



UGME Curriculum Renewal 2022

Report | Phase II **Ethics Curriculum Renewal Working Group**

*University of Ottawa, Faculty of Medicine
Undergraduate Medical Education*

Committee Co-Chairs:
Michel Shamy & Michelle Mullen

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Part 1. Introduction

Mandate

In October 2021, the Ethics Curriculum Renewal Working Group was tasked with providing recommendations to the Director of the Curriculum Renewal regarding ethics content in the undergraduate medical curriculum.

The mandate of this working group is to:

- design a longitudinal integrated ethics curriculum over the 4 years of the MD Program including a description of the:
 - course content that will be taught in each year of the MD Program;
 - learning objectives proposed for each session;
 - educational design strategies required to effectively teach the course content; and
 - assessment strategies required to assess the curriculum's impact on student achievement of curriculum's objectives.
- propose specific recommendations for how the Ethics curriculum can be effectively integrated within the MD Program.

Definitions

For the purposes of this document, the Ethics Curriculum Renewal Working Group defined Ethics in the following way:

Medical ethics refers to an approach to studying the way values and preferences are used (descriptive) and should be used (normative) in clinical practice, research, and education. Medical ethics should be understood to be ubiquitous, in that it applies to all areas of clinical practice, research, and education. Training in medical ethics should be practical and applicable to clinicians' everyday experiences and should be understood to be an ongoing process.

Medical ethics is understood to overlap with several neighbouring domains, including issues of medical law, professionalism, social accountability, antiracism, and the role of society in medicine broadly interpreted. Medical ethics is also understood to be particularly relevant to the care of disadvantaged or potentially disadvantaged communities, including those identifying as

Black, Indigenous, people of colour (BIPOC), and lesbian, gay, bisexual, transgender, queer and two-spirit (LGBTQ2S+).

It goes beyond the scope of this report to develop curricular recommendations in all the topic areas, though we hope that this report will be integrable with the work of similar committees addressing these other domains.

Purpose Statement

The purpose of this medical ethics curriculum is to:

1. Make students aware of the ethical complexities inherent in every day medical practice and in clinical research and education.
2. Introduce the general principles relevant to the ethics of medicine (e.g., respect for persons, duty to care, etc.).
3. Identify the types of tensions common to many challenging ethical scenarios (e.g., issues of consent, balancing risks, etc.).
4. Provide students with the tools and frameworks that they may use to approach those complexities when they inevitably encounter them throughout their careers.

Goals Statement

At the end of this longitudinal ethics curriculum, students will be able to:

1. Identify when issues of ethics are at stake in a given clinical, research or educational scenario.
2. Describe the types of tensions that are relevant to that scenario.
3. Apply various tools or frameworks to guide their approach to that scenario.
4. And, ideally, act in a way that is aligned with their core ethical principles.

Defining Success

The success of this curriculum may be assessed in the following ways:

1. Through student performance on ethics questions included in pre-clerkship, clerkship, and pre-residency assessments;
2. Through ethics specific OSCE stations in pre-clerkship, clerkship, and pre-residency assessments;
3. Through student performance during clerkship rotations in relation to issues of ethics and professionalism, which could be collated and analyzed in their entirety at the conclusion of clinical rotations;

4. Through surveys of student satisfaction with the curriculum, administered at the conclusion of their undergraduate medical education;
5. Through the conduct and behaviour of physicians who have completed the curriculum;
6. Through the opinions and experiences of patients (and patient families or loved ones), colleagues, and trainees who engage with physicians who have completed this curriculum.

Part 2. Curriculum Content Description

Approach

In making the following recommendations regarding the ethics curriculum, we conceived of a curriculum that would introduce fundamental principles in the Introduction and Foundations Units, and that would then build upon those principles in clinical content blocks (largely through Case-Based Learning) to demonstrate how those principles are relevant to everyday practice. We sought to consolidate these lessons in the Transition to Clerkship phase, and to build upon them in the Transition to Residency phase. We therefore aimed to design a curriculum that would clearly progress in terms of breadth, depth, and complexity over the four years. We also intended that this curriculum would be integrated within the overall structure of the four-year undergraduate medical degree. We explicitly did not address the integration of an ethics curriculum into clerkship at this stage, though we recognize that ethics topics are relevant to clerkship, could be addressed in clerkship, and ideally should be addressed in clerkship.

