

## Ethical Decision-Making for Interviews and SJTs

Principles of Biomedical Ethics

Autonomy    Beneficence    Non-Maleficence    Justice

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## Ethical Decision-Making for Interviews and SJTs

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**Sample Prompt:**

Imagine you are a physician in the Department of Psychiatry in a major hospital. A 30-year-old female patient, Ms. A, initially contacted the clinic upon the request of her primary care physician for "help managing my psych meds." She has a long history of anorexia nervosa and obsessive-compulsive disorder. She already has completed multiple episodes of prior treatment, including two attempts at residential eating disorder programs, a two-year inpatient certification, and several more years of participation in an eating disorder day-hospital program. Each of these past interventions resulted in brief periods of weight restoration, but, upon discharge each time, she resumed her prior behavioral patterns.

At a height of 5'4", Ms. A's weight remains in the 60–65 pound range. She reports that she limits herself to no more 300 calories daily and typically runs up to 2 hours every day. She has incurred frequent stress fractures as well as head injuries from passing out. The most recent head injury has led her to be involuntarily hospitalized in your clinic. After achieving initial medical stabilization, your treatment team offers medication management, supportive therapy by a Licensed Clinical Social Worker, and the strong recommendation that Ms. A enter a long-term residential eating disorders program. Ms. A refuses to go voluntarily, and these programs do not accept patients on an involuntary basis. The treatment team determines that her physical and psychiatric impairments, if left unaddressed, are likely to lead to her death.

How would you proceed?

Source: Lopez, A., Yager, J., Feinstein, R.E. 2010. Medical futility and psychiatry: palliative care and hospice care as a last resort in the treatment of refractory anorexia nervosa. *Int J Eat Disord*, 43(4):372-377

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## Introduction: A Framework for Ethical Decision-Making

**Markkula Center**  
for Applied Ethics  
*at Santa Clara University*

A FRAMEWORK FOR ETHICAL DECISION MAKING

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## Two Categories of Ethical Questions

**Category 1: Question about a broad ethical/controversial topic**

- **Example:** "What do you think about universal healthcare [physician aid-in-dying, etc.]?"
- **Your objective:**
  - To respectfully address a few key pros and cons on each side of the issue.

**Category 2: You are given a scenario that poses an ethical dilemma**

- **Your objectives:**
  - To show that you can consider multiple points-of-view in a respectful & thoughtful way, demonstrating that you appreciate the inherent complexity and nuance in the situation.
  - Your actual goal is to explain the *thought process* you are using as you grapple with the various aspects and determine your preferred course of action. You are **not** seeking to give a "right answer."

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## The Four Principles of Clinical Ethics

Patient Autonomy > Non-Maleficence > Beneficence > Distributive Justice

<p><b>Patient Autonomy</b></p> <p>Granting each patient freedom of independent action when making decisions regarding their health care. Absence of coercion or coaxing. Patient autonomy requires educating the patient about all treatment options, including risks and benefits as well as likelihood of success.</p>	<p><b>Beneficence</b></p> <p>Duty to contribute to the welfare of the patient</p>
<p><b>Non-maleficence</b></p> <p>Duty to avoid causing harm to others</p>	<p><b>Distributive Justice</b></p> <ul style="list-style-type: none"> <li>• Fair and just distribution of resources</li> <li>• Would you take the same approach with other patients in a similar situation?</li> <li>• Would you recommend the same course of action to another clinician in the same situation?</li> <li>• Would you want your approach reported in the press?</li> </ul>

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*Order of operations courtesy of bioethicist Mary B. Mahowald*

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## But ... Laws and Professional Values Come First

**Do not violate the following professional values:**

- Telling the truth
- Performing your work with competence and integrity
- Commitment to serving the best interests of the patient
- Adhering to your scope of practice
- Duty to report individual who is actively at risk of harming self or others
- Upholding professional obligations (including patients' right to confidentiality but also mandatory reporting)
- Maintaining appropriate professional boundaries
- Adhering to evidence-based practice
- Practicing non-discrimination and cultural sensitivity
- Avoiding conflicts of interest
- Behaving lawfully (if there is a problem with the law, then work to get the laws changed)
- Treating patients with compassion, respect, and kindness

