My Ethical Education at Med-School

Chapter 4

The Forgotten Text

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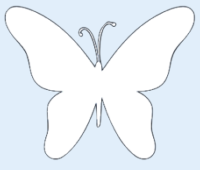

After the second-year clinical teaching session on 02/22/19, I remembered, my very first Ethics class(ˣ.ˣ). It was scheduled once a month (if I recall correctly). I wanted the Rx for correct decision making, a framework or a series of command that would allow me to pick the correct choice ヾ(⌐■_■)ノ♪. I was in for a big surprise. The first session was about the ethical principles: Autonomy, Beneficence, Justice and Non-maleficence. So far so good (ᵘ_ᵘ). Then, out of nowhere (⊙ _ ⊙), "stuff" like **MORALITY**, **COMMON SENSE** and **MORAL THEORY** slapped everyone in the face. *Weren't they all the same?* \(o_O)/ *What about religion?* (.o.) *What was that…* DID THEY JUST MENTION **KANT** IN THAT SLIDE**?!!** \(ˣOˣ)/ My brain was trying and failing miserably to keep up for two agonizing hours. *Outrageous*…What were they trying to tell us, were they testing photographic memory as well? ╭ಠ_ಥ╮

Most of the class' background came from Natural Science(⌐■_■) …a few of us made "weird stuff" such as having a major in music, or a heavy credit load in social science (my case) or in humanities. A question was thrown in the middle "*So, is withdrawing a patient from a ventilator right or wrong?"* I was frustrated and tired. Should we be talking about this at 3:00pm until 5:00pm, really? (>>.<<) I have been an hour into the lecture… surely, I could make an educated guess with this question, right? ╲(・_・) Most agreed that it would be a right decision. The professor nodded, but he wasn't too

pleased with our answer (I wouldn't be either, you cannot answer this without the "it depends- condition" (¬.—)).

"If you pull the plug, will you be killing your patient?" This definitely was not helping my headache (— —'). Obviously, there wasn't an easy answer.

"Of course not!" – someone exclaimed indignantly from the back seats.

"How come not? You pulled the plug that was keeping him alive?"

"But what if the patient is brain dead? He is dead anyway!" -another ricocheted. Yeap, I was not the only one frustrated(@_@).

"What if he is not? Let's imagine a patient that is in a grey zone."

"What if the patient decided not to be in the ventilator?" – I asked. If I was going back to study with massive headache after 5:00pm, I was going down by doing everything in my power to rage my pain center's wrath\(⁻ˎ⁻)/ .

"Good question. Would you kill your patient they asked you to?" – *Good question indeed, few years later I find myself trying to answer this question in my MBE thesis…the art of foreshadowing is not only limited to literature, apparently (^o^).*

"There is a difference, we would be withdrawing, not inflicting."- I countered.

"But it is the same result. When you pull the plug, you kill your patient." - \(⁻ˎ⁻)/ Okay I drop my mic, the guitar and the drum too. Definitely, the topic was interesting. *I will*

search this information later, when I am not worried about the blasted Anatomy/Embryology block test plus keeping up to date with our anatomy laboratory\(ºoº)/. I remember vowing to myself something along these lines. Little did I know that this conversation was a foreshadow of my MBE and my thesis as well.

"What? So, everyone should be on a ventilator indefinitely! Even if they don't want to!" – a colleague jumped in. *Go, go team! Let's try and squeeze a more cheerful message…or at least some damage control for migraine (O_O)/* .

"It doesn't matter. Pulling the plug is an action, and the consequence is your patient's death."- (*^*) I needed a break. Here I was, hoping to have ~~THE~~ **TRUTH**, a magic compass that showed me the correct answer (⌣́_⌣̀). I debated to myself ordering a *Magic 8 ball* ¯\(°_o)/¯. At least I was sure of something… I felt we were getting nowhere with this discussion, besides contemplating whether the risk of acetaminophen liver toxicity was worth the shot(-_-;). The amphitheater fell quiet, I think that everyone wanted to lock themselves up and continue with the anatomical memorization or go to the anatomy lab and do something useful (._.)(._.).

"Any questions?" – Two minutes left for 5:00pm(@_@).

