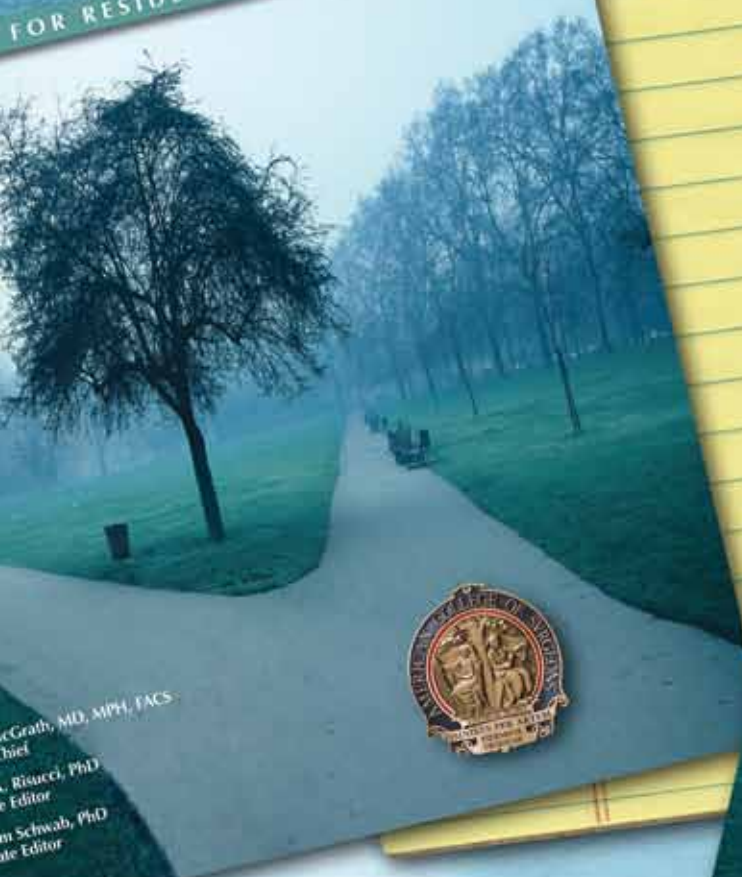


*ACS-developed curriculum
is becoming a centerpiece
of training in ethics*

*by Diane S. Schneidman,
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ETHICAL ISSUES IN GENERAL SURGERY

FOR RESIDENTS



Mary H. McGrath, MD, MPH, FACS
Editor in Chief
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ETHICAL ISSUES IN CLINICAL SURGERY

FOR INSTRUCTORS AND PRACTICING SURGEONS



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Recent transformations in surgical practice and training—the increased emphasis on the business aspects of running an office, the reduced work hours for residents, and so on—have had a range of negative consequences. Not the least of these deleterious effects is the limited time surgical residents and their mentors can carve out to address ethical issues.

To help surgeons and residents deal with this particular conundrum, the American College of Surgeons' Committee on Ethics developed *Ethical Issues in Clinical Surgery*. This case-based educational resource, first published in 2007, offers surgeons and trainees an opportunity to examine the ethical underpinnings of modern clinical practice. In her acknowledgments published in the two manuals that are at the core of this program—one for residents and one for instructors and practicing surgeons—Mary H. McGrath, MD, MPH, FACS, Editor-in-Chief, noted that these materials were intended to serve as “the basis for the development of bioethics programs at the local level.” That aspiration is coming to fruition at several major training institutions throughout the nation, largely because of financial support from a self-described “grateful patient.”

ACS ethics curriculum

The *Ethical Issues in Clinical Surgery* manuals are just one component of a three-pronged effort to encourage surgeons at all stages of their careers to place renewed value on professionalism and compassionate care, Dr. McGrath explained in an interview.* In addition to the written materials, the College offers a DVD called *Professionalism in Surgery: Challenges and Choices*, now in its second edition. This program includes 24 vignettes depicting realistic dilemmas that surgeons face in clinical practice, presents possible courses of action, and highlights the implications of each response. As a next step, the ACS Com-

mittee on Ethics plans to offer a new CD-ROM that will focus specifically on issues of concern to practicing surgeons.

What sets the *Ethical Issues in Clinical Surgery* manuals apart from the other materials is that they are designed to function as interactive educational instruments for use in today's time-pressed training environment. The Committee on Ethics decided to develop a curriculum targeted to residencies for the following three reasons: (1) surgical residents learn best when a respected surgeon is doing the teaching, (2) surgeons had become so entrenched in responding to socioeconomic concerns that they were failing to nurture the altruistic qualities inherent in most individuals who choose a surgical career, and (3) the profession has developed requirements for attaining and maintaining board certification.

