Professional Issues Benchmarks (9.2012)

Upon enrollment as a medical student, you entered the medical profession. As such, you have acquired privileges and responsibilities that apply to all members of the profession.

Definitional elements of a profession:

- Specialized knowledge and training
- Obligation to be in service to society
- Professional organization and self-regulation

The values that led you to pursue medicine may be similar to the explicit values of the profession. These core values of the medical profession derive from the universality of disease and the humanistic connections between physicians and their patients. These values constitute the foundation upon which the practice of medicine is built and include:

- Altruism
- Honor and integrity
- Respect
- Responsibility
- Caring, compassion and communication
- Excellence
- Leadership

Goals of the professionalism curriculum:

1. Develop an awareness of your role and responsibilities as a medical professional;
2. Recognize and understand key issues that challenge the medical profession;
3. Develop strategies to work through challenges in professional practice;
4. Acquire tools to help you respond in a professional, thoughtful manner when faced with difficult situations during medical training and practice.

Key issues addressed:

1. **Doctor-patient power differential**, including appreciating the inherent imbalance of power between doctor and patient, respecting boundaries, being honest, disclosing fully, and being transparent.
2. **Healthcare team issues**, including understanding roles, accepting responsibility, working effectively within hierarchies of physicians and among diverse health professionals, ensuring patient safety at hand-offs and other times, minimizing medical error;
3. **Work-life balance**, including altruism and prevention of burnout and cynicism;

4. **Access to health care**, including addressing disparities in health status among racial, ethnic, and socioeconomic groups, and assuming responsibility for engaging in policy level (global, national, local, and/or institutional) issues that affect patient care and health outcomes;
5. **Conflict of interest**, including the conflicts between providing optimal patient care and meeting the needs of trainees to learn and practice their skills; economic conflicts of interest, such as pharmaceutical marketing; and potential bias in research activities resulting from industry funding;
6. **Inappropriate behaviors by impaired, incompetent, and unethical physicians**, including substance abuse and mental illness;
7. **Conflicts in values, beliefs, and biases**, including being aware of strongly held personal convictions and providing optimal care in spite of personal biases.

Analysis of Professional Challenges

The process of thinking through a professional challenge is the same process as for thinking through an ethical dilemma. In both, you clarify the issue, identify values involved, and determine a course of action. The following steps and questions will help you work through most dilemmas:

1. Recognition: Is this a professional issue? Why or why not? What issues are being raised? What is the underlying professional concern?
2. Reasoning: What values are at stake? Are there competing points of view? How does the issue impact you? Others? Patients?
3. Responsibility: What are your professional responsibilities? Do others have responsibilities also? Are there any rules or guidelines that can help?
4. Respond: What should you do and why? What are the potential benefits and harms of different actions? What will you do?

ASSESSMENT

2nd and 4th year OSCEs may include a professionalism case. You will be expected to identify what is at stake, describe possible actions, and justify a plan of action based on the values listed above.

You will also be evaluated on professionalism by your college mentor and other faculty throughout medical school. These evaluations are based on your behavior throughout the year in clinical, team, classroom, and small group settings.

Professionalism Module
Key Issue: Doctor-Patient Power Differential

August 2012

Definition:

An inherent power differential exists between a doctor and a patient. Though it may be difficult to recognize this, especially for doctors-in-training and younger doctors, it still exists. Power itself is inherently neither good nor bad but it can be used for either. Recognizing this imbalance is helpful in facilitating good communication, negotiating treatment plans, and avoiding unwitting ethical lapses.

Why this is an issue for the profession:

Most of the time, physicians are economically and educationally advantaged compared with patients: physicians are in the top 5% of American earners1 and are among the less than 3% of the adult population holding a professional or graduate degree2. Even when a physician and patient have equal social status, the physician has specialized knowledge and skills the patient needs, which puts the patient in a vulnerable position. The power to advise, negotiate, advocate and act in a patient's best interest is essential to the practice of medicine. Most of the time, physicians use their power for good to engage and empower patients to participate in their own health care. However, there is a risk of crossing a line and failing to recognize when the power imbalance can lead to unintentional coercion, decreased "compliance", arrogance, abuse of power, and poor communication. For example, certain exams (e.g., pelvic and rectal exams) and procedures make patients physically vulnerable and care must be taken to assure patients' autonomy and dignity.

