

## FROM THE FIELD...

•Local Ethics Advisory Committees Developing Integrated Ethics Programs

To find out more go to: [www.va.gov/vhaethics/field5.cfm](http://www.va.gov/vhaethics/field5.cfm)



Has your EAC developed a special task force or policy you want to share? Let us know at [vhaethics@med.va.gov](mailto:vhaethics@med.va.gov)

## IN THE LITERATURE...

Stevens L, Cook D, Guyatt G, Griffith L, Walter S, McMullin J. Education, ethics, and end-of-life decisions in the intensive care unit. *Crit Care Med.* 2002;30(2):290-296.

Coyle SL. Physician-industry relations. Part 2: Organizational issues. *Ann Intern Med.* 2002;136(5):403-406.

Lowe M, Kerridge I, Bore M, Monro D, Powis D. Is it possible to assess the "ethics" of medical school applicants? *J Med Ethics.* 2001;27(6):404-408.

To read abstracts of each of these articles go to: [www.va.gov/vhaethics/literature5.cfm](http://www.va.gov/vhaethics/literature5.cfm)



## ON OUR WEB SITE...

### Recent additions to our Web site:

The Ethics Hotline call schedule for 2002 is now available for those with VA Intranet access at: [vawww.va.gov/vhaethics/networking\\_6.cfm](http://vawww.va.gov/vhaethics/networking_6.cfm). A summary transcript of each call, beginning with December 2000, is also available at: [vawww.va.gov/vhaethics/networking\\_8.cfm](http://vawww.va.gov/vhaethics/networking_8.cfm).



## spotlightevents

- Significant Changes Anticipated in VA DNR Policy

The National Center for Ethics is revising VA policy on DNR protocols, found in VA Handbook M-2, Part I, Chapter 30. The current policy will be replaced by a more comprehensive policy on ethical decisions in end-of-life care. Center staff members are drafting the revised policy based on written comments solicited from the field and input from a working group that met in Washington DC in early April. The Center continues to welcome comments or suggestions. Please contact Kate Stockhausen, PhD, at [Kate.Stockhausen@mail.va.gov](mailto:Kate.Stockhausen@mail.va.gov), if you wish to share your ideas.

- VA Receives Top Government Ethics Award
- Ethics Center Launches New Educational Initiative: Regional IEP Training

To read more about these events, visit: [www.va.gov/vhaethics/spotlight5.cfm](http://www.va.gov/vhaethics/spotlight5.cfm)



## bestpractices

### Teaching Ethics and Professionalism

Specific instruction in ethics and professionalism is now widely recognized as an essential component of medical training. The Accreditation Council for Graduate Medical Education (ACGME), which is responsible for the accreditation of all post-MD medical training programs in the U.S., has identified 6 competencies that are required of all residents. One of these competencies is "a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population."

What can residency training programs do to assure that residents are adequately trained in ethics and professionalism? Paul L. Schneider, MD, who chairs the Ethics Advisory Committee of the Greater Los Angeles VA Healthcare System, recommends the educational materials developed under the American Board of Internal Medicine's *Project Professionalism*. These materials, which are available on-line, address a broad range of ethics topics including breach of confidentiality, misrepresentation, sexual harassment, and physician impairment. The materials provide 20 vignettes for use in teaching, as well as recommendations for evaluating professionalism and strategies for remediation of unprofessional behavior in residents. According to Dr. Schneider,



"the residents really seem to enjoy the vignettes – they are realistic but challenging."

For additional on-line materials on ethics and professionalism recommended for use in medical training, go to: [www.va.gov/vhaethics/best5.cfm](http://www.va.gov/vhaethics/best5.cfm)



## inthisissue

- **Best Practices:** Teaching Ethics and Professionalism
- **Policy Perspectives:** Should Residents be Allowed to Enter DNR Orders?
- **Ethics Rounds:** Patient Refusal of Medical Care by a Trainee

### about the center

The National Center for Ethics is VHA's primary office for addressing the complex ethical issues that arise in patient care, health care management, and research. Founded in 1991, the Center is a field-based national program that is administratively located in the Office of the Under Secretary for Health. To learn more go to: [www.va.gov/vhaethics](http://www.va.gov/vhaethics)

### our mission

The mission of the National Center for Ethics is to clarify and promote ethical health care practices within VHA and beyond.