In outlining the content of this curriculum, we followed a consistent structure, in that for each session we specified:

- **Priority:** whether this session *must be, should be, or could be* included in the curriculum
- **What (Summary):** brief outline of content to be delivered
- **Why (Objectives):** what students are expected to take from this session, and why
- **How (Format):** lecture, case study, case-based learning (CBL), other workshop, take-home assignment, online module
- **When (Part of curriculum):** year – block
- **Who (Potential instructor):** instructors who could deliver the content, differentiating between the English and French streams whenever possible
- **Integration within Ethics:** how this session integrates with the ethics curriculum, whether topic is returned to later, how it could fit in with clinical content
- **Integration with Clinical Topics:** how this session could fit with clinical / scientific topics
- **Evaluation:** how topic should be evaluated
- **References/Materials:** articles, books, podcasts, TV shows or movies that would support the objective of the session
- **Budget:** specific financial requirements for the session

Core topics for the Introduction to the Profession & Foundation Units

- Approaches to Ethical Problem-Solving
- Cultural Perspectives on Health & Disease
- Capacity & Informed Consent
- Disclosure & Duty to Warn
- Confidentiality & its Limits

1. Approaches to Ethical Problem Solving in Medicine (replaces Introduction to Ethics)

Priority: MUST be included

What (Summary): an overview of the different schools of ethical thought regarding conflicts and controversies in medicine (principlism, deontology, consequentialism, feminist ethics)

Why (Objective): to introduce students to the building blocks of ethical reasoning and decision-making so that they might build upon this foundation to inform their own approaches to ethical decision-making

How (Format): lecture & case studies (1 hour)

When (Part of curriculum): first year, Foundations Unit

Who (Potential instructor):

- English: Francis Bakewell & Mike Kekewich
- French: Michel Shamy & Darquise Lafrenière

Integration with Ethics: introduces basic topics that will be built upon throughout the curriculum.

Integration with Clinical Topics: could use examples from any clinical discipline.

Evaluation: case study: how different ethical theories approach a clinical problem differently

Reference:

- Medical Ethics: A Very Short Introduction (Tony Hope, Oxford University Press)

Budget: Standard faculty remuneration

2. Cultural Perspectives on Health & Disease

Priority: must be included

What (Summary): an overview of how cultural backgrounds (including but not limited to religion, ethnicity, race, and gender identity) can influence perceptions of health and disease, and interactions with the health care system

Why (objective): to increase students' awareness and understanding of the ways that various cultures, communities, and populations (their beliefs, values, traditions, etc.) may perceive issues of health, disease, and medicine, in order that they be better equipped to provide inclusive, respectful, informed healthcare to a greater diversity of patients.

How (Format): lecture, interactive presentations & case studies (1 hour)

When (Part of curriculum): first year, Foundations Unit

Who (Potential instructor):

- English: Dr. Smita Pakhale & Ted Bignell, The Bridge; Dr. Rukhsana Ahmed, uOttawa Department of Communications
- French: TBD

Integration with Ethics: introduces issues that will be addressed throughout the curriculum, notably respect for persons

Integration with Clinical Topics: could use examples from many clinical disciplines including but not limited to Indigenous populations and trust in the healthcare system, religious perceptions of reproductive healthcare, Jehovah's witnesses, and blood transfusions

Evaluation: case report: After the session, students will be asked to research a particular clinical scenario and describe how individuals from three different cultural groups may perceive the same scenario differently

References:

- Rainbow Health Ontario www.rainbowhealthontario.ca/education-training/;
- Canadian Medical Protective Association (CMPA) - [Page on Cultural safety](#)

Budget: standard faculty remuneration, remuneration for person with lived experience

3. Capacity & Informed Consent

Priority: must be included

What (Summary): outlining what should be discussed in a conversation about consent, when explicit vs. implicit consent is required, recognizing when capacity assessments are necessary and the role of the treating physician in the assessment, introduction to substitute decision makers

Why (Objectives): introduce students to the importance of obtaining informed consent and assessing capacity (very important for clerkship and beyond)

How (Format): lecture and role play role (1 hour + 1 hour in small groups)

When (Part of curriculum): first year, Foundations Unit

Who (Potential instructor): small group tutors

Integration within Ethics: introduces foundational concepts that will be revisited throughout the pre-clerkship and clerkship curriculum

Integration with Clinical Topics: examples of assessing capacity and obtaining informed consent can be taken from many disciplines (e.g., Psychiatry, Geriatrics, Pediatrics)

Evaluation: student participation in small groups

References/Materials:

- Doing Right: A Practical Guide to Ethics for Medical Trainees & Physicians (Philip C. Hébert)

Budget: standard faculty remuneration

4. Confidentiality & Its Limits

Priority: must be included

What (Summary): discuss confidentiality and its limits in reference to an HIV case in foundations.