Doctors' emotional reactions to certain patients can create power differentials. Not recognizing this can negatively impact care. For example, a physician might feel anger or disgust at the inability of an alcoholic or drug abusing patient to rectify his/her situation. Additionally, certain patients may remind the physician of significant people in his/her life, which can trigger a variety of emotional reactions. The physician's communication with a patient may be less effective unless he/she can recognize these reactions and get past them. These situations can result in the physician withholding needed treatment, or providing less quality care to certain individuals. This constitutes abuse of power.

Some professionalism values relevant to power differentials include:

Compassion and communication Patients may agree to a treatment plan they cannot or will not follow through with in order to (consciously or subconsciously) be agreeable or avoid contradicting their physician. They may hesitate to ask questions or hide a lack of understanding of the doctor's assessment or advice.

Honor and integrity require that physicians accept or decline gifts appropriately, and avoid abuse of power and boundary violations, such as romantic involvement with patients.

Altruism requires physicians to advocate for patients who are less powerful.

Cases:

1. You see a patient in clinic who makes and sells jewelry for a living. The patient insists on giving you a piece of her jewelry several times a year. You feel awkward, but worry that you'll hurt her feelings if you refuse.

2. A physician in your group is dating a woman who used to be his patient. When you ask, he says, "I transferred her care to someone else in the group before we went on our first date. What's the problem?"

3. Your senior resident sees a patient's name and looks disgusted, commenting that the patient is an addict who will try to take advantage of the system by getting prescription pain medications. You ask the resident if she has directly experienced this from the patient, and she says no, but that it's typical behavior for that kind of patient.

Essay:

Alison Landrey, MD, Learning to Talk, A Piece of My Mind, JAMA, July, 11, 2012-Vol 308, No.2; p 145-146
http://jama.jamanetwork.com/data/Journals/JAMA/24421/jpo120014_145_146.pdf

Tools for analyzing a professional issue: "The Four Rs":

The following steps and questions help to clarify the issues, identify values involved, and determine a course of action.

1. ***Recognition: Is this a professional issue? Why or why not? What issues are being raised? What is the underlying professional concern?***

2. ***Reasoning: What values are at stake? Are there competing points of view? How does the issue impact you? Others? Patients?***

3. ***Responsibility: What are your professional responsibilities? Do others have responsibilities also? Are there any rules or guidelines that can help?***

4. ***Respond: What should you do and why? What are the potential benefits and harms of different actions? What will you do?***

Strategies for maintaining professional relationships with patients:

1. Recognize that patients are in an inherently vulnerable position, and that you have power over them.

2. Use communication to empower your patients in their care and in their relationship with you. Aim for collaboration.

3. Know local rules. For example, the University of Washington prohibits doctors from accepting gifts valued over $50 from any person or group in a given year.

4. Know that sexual or romantic involvement with patients is grounds for loss of licensure. Other social involvement with patients may or may not be appropriate depending on circumstances.

5. Try to be objective about patients and examine your own emotional reactions to them.

References/Resources:

1. US Census Bureau 2010-2012

2. US Census Bureau 2010-2012

3. Should physicians accept gifts from patients? Lyckholm LJ. JAMA. 1998 Dec 9; 280(22):1944-6.

4. Potential Financial Conflicts of Interest with Commercial or Non-Profit Entities: www.uwmedicine.org/Global/policies/Pages/Conflict-of-Interest-with-Commerical-or-Non-Profit-Entities.aspx

5. Sexual misconduct in the practice of medicine. Council on Ethical and Judicial Affairs, American Medical Association. JAMA. 1991 Nov 20; 266(19):2741-5.