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Send us your

## feedback

Please send any questions, comments, or address changes to the address above, or e-mail us at [vhaethics@med.va.gov](mailto:vhaethics@med.va.gov).

[www.va.gov/vhaethics](http://www.va.gov/vhaethics)

## Changes Proposed to Federal Privacy Rule

The Department of Health and Human Services is recommending changes to the Privacy Rule required under the Health Insurance Portability and Accountability Act (HIPAA). The changes are meant to ensure strong privacy protections without unduly hindering access to health care. Specifically, the proposal would eliminate the written consent requirements for disclosing medical information for the purpose of treatment or reimbursement. The proposed changes were published in the *Federal Register*, March 27, 2002. See the *Federal Register* at [www.access.gpo.gov/su\\_docs/aces/aces140.html](http://www.access.gpo.gov/su_docs/aces/aces140.html), or go to HHS at [www.hhs.gov/news/press/2002pres/20020321.html](http://www.hhs.gov/news/press/2002pres/20020321.html).

## IoM Releases Report on Racial and Ethnic Disparities in Health Care

The Institute of Medicine (IoM) has released a new report titled *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. This report presents strong evidence that racial and ethnic minorities tend to receive lower quality health care than whites, even when insurance status, income, age, and severity of conditions are comparable. Several factors were identified as the possible source of these disparities, including bias, prejudice, and stereotyping on the part of health care providers. The report also contains several recommendations for reducing and eliminating disparities, beginning with a need for increased awareness of their existence among the general public, health care providers, insurance companies, and policy makers. VA's National Ethics Committee issued a report on this same topic last year. The IoM report is available from:

[www4.nationalacademies.org/onpi/webextra.nsf/web/minority?OpenDocument](http://www4.nationalacademies.org/onpi/webextra.nsf/web/minority?OpenDocument).  
The VA report is available on-line at: [www.va.gov/vhaethics/download/EthnicDisparities.doc](http://www.va.gov/vhaethics/download/EthnicDisparities.doc).



**Ellen Fox, MD**  
Director, National Center for Ethics

## a word from:

This issue of **news@vhaethics** is devoted to ethical issues relating to medical education. On page one, the *Best Practices* column provides resources to help educators assure that residents are adequately trained in ethics and professionalism, while below, the *Policy Perspectives* article explains the current role of residents in writing DNR orders and how this may change as the DNR policy is revised. The feature article on the opposite page discusses the role of ethics committees in dealing with the ethical dilemmas that arise in medical education. Finally, the *Ethics Rounds* column describes a case in which a patient refuses to undergo surgery if medical trainees are to be involved in his care.

The National Center for Ethics is guided by the premise that ethical health care practices are an essential component of quality health care. Since VA has accepted the responsibility of educating future health care professionals, it has a responsibility to address ethical issues relating to trainees. Whether the issue is adequate supervision, communication skills, conflicts of interests, or managing competing obligations, VA must assure that trainees are treated fairly at the same time as veterans receive the treatment they deserve. Investing in our trainees by clarifying and promoting ethical health care practices will help to assure high quality care for veterans, both now and in the future.



## polycy perspectives

### Should Residents Be Allowed to Enter DNR Orders?

by Michael Cantor, MD, JD and Kate Stockhausen, PhD  
National Center for Ethics

The National Center for Ethics is currently undertaking a comprehensive review and revision of VHA's national policy on Do Not Resuscitate (DNR) orders. Among the elements of the current DNR policy that are being scrutinized is the interpretation that only attending physicians (and not residents) are authorized to enter DNR orders.

Three arguments support this restriction: (1) residents' prognostic skills may not be sufficient to accurately predict the patient's prognosis with or without cardiopulmonary resuscitation; (2) residents may lack the requisite

communication skills to discuss this sensitive topic with patients; and (3) because this is a potentially life-or-death decision, the attending physician should be personally involved. How compelling is each of these arguments?

