Core topics of health care ethics. The identification of core topics for interprofessional education

HELEN AVEYARD¹, SARAH EDWARDS² & SHARON WEST¹

¹School of Health and Social Care, Oxford Brookes University, John Radcliffe Hospital, Oxford, & ²Centre for Bioethics in Medicine, University of Bristol, St Michael’s Hill, Bristol

Summary  Objectives: The aim of this project was to identify core topics of health care ethics that could be taught through an inter-professional approach to undergraduate education. Design: Five nominal group technique workshops. Setting and participants: Teaching staff from different professional disciplines in our university (nursing branches, occupational therapy and physiotherapy). Results: Seven core topics of health care ethics that are common across all disciplines were identified. However participants in all workshops identified the need for case studies used in teaching and learning to be specific to the clinical setting encountered by the student. Conclusion: Despite the identification of core topics that apply to all disciplines, caution should be taken when seeking to integrate these into an inter-professional undergraduate programme. There is evidence from other studies that students have difficulty in transferring knowledge from one context to another. In view of this, an inter-professional approach to health care ethics teaching to a group, members of which do not encounter shared clinical ethical problems may be inappropriate. It is suggested that inter-professional learning in undergraduate health care ethics should focus on facilitating learning in the clinical area with students who share similar ethical encounters, in which case the learning will be truly inter-professional.

Key words: Ethics education; core topics; inter-professional education.

Introduction

The increased attention given to the teaching of health care ethics in the undergraduate courses of health care practitioners over the last decade has led to much discussion concerning how ethics should be taught (Cribb & Bignold, 1999; Scott, 1996; Tysinger et al., 1997; Nicholas, 1999; Hope & Fulford, 1994). In addition, the publication of the Consensus Statement by the Group of Teachers of Medical Ethics and Law in UK Medical Schools [1998] identified core topics that should be included in the medical school curriculum. This consensus statement referred specifically to the teaching of medical ethics and law in medical schools. While the statement might be applicable to other undergraduate courses in health care, this was not its specific focus.

Correspondence to: Helen Aveyard, School of Health and Social Care, Oxford Brookes University, John Radcliffe Hospital, Headley Way, Oxford, UK. E-mail: Haveyard@brookes.ac.uk
The aim of this project was twofold. The first aim was to explore core topics of health care ethics that should be included in undergraduate courses for non-medical health care practitioners. At our university, undergraduate courses in seven professional fields are taught (adult field, mental health & learning difficulty, children & midwifery, occupational therapy & physiotherapy). The second aim was to explore the extent to which there were core topics identified by all the different fields and which therefore might be appropriate for an inter-professional approach. Impetus for this project came from a school-wide mapping project of the teaching of ethics throughout the curriculum. There is a strong interprofessional strand of teaching throughout the three-year curriculum. It was therefore decided to explore the extent to which there are core topics of health care ethics that could be taught through interprofessional education.

Early evaluative results of individual studies indicate that inter-professional learning has a positive effect on inter-professional working [Koppel et al., 2001; Carpenter et al., 1995]. However, topics that may be suitable for inter-professional learning need to be carefully assessed. For inter-professional learning to meet its goals, topics have to be appropriate for delivery in a setting, in which learning is both enhanced by an inter-disciplinary approach and not hindered by lack of detailed attention to field-specific content. In addition, learning outcomes for different disciplines have to be met within one educational context. Ethics education is an area that has been put forward as potentially suitable for inter-professional learning, [Tope, 1996; McMichael et al., 1984]. McMichael argues that inter-professional education is a forum through which values and ethical issues can be debated. However, health care professionals need to understand the ethical issues relevant to their individual professional fields. In a critical incident study, Aveyard [2002] found that nurses had a basic understanding of the principles of informed consent, but were unable to apply them to the specific practice of nursing. They were confused about the application of basic principles to situations that arose in their practice and frequently misapplied these principles. It can therefore be argued that generic discussion of the principles of informed consent within an interprofessional context might not equip practitioners with the skills they need to manage situations in their own area of practice, unless this is specifically addressed. However, it may not be appropriate to address uni-professional group issues within interprofessional learning. Doubt about the extent to which there are core topics of health care ethics that can be taught through inter-professional education was the main impetus for this study.

