



Learning to play God: a call for training OB-GYN residents in reproductive ethics

Olivia Paige Myrick¹ · Abigail Ford Winkel¹

Received: 1 July 2019 / Accepted: 9 July 2019 / Published online: 26 July 2019
© Springer Science+Business Media, LLC, part of Springer Nature 2019

Abstract

In this unique time of technological advancement in medicine and the culture of public discourse that surrounds it, trainees in obstetrics and gynecology require more intensive education in medical ethics to appropriately guide patient decision-making and to become more responsible voices in such an ethically complex field.

Keywords Obstetrics · Gynecology · Reproductive ethics · Medical education

A 42 year old, gravida-1, para-0 at 11 weeks gestation presents to the maternal fetal medicine specialist. After her fourth in-vitro fertilization cycle, she is pregnant with quadruplets. The two embryos that were transferred have both spontaneously split and four small embryos are visible on ultrasound in the crowded uterus.

“There’s four in there. I want one. And I want it to be a boy,” the patient says, training her eyes through thick blue-rimmed glasses on the specialist.

A second-year resident, working alongside the attending, turns her attention from the ultrasound probe that she has been using to scan the patient while she observes this interaction. She now looks up at her teacher. Before the encounter, the attending has explained to her that quadruplets have up to 25% risk of miscarriage, and her usual recommendation to patients is selective reduction of the pregnancy by terminating two of the early gestations. [1] The attending and resident had discussed the procedure, and had planned to determine which of the sacs appeared safest to approach with the needle for the procedure. The attending shared that she felt uncomfortable with terminations, but would do this procedure after weighing the needs of the mother and her future offspring.

The patient’s request was unexpected. She has not blinked in the few seconds that have passed since she made her request. Both

resident and patient look up at the attending, who inhales deeply to embark on the decision-making process with her patient.

The health system that today’s trainees in obstetrics and gynecology navigate faces pressure from aggressive media coverage and polarizing political perspectives. The ethical intricacies involved in women’s health are often overshadowed by public opinion. Family planning controversies from contraception to abortion access have long been in the limelight of the news cycle. As older and more medically complicated women have children, maternal-fetal medicine becomes increasingly complex. And advances in reproductive technology raise more and more ethical questions as technological potential places unprecedented power in the hands of doctors and patients who aim to build their families. Physicians helping their patients navigate these complex waters need to be prepared not only to attend to the medical and emotional issues at hand but to have a deep understanding of the ethical questions that accompany them.

Current training in reproductive ethics leaves obstetrician-gynecologists ill-equipped to meet their patients’ needs, let alone lead the scientific and popular discourse around these issues. Education in medical ethics is inconsistent, with unclear goals and incomplete understanding of the most effective teaching methods. [2] Without structured curricula, trained expert faculty, and adequate curricular time, it is unlikely that graduates from obstetrics and gynecology residency programs will be prepared for this aspect of their work as clinicians, scientists, and educators. [3]

The Accreditation Council for Graduate Medical Education (ACGME) identifies “navigation of ethically complex clinical issues involving patient autonomy” as a

✉ Olivia Paige Myrick
olivia.myrick@nyulangone.org

¹ Obstetrics and Gynecology, NYU Langone Health, 530 1st Avenue, New York, NY 10016, USA

benchmark in obstetrics and gynecology training. [4] But this skill falls under the umbrella of *professionalism*—which includes many aspects of the patient-physician relationship, resulting in less attention placed directly on ethics education. Robust assessment of professionalism is rare, with resident evaluations often focusing on anecdotal evidence and general subjective assessments. Opportunities exist to demonstrate understanding of ethical principles through simulation or modules based on morally ambiguous clinical scenarios, but benchmarks of competency are much easier to assess when objectively evaluating technical and cognitive skills directly related to patient care.