Why (Objectives): discuss the ethical balance between protecting the patient's privacy while protecting the health of others whom he/she may have infected.

How (Format): integrated with the case-based learning module (CBLM) on HIV in week 12 of the Foundations Unit. There is an objective there already pertaining to ethics of confidentiality however, it should be expanded upon and a page of the CBLM added focused on this to ensure it is adequately covered. Additionally, the Tutor Guide should emphasize this topic and its importance so the tutors can be sure to cover it adequately.

When (Part of curriculum): year 1, Foundations

Who (Potential instructor): CBLM tutors

Integration within Ethics: introduces foundational concepts that will be revisited throughout the pre-clerkship and clerkship curriculum.

Integration with Clinical Topics: this topic is touched on throughout pre-clerkship through professionalism cases, geriatrics, and pediatric units, as well as reproduction and infectious disease lectures.

Evaluation: student participation in CBLM

References / Materials:

eLearning module from the CMPA on confidentiality: <https://www.cmpa-acpm.ca/serve/elearning/privacy-confidentiality/en/index.html?id=web>

5. Disclosure and Duty to Warn

Priority: should be included

What (Summary): review ethical obligations to disclose in the context of medical errors, incidental findings, or other challenging circumstances where a patient may be at risk. Include relationship to privacy and confidentiality and the limitations of violating these. Also review different types of circumstances, including near misses, or errors that do not cause a clear harm to patients.

Why (Objectives): introduce students to the importance of balancing the well-being of patients with the obligation to be transparent and respect autonomy.

How (Format): lecture then break out into small groups to discuss case examples using a TBL format where students will review cases and develop a recommendation of whether to disclose or warn.

When (Part of curriculum): Foundations Unit

Who (Potential instructor): Mike Kekewich or someone from clinical ethics team, physician partner

Integration within Ethics: introduces foundational concepts that will be revisited throughout the pre-clerkship and clerkship curriculum. Clear link to modules on privacy and confidentiality.

Integration with Clinical Topics: relevant to both clinical practice and research settings

Evaluation: case studies

References/Materials: consider the following:

<https://www.patientsafetyinstitute.ca/en/toolsResources/disclosure/Pages/default.aspx>

<https://www.cmpa->

[acpm.ca/serve/docs/ela/goodpracticesguide/pages/adverse_events/Disclosure/what_is_disclosure-e.html](https://www.cmpa-accpm.ca/serve/docs/ela/goodpracticesguide/pages/adverse_events/Disclosure/what_is_disclosure-e.html)

<https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Disclosure-of-Harm/Advice-to-the-Profession-Disclosure-of-Harm>

Budget: standard faculty remuneration

Topics in Clinical Blocks / CBL

- Ethics Issues in Prenatal Care ML
- Ethics Issues in Pediatric Care CH MM
- Ethics Issues in Psychiatry TL MS
- Ethics Issues in Neurology TL MS
- Ethics Issues in Geriatric Care ML
- Ethics Issues in End-of-Life Care & Palliative Care MS

1. Ethics Issues in Prenatal Care

Priority: should be included

What (Summary): in a CBL session related to a pregnant patient, explore issues surrounding: disclosure of a serious fetal anomaly to the pregnant patient; the decision to terminate a pregnancy; disclosure of that information to the pregnant patient's family / partner.

Why (Objectives): reinforce the relevance of previously introduced themes of confidentiality, disclosure, cultural perspectives on health / disease, legal issues

How (Format): topics integrated into a CBLM.

When (Part of curriculum): CBLM during Unit 2 (reproduction)

Who (Potential instructor): CBLM tutors

Integration within Ethics: returns to themes of confidentiality, disclosure, cultural perspectives on health / disease, legal issues

Integration with Clinical Topics: relevant to both clinical block

Evaluation: performance in CBLM

References/Materials: TBD

Budget: standard faculty remuneration

2. Ethics Issues in Geriatric Care

Priority: must be included

What (Summary): in a CBL session related to the care of a patient with dementia, explore the issue of when to be concerned about patient capacity, how to determine capacity, how to assess capacity, what to do when a patient is deemed incapable; in the same or a different case, address the issue of a patient rendered incapable by a catastrophic stroke having an advance directive wishing for do not resuscitate/do not intubate, in opposition to the wishes of the patient's family

Why (Objectives): reinforce the relevance of previously introduced themes of capacity, consent, respect for persons, cultural perspectives on health / disease, legal issues

How (Format): topics integrated into a CBLM case.