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<https://depts.washington.edu/bhdept/ethics-medicine/bioethics-topics/detail/59>

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## Framework for Your Responses

- **Start Here: Briefly restate your understanding of the scenario, identifying the crux of the dilemma (1 or 2 sentences).** As you do so, express empathy for the people involved in the situation.
- **Identify key stakeholders and their primary values/interests:**  
Who will be directly or indirectly impacted by the situation?  
How are their values and interests in conflict?
  - If clinical scenario, use appropriate vocabulary:
    - Autonomy, beneficence, nonmaleficence, distributive justice

**Stakeholders Can Include:**

<ul style="list-style-type: none"> <li>• The people directly named in the scenario</li> <li>• Loved ones</li> <li>• Colleagues</li> </ul>	<ul style="list-style-type: none"> <li>• Insurance companies</li> <li>• The hospital/clinic/business</li> <li>• You!</li> </ul>
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### Framework for Your Responses

- **What additional information would you want to gather before making a decision?**
  - What *don't* you know about the situation?
    - Pro Tip: What information was intentionally left out of the prompt?
  - What unstated factors could be influencing the behavior of the people in the situation?
    - In many cases, a natural first step will be to sit down with a person involved in the scenario to have an authentic conversation that will allow them to share their concerns/motivations
- **When applicable, identify experts to contact and/or resources to access.**  
(Do your best to recognize when you are likely to have to report to a higher authority.)
  - Code of ethics for your profession
  - Your supervisor or another trusted professional
  - A counselor, social worker, and/or spiritual advisor
  - Your institution's ethics board
  - Your institution's legal team
    - State and federal laws may determine how you can proceed

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### Framework for Your Responses

- **Brainstorm to identify possible courses of action**
  - Do this out loud so that the interviewer can hear how you are thinking about the scenario.
    - Your goal is to show that you are thinking critically and thoughtfully, considering multiple perspectives and points-of-view
  - Seek to identify at least two potential courses of action, *including at least one option you know you would NOT choose.*
    - Once you identify the option you would choose, be sure to provide a summary statement of your rationale:  
 "Ultimately, I think I would need to place higher priority on [competing value #1] over [competing value #2], which would lead me to choose this option."

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### Framework for Your Responses

**Sample script for identifying possible courses of action  
(to be used *after* identifying the information you would want to collect):**

If I had to make a decision based only on the information I currently have, I can think of a couple of possible options:

One option would be \_\_\_\_.

If I were to take that approach, the upsides would be \_\_\_\_, but the downsides would be \_\_\_\_.

I'm concerned that the likely outcome would be \_\_\_\_.

Accordingly, I would not be inclined to choose this option.

Another option would be \_\_\_\_.

The benefit to this approach would be \_\_\_\_.

However, I would have to accept that this approach would not allow me to preserve/uphold [insert competing value].

The likely outcome is \_\_\_\_.

If I had to make a decision based solely on the information I currently have, I would choose Option 2 because \_\_\_\_.

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### REWARD

		Low	High
<b>RISK</b>	High	<b>NO</b>	<b>MAYBE</b>
	Low	<b>MAYBE</b>	<b>PROCEED</b>

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### Summary: Topics Typically Included In Interview Responses

- Briefly restate your understanding of the scenario, identifying the crux of the dilemma while empathizing with the experience of the people named in the scenario.
- Identify key stakeholders, naming the primary values/interests that are in conflict
  - For clinical scenarios: autonomy, non-maleficence, beneficence, distributive justice
- What additional information would you want to gather before proceeding?
  - Typically includes talking compassionately with one or more people named in the scenario and, often, consulting with experts for guidance
- Who else would you want to contact (or which resources would you want to access) for guidance on how to proceed?
- Brainstorm to identify possible courses of action
  - Generally, aim to identify at least two possible options
  - State the upsides, downsides, and likely outcomes for each one
  - Summarize your rationale for your preferred option

