

MEDICAL ETHICAL GUIDE- LINES

Ethics training for
health professionals



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Recommandations

Ethics training for health professionals

Approved by the Senate of the SAMS on 29 november 2018.
The French text is the authentic version.



The Swiss Professional Association for Nurses (SBK/ASI) recommends that educational institutions for health professionals should observe and apply these recommendations.

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I. PREAMBLE

Ethics is of fundamental importance for the conduct of health professionals¹. An ethically considered approach is a prerequisite for good decisions and for the establishment of trustful relationships with patients, relatives and fellow professionals.

Ethics provides guidance through values and norms, ensuring that professionals remain capable of acting even in the difficult and complex situations that arise in everyday practice. Unethical professional conduct can jeopardise patients'² safety and adversely affect team performance.³ Ethics must therefore be central to professional conduct, and sound ethics training is indispensable for health professionals.⁴

Ethics is a discipline in its own right. It is to be taught in undergraduate, postgraduate and continuing education for the health professions. Today, medical ethics⁵ is part of the curriculum of all tertiary-level courses for health professionals – at medical faculties, universities of applied sciences, or technical colleges.⁶ However, there is considerable variation in the scope and content of courses, and in teaching methods, between educational institutions.⁷ Since medical-ethical issues call for interdisciplinary and interprofessional collaboration, this heterogeneity may pose significant obstacles in practice.

- 1 In this document, the various medical and non-medical professions within the healthcare system (such as nursing, midwifery, physiotherapy and occupational therapy, dietetics, surgical technology, etc.) are grouped under the heading of «health professions», and their members are termed «health professionals».
- 2 Not all health professionals work with patients – for example, midwives or residential/care home staff. However, in this document, for the sake of simplicity, the term «patients» is used to refer to all clients.
- 3 Cf. Riskin A, Erez A, Foulk TA, et al. Rudeness and medical team performance. *Pediatrics*. 2017; 139(2): doi: 2016–305.
- 4 Cf. Doukas DJ, McCullough LB, Wear S, et al. The challenge of promoting professionalism through medical ethics and humanities education. *Academic Medicine*. 2013; 88(11):1624–9. Cf. also the references to ethics-related competencies and objectives in the Medical Professions Act (MedBG, SR 811.11) – Art. 4 para. 2 let. c, Art. 6 para. 1 let. d, Art. 8 let. e and, in particular, Art. 8 let. i («[Graduates] respect the dignity and autonomy of human beings, are familiar with ethical modes of reasoning and with the ethical problems of their professional domain, and are guided in their professional and scientific activities by ethical principles concerning human welfare») – and in the Federal Council Dispatch on the Health Professions Act (Botsch GesBG) – explanatory notes on Art. 3 para. 2 let. e and f, and Art. 4 para. 2 let. a.
- 5 In this document, «medical ethics» covers the ethics of all health professions. The term «medical» is understood in a broad sense; cf. the position paper issued in 2004 by the SAMS, FMH, and the Medical Faculties of the Universities of Basel, Bern, Geneva, Lausanne and Zurich. *Ziele und Aufgaben der Medizin zu Beginn des 21. Jahrhunderts*, Section 3.5.
- 6 Hereafter, these are collectively referred to as «educational institutions». In addition to health professionals, other professional groups such as psychologists and social or pastoral care workers may be confronted with medical-ethical problems. It is advisable for them to undergo supplementary or specialist training in medical ethics.
- 7 Cf. the 2011 SAMS survey of ethics training programmes offered by medical faculties and the health schools of universities of applied sciences.

These Recommendations describe the content which needs to be taught to trainee health professionals – and should therefore be included in ethics curricula – so as to ensure that basic and advanced ethics training throughout Switzerland provides optimal foundations for effective intra- and interprofessional collaboration on ethical matters. The Recommendations supplement the medical-ethical guidelines and manuals which deal with questions arising in everyday professional practice, such as the use of coercive measures, the care and treatment of people with dementia, or decisions on cardiopulmonary resuscitation.⁸

8 For an overview of all the medical-ethical guidelines and manuals issued by the SAMS, see www.sams.ch/publications

II. RECOMMENDATIONS

1. Scope and target audience

These Recommendations are addressed to educational institutions in the health sector, to individuals responsible for ethics training, and to instructors and those responsible for the transfer of training to professional practice.