6. Washington State Medical Quality Assurance Commission's definition of sexual misconduct:www.doh.wa.gov/LicensesPermitsandCertificates/MedicalCommission/MedicalResources/PoliciesGuidelinesandRules.aspx

Professionalism Module
Key Issue: Healthcare Team Dynamics

August 2012

Definition:

With the patient and patient's family at the center, a physician is nearly always a member of a team in the provision of clinical care. Health care teams may consist of a variety of care providers including physicians, PAs, physician trainees, nurses, specialty therapists (OT, PT, RT, etc.), pharmacists, social workers, psychologists, chaplains, office support and more. Depending on the health care service, hospital/clinic culture, individual team members, and patient-specific variables, health care teams will have their own dynamics and patterns of interactions.

Why this is an issue for the profession:

Team dynamics and relationships have important impact on quality of care and the patient's experience of care. As medical students you will participate in team life that will be richly different with each new rotation (and sometimes week by week). Each service will likely have its own culture of roles, communication strategies and priorities. Team dynamics have the potential for great camaraderie and rewards as well as pitfalls for the patients and team members. Successful physicians are attentive and collaborative team members and, when need be, effective team leaders. Hierarchies are inherent in medical care, and the ability to thrive in a variety of team roles is a crucial skill.

Some professional values relevant to medical team dynamics include:

Respect (appreciation of roles): Effective team membership involves conscious consideration of the perspectives, expertise and values held by the patient and family and all other specialties and professions represented on the team.

Compassion and communication: In the midst of teamwork, stay tuned to safety and the meaning of the patient care experience. Take note of tensions, misunderstandings or possible mistakes, find a comfortable venue to raise concerns and seek explanations or root causes. Appreciate the vantage points and challenges of those "above" and "below" and around you on the team.

Responsibility and accountability: Actively strive to understand your specific role (what is under your authority/authorship) on a team and fulfill the responsibilities of that role. Be especially attuned in situations where there may be a higher potential for oversights, such as at sign-out time or when there is turnover on the team or after a critical event.

Leadership: Take pride in supporting others and boosting the team mission to help maintain a positive working and learning environment.

Cases:

1. You are a third-year student completing your medicine rotation. One of your patients had end-stage liver disease, which you had never seen before. He became obtunded and was transferred to the ICU. The intern on your team told you to talk to the family about this man's illness and use the words, "he might die." You weren't comfortable doing this but you did it anyway. The patient died soon thereafter. You felt terribly guilty that you probably hadn't done a good job giving the family information and answering their questions. No one on your team asked you how the discussion went, and the team never talked about this patient after he died.

2. One morning you notice in ward rounds that the respiratory therapist has walked in. Your patient has told you daily that her respiratory therapist gives her great advice and helps her feel better. You remember your attending saying that every team member is critical to the mission of care. You wait for the right moment to ask the RT to share her perspectives on your patient's progress.

3. It seems to you that each service has a "favorite" specialty to disparage. One day during bedside rounds, just after your patient commented alone to you his appreciation about a doctor from a consulting service, your over-worked chief resident makes an angry and negative quip about that service.

Essay:

- Brown Theresa, RN, When Nursing is a Team Sport, New York Times, April 14, 2010, http://well.blogs.nytimes.com/2010/04/14/when-nursing-is-a-team-sport/

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5. ***Respond: What should you do and why? What are the potential benefits and harms of different actions? What will you do?***

Strategies for optimizing medical team dynamics:

1. Recognize when interactions among team members are either boosting or detracting from optimal patient care and/or from a positive working and learning environment; work within the team to try to make sense of differing perceptions and recognize and resolve conflicts.
2. Track verbal and non-verbal cues to determine when and where (within the team structure) to raise concerns if you think attitudes and behaviors are adversely impacting morale or care.
3. Seek to appreciate colleagues' perspectives, respect differences, recognize the contributions to team accomplishments of other specialties and professions. Listen to stories.
4. Identify coaches.

