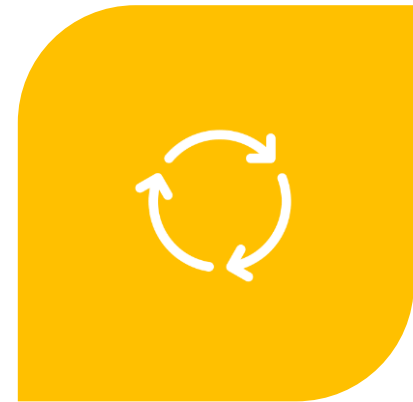
A useful framework for inter-professional ethics (Clark, Cott and Drinka, 2007)



1) PRINCIPLES (GUIDELINES FOR BEHAVIOUR)



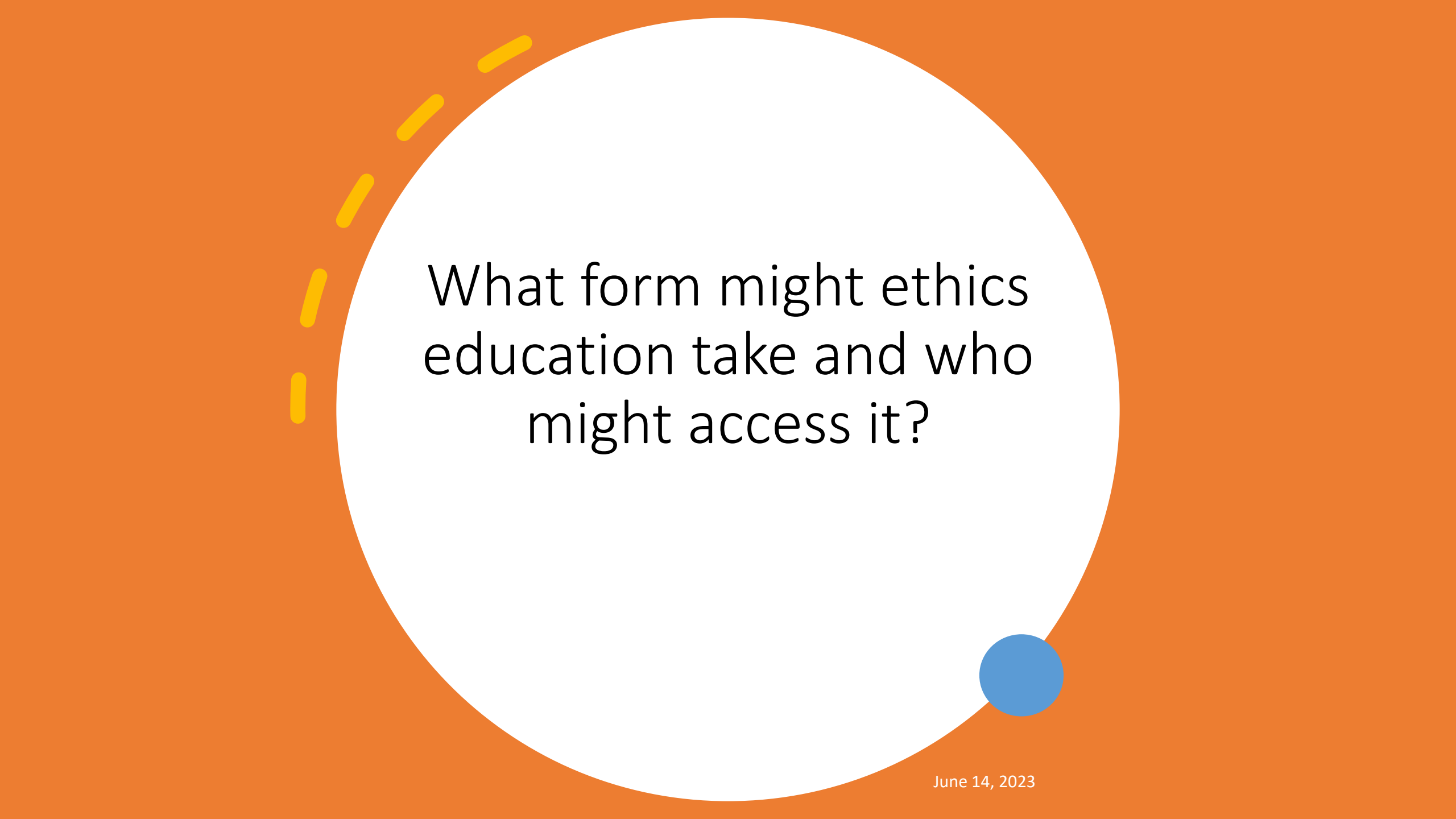
2) STRUCTURES (ESTABLISHED FORMS OF KNOWLEDGE AND PATTERNS OF BEHAVIOUR)



3) PROCESSES (WHAT AFFECTS HOW THINGS ARE DONE)

Ethical competence (Hamric and Delgado)

- Phase1 (knowledge development): learning ethical principles and topics as well as identifying appropriate forums for discussion.
- Phase 2 (knowledge application): involves application of ethics to individual cases
- Phase 3 (creating an ethical environment): with a paradigm of preventative ethics, practitioners take on a leadership role as they advise colleagues and develop local policies. Preventative ethics involves engagement with codes and guidelines, principles and issues enhanced by ongoing rather than episodic enquiry – aimed at the avoidance of moral distress.
- Phase 4 (promoting social justice within the healthcare system): where practitioners contribute to wider debates, e.g. whether assisted suicide should be permitted.