When (Part of curriculum): CBLM during Unit 4

Who (Potential instructor): CBLM tutors

Integration within Ethics: returns to themes of confidentiality, disclosure, cultural perspectives on health / disease, legal issues

Integration with Clinical Topics: relevant to both clinical block

Evaluation: performance in CBLM

References/Materials: TBD

Budget: standard faculty remuneration

3. Ethics Issues in Psychiatry

Priority: Must be included

What (Summary): a small-group discussion of the ethical issues common and/or particular to the practice of psychiatry, such as capacity, informed consent, confidentiality, suicide, personhood, and disease classification.

Why (Objectives): to recognize the ubiquity and demonstrate an understanding of the ethical challenges surrounding capacity, informed consent, and confidentiality in the care of the mental health population.

- To demonstrate awareness of the limitations of diagnostic/classification tools in psychiatry, such as the DSM-5.

How (Format): CBLM

When (Part of curriculum): 2nd year, Psychiatry block

Who (Potential instructor): CBLM tutors (with updated Tutor Guide)

Integration with Ethics: integrate notions from core topics lectures in Foundations.

Integration with Clinical Topics: integrated within the clinical cases discussed in the CBLM.

E.g.,

- *Scenario 1 – suicidal and agitated patient in ED:* discuss our social biases and stigma around suicide in our society; discuss the justification of an intervention policy according to principlism (autonomy and self-determination vs. beneficence); discuss criteria for involuntary admission/treatment and when/how to write a form 1; discuss ethics of restrictive measures (chemical and physical).
- *Scenario 2 - child with ADHD:* discuss classification/demarcation of psychiatric illnesses (what alternative explanations and solutions exist for a child with inattention or hyperactivity?), and the impact of overdiagnosis and overtreatment of children with ADHD.

Evaluation: participation during CBL discussions; one possible topic to choose from for the SIM essay or short answer questions.

References:

- Bloch S, Green SA. 2021. *Psychiatric ethics*, 5th edition, Oxford University Press;
- Adshead, G., & Cave, J. (2021). An introduction to clinical ethics in psychiatry. *BJPsych Advances*, 27(1), 20-25.
- Hawthorne S. ADHD drugs: values that drive the debates and decisions. *Med Health Care Philos.* 2007 Jun;10(2):129-40.

Budget: standard faculty remuneration

4. Ethics Issues in Neurology

Priority: must be included

What (Summary): a small-group discussion of the ethical issues common to the practice of neurology, such as capacity and informed consent, quality of life (e.g., life-sustaining treatment, advanced directives in dementia), and personhood (e.g., disorders of consciousness, neuroenhancement).

Why (Objective):

- To recognize the ubiquity and demonstrate an understanding of the ethical challenges surrounding capacity, informed consent, quality of life and personhood in the care of the neurologic population.

How (Format): CBLM

When (Part of curriculum): 2nd year, Neurology block

Who (Potential instructor): CBLM tutors (with updated Tutor Guide)

Integration with Ethics: integrate notions from core topics lectures in Foundations.

Integration with Clinical Topics: integrated within the clinical cases discussed in the CBLM.

- *Scenario 1 – patient with Alzheimer’s who expresses different goals of care as disease progresses:* discuss the notion of capacity and competence, advanced directives, and surrogate decision-making.
- *Scenario 2 – patient with debilitating stroke:* discuss decision-making surrounding hemispherectomy (a treatment that prolongs life but does not impact quality of life; discuss the continuation or withdrawal of life support care; discuss informed consent assessment; discuss prognostication, quality of life assessment, and medical assistance in dying.

Evaluation: participation during CBL discussions; one possible topic to choose from for the SIM essay or short answer questions.

References:

- Bernat. JL 2008. Ethical Issues in Neurology, 3rd edition, AAN Press.
- Emily Walsh (2020) Cognitive Transformation, Dementia, and the Moral Weight of Advance Directives, *The American Journal of Bioethics*, 20:8, 54-64.