References/Resources:

1. Whitehead C. The doctor dilemma in interprofessional education and care: how and why will physicians collaborate? Med Educ 2007 Oct; 41(10):1010-6.
2. Kushner TK and Thomasma DC, eds. On becoming a "team player:" searching for esprit de corps and conflicts of socialization (pages 125-134) and Hierarchy and the dynamics of rank (pages 183-207.) In: Ward Ethics: Dilemmas for Medical Students and Doctors in Training. Cambridge University Press, 2001.
3. Brown T. Physician, Heel Thyself. http://www.nytimes.com/2011/05/08/opinion/08Brown.html

Professionalism Module
Key Issue: Work-life Balance

August 2012

Definition:

Medicine offers wonderful opportunities for meaningful careers. However, achieving meaning and fulfillment requires maintaining appropriate work-life balance. "Work-life balance" refers to the proportion of time and energy we spend working versus time and energy devoted to everything else in our lives. The optimal balance between personal and professional responsibilities may differ from one person to another, and may change during different stages in a physician's life.

Why this is an issue for the profession:

When does altruism become unhealthy self-sacrifice? Many physicians have difficulty finding an optimal work-life balance. It can be difficult to accept that one usually can't "do it all". Expectations imposed by employers, patients, families, and/or ourselves can lead to stress and career dissatisfaction. "Workaholism" (an unhealthy level of work activity) is driven by diverse sources, such as ambition, the need to prove oneself, desire for higher income or to escape personal issues, and even by altruism. Such imbalances can lead to unhappiness, burnout, cynicism, dissolution of personal relationships, and impairment. Physicians do not have the energy, focus and insight to serve patients well when they are tired, empty or resentful.

Some professional values relevant to work-life balance are:

The **pursuit of excellence** requires us to do our jobs to the best of our abilities.

Altruism often requires putting the interests of patients ahead of self-interest, but patients have many needs, and there is no limit to the number of patients we could try to treat, or for whom we could advocate.

Responsibility: In addition to serving patients, being **responsible** often requires putting the interests of our colleagues, mentors, and students ahead of our own.

Cases:

1. A resident routinely stays late in clinic for hours after everyone else has gone home, in order to write impeccable progress notes and to phone patients to discuss every lab result.

2. A physician who daily counsels patients to exercise and control their weight never has time to exercise, becomes obese, and develops Type II diabetes mellitus.

3. A medical student is so determined to earn honors grades and high Boards scores that she routinely studies late into the evenings, becomes sleep deprived, misses class, falls behind in

course work, and stays up even later to catch up. She no longer enjoys what she is learning, frequently feels angry, and wonders if she made a mistake in applying to medical school.

Essay:

- Zachary F. Meisel and Gina Siddiqui, Can Doctors Have Work-Life Balance? Medical Students Discuss, Time Magazine, Nov. 15, 2011, http://healthland.time.com/2011/11/15/can-doctors-have-work-life-balance-medical-students-discuss/

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Strategies to help with your own work-life balance:

1. Take time to honestly assess your values and priorities continuously during your career. Try to accept that one can't "do it all" (e.g., have an exceptional career in practice, research and teaching as well as an ideal personal life) and that tough decisions may be required to align your work with your personal values. Avoid a cycle of endless delayed gratification, pushing yourself to excellence and merely enduring life, thinking you'll be happy when you finally… [fill in the blank].
2. Seek mentors and role models who can give their advice on career development, time management, and priority setting.
3. Determine your own criteria for success. Seek employment that allows some control over work conditions or schedules. When possible, advocate for and employ strategies to improve workload while maintaining high standards for education and patient care.
4. At certain times, perfect balance may be impossible (for instance, as a student during finals week, as an intern during a busy inpatient rotation, or as a researcher just before a grant application deadline.) Treat yourself with care and compassion. Set priorities for "self-care" (e.g., sleep goals, exercise, eating well, relaxation, reflection).

5. Take the time to find (and see!) a primary-care doctor to make sure you are addressing your own healthcare needs.
6. Speak with a friend or professional counselor if you feel powerless to change a situation that is making you unhappy.
7. As early as you can in your medical training, create time to pursue those activities that sustain and define you – exercise, hobbies, time with friends and family, and creative endeavors. Many of the patterns established early on will help you maintain these interests in later years.