They cover the structure, objectives and content of ethics training. In addition, they discuss topics such as performance evaluation and instructors' qualifications. The term «ethics training» is used in an overarching sense, encompassing all levels of undergraduate, postgraduate and continuing education.

Falling outside the scope of these Recommendations are fundamental elements common to all curricula, such as methodology, didactics, teaching formats (lecture, problem-based learning, blended learning, etc.), level-appropriate teaching, principles and methods of assessment, etc.⁹ These are also determined by the orientation of the particular educational institution.

2. Central aspects of ethics training

Ethics training requires a carefully prepared curriculum, designed in a way which is both level appropriate and coordinated with the acquisition of competencies in other areas. The integration of ethics into the overall curriculum (curricular alignment) helps to ensure that it is perceived, not as an abstract subject, but as a discipline closely linked to other subjects such as pathology, law, research, communication, etc.

The following 13 points, which are of central importance for ethics training, are discussed in more detail in Sections 2.1. to 2.13.

- 1) The core content of ethics training is the same for all health professions.
- 2) The shared core curriculum is to be distinguished from additional elective modules.
- 3) Ethics training involves four domains: *knowledge, skills, attitudes* and *capacity for reflection*.
- 4) Content is taught in stages.
- 5) Ethics training encompasses different competence levels.
- 6) Theory is elucidated by case studies from everyday professional practice.
- 7) Ethics training modules should be delivered interprofessionally.

⁹ Basic principles are discussed in: Pfeifer V. Didaktik des Ethikunterrichts. Bausteine einer integrativen Wertevermittlung, 3rd edition, Munich 2013; Rabe M. Ethik in der Pflegeausbildung. Beiträge zur Theorie und Didaktik, 2nd edition, Bern 2017; Cruess R, Cruess S, Steinert Y (eds). Teaching medical professionalism, Cambridge 2009.

- 8) For training in medical ethics, the fundamentals of health law are indispensable.
- 9) An explicit connection between ethics training and communication skills is essential.
- 10) The transfer of ethics training to practice requires sufficient time and space.
- 11) Learning is to be evaluated by suitable methods.
- 12) Instructors must be suitably qualified.
- 13) Training should be adapted and developed to address emerging issues.

As well as complying with these points, it is desirable that each educational institution should maintain its own particular emphases and traditions in ethics training.

2.1. The core content of ethics training is the same for all health professions

In everyday practice, difficulties may arise between the various professional groups as a result of differences in their respective traditions and perspectives, which are shaped by professional socialisation and their different activities. Thus, for example, while physicians and nurses invoke the same values, they may not accord them the same weight and significance. But even if differing perspectives may be associated with different professional roles – which could suggest the existence of a «physicians’ ethics» or a «nursing ethics» – all health professions adhere to a common value base.¹⁰

This content, indispensable for all health professions, is designated as the core curriculum (cf. Section 3.3.). This ensures that trainee professionals are subsequently – as members of an interprofessional team – able to perceive, formulate and deal with ethical issues.

2.2. The shared core curriculum is to be distinguished from additional elective modules

The core curriculum comprises the content that is essential for an appropriate understanding of medical ethics. Additional and more advanced content should also be offered. Students who are, for example, preparing for a specific professional activity should be able to choose additional modules. In the elective modules, the fundamental content and modes of reasoning previously covered are applied and consolidated.

The individual topics to be covered in ethics training are shown in the Tables in Section 3.4.

¹⁰ Cf. Grace S, Innes E, Joffe B, East L, Coutts R, Nancarrow S. Identifying common values among seven health professions: An interprofessional analysis. *Journal of Interprofessional Care*. 2017; 31(3): 325–34; Irvine R, Kerridge I, McPhee J, Freeman S. Interprofessionalism and ethics: consensus or clash of cultures? *Journal of Interprofessional Care*. 2002;.16(3): 199–210.