"So…we should not unplug people?" – someone quietly asked. The moment of truth (•.•), finally something practical, the question was shaped perfectly \(¬o¬)/

"You can unplug but be warned that you are killing them, and physician swore to do no harm."- Now I felt better(ಥ_ಥ), a ***marvelous*** take home message (•_•). FINALLY, we were free to go! \(ˣOˣ)/

This may sound funny to some, but there is no laughing matter. Ethics should not be perceived as something foreign to medicine(º.º). It doesn't matter how much knowledge you can acquired; how much you can apply it in the field. If you don't know the tools of how to navigate through the multiple issues, then there is no point. *(~_~).* Physicians should feel confident in their decisions, some issues are legal, but the majority of the issues fall in the ethical realm...and the ethical realm is much more than common sense (whatever that is (¬ o¬)).

If you think that Ethics, Philosophy and Morality are abstract concepts, common sense is beyond reasoning *(o_O)*. Bioethicists can agree what is autonomy, justice and beneficence. Philosophers can describe Kantian theory and discern from Natural Law, Virtue and Utilitarian theory. But I would gladly sit down with someone that can explain to me common sense and how to use it (•_•) (•_•). The closest "common sense" in ethics that I have encountered, is when we say that an action should be permissible if a reasonable person would do it. I bet the little philosopher in you is asking…well what is a reasonable person? \(⁻o⁻)/ I will just present a brief case for your imagination: Justify a decision based in common sense regarding blood transfusion. For

simplification consider the common sense (based in common knowledge) of two people only: a Jehovah's witness and a non-Jehovah's witness…

Frustration. I did not understand this class until my MBE (@_@). It was a mixture of a three-minute thesis competition about the biomedical principle, followed by a convergence between the moral theories and common sense and the grand closure of Ben Bronner causing as *doing vs causing as difference* theory (.-.). The problem is that all of these play a part in medical ethics, but there is no way that all the information could be hammered into a two-hour course, filled with brain-drained students (>_<)/. For starters, the biomedical principles are explained in a whole book by Beauchamp and Childress. One slide per principle titled slamming AUTONOMY, BENEFICENCE, JUSTICE into the students' retinas (;–;) are not enough to convey the logic and explanation backing up each principle\(o_O)/.

Second, the moral theories, such as: Kant, Utilitarianism, Natural Law, and Virtue Ethics are philosophical courses on their own *(o_O)*. Furthermore, the high-level theories have been at each other's throats for a few millennials, (ง'̀-'́)ง seeking the capital Truth. A whole course was dedicated to the introduction of the theories, which my cohort navigated with an expert in the topic: a *philosopher* in the MBE. Each have their particular strength and weakness, and even if they influence our daily life decision; they are not what physicians or ethical committee focus on. ENTER (drumroll), \(¯^¯)/ The Biomedical principles! Which are mid-levels (Between the high moral theory and the

low casuistry). Regardless of your preferred moral theory (^o^), the Common Morality, where the principles are derived from, neutralize the high order Moral Theory and allows an agreement in the rightness[9]. Consider the following example:

Mrs. B is a 68 years old female who presented to her primary physician with weight loss, iron deficiency anemia and rectal bleeding. She came to her follow up visit to know her biopsy results and coordinate the next steps in her treatment. When asked how she is, Mrs. B replies that she is worried, but she knows that everything is fine, and that her mind is on the next weekend where she would celebrate her grandchildren's birthday in a 7-day cruise. "It is going to be great! It has been a long time since everyone could be together, doctor; my kids have very busy lives".

If the results came back negative, we wouldn't be discussing this (^o−). The question is should the physician tell her that she has advanced colon cancer, or should he lie? And there are many layers of lying or withholding information; from telling that the biopsy was negative to having a delay in the biopsy results. The Utilitarian theory would favor a non-disclosure approach, if and only if, it would maximize Mrs. B's benefits (she is 68 years old and this may be her last happy moment with her whole family). Meanwhile, Kantian theory completely forbids lying…What do we do? ┐(´•_•`)┌ Kantians physicians blurt out the crude truth, while Utilitarian's physician hides the truth. And for those that had not bought a theory yet, can buy a *Magic 8 ball*

(¬ o¬). Sounds awful, right? Medicine requires going beyond the moral theory impasse (physician's treatment should be standardized as much as possible for everyone).