Physicians' prognostic skills are critical to the DNR process because prognosis heavily influences patients' decisions about resuscitation. Unfortunately, evidence shows that physicians' prognostic skills are often lacking. For example, Christakis and Lamont found that in a study of 343 physicians who predicted the prognoses of 468 terminally ill patients, only 20% (92/468) of prognoses were "accurate," when an accurate prediction was defined as between 67% and 133% of the patient's actual survival time.

To read more about ethical considerations related to residents' role in DNR orders and see our list of references, please go to our Web site at: [www.va.gov/vhaethics/briefs5.cfm](http://www.va.gov/vhaethics/briefs5.cfm).



## Ethics Committees Respond to Medical Trainees

by Melissa Bottrell, MPH, MPhil  
[news@vhaethics](mailto:news@vhaethics) Contributor



Ethics committees (ECs) play an essential role in addressing ethical issues throughout VHA, including those that pertain to medical trainees. ECs may encounter and interact with residents in several ways: by consulting on cases brought by or involving residents, by providing ethics education to residents, and by assisting with policy decisions that relate to residency training.

Joanne D. Joyner, DNSc, RN, CS, Chair of the Ethics Committee at the Washington DC VA Medical Center (VAMC), cites a case in which the attending physician was off-site and had not yet been able to document the DNR order for a veteran.



## ethics rounds

### Patient Refusal of Care by a Trainee

Medical trainees provide a large percentage of patient care in teaching hospitals, and most patients do not object. What should a care team do, however, if a patient refuses treatment involving medical trainees? What ethical issues are raised when a patient refuses care by an entire category of providers because they are still in training?

Consider the following fictionalized case. A patient presents to the emergency department of a VA Medical Center reporting blood in his urine. The patient is admitted, and after several imaging

## question of the month

The *Policy Perspectives* article in this issue examines the role of residents in discussing and entering Do-Not-Resuscitate (DNR) orders. Although current VHA policy requires attending physicians to personally participate in this process, there are times when an attending physician may be unavailable. Should residents be allowed to discuss and enter DNR orders without attending supervision? Or should attendings always be involved in this life-or-death decision? Tell us what you think at [www.va.gov/vhaethics/question5.cfm](http://www.va.gov/vhaethics/question5.cfm).

Each issue of **news@vhaethics** will include a question about a clinical, organizational or research ethics issue. Your participation is important to us – please go to our Web site at [www.va.gov/vhaethics](http://www.va.gov/vhaethics) to register your opinion! You can also see how others responded and join a discussion on the topic.

Late in the night the medical resident spoke with the attending about the patient's fluctuating health status, and the attending noted the veteran's likely preference to not be resuscitated. The resident understood the attending's comment as a suggestion to run a "slow" or "partial code." The nurses on the care team disagreed and brought the case to the ethics committee for review. "We view such cases as important teachable moments," says Dr. Joyner. "As the ethics committee, we resolved the particular issues around the care of this veteran. But it signaled to us a need to maintain our educational outreach with attendings."

In addition to ethical questions about resident-attending communication, ECs may encounter cases that involve resident use of alcohol or drugs, sexual attraction to patients, acceptance of gifts from pharmaceutical companies, and interactions with peers who lie.

To learn more about the ethical issues that arise in medical education and how ECs may respond, please go to our Web site at: [www.va.gov/vhaethics/nec5.cfm](http://www.va.gov/vhaethics/nec5.cfm).



and diagnostic exams, a diagnosis is made: cancer of the urinary bladder. The attending physician recommends resection of the tumor. The patient is willing to have the surgery, but only if no medical trainees (students, interns, and residents) participate in his care. The attending explains to the patient that trainees perform an essential role on the surgical team and, therefore, cannot be excluded from a case entirely. The patient continues to insist on no trainee involvement whatsoever, and on this basis refuses surgery and signs out against medical advice.

Over the course of the next six months the

patient presents to the emergency room three more times with similar symptoms. Each time, he is admitted and each time he refuses surgery unless medical trainees are excluded from all aspects of his care. The attending repeatedly urges the patient to undergo resection of the tumor as soon as possible.

What are the ethical concerns in this case? Did the attending physician meet his fiduciary obligations to this patient? Do patients have the right to refuse care from medical trainees? Go to [www.va.gov/vhaethics/ethicsrounds5.cfm](http://www.va.gov/vhaethics/ethicsrounds5.cfm) to find out more.

