

Ethics Gets Emphasis in Some Training Programs

Brown University offers dermatology residents a full curriculum in biomedical ethics and professionalism.

BY SHERRY BOSCHERT
San Francisco Bureau

WINNIPEG, MAN. — Some residency programs have increased efforts to teach ethics to young dermatologists.

At Brown University in Providence, R.I., and the University of Cincinnati, the increased focus on ethics grew out of the personal interests of leaders at both institutions.

The American College of Graduate Medical Education (ACGME) states that residents must meet six general requirements, one of which is professionalism. The ACGME has no specific didactic course work requirements or verification procedures related to professionalism, however, and few dermatology residencies offer much formal training in bioethics or professionalism, said Dr. Lionel Bercovitch of Brown University.

"Those of us in practice, and residents and trainees, encounter ethical issues from the minute we walk into the office to the time we leave," he noted at the annual

conference of the Canadian Dermatology Association.

Dr. Bercovitch and his associates, seeking to go beyond issues of industry gifts to physicians, instituted a curriculum in biomedical ethics and professionalism in 2001 that sought to cover a broader range of topics in ethics. (See box.)

They designed it specifically for dermatology trainees, skipping some topics that apply more directly to other specialties—such as end-of-life care or euthanasia—and including topics like cosmeceutical dispensing that might not be addressed in conventional medical ethics courses.

Once or twice a month, dermatology residents are required to attend a dinner, funded by the university, to discuss a topic in ethics after reviewing as many as 30 papers or articles related to the topic that are chosen in advance by the course leader and a resident assistant.

"These are not bull sessions. Residents are expected to come and be prepared to defend their views after a review of the literature," Dr. Bercovitch said.

The topic of cosmetic dermatology generated so much interest and debate that it was extended to two sessions.

The lively discussions are key to the seminar's success, said Dr. Katherine Brown, a resident at the university, in a phone interview. "Since you're among close colleagues and friends, you can say what's on your mind and ask questions that, in another forum, you would not feel comfortable to ask," she noted. "It needs to be a discussion, not a lecture. Make sure all of the voices are heard and no one person takes over."

Dr. Priya Zeikus, formerly a resident at Brown and now a Mohs surgery fellow at the Lahey Clinic in Boston, said that—although the busy, exhausted residents did not like having to plow through the required reading and attend the ethics sessions after a long workday—it did add to their education by addressing ethical issues not covered in medical school, such as cosmeceutical dispensing.

"Looking back on it, it certainly did raise issues that I didn't think of as ethical issues previously," she said in a phone interview.

Dermatology residents traditionally get a good deal of ethics training, but it does not necessarily occur in a conventional class setting, said Dr. Jorge Garcia-Zuaza-

ga, chair of the American Academy of Dermatology's Residents and Fellows Committee and a resident at Case Western Reserve University Hospital, Cleveland.

At his institution, all dermatology residents are required to complete a 6-hour computer-based lecture series that includes medical ethics, professionalism, and professional conduct.

Also, residents learn the ethics of the profession through the day-to-day role modeling of faculty members; feedback from nurses and clinical support staff; regular evaluations; grand rounds discussions; and journal clubs, he said in a phone interview.

The AAD posts several policies on ethics on its Web site and has compiled principles of professional conduct, Dr. Garcia-Zuazaga added.

Without a more focused effort to discuss ethics, however, many dermatology residents mistakenly assume that, because they are good people, their actions are ethical, said Dr. Diya F. Mutasim, professor and chair of dermatology at the University of Cincinnati.

A discussion at one of his department's annual retreats with its residents moved him to increase teaching around ethics. Residents at the retreat believed one could simply tell who is an ethical person.

"They don't realize ethics is not an either/or thing. It's more complex," he said. "It's something fluid" that relates to situations, not just the person.

He now leads discussions on ethics, professionalism, humanities, and other topics about once a month during the Thursday morning grand rounds time slot. Residents and faculty attend and are asked to have read two or three papers and articles on the topic beforehand.

The residents have taken to it enthusiastically. "Because they're not graded on it, and it's not on board exams, they sit and relax," Dr. Mutasim said.

At a session on balancing professional and personal lives, residents opened up about their own difficulties. "Usually I discuss this when I meet with them for evaluations, but that's sort of threatening for them," he noted.

At a recent session on sexual harassment in medical school, the discussion became "extremely heated, almost like a psychotherapy session," he added.

All but 2 of the 11 women in the residency program, and one male resident, said they had been treated differently in medical school because of their sex, either in the form of bias or inappropriate behavior.

A discussion about the effect of pharmaceutical representatives on physician practice ultimately led to a new policy being implemented at the University of Cincinnati that limits contact between drug reps and residents.

Brown University also limits contacts and gifts from drug reps, but the same policies do not apply to attending physicians and doctors associated with the institution, Dr. Bercovitch noted, and "the residents rightly feel this is a double standard."

Examining the contradictions and ethical gray areas of medical practice fosters the critical thinking needed for ethical medical practice, Dr. Mutasim emphasized. ■



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Celebration

Ethical Concerns' Widening Reach

The first thing that comes to mind for many people when they think of ethical issues in medicine tends to be physicians' interaction with the pharmaceutical industry—particularly the acceptance of gifts or funding, and the disclosure of these relationships.

There are many more ethical issues that practicing physicians, residents, and medical students face on a daily basis that make good topics for teaching, Dr. Bercovitch said. These include:

- ▶ Informed consent.
- ▶ Patient autonomy.
- ▶ The dispensing of drug samples.
- ▶ Cosmetic dermatology.
- ▶ The dispensing of cosmeceuticals.
- ▶ Advertising.
- ▶ Coding and billing issues.
- ▶ Management of children and other vulnerable populations.
- ▶ Privacy and confidentiality of medical records.
- ▶ Physician mental health and substance abuse.
- ▶ Management of medical errors.
- ▶ Treatment of sexually transmitted diseases.
- ▶ Management of emancipated minors.
- ▶ The trainee's role with superiors and subordinates.
- ▶ Ethics of the residency match system.
- ▶ Research ethics.
- ▶ Publication issues for writers, reviewers, and editors.
- ▶ Gene testing and gene therapy.