So, what do we do now? Do we wait another 2,000 years and see if Philosophy deciphers which theory delivers the Truth? ¯_(⊙﹏⊙)_/¯ Should we require a *Magic 8 ball*? (-__-)There is another established approach: Casuistry. In short, this technique is used in law, and the justification for an action comes from previous similar cases. Again, it has its advantage and disadvantage (¬_¬). Yet, this is not very functional to implement to cases as an everyday practice, Medicine does not have their own Supreme Court to revise all the cases, compare and determine the correct course of action. Thus, the Common Morality, which provides the mid-level principle, is more feasible for biomedical practice[9]. The catch is that physicians must learn specification and balancing techniques among the principles (which is no easy feat) (ⁿ_ⁿ) .

Lastly, comparing withdrawing of treatment vs inflicting direct harm…this is a complex topic to be thrown at the first day of class (@_@). It took me three terms, and a lot of my master mentor's aid (who is a philosopher) to understand Bronner's argument[k]. As stated previously, appealing to common sense is a leap of faith approach,

[k] Bronner states that the "distinction between doing and allowing harm is often invoked in ethics […] doing/allowing distinction should not be confused with the intention/foresight distinction" 10.

Bronner's two notion of causation[10:]

Causing as difference-making: X causes Y if and only if X makes the difference to whether Y occurs.
Causing as doing: X causes Y if and only if X's involvement in Y's occurrence falls on the 'doing' side of the doing/allowing distinction

especially for a novice in the field. I have shown how different a conclusion may be reached by using moral theories, which are structured philosophies(ᵘ.ᵘ) …what do we aim through common sense? That is something that most of us should have, but what is a good faith common sense? (@o@) Returning to the blood transfusion example, a Jehovah's Witness physician could classify as common sense to not provide blood product to a patient. Conversely, a non-Jehovah's Witness physician could override a patient's blood transfusion refusal due to common sense. Not only does common sense provide an undisciplined approach, but it tells us nothing about the priority (i.e. whose common sense should prevail) ¬ (´ •_•`) ┌.

I would like to say that the next classes were not headache-cringy (they weren't always that bad) (=_=). But there was no way in telling what would be taught on the Ethics class; regardless of the syllabus(>ლ). *The best analogy I can think of is that the syllabus is a broken compass, and you are thrown right in the middle of a deep, thick forest, pouring heavy rain and pounding thunder in your ears (⇀‸↼‶). After enduring two hours, you were free to go to your habitat (study room, library, or anatomy lab).* This should not be a surprise (@_@) , Lisa Lehman and colleagues recognized that "despite widespread agreement ethics should be taught there is little formal consensus concerning what, when and how medical ethic is best taught[11]. Meanwhile, Carrese and Sugarman concluded that bioethics is a relevant component to the physician and that ethical education should be improved at all levels in the medical profession[12]. Another issue

would be time constraint, the medical curriculum is squashed in a 4-year time frame (. ‘ _ ‘.) ╭. However, scientific medical advancement goes at a higher rate, we only need to glance at how many articles are uploaded in *PubMed* daily (◉_◉) . There are new fields such as genetics, and major contribution in biochemistry and pharmacology; all necessary information for best clinical practice (◕‿◕✿).

Unless the Accreditation body says otherwise, we only have four year in medical school to comply with LCME Standards: 7.7 Medical Ethics, 7.4 Critical Judgment/Problem-Solving Skills, 7.5 Societal Problems, and 7.6 Cultural Competence and Health Care Disparities[13]. This calls for a consensus ヽ(￣0￣)ノ on time-effective curricular approach. Medical schools offer an advantage: they are controlled environment where educational strategies will impact millions of physicians through years (rather than trying to moderate the behavior of independent physicians scattered in their practice)[14] .

