



Minerva Access is the Institutional Repository of The University of Melbourne

Author/s:

Schnall, JA;Drewett, G;Heynemann, S;McDougall, R;Ko, D

Title:

Junior doctors voice strong desire for clinical ethics teaching

Date:

2022-01-01

Citation:

Schnall, J. A., Drewett, G., Heynemann, S., McDougall, R. & Ko, D. (2022). Junior doctors voice strong desire for clinical ethics teaching. *Internal Medicine Journal*, 52 (1), pp.160-161. <https://doi.org/10.1111/imj.15618>.

Persistent Link:

<https://hdl.handle.net/11343/336359>

Title: Junior doctors voice strong desire for clinical ethics teaching

Authors:

1. Dr Jesse A Schnall¹
2. Dr George Drewett²
3. Dr Sarah Heynemann³
4. Dr Rosalind McDougall⁴
5. Dr Danielle Ko⁵

Corresponding author: Dr Jesse Schnall, jesse.schnall@austin.org.au

Affiliations:

1. *Austin Hospital, Heidelberg, 3084, Australia*
2. *Austin Hospital Department of Infectious Diseases, Heidelberg, 3084, Australia*
3. *Department of Medical Oncology, Chris O'Brien Lifeline, 2050, Australia*
4. *Melbourne School of Population and Global Health, University of Melbourne, Parkville, 3010, Australia*
5. *Austin Hospital Department of Palliative Care, Heidelberg, 3084, Australia*

Acknowledgements: The authors would like to thank the Austin Health junior medical officers who volunteered to participate in this study

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: [10.1111/imj.15618](https://doi.org/10.1111/imj.15618)

This article is protected by copyright. All rights reserved.

Title: Junior doctors voice strong desire for clinical ethics teaching

Authors:

1. Dr Jesse A Schnall¹
2. Dr George Drewett²
3. Dr Sarah Heynemann³
4. Dr Rosalind McDougall⁴
5. Dr Danielle Ko⁵

Corresponding author: Dr Jesse Schnall, jesse.schnall@austin.org.au

Affiliations:

1. *Austin Hospital, Heidelberg, 3084, Australia*
2. *Austin Hospital Department of Infectious Diseases, Heidelberg, 3084, Australia*
3. *Department of Medical Oncology, Chris O'Brien Lifehouse, 2050, Australia*
4. *Melbourne School of Population and Global Health, University of Melbourne, Parkville, 3010, Australia*
5. *Austin Hospital Department of Palliative Care, Heidelberg, 3084, Australia*

Acknowledgements: The authors would like to thank the Austin Health junior medical officers who volunteered to participate in this study

Main text

The Royal Australasian College of Physicians has called for greater clinical ethics education to assist clinicians to navigate complex ethical issues in healthcare. (Royal Australasian College of Physicians (RACP)) This is particularly relevant for junior medical officers (JMOs), who have less professional experience and for whom formal ethical training may vary. JMOs face diverse ethical challenges, including ones that are particular to being a junior clinician in a strong hierarchical work environment. (McDougall RJ et al., 2021.) The ethical conundrums faced may vary with health service, clinical department, geographical location, as well as external factors such as the COVID-19 pandemic. (McDougall and Sokol, 2008; McDougall, 2009; Goold and Stern, 2006) It is unclear to what degree existing ethical training currently addresses the learning needs of JMOs with respect to day-to-day ethical dilemmas in their various roles. (Carrese et al., 2011)

We recently conducted an online survey of JMOs at Austin Health, a tertiary health service in Melbourne, Australia to investigate the experiences of this group in navigating common ethical challenges and identify priorities for clinical ethics education. The survey was developed via group discussion and review of peer-reviewed academic literature, with questions focussing on comfort level with common ethical challenges and preferences regarding formal ethics teaching. JMOs currently working as either interns or residents (i.e.

non-registrar roles) at Austin Health were included as respondents; interns were encouraged to reflect on their experiences as medical students.

Of 184 junior medical officers employed at Austin Health, 55 (30%) completed surveys were included for analysis. Most reported experiencing ethical challenges associated with their roles either occasionally (n=38; 69%) or regularly (n=13; 24%), with exposure to ethical challenges increasing significantly with postgraduate-year ($p=0.03$). Thirty (55%) respondents had previously been asked by a team member to perform tasks or act in a way that was not in line with their values. Specific examples included being requested to consent patients for surgical procedures as a medical student; ethical challenges related to communicating with patients with serious illnesses (e.g. truth telling); and restraining patients.

Ethical challenges with the lowest reported comfort levels included questioning more senior medical staff regarding appropriate goals or limitations of care; expressing concern regarding with-holding of information from patients or medical treatment decision makers and breaching confidentiality; and escalating concerns regarding patient care beyond the treating registrar. (Table 1) In two of these scenarios (direction of care, $p<0.001$; with-holding information, $p<0.01$), interns were significantly more likely to feel uncomfortable than JMOs who were PGY2 and above.

Demand for additional ethics teaching was high. The most commonly requested areas for further education included determining capacity; and managing conflicts of opinion with more senior medical staff. Preferred teaching methods included dedicated workshops or case discussions (n=38; 59%); existing JMO teaching sessions (n=32; 58%); and recorded online lectures or modules (n=23; 42%).

Our survey indicates that JMOs commonly encounter ethically challenging scenarios, including in some cases pressure to act outside of personal values in the clinical setting. This may impact on personal and moral stress, interpersonal conflict, and patient safety. Given this, it is not surprising that JMOs display strong demand for further ethical teaching, particularly on high-consequence topics such as determining capacity and ceilings of care. These findings lend support to the RACP's emphasis on the importance of ethics education. Given that JMO preferences may vary across different health services, further research should be encouraged to guide targeted ethics teaching and limit the prevalence and associated professional and clinical consequences of ethical dilemmas among junior medical staff.

References

- Carrese JA, McDonald EL, Moon M, et al. (2011) Everyday ethics in internal medicine resident clinic: an opportunity to teach. *Medical education* 45(7): 712-721.
- Goold SD and Stern DT (2006) Ethics and Professionalism: What Does a Resident Need to Learn? *The American Journal of Bioethics* 6(4): 9-17.
- McDougall R and Sokol DK (2008) The ethical junior: a typology of ethical problems faced by house officers. *Journal of the Royal Society of Medicine* 101(2): 67-70.
- McDougall RJ (2009) Being 'one cog in a bigger machine': a qualitative study investigating ethical challenges perceived by junior doctors. *Clinical Ethics* 4(2): 85-90.

- McDougall RJ, White BP, Ko D, et al. (2021.) Junior doctors and conscientious objection to voluntary assisted dying: ethical complexity in practice. *Journal of Medical Ethics* DOI: 10.1136/medethics-2020-107125. Epub ahead of print. PMID: 34127526.
- Royal Australasian College of Physicians (RACP) (2020) *Clinical Ethics RACP Position Statement*. Available at: <https://www.racp.edu.au/fellows/resources/clinical-ethics> (accessed 08 Mar).

Abstract

Junior medical officers (JMOs) face distinct ethical challenges in the clinical setting. We surveyed 55 JMOs at our health service, finding high rates of ethically challenging experiences and strong demand for further ethics teaching, suggesting an unmet need for clinical ethics education and support for this cohort.