

Ethics Education = Ethics Experts, Ethics Expertise, or Prepared for Practice?

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Today

- Briefly examine the state of ethics education and training for medical students and foundation doctors.
- Demonstrate the ‘value’ of ethics education and training to the learners, senior clinicians, the wider organisation, and the field of clinical ethics.
- Consider where the responsibility rests for ethics education and training.
- Short reflections on the notions of ‘ethical experts’ and ‘ethical expertise’ and the purpose of ethics education and training.

The State of Ethics Education in the NHS

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- **Limited training available** or provided on practical ethics post graduation (Guillemin et al., 2009; Machin et al., 2020)
 - Lack of training and educational spaces for foundation doctors when facing ethical uncertainty has arguably **led to a form of educational neglect** (Linklater, 2010)
 - Current senior doctors have not received such in-depth ethical training as deemed essential by GMC for today's medical students (Demir & Buken, 2016)

The State of Ethics ‘Understanding’ in the NHS

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- Clinicians often lack ethical sensitivity, struggle to identify a case has an ethical as well as a clinical component (McLean, 2009)
 - Absence of role models for medical students and junior doctors to serve as moral and practical guides (McDougall & Sokol, 2008)
 - Junior doctors reported by senior clinicians as slightly underprepared to face medico-legal and ethical issues (Matheson & Matheson, 2009)
 - Foundation Doctors have difficulties speaking up and taking concerns to senior colleagues, they can lack support from senior colleagues (Goldacre et al., 2003; Paice et al., 2002), and can experience conflicting values when faced with working on the frontline (Benson, 2014).

The Value of Ethics Education

- Long standing culture surrounding ethics in medicine (Stirrat, 2015)
 - Explaining the value of teaching ethics in packed medical curriculums (Campbell et al., 2007; Lucassen & Fenwick, 2014)
 - Defending the time away from clinical duties for Foundation Doctors to receive training (Kirkham & Baker, 2012)
- Debates surrounding whether knowledge of ethics translates into action on wards, in the community, and with clients (Campbell et al., 2007; Mitchell et al., 1993; Swenson & Rothstein, 1996)
- Questions over whether ethical behaviour can be taught and learnt (Hafferty & Franks, 1994) raising doubts about the status and place of ethics teaching (Miyasaka et al., 2011).

The Value of Clinical Ethics Education for Medical Students

- Those teaching clinical ethics claim it:
 - Sharpens students' awareness of ethical issues (Dong, 2018)
 - Promotes student engagement with ethics as a topic, highlights the relevance of ethics to everyday healthcare practice
 - Encourages students to combine their knowledge of ethical theory with real-life ethical problems that arise in clinical settings (Agich, 2013)
 - Can hone students' decision-making skills (Agich, 2013)
 - Appreciate the difference between technical facts, personal opinion, and reasoned argument and justifications (Myser et al., 1995)
- And the activities:
 - act as reflective space and time for students to explore any internal ethical conflicts (Dong, 2018) when ethical values can come under pressure during clinical placements (Fenton, 2016; Hafferty, 1998; Roff & Preece, 2004; Swenson & Rothstein, 1996)

Clinical Ethics Education for Medical Students at Lancaster University

- PBL undergraduate curriculum
- Range of activities for teaching and assessment:
 - using ethical frameworks
 - analyse hypothetical and real-life cases
 - uni- and inter- professional groups
- Aims:
 - Develop students' decision-making skills
 - Prepare them for practice
- Collected student feedback over 6 years and coded thematically (Braun & Clarke, 2006), around three higher level themes

Clinical Ethics Education for Medical Students at Lancaster University

1) Experience of learning clinical ethics

- *“it is a very practical way of learning about ethics. No amount of teaching could replace this experience (2014/2015)”*
- *“it allowed me to see the practical aspect of things we learned in class (2012/2013)”*
- *“it allowed me to have real practical experience with engaging with the tool (2014/2015)”*
- *“[relevant] to my placements as these type of scenarios are experienced regularly. This coursework has allowed me to appreciate how these scenarios could be analysed during placement in the future (2015/2016)”*
- *“I found it refreshing to write about ethics and law in context of a real life scenario. I feel I have gained skills about ethics and law to carry forward into clinical practice (2014/2015)”*