However, before jumping to teaching techniques (˘o˘), there should be an agreement of what we want to teach physicians ┐(´ •_•`) ┌. Singers offers the following components[15]:

1. *Address effectively the disclosure of bad news, informed consent, confidentiality, dishonesty, research ethics, end-of-life care, and resource allocation*
2. *Recognize ethical dilemma*

3. *Relevant knowledge and application of norms, laws, and policies*
4. *Communication and negotiation skills*

In other words, it would be effective to have medical students focus on specification and balancing of the biomedical principles (⌐■_■)ノ. Would a patient rather have a physician an expert of the moral theories, or shielded by common sense? ┐(¯ ー ¯)┌ Or a physician that knows how to recognize and perform correctly an informed consent? And trust me, the only thing achievable in a two-hour lesson of crumpled moral theories is a monumental headache (>o<). The questions should be revolving around the *ethical essence*:

- What do we want our physicians to be competent at?
- What are the current challenges that patients are facing (i.e. Opioid crisis)? How does Ethics play a role in mitigation?
- What are our take home messages? What are the tools we are going to teach physicians in training for them to become efficient?

Although, techniques should be addressed after the goals and objectives. I believe that there should be empirical exposure as early as possible.(ʘ_ʘ)ノ Sitting two hours with heavy ethics information in an amphitheater for two years is not practical (>ლ). Students need to be exposed to the wards as early as possible, under the ethical scope. Ethics should also be taught at the bedside, where most of the ethical dilemma occurs. One day something snapped. I was sitting in my usual spot (~˘▾˘)~, favorite black

pajamas (AKA scrub), cheerful and vibrant socks (Mom's courtesy to cheer long days of missing sun) ≼(ー゛←")≽, and hot chocolate in hand (^-^)_旦" …oh and of course, the laptop with eye-eating bright light in front of me (¬_¬).

I don't remember, who was giving the lecture, but the take home message still resonates 4 years later: "Every decision is correct." (>ლ)

Really \(—.—)/? Really (O_o)!!! For the love of…\(#¬.¬)/ I have been wasting my time all these months. Couldn't they have told me this at the beginning? (>ლ) That whatever I do would be fine (unlimited immunity) \(⁻o⁻)/ . Sometimes, other faculty sat with us to hear the lecture; and I think they picked up the dark atmosphere \(⁻ᵔ⁻)/ . They started to question what their colleague meant, giving them a chance to "mend" what they said. We had 5 seconds of feeble hope (。◕‿◕。) , which was unmercifully crushed(;–;)…"You know the theories, it depends which one you choose, or what principle you think is more important, they give you different correct answers, so every decision is correct".

I heard shuffling sound in the background, and the loud snap of the amphitheater door.

"Before you go, it is time to talk about your final work six months from now." – a few students walked out (•.•); the rest just stayed like wax statues (-.-;). "You have to assemble a group and discuss an ethical dilemma. I will give you a choice on how to

choose your case though. You could talk to me, and we could arrange a hospital visit or you could watch *Fatmagül*[1]. The power point requirements will be revealed later on the course. That would be all."

Here was an opportunity window \(*OoO)/! I needed to know what the attendings were talking about. They had experience in the field; whereas, I had not even stepped in the hospital's cafeteria yet \(*x*)/ .

Furthermore, if we had 2 years of clinical exposure (empirical practice of physiology, pharma and anatomy), why should we wait so long for ethical exposure? \(*OoO)/. In the following week, I approached a few classmates that I knew had the same disturbance in the force as I did (¬.—). The team was assembled within weeks. In a matter of months, we had the date and time settled, and also roughly half of the class on board. Squeezing the time within our curriculum was a challenge \(XOX)/ . I remember that we even bargained with school officials to allow us to go after hours, but medical students have curfew hours due to school policy. It helped protect study time, but we felt that it was worth to have 4 hours or so less for our own in exchange to have this unique ethical experience \(*o*)/.

Despite everything, the course faculty were willing to compromise and were flexible with our curricular need. The Class of 2019 was the first class to attend what we

[1] *Fatmagül ün Sucu Ne?*: Known in Puerto Rico as "Fatmagül" was the first Turkish TV novel aired at the island's local channel. The hardships caused to the protagonist after her rape could be an option for an ethical discussion.

called Structured Ward Rounds (SWR), guided by Dr. Edmund Pellegrino's Ethical Case Work up[16 m]. We received positive feedback (^o^), and the Institution granted us permission to implement the SWR for first- and second-year medical students as part of the ethics curriculum *(^0−)/* . Although we found SWR enjoyable and a great learning asset, the investigation team had not developed a tool to measure the SWR effectiveness. Nonetheless, if ward rounds were to be systematic, they would provide reliable teaching opportunities[17].