What form might ethics
education take and who
might access it?

Postgraduate ethics education examples



A session on research ethics for students on an MSc in EBM



A session on ethics and values for GP St1s/2s/3s on half-day release



An online MSc module on Ethics for the biosciences for students on an MSc in EBM



A debate or discussion seminar (even an isolated poster) at a Royal College Conference



A diploma course on ethics and philosophy run by a London Livery Company

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WSAL Philosophy Short Course

Who stands (in theory) to gain from ethics in a healthcare market?



POPULATIONS: A HEALTHCARE WORKFORCE THAT
COMMITTS TO HEALTHCARE QUALITY AND PATIENT
SAFETY AT REASONABLE COST



EMPLOYERS: DILIGENT, CARING EMPLOYEES WHO
WORK HARD AND CRITIQUE MISGUIDED OR
MISCHIEVOUS DIRECTIVES – SAFEGUARDING THE
REPUTATION OF INSTITUTION




INDIVIDUALS: CLINICIANS WHO HELP PATIENTS TO
FLOURISH AND TREAT THEM AS PERSONS AND WHO
KNOW HOW TO ALIGN GOALS BELIEFS AND VALUES
AND THEREFORE FLOURISH ALSO

Commissioning process (consider beliefs/values/logic)



- Identify the need (referred to as needs assessment)
- Identify capacity to meet the need (referred to as tendering)
- Delivery of service from that capacity (referred to as procurement)
- Evaluation of the service (referred to as contract management). Evaluation should be linked to ways of improving or replacing a service which is inadequate



You are now a Curriculum lead for medical ethics at a medical school

How do you frame the knowledge, skills and attitudes for this topics?

How should it be taught?

How should it be assessed?

Who should teach medical ethics to clinicians?

The hospital chaplain?

A suitably qualified clinician?

A senior clinician?

A suitably trained philosopher?

Any teacher with relevant knowledge?

How might the learning environments work for ethics?

- Classroom lecture?
- Simulated learning environment?
- Small group learning?
- Problem based learning?
- Suggest another modality of medical education?



The intangible: How do we commission values?

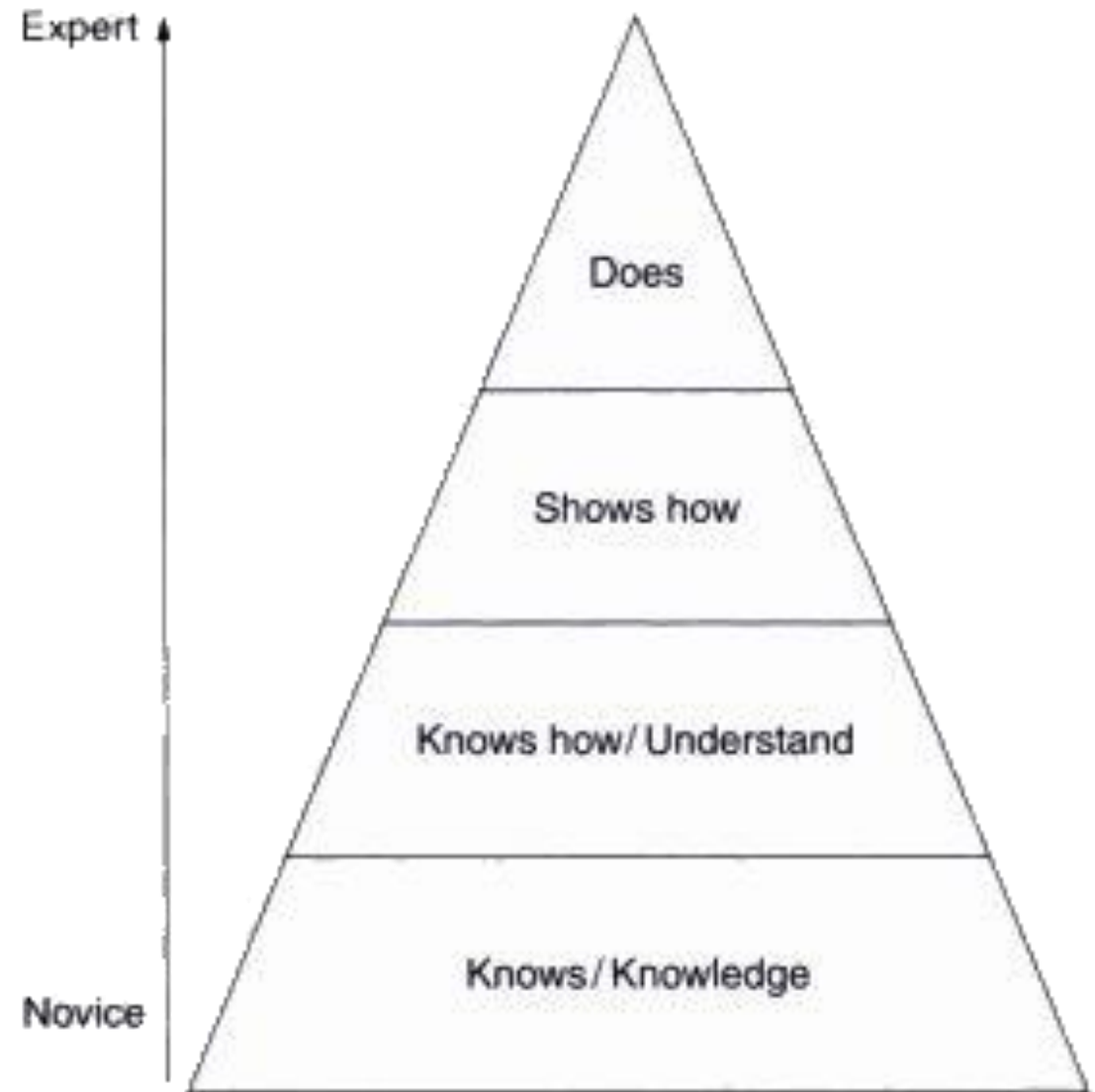
As theoretical content (or intellectual product) or as more tangible products.