Clinical Ethics Education for Medical Students at Lancaster University

2) Preparing students for practice

- *“giving me a deeper appreciation of how ethical dilemmas can be broken down and able to come to a more thought through decision” (2015/2016)*
- *“it made me realise that my own beliefs are powerful when I am judging whether something is right/wrong, and to step back and look carefully at the possible outcomes” (2015/2016)*
- *“it has shown me that when I may come across tricky ethical situations in practice, that tools are available to help analyse what to do” (2015/2016)*
- *“it has allowed me to think about how to approach any ethical decisions I face in the future, whether that be in the hospital or the community” (2014/2015)*
- *“having to think critically about an ethical decision and actually make a decision rather than simply listing pros and cons of each outcome” (2015/2016)*

Clinical Ethics Education for Medical Students at Lancaster University

3) Developing ethical practitioners (awareness; reflection; sensitivity)

- *“I enjoyed applying the ethical tools the most as it made me think in a way I normally wouldn’t” (2014/2015)*
- *“It highlighted to me the need to think of the wider considerations when trying to make an ethical decision” (2013/2014)*
- *“it made me consider dilemmas that I had never thought of before. It was an insightful learning experience” (2012/2013)*
- *“opens your eyes to all ethical dilemmas that you may not have seen before” (2015/2016)*
- *“It has made me more aware of ethical scenarios that I face in hospital” (2014/2015)*
- *“The coursework made me think about the ethical consequences of my actions on placement” (2012/2013)*
- *“It will help [me] think in a more ethically critical way when approaching situations in hospital” (2012/2013)*
- *“I think looking at ethical situations that are commonplace in clinical settings can go a long way to informing my practice and ethical decision making further down my career” (2014/2015)*

Clinical Ethics Education for Medical Students at Lancaster University

- Clinical ethics appealed to students
 - Integrated their wider learning
 - Brought ethical theory to life
 - Developed and experienced decision-making when faced with ethical uncertainty
 - Supported their learning during clinical placements
 - Ethical frameworks acted as scaffolding and provided a tool kit to be drawn upon
 - Provided time to reflect
- Students perceived their ethical sensitivity and ethical awareness whilst on clinical placement to have positively evolved

Benefits of Clinical Ethics Education at Medical Schools for the NHS

- Current practitioners had the opportunity to engage in some informal learning when involved in clinical ethics teaching and assessment activities
- Healthcare organisations employ practitioners:
 - Who are ethically sensitive and ethically aware
 - Who have enhanced decision-making skills
 - Who have a tool kit to draw upon when faced with ethical uncertainty
 - With an ability to inform practices and influence the culture of the NHS
 - Who have an appreciation of the value and importance of multiple perspectives when facing ethical uncertainty and be supportive of others

Implications of Clinical Ethics Education at Medical Schools for the NHS

- Medical students reported that the everyday ethics on the wards tended to be overlooked by staff
- Medical students perceived that some medical specialities had more or less ethical challenges
- The importance of role modelling – ethics is what you do when someone *is* watching
 - Current practitioners need to stress the importance of the commonplace, recurring and frequent ethical aspects of healthcare with medical students during their training in order for them to appreciate the significance of them, as well as be prepared for practice

Ethics Education: Whose Responsibility?

