



# TEACHING ETHICS IN THE CLINICAL CONTEXT & POSTGRADUATE EDUCATION



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# WHY ME?

- MEDICO-LEGAL cases since 2004
- EDUCATION PORTFOLIO Assistant Dean Medical Education
  - Central Internship Committee
  - HA Working Group on Internship
  - HKMC Internship Subcommittee
- Executive Director CUHK Centre for BIOETHICS
- Member NTEC Clinical Ethics Committee











## **MORAL- ETHICAL BEHAVIOR**





To **PERCEIVE** The **Ethical Dimension** man issue





# 1. There is little evidence, that moral reasoning ability translates into moral action

Jonathan Haidt : The Righteous Mind: Why Good People are Divided by Politics and Religion 89 (2012)

2. Good character has often proven insufficient to guarantee ethical behavior, because situational factors often overwhelm people's intention to act properly. John M. Doris, Lack of Character 2 (2002)

3. When we ignore the **power of circumstances** to overwhelm personality, we wind up **misguidedly** looking at a person's **character** to explain their **failure** to uphold an ideally high standard of conduct.

Cordelia Fine : A Mind of Its Own: How Your Brain Distorts and Deceives 73 (2006)













The Nazi Doctors and the Nuremberg Code

Human Rights in Human Experimentation

## MORALITY

- As a stable rsor ity trait
- That is acquire the nrough stages of development
- Influences inical phavior and decision making

## **BEHAVIORAL ETHICS**

- ✓ Morality is dynamic and malleable.
   ✓ Unethical behavior results because people

   a. Fail to resist the temptation to act dishonestly
  - b. Even fail to recognize that there is a moral issue at stake in the decision they are making.





## PEOPLE OF GOOD CHARACTER MAY DO BAD THINGS

### even if they are skilled at moral reasoning,

- ✓ psychological shortcomings
- ✓ social pressures,
- ✓ organizational stresses,
- ✓ situational factors.

#### PEOPLE MAKE ETHICAL JUDGMENTS INTUITIVELY

When people feel that they are reasoning through while making a choice of the moral course of action..

# Most of the time they are simply rationalizing a conclusion that the emotional parts of their brains have already reached.

They often reach strong ethical judgments that they cannot rationally defend.





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## FACTORS THAT MODULATE ETHICAL BEHAVIOR

beyond moral reasoning

- PERSONAL BELIEFS & JUDGMENTS
  - Self-serving Bias
  - Discrimination
- ENVIRONMENTAL FACTORS
  - Time Pressure
  - Transparency (people will act more ethically when they are being observed)
- PSYCHOLOGICAL FACTORS
  - Emotion & Mood
  - Obedience to Authority
  - Conformity Bias
  - Overconfidence (I am a good person, so I must be doing good things)





#### **STUDIES OF ORGANIZATIONAL CULTURE & CORRUPTION**

- **CORPORATE CORRUPTION** involves **KNOWING** cooperation amongst several employees some of whom may be considered exemplary members of society.
- RATIONALIZATIONS are mental strategies used by individuals to justify their corrupt actions.
- SOCIALIZATION allows such practices to be seen as legitimate "everyone does it"...so it must be OK !
- Taken Together Rationalization & Socialization allow the perpetuators of unethical practices to see themselves as **MORAL & ETHICAL** Individuals.
- Unethical practices may then become an accepted part of Organizational behavior – effectively the CULTURE of The Organization

Anand, Ashforth, & Joshi

**Business as usual: The acceptance and perpetuation of corruption in organizations,** Academy of Management Executive, 2004, Vol 18, No.2.





# **TEACHING ETHICS**

#### **INSTRUCTIONAL APPROACH**



#### **TEACHING DOCTORS TO BEHAVE**

#### **BEHAVIORAL APPROACH**



UNDERSTANDING THE CONDITIONS IN WHICH DOCTORS BEHAVE UNETHICALLY





# Behavioral Ethics – Teaching Goals

- 1. Students must recognize their **IRRATIONAL SELVES**
- 2. Recognize the inconsistencies in their desire to be ethical and their **ACTUAL BEHAVIOR**
- 3. Learn & Practice the **COGNITIVE PROCESS** of Ethical Decision Making
- 4. Realize the importance of **CONTEXT**
- 5. Learn to identify **SITUATIONAL** & **ORGANIZATIONAL** constraints
- 6. Develop the attitude of **ETHICAL AWARENESS**





# **Educational Strategy**

- 1. Provide the Knowledge base but just knowledge is not enough
- 2. Predict Individual Behavior- Through Scripted well rehearsed Case-Based studies
- 3. Establish a Strong Culture of Ethical Decision Making and Behavior.
- 4. Maintain an **ETHCIAL AWARENESS** frame
- 5. Reinforce a Values- Based Identity through Audit
  - Unit,
  - Department,
  - Hospital,
  - Institution,
  - Organization.



Case 1 : Resident Specialist: Showing an Intra-Operative Video. At departmental meeting.