Little did I know, that the SWR would be the catalyst for pursuing my MBE*(^o^)*. On April 2018 (roughly 6 months after Hurricane María), we were giving an oral presentation in Baltimore. Previously, I had a nagging feeling that I was barely grazing the surface. I had the honor to meet Dr. Daniel Finkelstein (I was set up to present on the same block at the APHC Conference). After talking, he knew about my interest of formalizing my bioethics' education. "Why don't you formalize your ethical education at the best institution?" I still smile fondly at the memory, that was the first catalytic step for cherished time. I recall asking the innocent question "Where?" "Well at Johns Hopkins, of course."

I was euphoric ヽ(⌐■_■)ノ♪. I had time (barely) for the application cycle…but being the overthinker I am, other aspects started to creep in. I was one year away of

[m] The SWR article is found on page 52 (Altiery De Jesús, et al., 2017). The article is written in Spanish.

ending the MD, third year was not kind…I was exhausted *(~_~)* . Furthermore, it would be my first time studying "abroad", and what about expenses? I remember the conversation after dinner.

"This is your shot. And the opportunity is now. By what you have told me after medical school there is less time." – pointed my mother. "Do you like the topic?" She has the ability of Rafiki[n], and I am not joking…since I can recall, the most hardcore conversations are just guiding questions.

"Yes."

"Of course, you do. You dragged us into the investigation!" – bounced my sister pointing at herself and our younger brother. "Without pay I may add." - The three of us chuckled, it was our inner joke, I recruited two high-quality undergrads for free (^o^').

"What did they counsel you?"

"Some people at school pointed that I should bet on an MPH rather than an MBE, **if** I wanted to do **this** anyway."

[n] Rafiki is a *Lion King* character. There was one time (either at one of the movies or at the *Timon & Pumba* TV series) that someone goes and ask him for counsel…during the interaction Rafiki does not have a chance to intervene. However, he was thanked because he "helped" in providing the solution.

"Are they going to sponsor you?" – I smiled; I knew where mother was going. "If ethics is a field that you like" – my sibling snickered, lately we were having more abstract-concept conversations ~(˘▾˘~). "Then you should go for it, don't overthink this and start moving." – *A rare event indeed, mother was rare to openly disclose her opinion.*

After thinking through the night, I made a crucial decision in my professional aspect. In a blink of an eye, I applied to the Berman Institute-Johns Hopkins School of Public Health, and started the epic quest (▀̿Ĺ̯▀̿) of documents and official permission in a post-María country, where we barely had internet service, buildings were massively destroyed and the postal office, was officially the snail office (•.•). My guide and stress-reliever for the admission application process was Senior Academic Program Coordinator Penny White, who was referred by my future MBE director.

I remember the email, it felt like high school and undergrad all over again(º.º). The phone made the inbox-email sound(>>.<<) . I went to look at it… It was from the MBE program, the preview said *Dear Vivian, I am pleased to inform*… I jumped from my chair \(°o°)/ and got out of the small classroom. I called home, we promised to open the email together. I tried to be quiet on the hall (massive failure I believe). "I did not open it but, it said *I am pleased to inform you."* - I squealed…I think that the end of the sentences I was shrieking *(^₀⁻)/*

I heard shouts on the other side of the line, we were in conference call (my siblings were at the university, my parents were back home).

"Hey, hey, hey." – I heard my brother said. I knew that tone. ʘ_ʘ "Are you sure you got accepted?" – "Well duh!" – retorted my sister. "Who in the world would put that they are 'pleased to inform', and then reject you!". "I would." – that little devil from the sky (¬‿¬). Everyone burst out laughing.

I think we talked about a few minutes; a list was forming once again (Penny knows firsthand about my lists *(^₀⁻)/*). Seeking an apartment, post-admission documents, budget plan, snow clothes and the academic leave permission.

"Don't you guys have classes?" – said my mother from the other side of the line.

"Had?"- tried my brother. *Clever!* (¬.—) "Don't make me go to your department. (ง'-')ง"- joked my sister. *Not so Clever, bro! (XD)* Both of my siblings were studying at the same institution, their departments were minutes apart. They were studying at the same institution I graduated from (。◕‿‿◕。)…

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