2.3. Ethics training involves four domains: knowledge, skills, attitudes and capacity for reflection

The imparting of *knowledge* provides foundations but is not sufficient to ensure successful integration of ethics into professional practice. What is required are *skills*, such as the ability, in a clinical situation, to raise or discuss ethical questions with representatives of other health professions and with patients, relatives and surrogate decision-makers. Ethics training is also concerned with *attitudes*. An additional requirement is the acquisition of the *capacity for reflection*. Health professionals must be able to assess whether or not an ethical issue is involved and what approaches are appropriate. Key capabilities to be promoted by ethics training are the ability to reflect critically on one's own views and to recognise appropriate options.

2.4. Content is taught in stages

Ethics training should already take place in the first year of undergraduate education, and additional, more advanced content is to be learned during the rest of the course and after graduation (diploma). The teaching of general foundations and skills is followed by more detailed coverage of specific areas of practice. Ethical theories and their application to ethical questions from everyday professional practice should thus be discussed at an early stage. It is important that ethics teaching should not be limited to a single approach (e.g. a principle- or case-based approach, or care ethics).

For complex issues – e.g. questions relating to the beginning or end of life – students must already have gained practical experience in situations of the relevant kind.

The capacity for reflection should also be acquired through practice at an early stage. This provides the basis for leading an ethical discussion – a skill taught in postgraduate and continuing education. More advanced skills can be acquired in a clinical setting in the context of ethics support (e.g. consultations or opinions)¹¹.

2.5. Ethics training encompasses different competence levels

Competence levels are used to indicate the quality of the practice-related abilities and attitudes of a person in a profession. In ethics, competence levels can be defined as follows:

- Level 1: Acquisition of the requisite theoretical knowledge.
- Level 2: Ability to identify and analyse an ethical problem and to reason on the basis of the knowledge acquired.

11 For information on the various forms of ethics support and the integration of ethics within institutions, cf. SAMS. Ethics support in medicine. Medical ethical recommendations, Basel 2012.

- Level 3: Active participation in an intra- or interprofessional discussion on an ethical issue with the aim of arriving at a broader understanding of the situation, a reasonable proposal on how to proceed, or an acceptable decision. This is combined with the ability to discuss an ethical problem with patients (and relatives), to establish their preferences and arguments, and to communicate a decision.

Competence levels are not defined by the individual areas of medical ethics covered, but by the *training level*. They can extend from Level 1 to Level 3 within all phases of training, both during undergraduate education and after graduation. The level to be attained must be defined for each phase, so that the requirements and the type of performance evaluation can be specified.

2.6. Theory is elucidated by case studies from everyday professional practice

Case studies are often employed in ethics. It should be ensured that these are not overladen with medical information and so complex that the actual ethical issue is obscured. Discussion of highly complex dilemmas at an early stage can be too demanding, while examples which are too banal can give a simplistic picture of ethics as a «problem-solving algorithm». Practical examples must reflect the reality of the health system and be relevant for an understanding of professional practice. For this reason, common – at first glance «unspectacular» – cases are particularly suitable for illustrating and exploring ethical issues (e.g. use of measures restricting personal liberty in suspected delirium, postoperative mobilisation against the patient's wishes, etc.).

2.7. Ethics training modules should be delivered interprofessionally

In everyday practice, patients are cared for jointly by professionals from different areas. It must be possible for ethical challenges to be addressed jointly within an interdisciplinary and interprofessional team. Only if ethical concerns can be described in comprehensible terms is it likely that differing moral perceptions can be effectively communicated. It is thus advantageous if professionals have already, during their training, become familiar with the different perspectives of the professional groups involved.¹² Ethics training modules should therefore be delivered interprofessionally, with an interdisciplinary perspective being adopted. Teaching formats emphasising interactive behaviour should be chosen.¹³

12 Cf. Aveyard H, Edwards S, West S. Core topics of health care ethics. The identification of core topics for interprofessional education. *Journal of Interprofessional Care*. 2005; 19(1):63–9; Engel J, Prentice D. The ethics of interprofessional collaboration. *Nursing Ethics*. 2013; 20(4):426–35; Stein-Parbury J, Liaschenko J. Understanding collaboration between nurses and physicians as knowledge at work. *American Journal of Critical Care*. 2007; 16(5):470–7; Interprofessional Education Collaborative Expert Panel. Core competencies for interprofessional collaborative practice. Washington, D.C. 2011.

13 Cf. SAMS Charter «Interprofessional collaboration in healthcare», Basel 2014 (available in French/German/Italian); in particular, point 5.

