

Background:

- The delivery of bad news to patients is a critical part of ethically sound care
- When a patient receives bad news, it is crucial for physicians to communicate information clearly and at a level of detail that will support a patient's decision making.
- By involving a student or resident physician with less experience, the medical team may compromise the patient's autonomy through less clear and less in-depth communication of the prognosis and treatment options available to them.

Ethical Questions:

- Is it ethical for learners to be the primary communicator of bad news to patients?
- If so, what considerations are necessary to support their involvement in an ethically sound way?

Methods:

- Literature review of existing data around learner delivery of bad news
- Stakeholder identification
- Identification of the interests and conflicts of interests for each stakeholder

Ethical Analysis

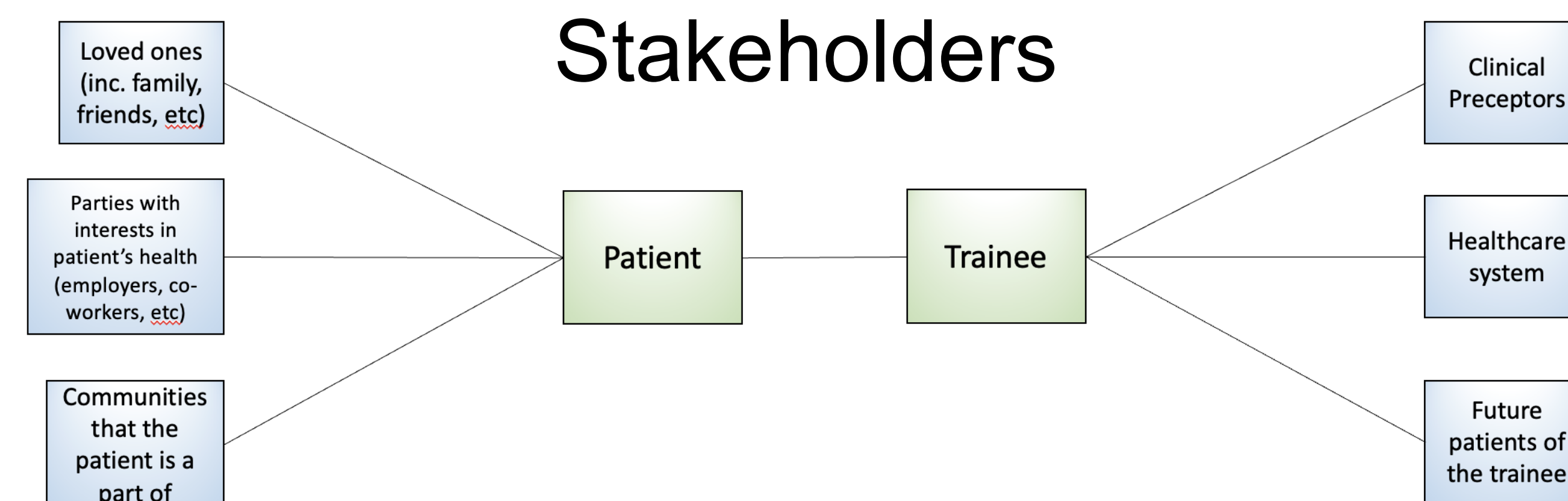


Figure 1: Stakeholder diagram adapted from UNC IHQI Snowflake Diagram

Interests:

Interested Parties:	Interests:
Patient	Informed decision making, maximizing chances of recovery and duration of survival, maximizing quality of life, minimizing pain, minimizing cost, minimizing risk, understanding potential benefits and risks, ensuring their own values, preferences and goals are considered in the decision-making process
Trainee	Completion of work responsibilities, time management, demonstrating competence, developing skills, developing autonomy, job satisfaction, minimizing distress and moral injury
Future patient	Having access to providers with experience in having difficult conversations, having access to providers who have had practice delivering a specific diagnosis before, having providers who are able to anticipate relevant questions to inform decision making
Medical Educators	Duty to prepare future providers to function autonomously, completion of clinical responsibilities

Table 1: Parties and Interests

Conflicts:

Interested Parties:	Conflict:
Student and patient	Student's desire to provide quality care, take ownership, gain experience, demonstrate competence and avoid distress in tension with the patient's desire to receive care from a more experienced clinician with the best available understanding of their situation and options
Student and medical educator	Student's desire to take ownership, gain experience, demonstrate competence and be positively evaluated in tension with the medical educator's desire to avoid harm caused by miscommunication, to minimize trainee distress, and to minimize one's own distress
Patient and medical educator	Patient's desire to receive care from a more experienced clinician with the best available understanding of their situation and options in tension with the duty of a medical educator to impart skill for difficult conversations to their trainees

Table 2: Conflicts

Conclusions:

- There is currently not strong evidence that clearly demonstrates increased risk of harm to patients when learners deliver bad news
- The need to prepare providers to deliver bad news is ethically compelling based on the duty to supply well-prepared providers to future patients (Justice as fair distribution of resources)
- A helpful model for balancing obligations to present and future patients can be drawn from the model of graduated autonomy seen in procedural fields

Implications:

- Further research is needed comparing patient outcomes when bad news is delivered by learners versus more experienced team members
- Given the absence of clear evidence of harm and the obligation to future patients, it is possible and, in many cases, ideal for learners to be the primary communicators when bad news is delivered to patients

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