The aim of the study was therefore to explore whether there are core topics of health care ethics that can be taught through inter-professional education. There were two main objectives. First, to explore whether members of individual fields of health care (adult field, mental health & learning difficulty, children & midwifery, occupational & physiotherapy) can reach a consensus regarding what are the core components of an ethical curriculum for undergraduate education in their particular field. Second, to compare the core components identified by each field and to identify any topics that are common to all these professional fields.

Method

Five Nominal Group Technique workshops were carried out at our university. The aim of each workshop was for members of each professional field attending to identify core topics of health care ethics for their field. All those involved in ethics teaching from all undergraduate fields were invited to participate. Each workshop consisted of staff from a maximum of two professional fields.

Nominal group technique was selected because it helps participants to reach a consensus through the process of discussion [Jones, 1995]. Discussion is regarded as a central process for
identifying whether consensus can be achieved. The sharing and challenging of ideas is regarded as important in developing and reshaping the arguments rehearsed by participants, and as more creative than what can be achieved by individuals working in isolation.

Ethical approval to undertake the workshop was sought from the School of Health Care Research Ethics Committee. Upon approval being granted, a school-wide email was circulated inviting those with an interest in ethics to participate in a workshop. Those who responded were sent further information about the project. In addition, senior staff within the school were approached and asked who they felt might usefully contribute to the project. Those identified were then contacted directly by email and further information sent to those who expressed an interest in the project.

The sample consisted of academic staff involved in ethics teaching. Jones [1995] argues that participants in nominal group technique should be experts. For this project, experts are defined as those involved in teaching ethics and those involved in practice, who are confronted daily with ethical situations encountered by students. However, in contrast to those involved in the development of the medical core curriculum, none of those involved were involved with ethics teaching or philosophy as a full time occupation. Participants were all involved in undergraduate education and the teaching of ethics was a part of their role within the university, however few of those involved had formal qualifications in ethics. They were invited to participate because of their practice orientation and proximity to issues faced by students in everyday clinical practice. This mix of practitioners and teachers gave the content a practice focus and a sensitivity to the needs of clinical practice. Representation of different professional fields reflects the size of the fields. A total of five workshops were held with members of the following fields: Learning Difficulty (LD) and Mental Health Nursing (MH) (4 participants) Adult and Child Nursing (10 participants) Adult Nursing and Midwifery (9 participants) Occupational and Physiotherapy (OT and PT) (4 participants) Occupational and Physiotherapy (4 participants). All the workshops were facilitated by HA. In addition, all of the workshops were attended by an ethicist (SE) who participated in the discussion and by two silent observers (AJ and SW), from the Institute of Education and the School of Health and Social Care, who later commented on the process and outcome of the workshops.

The purpose of nominal group technique is to achieve consensus through discussion. Participants were asked to identify the core topics of health care ethics in the undergraduate curriculum of their discipline, without discussion. Participants were then asked to give feedback in turn. All responses from members of each field were recorded together on a flip chart. A different flip chart was used for each discipline represented in the workshop. The responses from each flip chart were then discussed within the group as a whole. Discussion involved participants from each discipline and the visiting ethicist. In nominal group technique, the process of data analysis takes place within the workshop itself. Throughout the discussion, ideas presented were reviewed, similar ideas grouped together and major themes identified. In the workshops, there were no instances in which a core topic identified by one participant was considered by other participants not to be relevant. In the early workshops, participants were asked to rank the topics in order of priority. However, this process was discontinued after the second workshop as participants felt it to be a difficult and arbitrary process, and which detracted from the richness of the discussion. The nominal group technique workshops generated a rich data set and the bringing together of two disciplines enhanced rather than confused the discussion. Indeed participants found the process to be useful for their own staff development. Immediately following the workshops, the ideas and themes generated were reviewed by HA and SE.

Subsequent data analysis was carried out by HA. As previously stated, participants were grounded in everyday theory and practice of undergraduate education. Difficult situations
faced by students were the driving force behind their contributions. In view of this, many of
the topics identified by participants were very specific to a particular aspect of their practice
and therefore not immediately generalisable to other practice areas. In order to identify
common themes across all disciplines, using principles of qualitative data analysis (Lincoln &
Guba, 1985), these topics were coded and then allocated to a category containing similar
codes. For example, issues related to confidentiality were mentioned in all workshops.
However each workshop identified different aspects of confidentiality relevant to their
professional field. For example, the nursing fields identified the importance of always
maintaining confidentiality, while occupational and physiotherapy identified the need to give
clear guidance on when professionals should inform the benefits agency about the condition
of a particular patient. For the purposes of this study, all topics related to confidentiality were
grouped in the same category, with details of the different applications identified by different
disciplines.

