**Interviews**

How to answer ethical questions at your medical school interview

* **By**: Julian Sheather

Medicine is about delivering health benefits to patients. Sometimes this means curing them of an illness. If they cannot be cured, it may entail trying to halt or slow the progression of a disease. In the end, it may mean providing the best possible end of life care. From outside, the role of doctors seems straightforward: they use their medical skills—and medical technology—to benefit their patients. The ability to do good for people is one of the attractions of a medical career: part of what makes it a vocation rather than just a job.

However, there are times when it is not clear what we mean by “doing good.” Not necessarily because we are unsure about the diagnosis, or of whether a proposed treatment will be effective, but because there are real doubts about what “good” means. Is withdrawing life sustaining treatment from a patient in a persistent vegetative state good, or should he or she be kept alive indefinitely?

Medicine entails the application of science to the healing of human beings. At times it can seem as if the human is swamped by the science. One of the reasons admissions tutors to medical schools might ask you how you would respond to ethical problems is because these questions can shed light on the human dimension of medicine. At an interview, admissions tutors will be exploring more than your scientific and analytic abilities. They will also be exploring emotional skills such as empathy.

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Box 1: Key points to consider when asked to discuss ethical dilemmas

* Focus on the interests of the patient
* As far as possible, explore the patient’s views
* What are the likely consequences of the decision, in terms of benefit and harms, both for the patient and for relevant other people?
* Which of the available choices will maximise benefit and minimise harm?
* Try to identify any values at stake, particularly values that might conflict with one another
* Ask yourself whether any relevant principles may be involved
* Does any value or principle seem particularly important?
* Is there any relevant law here?

Below I present some common ethical problems you might be asked to reflect on at an admissions interview. It is rarely the case that the answers to these problems are cut and dried. The important thing is to start thinking for yourself. To that end, we have drawn out some of the ethical issues arising from the questions.

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Question 1: should doctors ever lie to their patients?

Doctors are highly trusted medical professionals and for most of us the thought of them deliberately lying to us goes against the grain. If we ask our doctors a question about our health, we expect them to tell us the truth. But what if the truth is terrible? What would you do if someone asks you not to tell his elderly mother about her terminal diagnosis because it would “devastate” her?

The first step here is to remember that the focus is on the individual patient and on doing the best for her. The reason this question arises is because the son says that the consequences of what should be the right thing—telling the truth—might be harmful. Ignorance, we are told, is bliss.

Ethically, the focus is on the individual patient, and the benefits and harms to her of any decision will be important. But we need to ask a few more questions. If the patient is the focus, how do we know that she does not want to be told the bad news? Relatives are not always the best judges of a patient’s interests. What if the son does not want to see his mother struggle with the diagnosis? These thoughts should send us to back to the patient.

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Box 2: Key principles in medical ethics

A principle is a bedrock norm in any system of morality. Widely recognised principles in medical ethics include:

* Self determination or autonomy—we should respect the informed choices of adults provided they do not impinge on the rights or wellbeing of others
* Honesty and integrity—doctors should tell the truth and avoid acts intended to deceive
* Confidentiality—all patients have a qualified right to confidentiality
* Maximising benefit and minimising harm—although this can be a difficult issue in practice, doctors are under an obligation to provide healthcare to their patients in ways that deliver maximum benefit with minimum attendant harm.

Although the consequences of any decision are important, sometimes decisions need to be guided by principles (see box 2). Principles might not offer a straight answer to a dilemma and may need to be traded off against each other, but they should guide a doctor’s decision making. As you can see from box 2, truth telling is one principle. Respect for the informed choices of adults is another. Both of these principles, which condense a great deal of ethical good sense, invite us to return to the patient’s perspective. Without immediately giving the diagnosis, could you identify what the patient might want? Are there issues about the patient’s mental capacity that we may need to take into account? In modern medicine there is a strong presumption that doctors should tell the truth to their patients. It does not necessarily mean that they should dump information on unwilling patients, and patients are entitled to indicate that there are some things that they may not want to hear. But truth telling must be the starting point.

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Learning points for question 1

* The focus of our concern is the patient
* The potential benefits and harms of our decisions, both to the patient and to relevant others, are important
* Are there any relevant principles at stake here that might guide our decision?
* Has the patient been as fully involved as possible in our decision making?

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Question 2: is it acceptable for students to discuss on the bus an examination they have observed?

This is an easy one: no. If you are asked this question, what the admissions tutor is getting at are the reasons behind the answer. Many people quite happily sit on a bus discussing people they meet at work. Why shouldn’t medical students? One straightforward answer is that patients have a right to confidentiality, and talking about them like this is likely to breach it. You would be breaking the law. While this is likely to be true, it would be worth understanding the law and asking what interests the law is trying to protect here.

Good medical care often concerns patients sharing sensitive personal information with their doctors. Most of us are highly selective about whom we share such information with. Control of our private information is linked to our ability to control our lives. Without trust that doctors will keep our information secret, we are unlikely to disclose relevant information. Our health, and in some cases the health of others, may suffer.

The question also reminds us that certain professionals have particular responsibilities. Trust is critical to the doctor-patient relationship, and behaviour, even outside work, that undermines it may be unacceptable.

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Learning points for question 2

* Sensitive information is the life blood of good medical care—treating it with respect means treating patients with respect
* Confidentiality is critical to patient trust
* Medicine imposes responsibilities on doctors—and medical students—that may not be shared by others
* Ask yourself whether any relevant laws are involved

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Question 3: a mother refuses her child lifesaving treatment because it is against her religious belief. Who gets the last say? What would you do?

Consider an intelligent 15 year old who needs lifesaving surgery for which blood transfusion will be necessary. She has a close family, which is extremely loving and supportive. All three are devout Jehovah’s Witnesses. The use of blood products is prohibited by their religion. After anguished discussion the child and parents decide against the operation.

Anyone coming across this scenario for the first time is likely to be seriously troubled. The question is a grave one, and a young patient’s life is at stake. In essence, the question is whether a doctor should abide by the decision and let the patient die a preventable death, or override the child’s—and parents’—choice and save her life.

Again the focus should be on the patient. She is a child. Is her choice her own or is she under the influence of her parents? As a child, does she have the legal right to make the decision? Based on current law, it is highly unlikely that a decision as serious as this taken by a child will be upheld. If she cannot make the decision herself, what about the parents? Legally, someone with parental responsibility can make decisions on behalf of a child, but the decision needs to be governed by the child’s interests. Can such a decision possibly be in the child’s interests?

Decisions as grave as these must never be taken by a single health professional. The treating team, including the most senior clinician, should be fully involved. Where, as here, there is serious conflict between medical interests and the decision of parents or children, legal advice should be sought. Ultimately, it is likely to be a decision for the courts.

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Learning points for question 3

* Children do not have the same decision making rights as adults—at times decisions have to be made by others in their interests
* People with parental responsibility have decision making rights with respect to their children, but decisions need to be guided by the child’s interests
* Very serious decisions, particularly where there is conflict between patients, relatives, and the treating team may need to go to court

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Conclusion

Medicine often intersects between science and human beings. Ethical problems can remind us of the human dimension of medicine: a good medical outcome is not just a question of technical success, it has to be good for a patient. Patients can, with good reason, disagree with doctors about what is right for them. At interview you may be asked to reflect on some ethical problems or dilemmas. This gives you a chance to consider the nature of the relationship between doctors and patients and the kinds of human needs and vulnerabilities that patients bring. If you can show an understanding of the human complexity of medicine, you’ll be halfway there.

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July 1st 2015