Residents' Forum
Ethics for the Emergency Medicine Resident

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As emergency medicine residents we are often thrust into situations where we need to make split second ethical decisions. Unlike the primary care doctor who may have known the patient and his/her family for years, we often are meeting someone for the first time when they stand on the precipice of life and death. Decisions whether to intubate or resuscitate are some of the most common dilemmas faced by us. In addition, issues ranging from allocation of resources to confidentiality are constantly being addressed. Many specific topics will be dealt with in this edition of IJEM. While many turn to religious sources for guidance I want to point out a couple of references from the emergency medicine professional societies that may serve as guidelines in this area.

In June's Annals of Internal Medicine (1) and also in Academic Emergency Medicine (2) is the same article entitled "Integrating the Accreditation Council for Graduate Medical Education Core Competencies Into the Model of the Clinical Practice of Emergency Medicine." Of these six core competencies, the component of ethics falls into that of professionalism. It states that "Residents are expected to... Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices." Unfortunately the examples they give of lack of professionalism seem overly simplistic. I think that we would all agree that someone who doesn't show up on time for his/her shifts, and gives incomplete sign outs, as well as the doctor who is completely insensitive to a suicidal patient wouldn't be considered professional. It would have been more informative had they (the authors) given an example of some of the complex moral dilemmas that the resident faces.

To help better lay out the realm of ethics as it affects emergency medicine, the American College of Emergency Physicians published a policy statement in the Annals of Emergency Medicine in May 2004 (3). After defining general terms such as beneficence, non-maleficence and fairness, the article discusses the ED physicians' relationships and professional obligations towards other physicians, nurses, and paramedical personnel. Included in the code of ethics is the responsibility to students and residents. Both the academic and moral aspects of emergency medicine are emphasized. There is an obligation to treat trainees with respect as well as to provide an appropriate level of supervision. Paralleling this is the obligation of the trainee to master the discipline of emergency medicine along with "the moral duties to patients, the profession and society."

To help emergency medicine residents with ethical conflicts in their practice, the Society of Academic Emergency Medicine has published the "Ethics Curriculum for Emergency Medicine Residencies" that can be downloaded from its website (4). The Society first defines basic concepts including ethics, autonomy, paternalism, beneficence, non-maleficence and justice. Then it presents various concepts in a case based format. Issues of autonomy, end of life decisions, confidentiality and others are all introduced with objectives, a practical case, background information and questions which can be discussed in a small group setting. Many residencies have used this to help integrate ethics within the teaching of clinical competencies.

The Israel Medical Association has its own code of ethics that can be found on its website (5). While not specific to emergency medicine, it discusses the general duties of the physician along with several sections on relationships with patients, pharmaceutical companies and other physicians. Interestingly, there is even a comment on professional courtesy - something that seems to be rapidly disappearing in the US. Apropos to Israel there are comments on independent physicians versus those in the public sector. But then again shouldn't an emergency medicine specialist receive a fair salary so that he/she won't have to leave the public sector ED for private practice?

References
1. Chapman, Dane MD, PhD et al, "Integrating the Accreditation Council for Graduate Medical Education Core Competencies Into the Model of the Clinical Practice of Emergency Medicine," Ann Emerg Med. 2204;43:756-769.
2. Chapman, Dane MD, PhD et al, "Integrating the Accreditation Council for Graduate Medical Education Core Competencies Into the Model of the Clinical Practice of Emergency Medicine," Acad Emrg Med. June 2004, Vol. 11, No. 674-685.
3. "Code of ethics for emergency physicians," Ann Emerg Med, Vol 43, No.5 May 2004
4. www.saem.org/publicat/ethiccur.htma
5. http://www.ima.org.il/en/inner.asp?n=350&p=-1&Par=-1