- Medical schools cannot be expected to prepare tomorrow's doctors for all the ethical and legal challenges they will face after graduation (Machin et al., 2020)
- No members of a healthcare team, irrespective of their seniority, are immune from being faced with ethical dilemmas (Larcher et al., 1997) suggesting a need for ethics and law training and education to be available at all stages of career development (Guillemin et al., 2009)

A Need to Focus on Foundation Doctors

- Research highlights the **multiple roles** that FDs play predisposes them to a unique set of medical ethics and legal issues (Chamsi-Pasha et al., 2016)
 - **transitioning** from student to professional (Kirkham & Baker, 2012), both clinician and learner (McDougall & Sokol, 2008)
 - FDs experience medical ethics and legal issues differently to that of medical students and more experienced junior doctors due to **position in organisation and medical hierarchy** (McDougall, 2008), and the **transient nature** of the Foundation Programme (Christakie & Feudtner, 1997; Mumford, 1970)
- Historically, postgraduate educators reported **stark variability** in medical ethics and law knowledge among FDs (Sokol et al., 2010)
- FDs had trouble dealing with medical ethics and law issues they **encountered in practice** (Illing et al., 2008; Matheson & Matheson, 2009; O'Neill et al., 2003; Shibu et al., 2008; Vivekananda-Schmidt & Vernon, 2013).

Medical Ethics & Law Training for Foundation Doctors

- Focus of the study:
 - ~~Ethics and law training as a medical student, and as a foundation doctor, and the training they wish to receive during their foundation years~~
- Conduct an online survey, F1s and F2s, conducted early 2018
- Content of the survey:
 - Quals and quant data
 - Topics drawn from a range of sources including BMA Medical Ethics Today Handbook, Institute of Medical Ethics core curriculum, GMC Generic Professional Capabilities, and issues identified in previous studies
- Ethics approval from Lancaster University and Health Education England
- 479 respondents
- Top 10 topics clearly identified by respondents irrespective of gender, stage of training, as wanting training during foundation programme

Medical Ethics & Law Training for Foundation Doctors

- Over two thirds of respondents would wish to receive MEL training as a Foundation Doctor:
 - self-discharge against medical advice
 - “Dealing with patients who are discharging against medical advice and the **legalities** of this” (Female, FY2).
 - Because...
 - “**Assessing capacity** to self discharge and being doubtful. Being exposed to this with knowledge of only the theory of dealing with this situation, but **no practical experience** was very difficult ” (Female, FY2).
 - “Attempting to **assess capacity** in fraught situations and not feeling I have the skills to do so in this setting” (Female, FY1)
 - “Whilst we are not allowed to discharge patients we are allowed to witness signing of a self-discharge, but it can be challenging **assessing capacity**” (Male, FY1)

Medical Ethics & Law Training for Foundation Doctors

- Over two thirds of respondents would wish to receive MEL training as a FD on:
 - **Sedating patients**
- Because...
 - “Most of all I wish I was better prepared for the patient kicking off in the middle of the night when there are **no seniors around**. Do I sedate? How do I sedate? Do I call security? Do I stop them leaving? How do I **practically** and **legally** do that?” (Male, FY1).

Medical Ethics & Law Training for Foundation Doctors

- Over half of respondents would wish to receive MEL training as a FD on:
 - **DNACPR orders**
 - “Who can fill out a DNACPR for it be valid?” (Female, FY1)
- Because...
 - “End of life conversations - DNACPR decisions (although these are always reviewed by somebody senior - it's the **initial conversation** which is often my role as an FY)” (Male, FY2)
 - “DNACPR decisions when **family/patient** do not wish to have DNACPR” (Female, FY2).
 - “Feeling that I would like a DNACPR to be put into place for a patient but not **knowing how to do** that or **having senior around** to facilitate it being put in place” (Female, FY1).

Expectations & “Ethical Preparedness”

- Medical school can provide the building blocks for FDs, but **this learning needs to be developed.**
- Learning medical ethics and law not a one-off event, but needs to be revisited and built upon; **training should be timely, appropriate and fitting.**
- Postgraduate medical ethics and law training **an extension** of the learning the FD acquired during medical school.