References/Resources:

1. Dyrbye LN, Thomas M, Shanfelt TD. Medical student distress: Causes, consequences, and proposed solutions. Mayo Clin Proc 2005; 80(12):1613-22.
2. Orrom WJ. Achieving balance in a surgical life: A personal perspective on a Sisyphean task. Am J Surg 2008; 195: 557-564.
3. Tal Ben-Shahar. Happier: Learn the Secrets to Daily Joy and Lasting Fulfillment. McGraw Hill, 2007.

Professionalism Module
Key Issue: Access to Health Care

August 2012

Definition:

Access to health care, as defined by the Institute of Medicine (IOM), is the timely use of personal health services to achieve the best possible health outcomes.1 Inadequate health insurance coverage is one of the major obstacles to healthcare access.

Why this is an issue for the profession:

In 2010, 49.9 million people lacked health insurance coverage 2, and it is estimated that at any given point in the year, one-third of all Americans and two-thirds of low-income Americans are uninsured or underinsured.3 Members of racial, ethnic, lower socioeconomic, sexual minority, and other groups face barriers that include discrimination, biases, stereotyping, and multiple other roadblocks to negotiating the healthcare system. The IOM reports that, even after controlling for variables such as insurance and low income, disparities in healthcare access and quality health care remain a reality for members of racial and ethnic minorities.4

Some professional values relevant to access to care are:

Altruism, respect and **compassion** towards patients who struggle with factors that impact access, such as poverty, lack of education, cultural, language, poor health literacy, and other barriers.

The pursuit of **excellence** in providing quality health care to everyone to achieve disease prevention and reduction in morbidity and mortality; **leadership** and **responsibility** to address and eliminate disparities and barriers to health care.

Cases:

1. You are a student on your surgery rotation and you are told to work up a transgender individual for abdominal pain. Your senior resident states: "You go see that one by yourself. I am not going to touch that person unless IT needs an operation." Based on your sole evaluation, the patient is scheduled for surgery.

2. You have been seeing patients for years who lack insurance and who are among the neediest of your patients. Suddenly the organization you work for begins requiring self-pay patients to pay $150 up front before each clinic visit.

Essay:

- Nicholas J. Rohrhoff, B.S., What Life is Like, NEJM, 366;8 February 23, 2012, p 683-685 http://www.nejm.org/doi/pdf/10.1056/NEJMp1112089

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Strategies for mitigating barriers that impact access to care:

1. Understand how differential access to health care impacts individual patients and society.
2. Recognize that unconscious biases, including our own, may negatively impact the care we deliver, and work to overcome those biases.
3. Take action at all policy levels available to us, including our clinics, institutions, and local and national medical societies, to promote access to quality health care for everyone.

References/Resources:

1. Access to Health Care in America, Institute of Medicine, 1993.
2. U.S. Census Bureau, 2010.
3. Commonwealth Fund: New Estimates of Gaps and Transitions in Health Insurance. PF Short, DR. Graefe, K Swartz, and N. Uberoi, M.P.H. Medical Care Research and Review, July 24, 2012
4. Institute of Medicine. America's Uninsured Crisis: Consequences for Health and Healthcare. Feb 23, 2009 Consensus Report
5. Sered, Susan S. and Fernandopulle, Rushika. Uninsured in America: Life and Death in the Land of Opportunity. University of California Press, 2005
6. Disparities, Culture and Health at : http://disparitiesreview.talariainc.com/

Professionalism Module
Key Issue: Conflict of Interest

August 2012

Definition:

A conflict of interest exists when a physician has interests that are in conflict with the best interests of his/her patient(s). While a physician may subordinate the best interests of his/her patient intentionally, most conflicts of interest involve unconscious influences, responses, and actions.