Previous generations of surgical trainees spent most of their waking hours in the company of their professional role models. As Ira J. Kodner, MD, FACS, who has been instrumental in launching the program, noted, “I chose my mentors when I was in training and spent my residency trying to emulate my mentors. I was with them all day and all night, and I saw how they talked to patients. I saw their level of compassion, and the ones who didn't show it, I dumped as mentors.”

Unfortunately, the recently imposed 80-hour workweek has restricted the amount of time trainees spend with respected leaders. Consequently, trainees today are often deprived of the benefits associated with these tightly knit relationships. To compensate, some training program directors arrange for the bioethicists at their institutions to present lectures and symposia on related topics. “But it really doesn't have the same impact as having a surgeon talking to a resident about patients whom they are both treating and how to handle ethical dilemmas when they arise,” Dr. McGrath, professor of surgery at the University of California–San Francisco and Past-First Vice-President of the ACS, said.

Furthermore, she added, the bioethics textbooks published over the years have been “much more academic and less clinically oriented—less practical.” The College's Committee on Ethics wanted “to get surgeons involved and to develop more practical didactic material, which we'd like to think surgeons and residents will relate

*Unless otherwise noted the information in this article was gathered in the following settings: interviews with Drs. Klingensmith, Kodner, and McGrath and Mr. Kamangar that were conducted during the 2008 Clinical Congress in San Francisco, CA; formal lectures that the surgeons presented at the Clinical Congress; and a day-long forum for recipients of the Kamangar Awards.

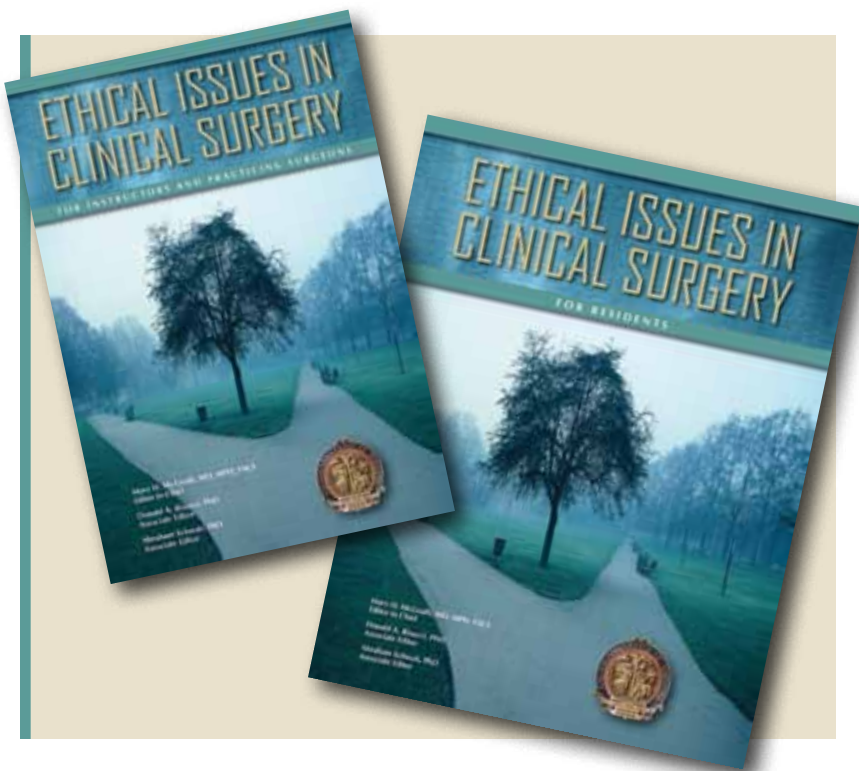
to more than a textbook with whole chapters on the philosophical underpinnings [of bioethics].”

The College’s ethics curriculum also is designed to respond to the fact that as clinical practice has become more business-oriented, a different set of values has taken hold. “We stood by and watched surgery become what I call, ‘generic,’” Dr. Kodner said. “The cherished relationship between physician and patient has been corrupted by the business aspect. We’ve excluded the compassionate part of surgery. When all is said and done, most of us go into surgery because we want to take care of sick folks and we want to do it in a compassionate way, but we get corrupted along the way by the financial—the political— aspects of it,” he added.

