

A regional project ethically challenged: the development of a junior doctors' medical ethics forum

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I feel confident at having discussions with patients/families about withdrawal of care

Option	Pre	(11 responses)	Post	(11 responses)
	Raw	%	Raw	%
Strongly disagree	3	27.27%	1	9.09%
Disagree	5	45.45%	6	54.55%
Agree	3	27.27%	3	27.27%
Strongly agree	0	0.00%	1	9.09%

I know where to find help in making complex decisions?

Option	Pre	(11 responses)	Post	(11 responses)
	Raw	%	Raw	%
Strongly disagree	0	0.00%	1	9.09%
Disagree	8	72.73%	1	9.09%
Agree	3	27.27%	9	81.82%
Strongly agree	0	0.00%	0	0.00%



I feel supported by seniors in making complex and/or ethical decisions in a clinical environment

Option	Pre	(11 responses)	Post	(11 responses)
	Raw	%	Raw	%
Strongly disagree	1	9.09%	3	27.27%
Disagree	2	18.18%	1	9.09%
Agree	6	54.55%	7	63.64%
Strongly agree	2	18.18%	0	0.00%

Fig 1. Results from University Hospital Birmingham NHS Foundation Trust survey.

Introduction

Junior doctors are tasked with unique ethical and complex decision-making during their clinical work. However, there is little support to help them learn from their experiences.¹ The Junior Doctors' Medical Ethics Forum is a quality improvement project initially created at the Great Western Hospital, Swindon (GWH Swindon) and now running in the University Hospital Birmingham NHS Foundation Trust (UHB). It is a structured monthly teaching programme for Foundation doctors, with the primary aim of improving confidence in complex decision-making regarding clinical ethical dilemmas, while also providing education in medical ethics and law. This forum aims to be an ethics resource and support for junior doctors to discuss cases they have been involved in.

A baseline survey was conducted among junior doctors in both hospitals to ascertain whether an ethics forum would be of value. 35% of respondents (GWH Swindon) did not feel supported tackling ethical dilemmas, and over 70% of respondents in Swindon and 100% of respondents in UHB stated they would benefit from a regular ethics-based teaching session.

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Materials and methods

Teaching sessions are based around a theme, such as DNACPR. Junior doctors are encouraged to submit cases that they have been involved in. Two cases are selected for discussion each session. A short teaching session is delivered on the relevant ethical and legal principles, before allowing time for debate and discussion among junior doctors. Senior consultants facilitate these discussions. Web-based apps are used to promote discussion by generating word clouds and voting.

Pre- and post-teaching surveys were completed by participants to assess if confidence and signposting services across different domains had increased.

Results and discussion

In GWH Swindon

Confidence in making complex and/or ethical decisions increased from 9% to 27%; having discussions with patients/families about resuscitation status increased from 36% to 45%; confidence in knowing where to look for help increased from 27% to 81% (Fig 1).

75% of doctors reported that sessions were beneficial to their training and gained valuable learning from peer experiences (Fig 2).

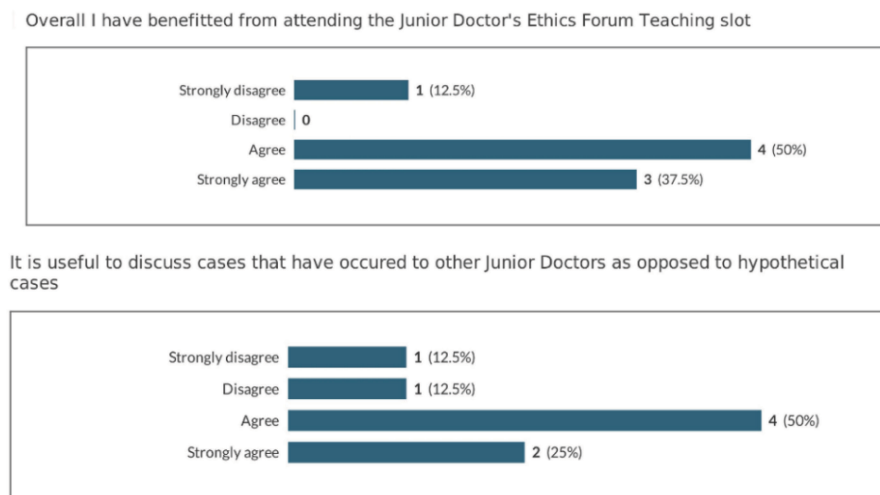


Fig 2. Feedback.

While the small increases in confidence may seem unpromising, it is likely to reflect the fact that having conversations about ethically challenging issues is, by its very nature, a difficult thing to do as a junior doctor. The most encouraging result is the increased confidence in knowing where to find help in making complex decisions. This reflects that this forum has provided good support to juniors and acted as a useful signposting system. It was clear from the responses that participants wanted more discursive and debriefing events; this is very different to any other foundation teaching that is offered, which is usually in a lecture format.

Conclusion

It is evident that junior doctors do feel the need for support in complex decision-making and require debriefing and discussion of events. As such, the JDEF has been a valuable resource for their holistic training. Collaborative teaching with senior level support was appreciated by the cohort and we will continue to deliver these sessions to reflect the needs of the junior doctor workforce. ■

Reference

- 1 McDougall R. The junior doctor as ethically unique. *J Med Ethics* 2008;34:268–70.