Why this is an issue for the profession:

Conflicts of interest are ethically problematic for several reasons. Patients may suffer harm when clinical decisions are made for reasons other than their best interests. Even when patients are not harmed, the integrity of the physician's medical judgment has been violated. Patient trust in the physician and in the medical profession may be undermined if there is question as to whether the physician is acting in the patient's best interests.

Examples of potential conflicts of interest are:

1. A physician accepts financial or material reimbursements that subordinate his/her patients' best interests;
2. Trainees need to practice on patients, which may cause discomfort or harm;
3. Research needs may conflict with optimal clinical care;
4. Not disclosing a mistake or intervening with an impaired colleague may conflict with protecting patients from harm.
5. Providing health care services to family members

Some professional values relevant to conflicts of interest include:

Honor and **integrity** require that patients be told the truth about things that influence decisions about their care, and that physicians recognize hidden influences on their decisions.

Responsibility requires that patients receive optimal care, even when that care may not reward the physician as much as another choice.

Cases:

1. A 78 y.o. patient with significant skin sun damage is seen for evaluation of a forearm lesion. The lesion is clinically benign. His "fee-for-service" insurance generously reimburses outpatient surgical excision, and minimally reimburses a visit for a skin check.

2. A local pharmaceutical representative of a new antihypertensive medication has offered to provide educational materials and lunch for your office staff, as well as drug samples for your patients.

3. You practice in a rural area. When your patients need an MRI, they must travel over seven hours to have the MRI. Another physician in your area suggests that six of you pool your own money to set up a free-standing MRI. This would increase your patients' access to the service, and, as investors, you would earn a return each time the MRI is used.

Essay:

- Erik K. Fromme, MD; Neil J. Farber, MD; Stewart F. Babbott, MD; Mary E. Pickett, MD; and Brent W. Beasley, MD, What Do You Do When Your Loved One Is Ill? The Line between Physician and Family Member, Annals of Internal Medicine, Volume 149, Number 11, Dec. 2008, p 825-830
  https://www.sgim.org/userfiles/file/WC12_Farber_Neil_200542.pdf

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4. ***Respond: What should you do and why? What are the potential benefits and harms of different actions? What will you do?***

Strategies for navigating situations that pose a conflict of interest:

1. Reaffirm that the patient's interests take priority over other interests.

2. Disclose incentives and biases.

3. Consider prohibiting actions that may generate bias or influence in clinical decisions.

References/Resources:

1. Lo, Bernard. Resolving Ethical Dilemmas. Lippincott 2000.

2. Campbell EG, Gruen RL, Mountford JMD et al. A national survey of physician-industry relationships. N Engl J Med 2006; 356:1742-50.

3. Tonelli MR. Conflict of interest in clinical practice. Chest 2007; 132: 664-70.

4. Brennan TA, Rothman DJ, Blamk L, et al. Health industry practices that create conflicts of interest. A policy proposal for academic medical centers. JAMA 2006; 295: 429-33.

5. Moore NJ. Regulating physician self-referrals and other physician conflicts of interest. HEC Forum 2003; 15: 134-54.

6. Scott LD. Conflicts of interest in clinical practice and research. Am J Gastr 2008; 103: 1075-1078.

7. Cain DM, Detsky AS. Everyone's a little bit biased. JAMA 2008; 299: 2893-2895.

Professionalism Module
Key Issue: Inappropriate Behaviors by Impaired, Incompetent, and Unethical Physicians

August 2012

Definition:

Impaired physicians are unable to practice with reasonable skill and safety due to a physical or mental condition, such as addiction, depression or loss of skills from illness. **Incompetent behavior** occurs when a physician provides substandard medical care out of ignorance or lack of skill that is not the result of physical or mental illness. **Unethical behavior** occurs when physicians knowingly and willingly violate fundamental and well-accepted norms of conduct toward others, especially their patients.

Why this is an issue for the profession:

A fundamental aspect of a profession is that it is self-regulating. While the rights of physicians and patients need to be balanced, physicians are required to monitor the behavior of the whole profession and respond appropriately. However, reporting or confronting colleagues or superiors can be personally and professionally challenging.