Results

Seven core topics were identified by professional fields.

1 Ethical theory. All disciplines identified the need to teach ethical theory, for example
deontology, utilitarianism, and virtue ethics. However the desirability of grounding this
with practice examples was also emphasised. Learning difficulty teachers put great
emphasis on justice, and recognition of the rights of those with learning difficulty.

2 The professional duty of care, codes of practice and accountability were identified
by all disciplines. Adult field teachers identified the concept of power within the health
care team and how to resolve conflict between professional and personal ethics.
Occupational and physiotherapy teachers identified accountability within a team and the
concept of whistle blowing. Mental health and learning difficulty teachers identified the
importance of the use of self within interpersonal nurse – patient relationships.

3 Informed consent and patient refusal was identified by all disciplines. These were
linked to the concepts of truth telling, the determination of competence, and the limits of
paternalism. The field of learning difficulty identified the importance of allowing and
encouraging choice and not enforcing compliant behaviour. Both the occupational and
physiotherapy teachers identified the tendency to push patients into accepting care and
wanted explicit discussion on the boundaries of being directive.

4 Confidentiality. The importance of confidentiality and how to maintain it especially
when public interest may indicate or demand a breach was addressed by all fields. The
Data Protection Act and access to patient records legislation were considered important.
Occupational and physiotherapy identified the dilemma of when confidentiality should
be breached when communicating with benefits agencies or the Driver and Vehicle
Licensing Agency.

5 The vulnerable patient. All disciplines identified the need to discuss the vulnerable
patient in detail. Specifically, the assessment of decision making ability, the concept of
best interests, and the role of relatives in decision making. Mental and health and
learning difficulty identified the denial of rights and freedom to choose, use of restraint,
coercion (covert administration of drugs), needs of carers, use of controversial treatment
(Electro-convulsive therapy) and application of Mental Health legislation. Involvement
in restraint and mental health legislation was also identified by occupational and
physiotherapy.

6 Research Ethics. Participants from all professional fields identified the importance of
research ethics.
7 Rationing. Participants from all professional fields identified the rationing and fair distribution of resources as important.

The following topics were identified by some but not all disciplines.

- **End of life decisions**, Quality versus quantity of life, withholding and withdrawing treatment, intentional termination of life and examination of legal and illegal practice, were mentioned by all disciplines except mental health and learning difficulty.
- **Human reproduction and genetics**, the legal status of the embryo, assisted conception, abortion, regulation of genetic therapy were identified by all disciplines except mental health, learning difficulty, occupational therapy and physiotherapy.

A common theme expressed across all workshops was that all case scenarios used in teaching and learning should be specific to the clinical experience of the student. This was emphasised in each workshop. Participants remarked on the importance of clinically relevant, practice based scenarios in order that the topic was immediately relevant to the student’s practice area.

**Discussion**

This was a small exploratory study examining the extent to which there are core topics of health care ethics that can be taught through inter-professional education. A convenience sample of ethics teacher and practitioners participated in the study and as a reflection of the undergraduate courses offered at the university, the majority of participants came from nursing disciplines.

Seven topics - ethical theory, professional duty of care, informed consent, confidentiality, the vulnerable patient, research ethics and rationing - were identified by all disciplines as core components of their curriculum. All these topics, with the exception of ethical theory, are included in the twelve core topics identified by teachers of medical ethics in the Consensus Statement [1998]. Furthermore, the frequently mentioned, but not core, topics identified above largely mirror the remainder of the core topics identified in the consensus statement. This indicates a high degree of consensus about core components of an ethics curriculum between the two projects, despite their different aims and methods. The larger number of core components identified in the consensus statement than in this project may reflect the generic nature of medical education and the need to cover all aspects of health care ethics. The non-medical professional disciplines involved in this project tended to focus on topics with immediate relevance to them as a profession, for example those related to child or mental health nursing.