Budget: standard faculty remuneration

5. Ethics Issues in Pediatric Care

Priority: MUST be included

What (Summary): considerations in informed decision-making for children and the special role of parents/guardians, emerging capacity along developmental continuum; assent and consent; privacy rights of child; Best Interests; adolescents and health and transition to adult care

Why (Objectives): understanding of special ethical considerations in caring for children and how these emerge over the developmental continuum, roles of parents/guardians/SDMs in best interests decisions; emerging issues in care of children and youth: gender, refusal of treatment, privacy, EOL

How (Format): video session integrated into a CBLM

When (Part of curriculum): Unit 4

(Potential instructor): Michelle Mullen films a video that CBL groups can watch, along with discussion of a case

Integration with the ethics curriculum as a whole: material elaborates and adds new ethical depth to challenges of ethical decision-making, protecting possibly vulnerable persons (on multiple indices – age, ability/disability, gender, ethnicity, SES and so forth)

Integration with Clinical Topics: session dovetails with multiple specialties and subspecialties, legal considerations, overarching ethical discourse

Evaluation: examination question possible with discrete answer – generally tied to inarguable point around ethics/law (e.g., age of consent, SDM characteristics). More interesting (and more

work) short written reflection could be bullet points, on learner's considerations around a particular challenge – e.g., do you answer truthfully when a young child asks if they are dying – and what are some points to consider. Pass/fail evaluation no grading.

References: TBD

Topics in Transition to Clerkship

- Ethics Issues in Caring for Populations Experiencing Health Inequities.
- Ethics Issues in Intensive Care: Withdrawal of Care, Consent & Capacity Board

1. Ethics Issues in Caring for Populations Experiencing Health Inequities

Priority: *MUST* be included

What (Summary): states which increase risk of vulnerability: age, intergenerational issues including Indigeneity, ability/disability, ethnicity, SES, gender, sexual orientation, insecure housing, citizenship status; inclusivity; Intersectionality and trauma informed care

Why (Objectives): understanding of possible factors around vulnerability enriches clinical and ethical narratives; more authentic informed decision making, takes account of both personal and social factors which impact health outcomes; considers human rights and justice

How (Format): panel presentation: what new physicians need to know

When (Part of curriculum): Transition to Clerkship (Year 3)

(Potential instructor): Michelle Mullen (moderator?) panelists/persons with lived experience would invaluable assets in this context

Integration with the ethics curriculum as a whole: material elaborates and adds new ethical depth to challenges of ethical decision-making, stimulating awareness and sensitivity to possibly vulnerable persons and professional responsibilities around this

Integration with Clinical Topics: session dovetails with multiple specialties and subspecialties, legal considerations, overarching ethical discourse

Evaluation: short reflections completed by individual students.

References: TBD

2. Ethics Issues in Intensive Care

- Withdrawal of Care, Consent & Capacity Board, Resource Allocation

Priority: *SHOULD* be included

What (Summary): a small-group discussion on ethical issues encountered in intensive care including withdrawal of life support, the role of the Consent & Capacity Board, and resource allocation in the ICU.

Why (Objectives):

- To develop an approach to assessing consent and capacity in the context of intensive care.
- To understand the ethical issues surrounding withdrawal of life support in the acute care setting including involvement of the Consent and Capacity Board.
- To appreciate the ethical considerations surrounding resource allocation in the intensive care unit.

How (Format): small group sessions using a TBL format.

When (Part of curriculum): Transition to clerkship; *consent & capacity board should also be introduced in the psychiatry block*

Who (Potential instructor): Gianni D'Egidio, Mike Kekewich, Michel Shamy, Nikolija Lukich, Kwawo Kyeremanteng.

Integration within Ethics: expands on key topics introduced during foundations block such as consent & capacity and ethical problem-solving by providing further clinical context and opportunity for discussion.