Some professional values relevant to inappropriate behaviors are:

Integrity and responsibility toward patients, colleagues and the profession as a whole in assuring that patients are not adversely affected by inappropriate behavior.

Respect and compassion for patients and for colleagues who may be afraid to seek help for themselves due to shame, guilt and stigma.

Cases:

1. You are a third-year student on a surgery rotation. The resident has made the incision for a colon resection. The attending arrives to supervise the case. You smell alcohol on the attending's breath.

2. You are a resident working in clinic. You walk into the conference room to find another resident teasing a student in a sexual way. This resident has a history of "difficulty controlling himself around pretty girls." The student is blushing. You "rescue" the student by asking her about a patient. She seems very grateful.

3. A pediatric resident is seeing a 4-month old female who needs to have a urine specimen collected. The resident is unsuccessful at catheterizing her because of labial adhesions. A co-resident who is asked to help grasps the labia and pulls them apart, leaving a raw, bleeding labial surface.

Essay:

- Amanda J. Redig, MD, PhD, The Patient's Patients, A Piece of My Mind, JAMA, Vol. 306, No. 3, July 20, 2011, p 247-248
  http://jama.jamanetwork.com/data/Journals/JAMA/22458/jpo15025_247_248.pdf

Tool for analyzing professional issues: "The Four R's"

The following steps and questions help clarify issues, identify values involved, and determine a course of action.

1. ***Recognition: What are the issues being raised? What is the underlying professional concern? How does the issue impact you? Others? Patients?***
2. ***Reasoning: What values are at stake? Are there competing points of view? Are there any rules or guidelines that can help? What are the potential benefits and harms of different actions?***
3. ***Responsibility: What are your professional responsibilities? Do others have responsibilities also?***
4. ***Respond: What should you do and why? What will you do?***

Strategies for dealing with difficult behaviors:

1. Recognize the fundamental requirement of the medical profession to monitor itself, including the duty to intervene when impaired, incompetent or unethical behavior puts patients at risk.
2. Perceived incompetence can range from disagreement over variation within a practice, to mistakes, to egregious violations of accepted standard of care.
3. Responses to incompetence range from providing education, to reporting to medical licensing authorities. The Washington Physician Health Program (http://www.wphp.org/) provides assessment and confidential treatment services that allows many physicians to remain licensed and practice medicine.
4. Reasonable steps when responding to inappropriate behavior include discussing the situation with others in order to clarify your thinking and then discussing the situation with the person whose behavior concerns you. If this does not resolve the issue to your satisfaction, move to the next higher level of authority, which may vary with the setting. For students, a common order of authority is resident, attending, clerkship director, ethics consultant, medical director, and external entities such as WPHP or medical licensing board.
5. An ethics consultation is appropriate when you identify an ethical problem and when resolution does not occur after bringing the problem to the attention of the attending physician. See http://depts.washington.edu/bioethx/toc.html.

References/resources:

1. Significant parts of this topic were adapted from "Witnessing Incompetent of Inappropriate Behavior," one of the Case-Based Teaching Guides by Dr. Douglas Diekema at the Treuman Katz Center for Pediatric Bioethics. Other cases include confidentiality, refusal of medical treatment, and mistakes in medicine. See: http://bioethics.seattlechildrens.org/education/casebased_teaching_guides.asp.

2. Physicians' Perceptions, Preparedness for Reporting, and Experiences Related to Impaired and Incompetent Colleagues. DesRoches CM, Rao SR, Fromson JA, Birnbaum RJ, Iezzoni L, Vogeli C, Campbell EG. JAMA. 2010; 304(2):187-193.

3. Michael Myers and Glen Gabbard. The Physician as Patient: A Clinical Handbook for Mental Health Professionals. 2008. This is a comprehensive reference.

Professionalism Module
Key Issue: Conflicts in values, beliefs, and biases

August 2012

Definition:

Physicians and patients have values and beliefs that are strongly held. When these conflict, difficulty in communication and medical decision-making may occur. Physicians may also have conscious or unconscious biases toward certain patients or diseases.

