Module 1

2012 SAEM Ethics Curriculum
Module 1: The Physician-Patient Relationship

Primary Author: Mark Clark, M.D, St. Luke's/Roosevelt Hospital Center
Columbia University College of Physicians and Surgeons

ACGME EM Milestones:
- PC2 (Performance of focused history and physical exam; communication)
- Prof1 (professional values)
- ICS1 (Patient centered communication)
- SBP1: (Patient safety, disclosing medical error)

Review 5.6.12

1.1 Competence, Beneficence and Compassion
1.2 Confidentiality and Privacy
1.3 Skillful Communication and Truthfulness

1.1 Competence, Beneficence and Compassion

Objectives

1. Understand the relationship between physician competence and professional ethics.
2. Discuss the role of beneficence in the physician patient relationship and list challenges to beneficence in the practice of medicine.
3. Explain the role of compassion in the physician patient relationship and discuss barriers to compassion commonly encountered in emergency medicine.

Case Study 1.1.1: “She deserves an academy award.”

You are evaluating a 26 year-old woman complaining of right ear and face pain. She is not febrile and has a normal physical exam. She is moaning and asking for Demerol by name. You notice that she was recently seen for the same complaint and given morphine and discharged with Percocet 3 days ago. She tells you she ran out of the Percocet. On her previous visit a head CT was done that showed maxillary sinus thickening. She was discharged with a diagnosis of sinusitis and treated with Z pack and Percocet. You present the case to your attending and you review the CT together. Your attending assures you that such minimal sinus findings can’t be causing this amount of pain and that the patient must be drug seeking. Your
attending finally decides to repeat the scan and it reveals significant progression of sinus disease.

**Case Study 1.1.1 Questions for Discussion:**

1. What role, if any, should empathy and compassion play in the care of patients in the emergency department?
2. Some argue that empathy and compassion cloud precise medical judgment and physicians best fulfill their role by remaining detached and objective. Comment on this idea.
3. What are the medical considerations in this case? What is the most ethical course of action to take when the EP suspects a patient might be “drug seeking?”

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**Case Study 1.1.2: “Sort-of competent”**

You are the senior resident on shift and it is very busy. Your patient is a 42 year-old woman with sickle cell disease here for sob and fever. Your work-up reveals bilateral pneumonia and she has a labile blood pressure. The R-3 tells you to put in a central line on your own and initiate the sepsis protocol. The senior resident assumes you know how to do it and doesn’t ask. The truth is you have not yet done any, but you are confident in your abilities since you can usually figure things out on your own. Your patient consents readily to the procedure and says, “I trust you, Doc, just help me get better.”

**Case Study 1.1.2: Questions for Discussion:**

1. Give examples where questionable physician competence may compromise patient care.
2. Explain why lack of competence violates the physician patient relationship.
3. What challenges do residents face in gaining competence?
4. Are doctors in training ethically obligated to reveal their status to their patients?

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**Background Information:**

Patients trust that their doctors have the skills, knowledge and expertise to effectively diagnose and treat them. Emergency physicians reach competence in stages through residency training under supervision and ultimately become
competent to practice independently. Competence is maintained through keeping pace with new innovations and knowledge. Challenges to competence include the enormous volume of information, and sometimes lack of sufficient experience with a given procedure or presentation.

Beneficence is the intent to do good for the patient. It implies that the good end of helping the patient is primary and other benefits the physician may receive are secondary. Money, research data, prestige, and whatever else the physician may gain needs to be secondary to the goal of the good of the patient.

Challenges to beneficence include mixed motivations or conflicting interests. For example the desire to gain proficiency in a given procedure may be the primary motivation in some cases rather than the best interests of the patient. This can occur even with well-intentioned residents in the training environment and can be an example of an erosion of beneficence.

Beneficence provides the primary motivation—compassion improves the connection between the patient and physician. When compassion is present communication is better. Compassion may independently have a beneficial therapeutic effect beyond that of any medication or intervention. Empathy is distinct from compassion—it implies relatedness. Empathy allows the physician to say: “This could happen to me and this is how I might feel if it did.” Some literature supports a link between career satisfaction and empathy for patients. Empathy may be an antidote for moral judgment and shaming of patients with its destructive effects. The ED presents many challenges to compassion—time constraints, cynicism, burnout, drug-seeking patients and crowding.
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1.2 Confidentiality and Privacy

Objectives

1. Understand the role of confidentiality and privacy in the care of patients.
2. Weigh the limits of confidentiality.
3. Be familiar with challenges to privacy.

Case Study 1.2.1:

You are caring for a 42 year-old man who presents to the ED with thrush. He is with his wife and 2 year-old daughters. His wife is pregnant. While his wife is outside of the room he disclosed to you that he has sex regularly with his wife as well as with random partners while on business trips. He consents to a bedside POC HIV test and the result is positive. He tells you NOT inform his wife.

Case Study 1.2.1: Questions for Discussion:

1. Why is confidentiality important?
2. How does confidentiality affect the management of this case?
3. What argues against confidentiality in this case?
4. Should the principle of confidentiality prevent the physician from informing the patient’s wife?
5. What are the ethical and legal options/duties of the physician in this case?

