Ethics and Child and Adolescent Psychiatry

Curricular Design and Clinical Teaching

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This article describes the development and experience of one child and adolescent psychiatry training program's approach to the creation and content of an ethics curriculum. Currently, a series of lecture-discussions covering ethics and forensic subjects are presented during the first year. Ethical principles, models, and reasoning are introduced, and their knowledge is deemed important to arrive at sensible resolutions of clinical dilemmas. Simultaneously, an emphasis on discussion of ethical dimensions of cases is expected during conferences, clinical experiences, and supervision throughout the 2 years of training. This article presents an analysis of one case for illustration. In addition, questions educators should consider prior to curriculum construction, related to the goals of instruction in ethics, are reviewed. (Academic Psychiatry 1996; 20:150–157)

In recent decades, psychiatrists have been increasingly concerned with ethical issues related to the care and rights of patients (1,2); the behavior of practitioners (3); and the impact of new, fiscally driven environments (4). Several psychiatric educators, responding to the importance of these issues, have championed the inclusion of an ethics curriculum in residency training (5–8).

At the child and adolescent psychiatry training program of the New Jersey Medical School (NJMS), faculty perceptions of deficiencies in residents' knowledge of ethics led to the establishment of a detailed curriculum in ethics and related forensic subjects. In anticipation of the needs for such instruction, the Accreditation Council for Graduate Medical Education (ACGME) guidelines urge, without specifying content, the teaching of ethics in both general and child and adolescent psychiatry (9). The NJMS program's curriculum, described shortly, currently uses several instructional modalities, including lectures, case-based conferences, readings, and individual discussions.

Two factors dictate that child and adolescent psychiatry requires a curriculum separate from that of general psychiatry. First, concerns unique to the care of children frequently demand ethical consideration. For example, the complex relationships of minors with their adult guardians often raise questions about autonomy and responsibility for decisions, and similar questions are posed because of children's continuous growth and maturation. Second, from the perspective of whose responsibility it is for training content, child psychiatry programs often do not know the nature or extent of their trainees' exposure to instruction in ethics during prior general psychiatry training.
ETHICS AND CHILD AND ADOLESCENT PSYCHIATRY CURRICULUM

Didactics

Our child and adolescent psychiatry training program, introduced in 1990, includes 6 consecutive 1.5-hour seminar meetings devoted specifically to ethical and forensic matters during the first residency year. Because of the significant interplay between ethical and forensic considerations, and the way in which legislation attempts to translate ethical deliberations into a legal context, our curriculum combines the instruction in both areas. Related offerings, presented during both years, are also covered.

The initial seminar meeting includes a highly focused and comprehensive lecture and discussion solely on ethics and that subject's interface with psychiatry, which is presented by a child psychiatrist. The material introduced first, well summarized by Musto (10), discusses the development of ethics within the context of the history of general medical practice and the care of mentally disabled persons. Further material includes an outline of the features found in common, over centuries, in most medical codes of ethics (11); the impact of context (i.e., religious, social, and cultural understandings) on considerations of medical ethics (12); and the appearance of designated physicians, amidst the larger group of medical practitioners, specializing in the treatment of the mentally disturbed (i.e., the development of psychiatry as a specialty) (13). Later, instruction shifts its focus to the history of children and ethics, for which Enzer's (14) work is invaluable.

Further instruction describes five primary ethical models (i.e., contract, code, covenant, teleologic, deontologic), which are identified and defined (15), as are five fundamental ethical principles: autonomy, nonmaleficence, beneficence, fidelity, and justice (16). Their description provides bases for a discussion of the ethical reasoning process, for which several models exist (17–19). Considerations unique to child psychiatry are then described (20), which include the implications of child-guardian disagreement, the developing reasoning and cognitive abilities of children, and the high frequency of information exchange with childcare agencies and practitioners. Subsequently, a pertinent case is presented for illustration, and various foci of the American Academy of Child and Adolescent Psychiatry's (AACAP) Code of Ethics (21) are examined in the course of the discussion. The large amount of material that the residents are exposed to during this lecture serves as a foundation for the didactic experiences that follow, for it is in the context of later lectures, case-based conferences, and forensic settings that ethical issues are examined in greater detail.

As limited teaching time is available, the prior material on ethics is presented in 1 highly condensed 90-minute meeting. The five seminar meetings that follow are devoted to nominal forensic subjects that highlight intimately related ethical problems. These lectures-discussions are led by a professor of family law, a faculty member from a neighboring law school, in tandem with a faculty child and adolescent psychiatrist. Commonly, the lawyer describes the development of the law pertaining to a specific forensic subject from a historical perspective; the child psychiatrist describes the ethical concerns and implications for clinical practice of the law's changes over time.

The two meetings following the introductory session are devoted to the topics of the physician's obligations to patients (22), civil commitment (23), competence (24), guardianship (25), and the provision of testimony (26,27). Closely interwoven with these forensic issues are discussions of such directly related ethical concerns as 1) autonomy vs. paternalism; 2) the conflicting rights of the child, guardian, and society; and 3) the concepts of maturity, advocacy, and physician responsibility to provide protection (28).