2.8. For training in medical ethics, the fundamentals of health law are indispensable

While ethics and law are separate disciplines, there are many areas where they overlap. Essentially, the law confirms the values generally acknowledged in a society, whereas ethics reflects on the values concerned. The weighing of interests – i.e. assessing which value or principle is to be given priority in cases of conflict – is common to both disciplines. Health professionals must be familiar with this instrument, and the fundamentals of health law are a prerequisite for the application of knowledge and competencies in medical ethics.

Training in health law often takes place independently of ethics training; occasionally, the former is integrated into the latter. Both approaches have their advantages and disadvantages. Training should make clear to students both the differences between the two disciplines and how they complement each other. If the subjects are taught separately, the content must be coordinated by the lecturers concerned.

2.9. An explicit connection between ethics training and communication skills is essential

The conduct of discussions in therapeutic relationships¹⁴ is an important element of the curriculum for health professions. While they do not form part of ethics training, communication skills are indispensable for the integration of ethics into professional practice. In the course of training, students learn how a discussion on an ethical issue is initiated and how the values and attitudes involved are expressed and reflected on. Communication skills are promoted and enhanced through ethical discussions among professionals and through practical experience in advising patients and relatives on ethical issues. Trainee health professionals must also learn to differentiate between communication problems and ethical issues. It is recommended that the relevant content should be coordinated by the lecturers responsible.

2.10. The transfer of ethics training to practice requires sufficient time and space

What students have learned is applied in everyday practice. Here, it becomes apparent – not least to trainee health professionals themselves – how ethics training can exert an influence «at the bedside». Supervision in everyday practice enables students to gain experience in handling real-life ethical questions. Ethically challenging situations arising in practice should be deliberately utilised as «training opportunities» (e.g. admission interview with a cognitively impaired patient and consent to an operation). Clinicians responsible for training should ensure that adequate time and space is available for the transfer of ethics training to practice.

14 Cf. SAMS manual «Communication in everyday medical practice», Basel 2013 (available in French/German).

Students' conduct in relation to ethics is to be explicitly taken into account in evaluations of placements (qualifications). Providing specific feedback on students' interactions with patients, relatives and colleagues, and on their personal resource management, promotes effective learning processes and ethical self-efficacy for subsequent professional life.

2.11. Learning is to be evaluated by suitable methods

Given the density of the curriculum, there is a risk that subjects in which learning outcomes are not evaluated will be neglected by students («evaluation drives the curriculum»). The assessment of learning in ethics poses challenges and requires the use of suitable methods. Ethical *knowledge* can be tested by multiple-choice questions, and *capacity for reflection* by a written assignment or in oral examinations (case discussion, reflection). *Competencies* such as reasoning ability and listening can be observed and assessed in student group discussion exercises. Also suitable are discussion scenarios involving standardised patients.

It is important that all the domains covered in training (i.e. knowledge, skills, attitudes and capacity for reflection) are subject to evaluation.

2.12. Instructors must be suitably qualified

Ethics instructors must be able to sensitise students to ethical issues; teach knowledge, skills, attitudes and capacity for reflection in a level-appropriate way; and test and evaluate performance. They thus require both appropriate undergraduate and postgraduate training in ethics and expert knowledge of the students' area of professional activity. Adequate skills in tertiary-level education methods and didactics are a further requirement. In addition, it is desirable that instructors should have regular access to clinical situations.

2.13. Training should be adapted and developed to address emerging issues

The impacts and social changes associated with new developments in medicine give rise to new topics, which may need to be reflected on and included in ethics training. These developments must be integrated into ethics training, with new issues being addressed in particular in the advanced modules.

3. Content of ethics training

3.1. Introduction

The objectives specified in curricular reference documents are also to be taken into account in ethics training. These include the professional roles defined in the CanMEDS framework¹⁵, the entrustable professional activities (EPA) concept employed in competency-based medical education¹⁶, and the situations described in the Swiss catalogue of learning objectives for undergraduate medical training (PROFILES¹⁷). Learning objectives for ethics training are sometimes explicitly mentioned in these documents (e.g. «comply with the code of ethics and the recommendations of the Swiss Academy of Medical Sciences»), but they are also sometimes referred to without being designated as such (e.g. «respect privacy and confidentiality»).

