



Apply Ethical Principles When Involving Patients in Clinical Teaching

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This How to highlights the potential ethical issues that can arise when involving patients in clinical teaching. Communication is crucial, by taking appropriate patient consent and informing patients about trainee and student involvement, many of the potential ethical concerns can be addressed.

Introduction

"To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all."

(Dr William Osler, 1904)

The central role of the patient as a partner in healthcare is increasingly well recognised, and this has led to a shift in medical education from the patient acting in a passive role to becoming more actively involved in the education of healthcare professionals. There is now a wide spectrum of patient involvement in medical education which ranges from using real patients in the clinical setting (e.g. inpatient and outpatient settings), to expert patients, lay educators and even simulated patients (McKimm 2012).

In the clinical environment, patients are entitled to the highest quality care and this can sometimes create a conflict between the clinician's responsibilities towards the patient and the trainee or student's need to learn. The four basic moral principles frequently used in medical ethics are also applicable to medical education, these being beneficence, non-maleficence, respect for autonomy, and justice (Gillon 1994).

Beneficence and non-maleficence

These terms refer to always acting for the benefit of patients whilst causing minimal harm. Involvement in clinical teaching can have added benefits to patients by increasing their knowledge about their health, as well as

gaining personal satisfaction from being involved (Jagsi and Lehmann 2004). However, students and trainees need adequate supervision and training to minimise the risk of harm to patients.

Autonomy (self-rule)

This refers to the right of patients to decide what will happen to them. The principle of informed consent arises from this; healthcare professionals are required to inform the patient about what is proposed, including who will be involved in their care. Patient's agreement should be obtained prior to any interaction or intervention occurring. Another implication of respecting an individual's autonomy is their right to confidentiality (Gillon 1994).

Justice

Justice is regarded as the moral obligation to act on the basis of fairness and equality between competing claims (Gillon 1994). Educating health care professionals is important to society and patients are generally happy to participate in clinical teaching, recognising the greater societal benefits (Ashley et al 2008).

When considering patient involvement in medical education, the clinician therefore needs to be mindful of the process of taking informed consent for student and trainee involvement in a patient's care, as well as maintaining confidentiality.

Consent

Howe and Anderson's (2005) review of involving patients in medical education concluded that there was a consensus view that consent is necessary for any contact of patients with students. Trainees working in a clinical environment should ensure that their role in the care of the patient is clear, and specific consent should be sought when patient encounters are used for the purpose of workplace based assessments.

Practice points for clinical teachers include:

- ▶ providing prior written information to patients about the presence of students. This should include the reason they are there, what involvement they will have, and what access they might have to case files allowing patients time to consider their response. This can be re-enforced by wall signs in patient areas.
- ▶ In addition to this, patients should be reminded about the presence of students and verbal consent obtained before the patient actually meets the student.
- ▶ Wherever possible, obtaining a patient's agreement for involvement of a student in their care should take place away from the student, as this can result in patients feeling pressured to participate and students may also feel uncomfortable (BMA, 2008).
- ▶ For intimate examinations, when patients are to be examined under anaesthesia, or when any video recordings are made, written consent is necessary.

Patients should be made aware that they can withdraw their consent for student involvement at any time.

Confidentiality

Patients have a right to expect that personal information will be treated confidentially (GMC 2013). If patients are unsure of what personal information may be shared and how widely, this may create a potential barrier for a patient's willingness to be involved in medical education (O'Flynn et al 1997). As trainee healthcare professionals, students have an obligation to treat patient sensitive information with due care. The British Medical Association (2008) recommends that patients should be informed that necessary information will be shared with students as part of the learning process, and that these students have a duty to ensure that this information is treated confidentially. Separate consent should be obtained for student access to written medical records.

McKimm (2012) reminds clinicians that particularly intimate or distressing matters should be discussed in private e.g. not on the open ward, and that simply pulling the curtains around a patient's bed does not prevent others nearby from overhearing. Reminding students about confidentiality and recommending best practice during clinical teaching is an important component of developing professionalism.

This paper was produced as a consequence of a group task to produce and reflect on a half day teaching event on learning in the workplace as a part requisite of the Cardiff Diploma in Medical Education

Further Information

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