Integration with Clinical Topics: possible overlap with psychiatry discussions (e.g., CCB). Integrate with clinical cases during small group discussion, for example:

- *Scenario 1 – withdrawing life support in the ICU:* discuss ethical considerations surrounding withdrawal of care for the incapable person; discuss the role of the Consent & Capacity board in respect to withdrawal of care and SDMs as supported by the Health Care Consent Act; reference legal precedence for withdrawal of care (*Rasouli v Cuthbertson*); discuss having effective conversations about end-of-life care
- *Scenario 2 – resource allocation in the ICU:* discuss the ethical considerations surrounding resource allocations in the ICU, including during times of increased demand (e.g., Covid-19 pandemic); appreciate how societal values get translated into allocating decisions

Evaluation: participation during small group session

References/Materials:

- *Rasouli v Cuthbertson:* <https://www.scc-csc.ca/case-dossier/info/sum-som-eng.aspx?cas=34362>
- *Consent & Capacity Board of Ontario:* <http://www.ccboard.on.ca/scripts/english/index.asp>
- McGuire, A. & McConnell, P. C. (2019). Resource allocation in ICU. *Current Opinion in Anaesthesiology*, 32 (2), 190-194. doi: 10.1097/ACO.000000000000688.
- Lanken PN, Terry PB, Osborne ML. Ethics of allocating intensive care unit resources. *New Horizons* (Baltimore, Md.). 1997 Feb;5(1):38-50. PMID: 9017677.

Budget: standard faculty remuneration

Topics in Transition to Residency

- Research Ethics
- Public Health Ethics
- Industry, Bias & Coercion
- Complex Decision-Making

1. Research ethics

Priority: should be included

What: explore the ways in which ethics is a core part of conducting medical research, including questions of justification (when research is necessary, what kinds of research are required), therapeutic obligation (risks / benefits to patients), equipoise, capacity, consent, disclosure, and publication. Introduce the regulatory and legal framework that guides research practice.

Why: (a) because research is a core component of medical practice; (b) because much of what we know is derived from research; (c) because research is a social good but may carry risks for patients, physicians, and society, (d) because there is a long tradition of unethical research in medicine

Format: introductory lecture with illustrative case study (desperate patient with incurable disease; risky, scarce, investigational drug therapy, perhaps patient from a stigmatized group); mock REB session

When: transition to residency (before pharma approaches)

Who:

- *English:* Ray Saginur & Michel Shamy
- *French:* Francine Sarazin & Darquise Lafrenière

Integration: represents application of previously introduced concepts in a new domain

Evaluation: provide students with a mock research protocol to review and evaluate in small group format (as EBM sessions)

References: TCPS2 modules

Budget: standard faculty remuneration

2. Public Health Ethics

Priority: MUST be included

What (Summary): review the principles underpinning public health ethics and how they may differ from conventional clinical ethics and relationship with individual patients.

Why (Objectives): introduce students to foundational issues in public health ethics as a distinct and critical branch of biomedical ethics. Students will learn the differences and conflicts between this branch and other streams of bioethics. Students should also learn the different regulatory environment for public health and authorities/responsibilities of medical officers of

health. Also include importance of public health ethics at the local, national, and international levels.

How (Format): lecture then break into small groups using a TBL format to discuss case examples including those from the ongoing COVID 19 pandemic.

When (Part of curriculum): Transition to Clerkship

Who (Potential instructor): Nikolija Lukich, Vera Etches

Integration within Ethics: introduces foundational concepts that will be revisited throughout the pre-clerkship and clerkship curriculum

Integration with Clinical Topics: use examples related to COVID 19 or other pandemic settings (H1N1, Ebola, Influenza)

Evaluation: case studies

References/Materials: consider the following:

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse/ethics-framework-guide-use-response-covid-19-pandemic.html>

<https://jcb.utoronto.ca/wp-content/uploads/2021/03/Population-and-Public-Health-Ethics-Casebook-ENGLISH.pdf>

<https://bioethics.jhu.edu/wp-content/uploads/2021/10/Smith-and-Upshur-Pandemic-Disease-Public-Health-and-Ethics.pdf>

Budget: standard faculty remuneration

3. Industry, bias, and coercion: He who pays the piper calls the tune

Priority: must be included

What: the medical profession is closely integrated with industry for the development, production, and distribution of products to diagnose and manage disease, including pharmaceuticals, biologicals, and devices. This integration offers benefits and risks. Students will be introduced to the ways in which medicine and industry relate, the kinds of conflicts that can arise, and strategies to mitigate them. Situations to be aware of include physicians with industry representatives; industry sponsorship of educational programs; industry sponsorship of research.

Objectives: unpack how medicine and industry are inter-related; Introduce concepts of industry interest and conflict of interest; introduce scenarios in which industry and physician introduce ways of mitigating conflicts of interest including the importance of disclosure; explore strategies to identify conflicts of interest in research, teaching, clinical guidelines, etc.