Dr. Kodner says that young people are hungry for the opportunity to think about the ethical values of the surgical profession. “I teach a course for medical students at Washington University called ‘Dealing with sick folks and their families,’ and I ask students to write a one-page paper on their biggest apprehensions about going into medicine. Their biggest fear is that they’re going to hurt somebody. Their second biggest fear is that they’re [entering training] with altruistic values, and we’re going to take those values away as we teach them to become physicians. And we do,” he said.

So, the surgeons who collaborated on the ethics curriculum agreed to work from the following premise: “Let’s see if we can teach compassion. Let’s see if we can teach the ethical practice of surgery,” Dr. Kodner said.

Another rationale for the College to offer a modernized ethics curriculum is a pragmatic one. The fact of the matter is that surgeons now are required to have a firm grasp of what constitutes professional behavior, Dr. McGrath said. Indeed, the American Board of Medical Specialties and



the boards’ residency review committees have identified professionalism as one of the six core competencies necessary to achieve and sustain board certification. Needless to say, ethics is an underlying component of professionalism.

A model program

Several training institutions are now incorporating *Ethical Issues in Clinical Surgery* into their residencies. The first program to apply the curriculum was the Washington University School of Medicine, St. Louis, MO. Leading that effort were Dr. Kodner and Mary E. Klingensmith, MD, FACS. Dr. Kodner is the Solon and Bettie Gershman Professor of Colon and Rectal Surgery, School of Medicine, and the director of the Center for the Study of Ethics and Human Values at Washington University. Dr. Klingensmith is the program director in surgery, director of the surgical skills laboratory, and an associate professor of surgery at the School of Medicine.

Washington University had several years’ ex-



Dr. McGrath



Left to right: Dr. Klingensmith, Mr. Kamangar, and Dr. Kodner

perience of providing surgical residents with a curriculum in ethics before adding *Ethical Issues in Clinical Surgery* to the mix. The institution is now in its seventh year of presenting a multidisciplinary curriculum in ethics, according to Dr. Klingensmith.

“We surveyed residents before starting the formal curriculum and discovered that they felt they frequently encountered ethical dilemmas and that they often discussed these problems with fellow residents but not with the faculty,” Dr. Klingensmith said. “They were interested in bioethics in general and wanted more programming aimed at helping them to deal with these issues,” she added.

Washington University’s first session of its surgical ethics curriculum for residents involved a debate about three separate cases. It then moved on to monthly case-based discussions. “We finished off that first year with a very formal curriculum,” Dr. Klingensmith said. “We concluded that the case-based format worked really well.”

In light of the program’s success with the case-based structure, Washington University was excited about the proposition of adopting the *Ethical Issues in Clinical Surgery* curriculum. Specifically, Washington University established regularly scheduled one-hour per month “pizza rounds.” During these conferences, Washington University surgical residents explore cases in

the ACS-published manuals as well as any real-life difficulties the residents have encountered in recent weeks. “Initially, we used pizza to get residents to come. Now they show up because they really enjoy the discussion,” Dr. Klingensmith said.

Participation in the pizza rounds at Washington University extends beyond surgery. In addition to other members of the operative team— anesthesiologists, operating room nurses, technicians, and so on—some of the sessions have involved obstetrician-gynecologists and colleagues from other medical specialties, Dr. Klingensmith explained. Participants have included faculty from other nearby universities, chaplains, nurses, social workers, and other professionals who deal with ethical issues on a day-to-day basis. In addition, she said, “We have energized the curriculum with an annual ethics debate between individuals in different specialties.”

“We’re fortunate to have ethicists in our community, but the one great thing about [the *Ethical Issues in Clinical Surgery* manual for residents] is how the principles are illustrated. If you don’t have someone who can articulate those principles, that book is a really great resource,” she said.

And it appears that Washington University residents are absorbing the material and are anxious to share their knowledge with newer

trainees. “As residents become more senior, they are actually able to lead the discussion. For a medical educator, that’s particularly gratifying. There aren’t many conferences where students feel empowered and safe to speak up, but this is one place where they can,” Dr. Klingensmith said.

Kamangar Ethics Awards

Washington University was able to incorporate the ACS manuals into its ethics curriculum for surgical residents because of the generous financial support of Parviz Kamangar, a California businessman. Mr. Kamangar describes himself as a grateful patient who wants to give back to the profession that saved not only his life but his spirit as well some 14 years ago.

