American Academy of Pediatrics Bioethics Resident Curriculum: Case-Based Teaching Guides

October 2017 Revision

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Acknowledgments

The idea for this curriculum was originally conceived in a brainstorming session within the American Academy of Pediatrics (AAP) Section on Bioethics Executive Committee in 2009. When the idea of a case-based teaching guide for residency training programs was initially presented to the Committee on Bioethics it was wholeheartedly and enthusiastically embraced. The first edition was published in 2011 with 15 modules under the leadership of Mary B. Adam, MD, MA, PhD, FAAP, Mark Mercurio, MD, MPH, FAAP, and Douglas Diekema MD, MPH, FAAP. This second revision includes updates of all the previously developed modules along with four new modules. From its earliest inception this has truly been a collaborative effort within the AAP. As editors, we are deeply grateful to each of the authors for their willingness to work with us and for their stimulating cases and thoughtful discussions. Without their commitment to addressing the critical need for resources in bioethics education, we would not have been able to develop this teaching guide. We are also grateful for the organizational and editorial assistance received from Anjie Emanuel, MPH, Gretchen Niemann, MA, and Florence Rivera, MPH. This project would not have moved forward without their hard work.

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Dear Educators,

The American Academy of Pediatrics (AAP) Section on Bioethics and Committee on Bioethics have together responded to the need for bioethics education in pediatric training programs. We have developed a case-based modular curriculum designed to function as a how-to resource for residency and fellowship training programs. These instructor guides are aimed at assisting pediatric faculty in helping trainees develop basic competencies in bioethics.

The modules review relevant resources and identify current debates important in the teaching of bioethics to medical trainees. Each module contains references to AAP policies relevant to the topic. References are separated into "Suggested Reading for Instructor" and "Further Reading," allowing instructors to efficiently identify pertinent resources on the topic. No specific order of priority is intended. Instructors should feel free to pick and choose topics to fit their individual institution's needs. Redundancy within and among these modules is intentional.

We recognize that the demands of medical training dictate that residents are unlikely to be available to attend all the sessions. Therefore, important concepts are repeated with a different emphasis from one module to the next. For example, many of the concepts in Session 3, "Informed Consent and Assent in Pediatrics," were covered in Session 4, "Minors as Decision-makers." However, in Session 4, the focus of informed consent is set within the context of adolescent decision-making.

Many modules have alternate cases listed. Most of these alternate cases do not contain a question-by-question discussion. This is intentional. Alternate cases are presented to provide potential material for faculty wishing to dig deeper into the topic or pursue additional perspectives. The discussion presented in the question-and-answer format of the primary case yields sufficient material to provide a background if faculty wish to use alternate cases.

There are multiple analytic methods or theoretical models available in clinical ethics. These teaching guides use a variety of different analytic methods for the different cases. These different analytic methods serve as a starting point for ethical reflection and can assist in organizing the medically and morally relevant questions intrinsic to any ethical inquiry. Familiarity with different approaches is useful, and a variety of different approaches are used in different modules. The approaches include but are not limited to *principle-based* ethical theories like the Beauchamp and Childress framework of autonomy, beneficence, nonmaleficence, and justice, or the European approach to *principlism* that emphasizes the primacy of patient welfare, patient autonomy, and principle of social justice. Non–principle-based ethical theories are also used in some modules. Examples include the ethics of care, which evaluates the moral dimension of relationships with others; communitarian ethics, which places a value on the health of the community and can override autonomy; virtue-based approaches that place more emphasis on the character of the person performing the action than on the action itself; and feminist ethics, which uses the ideas of feminist theory to evaluate ethical issues from a gender-based perspective. All analytic methods have some value in helping elucidate aspects of a case. Even though some modules use only one theoretical model

in the discussion, it is not our intention to present any single analytic method or theoretical model as the *only right way* to approach ethical issues.

Individual faculty may wish to use these teaching guides to inform and develop active participation opportunities for trainees. We wholeheartedly support this! The case-based teaching guides use a question-and-answer format that easily facilitates the development of learner-centered small group activities. Active participation ideas include role-plays, interactive lectures, small group discussions, and brainstorming sessions. Using these teaching guides to develop and implement active participation may provide trainees valuable opportunities to examine their own attitudes and values. It is helpful for trainees to determine the degree to which they have the potential to be coercive or disrespectful to a family who holds a different opinion from their own. This potential for personal examination is particularly relevant in cases found in Session 5, “Religious, Cultural, and Philosophical Objections to Care,” and Session 13, “Maternal-Fetal Conflict,” but can certainly be identified in every module. Using these teaching guides to develop active learning opportunities for the practice of skills necessary for ethical discourse with families and colleagues is encouraged. Role-plays could even be used to assess a resident’s ethical competency in post-learning evaluation. That said, we recognize each institution has needs that are unique; therefore, the presentation of the material in each module is structured to be a self-contained unit to allow maximum flexibility in implementation.

These modules and cases presented in them are not intended to direct outcomes in resolving the ethical dilemmas that instructors or trainees encounter. In addition, case discussions do not represent a consensus opinion of the AAP. They have been authored and edited by various members of the AAP Section on Bioethics, resulting in some degree of stylistic and analytic variation. Cases are meant to provide a platform for discussing important principles and build a foundation for ethical reflection. Many cases are provocative and those with whom you work and teach may have different impressions of what the best outcome would be. This is realistic because the ethical questions we face in the practice of pediatrics are not simple. Ethical engagement in real life requires decision-making in the face of medical uncertainty as well as moderating conflicts between interested parties who may have different opinions about the most desirable outcome.

We trust you will find these modules beneficial as we work together to incorporate bioethics into pediatric education.

Sincerely,

The Editors

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