These more tangible products are economised in three basic ways:

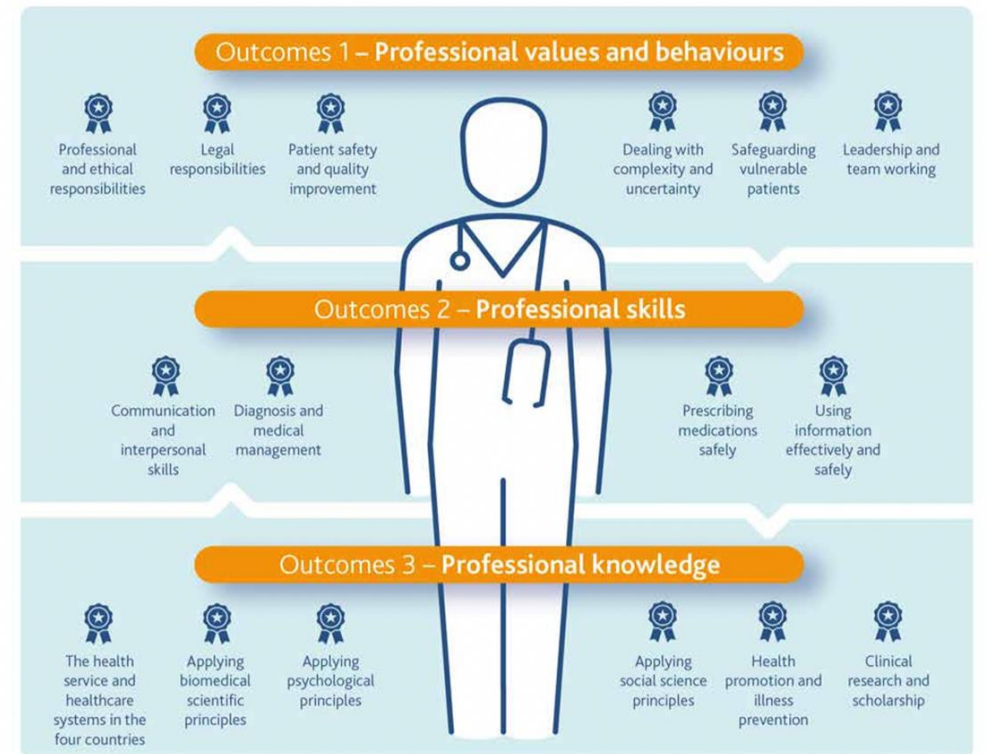
- as documentation (such as books and papers),
- as tasks (such as research projects and classes),
- or as time spent (such as an hourly or other sessional rate paid to an advisor or tutor).

A gross oversimplification - the economic costs of a market in healthcare also lie for example in the value of learners' time

Assessment of
ethical
learning –
Miller's
Pyramid



Ethics in Curriculum Documents (IME/GMC)



Ethics education as immunization and booster (in good medical practice) with herd immunity

An undergraduate thread (immunisation)

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graph TD; A[An undergraduate thread (immunisation)] --> B[A postgraduate thread (booster)]; B --> C[Ethical organizations/communities as human networks of good practice (herd immunity)]; C --> D[The when is important, but there are many whens for different kinds of what!];
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A postgraduate thread (booster)

Ethical organizations/communities as human networks of good practice (herd immunity)

The **when** is important, but there are many whens for different kinds of **what!**

Key References

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