Although seven core topics were agreed as core in the ethics curriculum across all professional fields participating in this project, they all gave examples of how different aspects of each topic were important to and relevant to them. Informed consent for example, will be played out differently in midwifery than in occupational therapy, although the principles apply across the board. All fields emphasised this and felt strongly that use of case studies should be profession specific.

Given the different ways in which the different professions encounter the same core topic, the extent to which these topics can be taught from an inter-professional educational perspective requires further examination. The issue of transferability in learning is important here. If a core topic is delivered to an inter-professional group of health care students, students are then required to transfer the principles discussed within an inter-professional context to
their own professional discipline. There is evidence to suggest that this is not easily done. Norman [1988] summarises evidence that knowledge is better remembered in the context in which it was originally learned. The difficulty many people encounter in recalling the name of a work colleague out of the context of the workplace is an example of this. Furthermore, Norman provides evidence that the acquisition of expertise is developed less through transferring learning from one situation to another than by repeated exposure to a range of experience. He argues that:

*It is unlikely that the process of working through the problem adds to any repertoire of general problem solving skills. Since what is learned is not a general strategy, independent of the problem content, problems are far from interchangeable* (p 283).

Similarly Regehr and Norman (1996) discuss the way in which students process information. They discuss evidence that the transfer of problem solving skills in analogous problems is very limited and that any change in the context of the problem impedes the student’s ability to recognise a situation he or she has encountered before. This argument is further reinforced by the concept of situated learning as articulated by Lave and Wenger [1991] who address the importance of the role of context in the development of knowledge. They argue that abstract representations are meaningless unless they are specific to the situation in hand and that knowledge of a general rule does not ensure that it can be interpreted to inform the specific situation to which it should be applied. This has an implication for the use of analogies within education and the expectation that students can discuss core principles relating to one discipline and relate them to another. The implication is that students require ethical discussion that is clearly focused on their own particular clinical setting. This was identified by workshop participants who emphasised the need for case study material related to the student’s own clinical area. It also sheds light on why nurses, in a study cited previously [Aveyard, 2002] were unable to apply principles of informed consent to the specific context of nursing, even though they had a generic understanding of the principles involved.

This evidence suggests that caution should be applied in the development of an inter-professional undergraduate curriculum in health care ethics. Despite the clear identification of core topics across each professional group, it is important that learning is situated in the context of professional practices, which have very different applications of each of the core topics. It is naïve to expect a student to discuss confidentiality in relation to occupational therapy practice and relate the same principle to mental health. An expectation that students will learn from each other in an inter-professional context and apply the principles to their own area of practice at undergraduate level might be unrealistic.

It is therefore argued that inter-professional education in health care ethics is therefore more appropriate among practitioners who encounter shared ethical dilemmas. Ethical issues that are encountered by several members of a health care team - for example when turning off a ventilator – could therefore be explored through inter-professional education. Indeed this would seem to be in the true spirit of inter-professional education, in which professions learn from and work with each other.

Evidence of inter-professional learning did occur within the process of participating in the workshops. Interaction between workshop participants, especially those from different disciplines, stimulated discussion and prompted participants to consider. For example, in the learning difficulty and mental health workshop, there was much emphasis on promoting the rights of individual clients and fostering their independence. Recent government initiatives have also fostered this approach. However the extent to which patient’s rights are commonly eroded and overlooked could be usefully debated within other areas of health care. Thus the
process of determining core topics of health care ethics was in itself helpful in promoting inter-professional learning.

Conclusion
This project has identified seven core topics of health care ethics that are of common concern across all disciplines that participated. However each discipline identified applications of these topics, which related specifically to their individual clinical setting rather than to a mixed undergraduate inter-professional context. In addition, participants in all workshops identified the need for case studies used in teaching and learning to be specific to the clinical setting encountered by the student. Given the difficulty students have in transferring knowledge from one context to another, an inter-professional approach to health care ethics teaching to those who do not encounter shared clinical ethical difficulties may be inappropriate. While there are core topics of health care ethics that are relevant across all professional fields, caution should be taken when seeking to integrate these into an inter-professional undergraduate programme. Inter-professional learning in undergraduate health care ethics should be focused on clinical learning with students who share similar ethical encounters, in which case the learning will be truly inter-professional.

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References