

Medical Students Analyze Complex Ethical Issues Observed in Clinical Rotations

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This issue of the *Rhode Island Medical Journal* features ethically complicated cases identified and analyzed by medical students at Brown University during their third-year clinical clerkships. These cases were selected by a core group of students from over 120 papers submitted by their classmates and provide a unique view into the process of professionalization of medical students. In medical situations that practitioners see every day, the medical students identify issues that are ethically complicated (and sometimes deeply morally troubling). What can we learn from their ethics analyses of these situations?

All medical students at Brown participate in six semi-structured small-group ethics seminars during their clinical rotations with the twin goals of learning to recognize the ethical tensions in all medical encounters and to develop the skills to critically analyze those tensions and find solutions that work for both the members of the health-care team and the patient and family. These medical students, being incompletely professionalized, have a tremendous ability to call out injustices and to identify approaches that do not adequately respect patient autonomy. They see “solutions” that may result in harm to patients while attending to others’ goals and motivations, issues that might well be “swept under the rug” by busy practitioners. With medicine increasingly being delivered by teams in a hierarchical environment, it is likely that ethical concerns of some members of the team are left unaddressed. Learning to identify and address those concerns is a third goal.

Each of the cases presented in this issue was originally identified and analyzed by a student. Each presentation and formal analysis presented here was written collaboratively by the original submitting student and other students



From the cover: International code of medical ethics adopted by the 3rd General Assembly of the World Medical Association, London, 1949.

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in the core group. Practical ethics in the real world requires an action plan that is ethically defensible. Even choosing to do nothing is a choice that requires justification. As such, the formal analysis that follows (by these student authors) is intended to both identify a “best” path forward and to present an ethical justification for it. Members of the Rhode Island Hospital Ethics Committee were then asked to provide additional commentary on the cases as submitted. Some of these Ethics Committee commentaries were provided by 4th year students who had spent the previous 2 years as invited committee members.

In reviewing these cases, the reader will be challenged to decide whether to allow a psychiatrically ill patient to refuse major surgery, how to account for cultural issues in a patient who

may (or may not) have paranoia, what to do about a patient with widely metastatic peritoneal cancer who sells the opiates she gets from the hospice doctor but certainly suffers from severe pain, or whether to continue a surgery when a patient clearly asks the surgeon to stop. If you are conflicted about the “best” path forward after reading these cases, don’t despair, as the conclusions of various consultants are also more often than not conflicting as well.

We hope that these cases stimulate the readers’ interest in and attention to the ethical tensions in their day-to-day clinical work, and that the students’ approach to these situations will be helpful in both addressing and mitigating the ethical tensions in the readers’ clinical work.

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