After a gastroenterologist misdiagnosed his colon cancer, Mr. Kamangar called another physician for guidance in selecting a surgeon. That physician arranged for Mr. Kamangar to see Yanek S. Y. Chiu, MD, FACS, a colon and rectal surgeon in San Francisco, CA. Dr. Chiu assured Mr. Kamangar that if he was willing to endure the challenges of treating advanced colon cancer, the operative and oncology teams would do everything possible to send the cancer into remission.

Obviously, Dr. Chiu and the other physicians who cared for Mr. Kamangar preoperatively, intraoperatively, and postoperatively eradicated the cancer. Ridding him of the anger he felt toward the gastroenterologist who misdiagnosed and mistreated his illness would take a little more time. As he regained his physical health and strength, Mr. Kamangar started thinking about what he could do to ensure that no other patient would be subjected to that physician’s incompetence. He wanted to sue.

“I was going to bring legal charges against the physician, but the doctors that I ended up with subsequent to my illness—and they were terrific doctors, great human beings—not only saved me...not only did they cure my [physical] disease, but they cured [my anger], which is more important,” Mr. Kamangar said. Those doctors told him that he was not strong enough to go through lawsuits. Instead, they suggested that he channel his energy into something more positive.

After many discussions with cancer patients and physicians, Mr. Kamangar decided to start

providing financial support for ethics training programs. For the past 13 years, he has funded an ethics program during the annual meeting of the Northwest Society of Colon and Rectal Surgeons, and for the last six years, he has sponsored the Humanities in Surgery lectureship at the annual meeting of the American Society of Colon and Rectal Surgeons. This activity put Mr. Kamangar into contact with Dr. Kodner, and the two agreed to collaborate to bring ethics training to a broader range of physicians. He then became a founding supporter of the Washington University Center for Ethics and Human Values and established the Parviz Kamangar Foundation. The foundation is dedicated to helping future generations of physicians learn the principles of ethical medical practice and the value of compassionate care and, in 2008, began presenting the Kamangar Ethics Award. The award provides the support and materials that training programs need to launch or expand an ethics curriculum. The awards are administered through Washington University’s Centers for the Study of Ethics and Human Values.

On November 6, 2008, 16 training programs were accorded the Kamangar Ethics Awards. (See page 16 for a list of the winning institutions and the individuals who spearheaded their ethics curricula.) Each program receives the following materials: copies of both the instructors’ and the residents’ manuals for *Ethical Issues in Clinical Surgery*; support for an ACS-approved instructor to help plan and implement the first training session; ongoing consultation through the Center for the Study of Ethics and Human Values at Washington University; and, in some cases, additional supporting funds to cover the overhead costs of conducting regular surgical ethics conferences involving residents.

The awardees were selected on the basis of whether their institutions had the resources in place to start or expand an ethics training program and whether they had innovative ideas, Dr. Kodner said. Each institution is using *Ethical Issues in Clinical Surgery* as a basis for building or expanding an ethics training program designed to assist residents in making appropriate ethical choices, he added. Some examples of how the winning programs intend to use the funds to fit their unique needs and purposes include

Kamangar Ethics Award winners

Following is a list of the surgical training programs that received the Kamangar Ethics Awards for 2008. Also identified are the individuals who sought the grants and are responsible for their administration.

University of Chicago (IL) Medical Center

Peter Angelos, MD, PhD, FACS, professor of surgery and chief of endocrine surgery, University of Chicago, and associate director of the MacLean Center for Clinical Medical Ethics

Lankenau Hospital in Pennsylvania, Wynnewood

Barry D. Mann, MD, FACS, associate professor of surgery, Medical College of Pennsylvania

Loyola University Medical Center, Maywood, IL

Raymond Joseph Joehl, MD, FACS, chief of surgical service and manager of surgery service line, Edward Hines, Jr., Veterans Affairs Hospital, and professor of surgery, Loyola University Medical Center

Massachusetts General Hospital, Boston, MA

Janey S. A. Pratt, MD, FACS, attending, department of surgery

Maricopa Integrated Health Systems, Phoenix, AZ

Kevin N. Foster, MD, MBA, FACS, attending, department of surgery, and clinical assistant professor of surgery, Mayo Clinic

New York Hospital, Queens

Simon D. Fink, MD, FACS, active staff, department of surgery, and assistant clinical professor of surgery

New York Medical College, Valhalla

John A. Savino, MD, FACS, professor of surgery; Donald A. Risucci, PhD, associate professor of surgery; and Jay Yelon, DO, FACS, associate professor of surgery