RS

- "See how the Hand becomes pale its Vasoconstriction after I injected Adrenaline.
- Very Powerful Wo but after Injecting Papaverine the Vasoconstriction is overcome—see how beautiful the return of circulation looks.
- The junior missed it So here I injected Adrenaline again and reversed it with Papaverine.
- ME
  - Did You ask the patient's permission to do this ?
  - Don't you think this is Absolutely Unethical ?
- RSagitated
- -No of-course not ! But I had not planned this, it was only to educate juniors. I guess it should be OK –
  I can explain to the patient. By the way these drugs are quite safe. So I guess its not really an Ethical
  issue.
- SENIOR 1:
  - Yes this is really not an issue of Ethics but you better not put the video on public domain. Its OK
    if its in your power point presentation. Education is important.
- SENIOR 2:
  - Provocative Testing is often done under anaesthesia.
  - If we try to explain some of these procedures to the patient how will they understand ?
  - They are ALWAYS likely to refuse !!









# **Organizational Culture**

# Does ETHICS feature as part of our Culture\* ?



- **Poor** Attendance of PG Trainees at most Ethics Rounds & Workshops
- Equally Poor Participation by Consultants AC's, Professors & Academic Staff
- No requirements for ETHICS CME points HKAM, HKMC.
- No Requirement to take mandatory Ethics Courses
- Everyone believes they are ETHICAL MINDED and ALWAYS BEHAVE ETHICALLY

\*A system of shared assumptions, values, and beliefs, which governs how people behave in organizations. These shared values have a strong influence on the people in the **organization**. Culture dictates how they act, and perform their jobs.





## WHY THE CLINICAL CONTEXT IS IMPORTANT



A HANDBOOK FOR

**EMPATHY** is a necessary requirement of being **Ethical** 

**EMPATHY RESONANCE** – our sense of empathy is activated when we see pain and suffering in others.

Case-Based Discussions allow Practitioners to understand the real and tangible impact of Ethical Violations

We have successfully used this approach

- Ethics Rounds
- Seminars & Workshops
- One-on-One discussions with Interns who may have committed ethical transgressions







## Ethical Transgressions – Interns 2005-2015

AUTONOMY	HARM	JUSTICE
Release of Information to unauthorized persons. (employers relatives colleagues)	Dilution of Blood Products	Discrimination (Refusal to address language barriers, others)
Information pasted on Social Media	Willful & Wrong labeling of Specimens	Ignoring patient requests
Public Discussion of Patient's Condition ( Discussed named patient in lift- relatives were around)	Contamination of Central- Line (Patient Died of Septicemia)	Abusive language to patient's relatives (Interns had shouting match and foul language over telephone)
Incomplete Disclosure	Not reading and acting on Reports ( Electrolyte disorders- patients died )	Delayed Discharge of patients (not my responsibility)
Wrong Disclosure ( Wrong reports communicated )	Absent on Call/Duty (left without hand-over)	Ambulance Transfer Denial on possible racial grounds
Failure to disclose errors ( Drug dose • Unnecessary bloods)		





#### **RATIONALIZING VIOLATIONS**

CATEGORY	DESCRIPTION	EXAMPLES
1. Denial of Responsibility	Actors engaged in unethical behaviors perceive that they have no choice but to participate in such acts.	<ul> <li>The nurses found my consent process took TOO long</li> <li>They said I wasted too much time with Non- Canto speaking patients</li> <li>This is their policy</li> </ul>
2. Denial of Injury	They are convinced that no one is really harmed by their actions	<ul> <li>The patients were OK.</li> <li>The patients did not know that the report was wrong – eventually the correct report was disclosed anyway</li> </ul>
3. Denial of Victim	The actors argue that the violated party deserves what happened.	
4. Social Weighting	<ul><li>Discredit the Condemner</li><li>Selective Comparisons</li></ul>	<ul> <li>You have no idea of the pressures we operate under</li> <li>If you think my practices are unethical you should see what goes on in the unit !</li> </ul>
5. Justification to Higher Loyalties	Violation of Norma is justified to satisfy a higher order value	<ul><li>Loyalty to Unit, Senior</li><li>Obedience to authority</li></ul>
6. Metaphor of the Ledger	Their accrued credits ( time and efforts ) justifies their actions	<ul> <li>I have been working non-stop for 3 call nights.</li> <li>So I decided enough was enough and walked out without hand-over</li> </ul>







- 1. Helping students and professionals reflect on their ethical failures and on
- 2. The inconsistencies between their desire to be moral and their actual behavior can they meet ethical standards





# **Behavioral Transformation**

- 1. Acceptance of Behavior & Ethical Transgression
- 2. Understand the Nature of the violation
- 3. Under what conditions did it happen
- 4. How to prevent a repeat violation
- 5. Potential Consequences & Harms
  - 1. To patients
  - 2. To the individual's career
  - 3. To stakeholders (Colleagues, Unit, Institution, Mentors)
- 6. Monitor Compliance
- 7. Positive Reinforcement





# **Ethics Education**

- Maintain the frame of expected ethical behaviors in clinical practice (SCRUTINY & VIGILANCE)
- 2. Audit ethical violations
- 3. Clinical ethics rounds
- 4. Identify systemic factors
- 5. Create a positive culture
- 6. Monitor and Restorative Support for Violators
- 7. Multidisciplinary engagement