Why this is an issue for the profession:

A physician's attitudes or behaviors may be compromised if he/she is not aware of, or does not make an effort to overcome, conflicts in values. Patients' behaviors may evoke strong personal responses in physicians that negatively impact their willingness to care for the patient. This may result in disrespectful interactions and harm to the physician/patient relationship.

Some professionalism values relevant to values in conflict are:

Respect: Physicians should convey respect for patients, even when the physician and patient disagree on fundamental beliefs or values.

Altruism: Physicians should put the patients' best interest and autonomy above their personal desires, including their desire to uphold certain personal values.

Compassion and communication: Patients deserve compassionate care and clear communication regardless of their choices, including behaviors that the physician finds distasteful or which result in poor health.

Cases:

1. Your patient comes into the clinic for an annual physical. He has always been 50 pounds over normal body weight. In the past year, he has gained 30 pounds and now has hypertension. He has also developed low back pain and knee pain as a manifestation of obesity. He got some Vicodin from a friend for the back and knee pain and this has helped him continue working. He would like you to continue the Vicodin. You feel that your job is to help him choose a healthier lifestyle, not mask the consequences of his poor choices.

2. You see a woman in your office and discover that she is 4 months pregnant. She is a long-time alcoholic and has been drinking heavily for the past year. She already has had several children but does not have custody of them. Her boyfriend wants her to get an abortion but she does not want to. How do you counsel her?

3. One of your patients feels that Western medicine is generally harmful. She brings her children to see you reluctantly. You see her 1-year-old for a fever and are concerned that the child has pneumonia. You ask her to take him to the hospital for an x-ray, but she refuses, saying, "They'll just fill him full of those toxic antibiotics. He'll be fine at home with me."

4. Your patient with a terminal illness states that he "doesn't want to live this way any longer." He requests a lethal dose of barbiturates so he can die at home when he is ready.

Essay:

- L. Stewart Massad, MD, Missed Connections, A Piece of My Mind, JAMA, July 26, 2000, Vol 284, No. 4, p. 409-410
  http://jama.jamanetwork.com/data/Journals/JAMA/4745/JPO90243.pdf
- TE Vettese, MD, On Being A Doctor: Judgement, Annals of Internal Medicine, August 21, 2012, Vol 157, No. 4, p. 296-297
  http://annals.org.offcampus.lib.washington.edu/data/Journals/AIM/24774/0000605-201208210-00015.pdf

Tools for analyzing a professional issue: "The Four Rs":

The following steps and questions help to clarify the issues, identify values involved, and determine a course of action.

1. ***Recognition: Is this a professional issue? Why or why not? What issues are being raised? What is the underlying professional concern?***

2. ***Reasoning: What values are at stake? Are there competing points of view? How does the issue impact you? Others? Patients?***

3. ***Responsibility: What are your professional responsibilities? Do others have responsibilities also? Are there any rules or guidelines that can help?***

4. ***Respond: What should you do and why? What are the potential benefits and harms of different actions? What will you do?***

Strategies for working through conflict in the medical encounter:

1. Try to understand the other's perspective, including why they hold their belief or why the behavior is important.

2. Develop self-awareness through reflective practice, and acknowledge personal biases to yourself.

3. Use respectful language and communicate differences in an authentic yet respectful manner.

4. Treat all patients in a manner consistent with optimal patient care and autonomy.

References/Resources:

1. Wear D. et al. Perspective: Medical student's perceptions of the poor: What impact can medical education have? Academic Medicine 2008; July 83(7): 639-645.

2. Kushner TK and Thomasma DC, eds. Losing empathy (pages 104-112.) In: Ward Ethics: Dilemmas for Medical Students and Doctors in Training. Cambridge University Press, 2001.

3. Ganzini L, Nelson HD, Lee MA, Kraemer DF, Schmidt TA, Delorit MA. Oregon physicians' attitudes about and experiences with end-of-life care since passage of the Oregon Death with Dignity Act. JAMA. 2001 May 9; 285(18):2363-9.