Format: lecture with discussion around a case (e.g., Nancy Oliveiri & U of Toronto)

When: Transition to Residency

Who: Michel Shamy, Nikolija Lukich, Ray Saginur, Francine Sarazin

Integration with Ethics: builds on foundational concepts and applies them in a new direction

Integration with Clinical Topics: case examples may be derived from any number of clinical domains

Evaluation: students are given a case and asked to write about the ways in which industry can influence physician behaviour.

References: [2012 rxd code of ethical practices.pdf \(cag-acg.org\)](#)

4. Complex Decision-Making (replaces Ethical Framework of Complex Decision-Making)

Priority: *MUST* be included

What (Summary): an overview of the different schools of ethical thought regarding conflicts and controversies in medicine (principlism, deontology, consequentialism, feminist ethics)

Why (Objective): recognize and articulate clinical ethics issues across clinical settings and describe a decisional approach to these. Recognize that all clinicians are influenced by their personal ethics and values and be able to identify at least three strategies to mitigate this if conflicts occur. Be able to apply an ethical framework to address complex ethical issues including goals of care and resuscitation orders, capacity and care, informed consent.

How (Format): facilitators will provide students with a handout presenting a complex case and an analysis of its ethics issues; students are expected to produce the same kind of analysis and submit it ahead of the session; facilitators will discuss an example in front of the class, and the best 2 analyses from the class will also be discussed; presenting students will be awarded a prize

When (Part of curriculum): Transition to Residency

Who (Potential instructor): Rayan Delbani, Nikolija Lukich, Michel Shamy, Mike Kekewich, Darquise Lafrenière

Integration with Ethics: returns to core topics introduced in Foundations as applied to real-life cases

Integration with Clinical Topics: examples brought by facilitators & learners

Evaluation: written ethics cases analyses will be evaluated as pass/fail; top 2 cases will be highlighted in class

References:

- *Medical Ethics: A Very Short Introduction (Tony Hope, Oxford University Press)*

Budget: standard faculty remuneration

Part 3: Conclusion

This document provides a series of sessions that we hope can serve as the foundation for the development of an ethics curriculum that is integrated within the renewed four-year medical curriculum at the University of Ottawa. We have aimed to design an ethics curriculum that would build upon itself, engage with clinical topics and be obviously practical and relevant for learners.

Working Group Membership

Co-Chairs:

1. Michel Shamy, MD MA FRCPC: Interim Director, Medical Ethics & Humanities Program; Associate Professor, Department of Medicine & School of Epidemiology and Public Health, University of Ottawa; Attending Neurologist, The Ottawa Hospital; Scientist, Ottawa Hospital Research Institute
2. Michelle Mullen, PhD: Head of the Bioethics Service, Children's Hospital of Eastern Ontario; Associate Professor, Department of Pediatrics, University of Ottawa

Members:

1. Miriam Mottiar, MD MSc FRCPC: Assistant Professor, Department of Anesthesia, University of Ottawa
2. Francis Bakewell, MD FRCPC: Assistant Professor, Department of Emergency Medicine, University of Ottawa; Former Director, Medical Ethics & Humanities Program
3. Michael Kekewich, MA: Ethicist, Clinical and Organization Ethics, The Ottawa Hospital
4. Raphael Saginur, MD FRCPC: Chair, Ottawa Health Sciences Network Research Ethics Board
5. Laura Muldoon, MD CCFP: Assistant Professor, Department of Family Medicine, University of Ottawa; Director, Society, Individual & Medicine (SIM) course
6. Rayan Delbani, MC CCFP (PC): Lecturer, Division of Palliative Care, Department of Medicine, University of Ottawa
7. Joanna Stuart, BSc: Third year medical student, Anglophone stream
8. Isobel Fishman, BSc: Second year medical student, Anglophone stream
9. Catherine McGuire, BSc: Second year medical student, Anglophone stream
10. Nicholas Kwet Vong Fat Hing: Fourth year medical student, Anglophone stream
11. Timothé Langlois-Thérien, MA: Third year medical student, volet francophone
12. Mikaela Liscio: Second year medical student, Anglophone stream
13. Christine Harkin, BA: Patient partner
14. Ben Murray, BA BPE: Patient partner

Administrative Support:

1. Isabelle Lussier, MSc: Curriculum Coordinator, Assessment, Evaluation & Curriculum Development Office
2. Raiza S. Rivera Borbolla, MA: Research Coordinator, Medical Ethics & Humanities Program