3.2. Domains and thematic groups

The content to be taught is summarised in tabular form below. The tables are based on the four domains of ethics training (cf. Section 2.3) – *knowledge, skills, attitudes and capacity for reflection*. The *knowledge* domain is subdivided into three categories: I) Fundamentals of ethics, II) Fundamentals of medical ethics and III) Areas of application of medical ethics.

In the tables, possible content (thematic groups) and explanations are given for each of the four domains. The lists thus cover both the recommended content of the core curriculum and additional medical-ethical topics. The lists are not exhaustive.

The selection of categories and the assignment of specific content to each of these was partly determined by pragmatic considerations. Thus, for example, «autonomy» and «beneficence» are assigned to *Fundamentals of ethics* and, to avoid redundancy, are not included in the *Fundamentals of medical ethics*, even though these topics are of crucial importance in both areas.

Instruction is always undertaken with the goal of enabling health professionals, in the course of their training, to take the ethical dimension into account in their practical activities and decision-making. They acquire the competencies which are required so that they can make an active contribution to ethical case discussions. In addition, they must be in a position to advise patients and their relatives (or authorised representatives) on decisions concerning treatment and care. This also applies to the field of paediatrics. Besides compliance with written rules, the content of the code of professional ethics is also to be taught as an attitude.

15 In the CanMEDS framework, seven roles are defined which physicians are required to play in their work: medical expert (the central role), communicator, collaborator, leader, health advocate, scholar and professional.

16 Entrustable professional activities (EPA) are tasks in which a health professional, on completion of training, has attained a sufficient level of proficiency to be able to perform them without supervision.

17 The acronym PROFILES stands for *Principal Relevant Objectives and Framework for Integrated Learning and Education in Switzerland*.

3.3. Content of the core curriculum

Given the multiplicity of ethical aspects relevant for everyday clinical practice and the density of the curricula for the health professions, the content of training in medical ethics needs to be carefully considered and coordinated. Prioritisation is unavoidable, and the content is to be structured in such a way as to promote and facilitate transfer to other areas. The term «core curriculum» refers to that content which is an essential part of training for all health professions, as it is indispensable for an appropriate understanding of medical ethics. The content of the core curriculum in the various domains is described below.

In the «*Knowledge*» domain, in the *Fundamentals of ethics*, all students should be introduced to the subject of ethics and be familiarised with basic concepts (e.g. values, norms) and central conceptions (e.g. human dignity, autonomy, justice, beneficence, solidarity). When ethical theories are presented, it should be ensured that various approaches are described and explained (e.g. principle-based ethics, care ethics, utilitarianism, Kantianism, virtue ethics, etc.).

In the *Fundamentals of medical ethics*, the various traditions of professional ethics are to be introduced. These can be explored in more depth, as required – outside of the core curriculum. Particular emphasis is to be placed on the basic concepts common to all these traditions, such as quality of life, concepts of health and disease, or consideration of vulnerability. Under the heading of professional ethics, not only should reference be made to applicable medical-ethical guidelines, but the relationship between health professional and patient/relatives is also to be discussed. Also to be considered are specific professional duties, such as careful management of conflicts of interest or a positive error culture. Also indispensable is a detailed examination of patient autonomy (informed consent, shared decision-making, advance care planning, etc.).

In the *Areas of application of medical ethics*, the choice of content is based on the trainees' particular professional area. However, certain thematic groups are so central that they form part of the core curriculum and should be covered – in more or less detail – in all courses. These include the significance and assessment of (in) capacity, specific questions concerning the beginning and end of life, decisions on limitation of treatment, or ethical aspects of public health and digitalisation. Table 3 provides an overview which can be consulted to ensure that an appropriate variety of topics are selected.

In the «*Skills*» domain, practical competencies are to be developed with the students. Forms of ethical reasoning and an individual ethical decision-making capacity need to be acquired, practised and consolidated over an extended period. In training, a firm place and sufficient time should be accorded to the skills required in everyday practice – for example, the discussion of difficult situations with patients and relatives, obtaining informed consent, decision-making with regard to

patients lacking capacity or the discussion of ethical questions within the intra- or interprofessional team.