Background Information:

Confidentiality assures the safety of information exchanged between the physician and the patient so patients can truthfully and completely divulge all pertinent information about their illness. This is helpful for better diagnosis, treatment and cure. Confidentiality protects patient from fear that their information may be shared publicly, with law enforcement, family members or other loved ones.

Careless management of medical records, casual exchange of patients’ personal information between members the health care team, frank violations of patient confidentiality, mandatory reporting and law enforcement presence in the ED all erode patient confidentiality.
Privacy is distinct from confidentiality. Privacy is a safe environment for patient care that is free of unwanted intrusion or onlookers. Privacy allows patients and family members to share information, undergo examination and treatment and sometimes to grieve. Provision of privacy is an ethical principle because it safeguards the dignity of patients. Most people do not want to be ill, physically exposed or submit to demeaning procedures with an unnecessary audience watching.

ED crowding reduces patient privacy. Often there are two patients per room and only a thin curtain separates rooms. Patients are often examined in hallways or other makeshift locations. Patients’ privacy is threatened by interruptions from law enforcement, clerks, technicians, students and passers by. Patients are often unclear about who is touching or questioning them. Academic centers have layers of caregivers—medical students and residents before the attending physician evaluate patients. Filming for reality television, local news and educational/instructional videos compromises patient privacy. Many ED’s fail to provide a safe and appropriate place for delivery of bad news and grieving, care of victims of sexual assault, or even a quiet spot for family to be with a dying loved one. EP’s need to be cognizant of these conditions and advocate for patients by protecting privacy whenever possible.
1.3 Skillful Communication and Truthfulness

Objectives:

1. Understand challenges to effective communication between doctor and patient.
2. Appreciate the value of skillful communication in the doctor patient relationship.
3. Discuss the importance of truthfulness and arguments for and against full disclosure to patients.
4. Discuss the ethical handling of medical errors.

Case Study 1.3.1: “Is this the end for me Doc?”

You are the senior resident on shift and you are treating a 50 year-old Italian man with 30 pack-year smoking history, 20 lb. weight loss and SOB. He has no PCP and is new to your city. His wife tells you that he has been avoiding coming to the doctor but they both know something is very wrong. CT scan reveals bilateral lung masses and apparent metastatic disease to liver, peritoneum and bone. Your patient tells you “Doc, I know something is wrong. What is it and how do I get better? His wife tells you she does not want him to know of your probable diagnosis.

Case Study 1.3.1 Questions for Discussion

1. What are the ethical considerations in this case with regard to honesty and truth telling?
2. What is the difference between lying and limited disclosure?
3. If the patient asks for candor and honesty from the physician, is the physician justified in withholding or lying about information or diagnostic impressions?
4. Who gets to decide whether or not the patient should receive information—the family or the patient

Case Study 1.3.2: “Bad Lido”

You are the junior resident on shift caring for a 10 year old that needs an LP. Mom has signed informed consent and you have set up to do the procedure. Your attending is present. The procedure proceeds without a hitch. As you are cleaning
up you realized that the lidocaine you used was not a new vial. When you check with the nurse she tells you that your colleague used the vial during a paracentesis on a patient with Ascites and Hep C. When you query your colleague he tells you he repeatedly accessed the vial during the procedure.

**Case Study 1.3.2: Questions for Discussion**

1. What are the ethical considerations in this case?
2. Are physicians legally or ethically obligated to inform patients (or in this case parents) about a medical mistake even if the chance of any adverse outcome is unlikely?
3. What are the arguments against disclosure of this mistake? What are the arguments for disclosure?
4. What if more than 10 patients had been exposed to the same potentially infectious vial?

**Background Information:**

Communication that opens the way to complete, accurate information gathering and reassures the patient that they are heard and will be helped makes the physician patient relationship possible. Effective communication addresses patient concerns, informs about the immediate course of action, involves the patient in decision-making and ascertains the extent to which they wish to be involved. Skillful communication comes naturally but for most it requires attention and effort. All aspects of the physician-patient relationship depend on skillful communication. A failure in communication often leads to misunderstanding, misdiagnosis and even malpractice. Many clinical encounters fail miserably in spite of brilliant intellectual effort because of a failure of communication.

The ED environment is an unlikely place for careful or effective communication. There are constant interruptions and noise. Patients are in physical or emotional distress coupled with anger over waiting and confusion about the ED process. There is lack of time and privacy. The ED physician may not be operating at top performance because of fatigue, stress or burnout. In spite of challenges, the importance of communication skill cannot be overemphasized. For example an insensitive delivery of news of the death of a loved one can cause lasting negative effects. There is an abundance of literature to educate physicians on communication skills that outline strategies to improve communication style and effectiveness.
Patients and society expect that physicians communicate truthfully with them regarding their care and prognosis. This needs to be weighed against conflicting needs or desires of the patients or their families. For example although we have moved increasingly toward full disclosure, some patients may not desire or benefit from learning the entire truth of a grave prognosis all at once. The intent of truthfulness is weighed against the risks and benefits to the patient. Often family members have strong opinions and concerns and these are considered while giving the patient's needs the highest priority.

**Bibliography**