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### Casper

**Format**

- 14 scenarios
- For each scenario, you are given 30 seconds of reflection time, then have the following amount of time for your responses:
  - Typed: 5 minutes to answer a set of 3 prompts
  - Verbal: 1 minute each, for 3 prompts

**Tips**

- Each answer is graded by a different reviewer. You can follow the exact same stepwise approach on each question, plugging in different details.
  - Typed answers:
    - You can copy-and-paste the framework of your answer each time
    - Spelling and grammar DO NOT MATTER.
- Refer to p. 3 of our “Tips for Casper, Duet, and AAMC Preview” handout

Continuing Education \* Thanks to Therese Murphy, Holly Williamson, and Richard Sames for sharing their approaches!  
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### Let's Practice!

√ = Yes	Ethical Scenario Assessment Rubric
	<ul style="list-style-type: none"> <li>Did the applicant consider the issue from multiple perspectives?</li> </ul>
	<ul style="list-style-type: none"> <li>Did the candidate identify key stakeholders?</li> </ul>
	<ul style="list-style-type: none"> <li>[For clinical scenarios] Did the candidate identify several of the biomedical ethical principles to be considered in this case?</li> </ul>
	<ul style="list-style-type: none"> <li>How well did the applicant demonstrate their analytical and critical thinking skills?</li> </ul>
	<ul style="list-style-type: none"> <li>If the candidate expressed a personal opinion about this ethical issue, was it expressed sensitively and supported by evidence?</li> </ul>
	<ul style="list-style-type: none"> <li>Did the answer indicate that the candidate is comfortable with discussions on difficult topics?</li> </ul>

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### Group Practice Question #1:

Imagine you are a physician in the Department of Psychiatry in a major hospital. A 30-year-old female patient, Ms. A, initially contacted the clinic upon the request of her primary care physician for “help managing my psych meds.” She has a long history of anorexia nervosa and obsessive-compulsive disorder. She already has completed multiple episodes of prior treatment, including two attempts at residential eating disorder programs, a two-year inpatient certification, and several more years of participation in an eating disorder day-hospital program. Each of these past interventions resulted in brief periods of weight restoration, but, upon discharge each time, she resumed her prior behavioral patterns.

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**Group Practice Question #2**

A 20-year old college student living in the college hostel is brought by a friend to the Emergency Department (ED) because of unrelenting headache and fever. He appeared drowsy but was responsive and had fever (40°C), and neck rigidity on examination. Lumbar puncture was done, and spinal fluid appeared cloudy and showed increased white cells; Gram stain showed Gram-positive diplococci. Based on the diagnosis of bacterial meningitis, appropriate antibiotics were begun, and hospitalization was instituted. Although initial consent for diagnosis was implicit, and consent for lumbar puncture was explicit, at this point, the patient refuses treatment without giving any reason, and insists to return to his hostel. Even after explanation by the physician as to the seriousness of his diagnosis, and the absolute need for prompt treatment (i.e., danger to life without treatment), the patient is adamant in his refusal.

Varkey, B. 2021. Principles of Clinical Ethics and Their Application to Practice. Med Princ Pract. 30(1): 17–28.



**Group Practice Question #3**

A 20-year-old pregnant female was brought to the Emergency Department by ambulance, in critical condition, following a single-vehicle car accident. She is exhibiting signs and symptoms of internal bleeding and has been advised to have a blood transfusion and emergency surgery in an attempt to save her life and the life of the fetus. A devout Jehovah's Witness, she has refused to accept blood or blood products and has rejected the surgery, stating that she would "rather be embraced in the hollow bosom of Jehovah than to be condemned for all eternity." You are her primary clinician in the ED. How do you proceed?

**Note:** As we grapple with ethical dilemmas, we are bound to encounter topic areas that will bump up against our own unconscious biases. By definition, an unconscious bias is one that we aren't aware of. As we discuss these topics, please support each other in considering various viewpoints that may not be immediately obvious to us.



**Let's Practice!**

**Partner Practice Questions**

- Read the practice question to yourself
- Complete your notes page independently
- For Questions 1 and 2, take turns being "interviewer" and "interviewee" – debrief together