In the «*Capacity for reflection*» domain, all students are to be taught methods of reflection such as critical thinking or change of perspective. To promote moral sensitivity, the identification and description of value conflicts and ethical challenges should be practised. Students must be able to distinguish between genuine ethical questions, on the one hand, and uneasiness arising from personal involvement, lack of expertise or other factors, on the other hand.

In the «*Attitudes*» domain, trainee health professionals must be given opportunities to develop, inter alia, the following attitudes, so that they can appropriately perceive, formulate and deal with ethical questions in everyday professional practice: empathy and compassion, truthfulness and reliability, tolerance and respect. The development and fostering of these attitudes contributes to the attainment of attitudes which are key requirements of medical ethics, such as respect for the patient's wishes, professional management of uncertainty, or the assumption of duties and responsibilities vis-à-vis moral minorities.

3.4. Tables: content to be taught in ethics

Training offers a level-appropriate introduction to and increasingly advanced engagement with the content to be learned in all four domains of medical ethics (cf. Sections 2.4 and 2.5). Elements from the various domains can be taught sequentially or in parallel. Training must be structured so as to enable trainee health professionals to acquire the integrated capacity to recognise ethically sensitive situations as such and to develop considered options for action.

In particular, the content in the domains of skills, capacity for reflection and attitudes is not only to be included in the instruction provided at the educational institutions, but also specifically integrated into clinical undergraduate and post-graduate training.

Table 1. Overview of the four domains of ethics training

KNOWLEDGE I) Fundamentals of ethics II) Fundamentals of medical ethics III) Areas of application of medical ethics
SKILLS
CAPACITY FOR REFLECTION
ATTITUDES

Table 2. Domain Knowledge I: Fundamentals of ethics

KNOWLEDGE I) Fundamentals of ethics	
THEMATIC GROUP	CONTENT
Introduction to ethics	<ul style="list-style-type: none"> – Concepts of <i>ethics</i> and <i>human sciences</i> in medicine – Values and norms, normative/descriptive distinction – History of ethics – Status of clinical ethics
Central conceptions and values	<ul style="list-style-type: none"> – Human rights – Human dignity – Autonomy, justice, beneficence, non-maleficence, solidarity, trust – Pluralism, i.e. plurality of ethical foundations also within a culture or an individual
Ethical theories	<ul style="list-style-type: none"> – Deontology (Kantianism) and consequentialism (utilitarianism) – Care ethics – Principle-based ethics – Virtue ethics, narrative ethics, case-based ethics, feminist ethics, contractualism, organisational ethics

Table 3. Domain Knowledge II: Fundamentals of medical ethics

KNOWLEDGE II) Fundamentals of medical ethics	
THEMATIC GROUP	CONTENT
Basic concepts	<ul style="list-style-type: none"> – Introduction to medical ethics and traditions of professional ethics (physician ethics, nursing ethics, ethics for midwives...) – Ethical aspects of concepts of health, disease and disability – Limits of medicine – Search for meaning in practice; benefits and limits – Vulnerability, management of dependency – Quality of life – Integration of decisions into the patient's biography
Professional ethics and professional duties	<ul style="list-style-type: none"> – Professionalism – Error culture and error management – Relationship between health professional and patient/relatives – Management of conflicts of interest – Management of power and power differentials – Ethics authorities in Switzerland and guidelines
Equity in healthcare	<ul style="list-style-type: none"> – Economic framework, solidarity and diversity – Resource allocation – Access to health services
Patient autonomy	<ul style="list-style-type: none"> – Autonomy and truthfulness, informed consent – Ethical foundations of shared decision-making – Advance directive and advance care planning – Assisted autonomy and legal representation of patients lacking capacity – Limits of autonomy – Coercive measures
Ethics/law interfaces	<ul style="list-style-type: none"> – Legal foundations for medicine <i>(if covered in ethics training)</i> – Distinguishing between different types of norms – Patients' rights, treatment mandate – Surrogate decision-making – Research law and research ethics (Human Research Act) – Duty of confidentiality and data protection