Oregon Health Science University, Portland

Karen E. Deveney, MD, FACS, professor of surgery

University of Pennsylvania, Philadelphia

Jon B. Morris, MD, FACS, professor of surgery

University of Pittsburgh (PA) Medical Center

Pragatheeshwar Thirunavukarasu, MBBS, resident, general surgery; Kenneth Kwock Wah Lee, MD, FACS, associate professor of surgery; and Daniel E. Hall, MD, MDiv, MHSc, assistant professor, general surgery

St. Agnes Hospital in Baltimore (MD)

Gavin L. Henry, MD, FACS, attending staff, clinical assistant professor of surgery

Temple University, Philadelphia, PA

Chris D. Tzarnas, MD, FACS, clinical associate professor of surgery, plastic surgery residency program

Vanderbilt University Medical School, Nashville, TN

John L. Tarpley, MD, FACS, professor of surgery

Washington University Medical School, St. Louis, MO

Mary E. Klingensmith, MD, FACS, associate professor of surgery, residency program director in surgery

Wisconsin Medical Center, Milwaukee

Alonzo P. Walker, MD, FACS, professor and chief, division of general surgery; Ruth Teske, MD, professor in surgical oncology, program director, general surgery residency; and Karen Brasel, MD, FACS, associate professor of surgery

Wright State University Boonshoft School of Medicine, Dayton, OH

Paula M. Termuhlen, MD, FACS, associate professor of surgery, general surgery residency program director, and chief, division of surgical oncology

the following:

- Prepare and encourage surgeons to serve on their hospitals' ethics consult services
- Create monthly surgical ethics conferences
- Conduct regular surgical grand rounds with a focus on ethics
- Collaborate with other organizations experienced in bioethics education
- Coordinate ethics training at health systems in which residents rotate through multiple institutions
- Use the College's standardized case-based program in which the ethical issues become more complicated as residents progress through their training
- Incorporate issues related to genetics, cultural heritage, and gender
- Evaluate how ethics concerns in education affect patient satisfaction and outcomes
- Participate in the development of specialty-specific ethics curricula

Looking ahead

These projects reflect the type of creative thinking that Dr. McGrath and other leaders in surgical ethics view as key elements in achieving their ultimate goals: To make training in ethics a standard component of the surgical curriculum and to ensure that surgeons are once again a recognized force within the bioethics community.

According to Dr. McGrath, the Accreditation Council on Graduate Medical Education (ACGME) now accredits a palliative care fellowship for young physicians in all specialties. It was established by the American Board of Internal Medicine and went into effect July 1, 2008. The College is urging surgeons to participate in that program and believes that it could serve as model for a similar fellowship in bioethics. Having a fellowship that is accredited and results in certification will reinforce the perception and acceptance of palliative care as a legitimate clinical specialty. "And ethics is right in with it. I would love to see ethics with accreditation and a fellowship. I'm willing to bet there are enough professors at enough high-level institutions who feel the same way that we may well be headed in that direction," Dr. McGrath added.

The next step will center on getting surgeons

involved in their hospitals' ethics committees. "There's a certain decisiveness that surgeons can bring to those panels that is currently lacking," Dr. McGrath said. The College needs to provide surgeons with a methodology for thinking about ethical dilemmas and laying out the options for action. In this way, surgeons could be very helpful in moving the often sluggish decision-making process along.

"The challenge is to get surgeons to step up to the plate," Dr. Klingensmith noted.

Another challenge is to uncover evidence that teaching ethics is a valuable use of an institution's financial and clinical resources. Palliative care succeeded in establishing an accredited fellowship because a number of studies have shown well-trained palliative care specialists decrease costs to hospitals, Dr. Klingensmith said. "So I've been thinking about whether there's a way we can show that institutions with robust ethics programs have reduced liability claims."

Neither the boards nor the ACGME has yet determined how to measure the effects of ethics on cost and outcomes, Dr. McGrath added. Until that methodology is developed, some institutions are likely to continue to undervalue the education in professional principles.

"Every time I approach someone to get support for the Center of Ethics and Values, people ask, 'Well, what's the value in it?'" Dr. Kodner observed. "How do you put a financial value on ethical medicine? A chief of general surgery can measure how much revenue I bring into the department of surgery but can't measure how much I do by practicing ethical medicine. We as a society have devalued compassion."

If Dr. Kodner, Dr. McGrath, Dr. Klingensmith, and Mr. Kamangar have a say in the matter, that mind-set is about to change. Indeed, at press time, Mr. Kamangar announced that he will fund 16 more training in surgical ethics programs next year. To apply for the award, go to <http://humanvalues.wustl.edu/>. □