Several projects seek to improve ethics training in graduate medical education, but no consensus exists as to the best approach. Alfandre et al. [5] recommended multidisciplinary conferences as a way to offer consultative services as well-targeted educational interventions when residents are faced with clinical ethical dilemmas and need clarification in real time. When comparing these experiences with hypothetical simulation exercises, residents identified these cases as “more educational, pragmatic and durable” for resolving ethical conflicts, but responses were subjective and only collected in the short term. Participants reported satisfaction and perceived utility of the intervention, but they did not identify the ethical principles in the cases or quantify subsequent use of the knowledge gained through the teaching activity.

Some residency programs suggest a formal change to the curriculum as a way to integrate education in medical ethics. One program implemented a 20-h course on reproductive ethics and law, and examined its effect on both knowledge and confidence among resident physicians. [6] Topics covered in the course included physician conscience, media, informed consent, confidentiality, justice, maternal-fetal conflict, reproduction and law, body image and sexuality, pediatric decision-making, and disability rights ethics. Of the 39 participants surveyed at that institution, there was a noticeable baseline deficit in both knowledge of medical ethics and confidence in navigating these subjects. While both confidence and knowledge improved after the training, it was not clear whether the training changed patient care or resulted in long-term retention of competency in ethics. Further research is needed to assess impact and efficacy of this intervention on a broader scale.

In theory, the creation of a widely applicable curriculum on medical ethics has significant potential for success, particularly if didactics are based in the basic bioethical principles of autonomy, beneficence, justice, and avoidance of maleficence. However, it is argued that these themes are often “difficult to reconcile in the context of relentless scientific advancement, increasing social demands, and unique legal framework,” particularly regarding the pace of change in assisted reproductive technologies. [7] From access to ART and its legal implications to the ethics regarding fertility preservation and gamete

donation, to the innumerable decisions faced in preimplantation genetics, reproductive technology will increase the questions for future trainees exponentially. As science evolves faster than the education systems that engender it, who among us will instruct the instructors?

One may argue that the intricacies of genetic manipulation and cryopreservation may be left to the subspecialists directly responsible for mastering this material, and any formalized instruction in ethics should be put aside for fellowship training. However, as infertility grows to be a “global medico-socio-cultural problem” [8], this is a disservice to patients, whose initial decision-making may happen with physicians outside those subspecialties. Moreover, the contentious sociopolitical debate hears many voices, but the loudest of these do not come from medical professionals—all of whom should be best informed to contribute to decisions made about regulation and access.

Educators charged with training future physicians have an obligation to empower these doctors with a systematic approach to moral reasoning. Obstetricians and gynecologists understand their duty to provide their patients with compassionate and effective clinical care. But without the expertise and wisdom to guide them through the complicated ethical considerations that accompany their increasingly complex decision-making process, this duty is only partly accomplished. In this unique time of scientific progress and public discourse, both individual patients and society as a whole need educators in obstetrics and gynecology to take the charge to train physicians who are not only smart and capable but also wise.

References

1. American College of Obstetricians and Gynecologists. ACOG Committee opinion no. 553: multifetal pregnancy reduction. *Obstet Gynecol.* 2013;121(2 Pt 1):405.
2. Eckles RE, Meslin EM, Gaffney M, Helft PR. Medical ethics education: where are we? Where should we be going? A review. *Acad Med.* 2005;80(12):1143–52.
3. Byme J, Straub H, DiGiovanni L, et al. Evaluation of ethics education in obstetrics and gynecology residency programs. *Am J Obstet Gynecol.* 2015;212:397.e1–8.
4. Bienstock J, Adams KE, Connolly AM, et al. Accreditation council for graduate medical education: the Obstetrics and Gynecology Milestone Project. 2015. www.acgme.org. Accessed June 2019.
5. Alfandre D, Rhodes R. Improving ethics education during residency training. *Med Teach.* 2009;31:513–7.
6. Arora KS. A trial of reproductive ethics and law curriculum for obstetrics and gynaecology residents. *J Med Ethics.* 2014;40:854–6.
7. Londra L, Wallach E, Zhao Y. Assisted reproduction: ethical and legal issues. *Semin Fetal Neonatal Med.* 2014;19:264–71.
8. Serour G, Serour A. Ethical issues in infertility. *Best Pract Res Clin Obstet Gynaecol.* 2017;43:21–31.

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.