Table 4. Domain Knowledge III: Areas of application of medical ethics

KNOWLEDGE	
III) Areas of application of medical ethics	
THEMATIC GROUP	CONTENT
Capacity and incapacity	<ul style="list-style-type: none"> – Assessment of (in)capacity – Treatment and care of patients lacking capacity – Participation of persons lacking capacity – Autonomy of the child, self-determination and shared decision making in adolescents
Reproduction	<ul style="list-style-type: none"> – Termination of pregnancy – Reproductive medicine
Beginning of life	<ul style="list-style-type: none"> – Ethics in neonatology – Ethics in paediatrics
End of life	<ul style="list-style-type: none"> – Assisted suicide – Decisions on limitation of treatment, initiation of treatment, palliative care issues – Ethics and frailty in geriatrics, long-term care – Sedation
Transplantation	<ul style="list-style-type: none"> – Organ donation – Determination of death in the context of organ transplantation – Organ allocation and distributive justice
Other areas of application	<ul style="list-style-type: none"> – Neuroethics, diagnostic neuroimaging – Digitalisation, e-health, robotics – Personalised medicine, big data, data security – Public health – Vulnerable and impoverished patient groups – Ethics in psychiatry – Ethics and chronic illnesses – Addiction disorders – Ethical aspects of the treatment and care of people with disabilities – Ethics in emergency medicine – Research ethics – Ethical issues in prison medicine – Genetic analyses – Medicine and nursing in an intercultural context – Ethics of animal experimentation

Table 5. Domain Skills

SKILLS	
THEMATIC GROUP	CONTENT
Practical competencies	<ul style="list-style-type: none">– Communication and truthfulness– Informed consent– Discussion of difficult situations with patients/ relatives– Ethical decision-making capacity– Consideration of intercultural issues– Implementation of advance directives and advance care plans– Decisions concerning involuntary committal– Advising relatives on ethical decisions concerning the treatment and care of patients lacking capacity– Management of the desire for death
Interprofessionality	<ul style="list-style-type: none">– Interdisciplinary and interprofessional collaboration in dealing with ethical issues
Application of norms in practice	<ul style="list-style-type: none">– Practical application of principles, guidelines and laws– Maintaining confidentiality in specific clinical situations– Use of medical ethics information resources
Methods of decision making	<ul style="list-style-type: none">– Ethical reasoning and communication– Communication within the treatment team– Ethical decision-making models

Table 6. Domain Capacity for reflection

CAPACITY FOR REFLECTION	
THEMATIC GROUP	CONTENT
Methods of reflection	<ul style="list-style-type: none"> – Critical thinking – Change of perspective and multiperspectivity
Moral sensitivity	<ul style="list-style-type: none"> – Identification and description of value conflicts and ethical challenges – Recognition of legal and ethical discrepancies
Sensitivity to moral value conflicts (moral distress)	<ul style="list-style-type: none"> – Ability to distinguish: <ul style="list-style-type: none"> – between genuine ethical questions and uneasiness – between genuine ethical questions and lack of expertise

Table 7. Domain Attitudes

ATTITUDES
CONTENT <ul style="list-style-type: none"> – Respect and tolerance – Respect for the patient's wishes – Beneficence, empathy and compassion – Intellectual honesty – Truthfulness and reliability – Respecting patients' rights – Management of uncertainty and evaluation of acceptable risks – Rights, duties and responsibilities vis-à-vis moral minorities

III. INFORMATION ON THE PREPARATION OF THESE RECOMMENDATIONS

Mandate

In 2015, the Central Ethics Committee (CEC) of the SAMS appointed a subcommittee to prepare recommendations for ethics instruction in undergraduate, postgraduate and continuing education at medical faculties and the health schools of universities of applied sciences.

Subcommittee responsible

- Professor Arnaud Perrier, Faculté de médecine et Clinique de médecine interne générale, Hôpitaux Universitaires de Genève, Chair
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- Professor Lazare Benaroyo, Faculté de biologie et de médecine, Université de Lausanne
- Susanne Brauer, PhD, Zürich, CEC Vice Chair, SAMS (ex officio)
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- Professor Bernice Elger, Institut für Bio- und Medizinethik, Universität Basel
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Consultation procedure

On 7 June 2017, the CEC of the SAMS approved a draft version of these recommendations to be submitted for consultation to education and training officers at the medical faculties, UAS health schools and hospitals. The consultation procedure took place in 2018. The comments received have been taken into account in the final version.

Approval

The final version of these recommendations was approved by the Senate of the SAMS on 29 November 2018. .