- A national response to FDs’ ethics and law training needs recognised
 - Health Education England (Paul Baker) and UK Foundation Programme Office
 - Ethics, law and professionalism training packs specially designed for FDs
 - Based on topics highlighted in survey (DNACPR, sedating patients, self discharge against medical advice, treating suicidal patients)

Expectations & “Ethical Preparedness”

“However, we need to be clear what the expectation should be for ethical preparedness for graduates and junior doctors. Given the complexities of many ethical decisions, we should not see preparedness as the ability to make (or confidence in making) a difficult decision but rather a recognition that such cases are difficult, that doubt is permissible and the solution may well be beyond the relatively inexperienced doctor. Medical school and junior doctor educators and supervisors should therefore be ensuring that this is clear to their trainees: while the expectation on graduation for cardiopulmonary resuscitation, for example, must be true competency, for an ethical decision the appropriate level may well be recognising that one does not know the ‘answer’. Of course, this then leads to the requirement for an environment in which questions can be asked and uncertainty raised with the expectation of a supportive response”

Corfield, L. et al., (2020) ‘prepared for practice? UK foundation doctors’ confidence in dealing with ethical issues in the workplace’ Journal of Medical Ethics

Constructing an 'Ethical Environment': Whose Responsibility?

- Educators responsible for imparting knowledge and fostering learning, but the organisation has a role to play (Jaeger, 2001; Talash et al.,2020)
- Healthcare administrators create conditions in the workplace that can either facilitate or prohibit an employee making use of their training. Any recommendations or interventions proposed therefore have implications for educators and healthcare administration (Jaeger, 2001)

The NHS as an ‘Ethical Environment’?

- Currently
 - Little financial investment or regulatory support underpinning clinical ethics presence in the UK (Magelssen et al., 2016)
 - Fluctuating numbers of CECs within the NHS (Austin, 2018)
 - Reactive, institutional support lacking – staff volunteering, work load (Agich, 2013; UK CEN, 2014) – tendency to fade away or become “talking shops”
- What’s needed?
 - Research agenda within clinical ethics community
 - Need to understand better how CECs are perceived by those who use them, sit on them, lead NHS trusts, monitor and regulate NHS, and patients and their relatives
 - A need for a sustained ethics engagement programme within NHS Trusts to:
 - build relationships with staff
 - understand the perceived ethics needs of staff
 - influence and operate at all levels of an organisation

Through Ethics Education...Ethics Experts and Expertise?

- Creating ‘ethics experts’ and generating ‘ethics expertise’?
 - Does simply learning about something mean you are an expert? What if we all learn it? Are we all experts? Is there something quite unique about an expert?
 - Somehow suggesting that those with ethics learning are better in some way, more advanced or different from their colleagues...Maybe true in some sense presently, but not wanting that to be the future.
 - Suggests something quite static, but ethics learning is never ‘done’, ethics understanding and knowledge can be acquired, but it is evolving and therefore needs to remain ‘live’ and the ‘expert’ ‘open’ to learning.

Through Ethics Education...Prepared for Practice

- Preparing them for practice?
 - Equipping them with a skill set, tool kit e.g. ethical theories, concepts, principles, frameworks to support their decision making.
 - Encouraging their ethical reflection, increasing their ethical awareness and promoting ethical sensitivity.
 - Experience of discussing ethical aspects of clinical practice with others.
- Foundations for an ethical environment?
 - The field of clinical ethics is secured as learners may go on to join a CEC or establish a CEC where one doesn't exist.
 - Current practitioners have the opportunity to learn through medical students and junior doctors whilst on clinical placement by raising ethical aspects of cases with them.

But How Prepared is ‘Practice’?

- Tomorrow’s doctors appreciation of clinical ethics against a backdrop of fluctuating numbers of CECs.
- Current practitioners need to remain open-minded to learn through medical students and junior doctors.
- A honesty surrounding how challenging senior practitioners find dealing with their own and junior colleagues’ ethical dilemmas and how heavy the burden is to have ‘answers’.
- Healthcare organisations to invest in training, and clinical ethics support to acknowledge the everyday uncertainty that practitioners grapple with so that CECs are viewed as a space:
 - for the everyday ethics
 - for ethical reflection
 - to share and gain