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**American Medical Association Journal of Ethics**

November 1999, Volume 1, Number 3: 17-24  
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## ***Virtual Mentor***

American Medical Association Journal of Ethics  
November 1999, Volume 1, Number 3: 18.

### **CASE AND COMMENTARY**

#### **Who Makes Contraceptive Decisions for Adolescents?**

Commentary by Faith Lagay, PhD

#### **Case**

During your ambulatory care rotation, you are working with an OB/GYN at her office. A mother brings in her 15-year-old daughter for a gynecological examination. The mother regrets that she was sexually active at a young age and had a child as a teenage mother. The daughter has recently started dating. The mother believes that her daughter is sexually active and wants her to be put on a regimen of Depo-Provera. The daughter denies being sexually active and refuses to be placed on Depo-Provera. The mother is very insistent and believes this is for her daughter's "own good."

#### **Questions for Discussion**

1. Who has the authority to make contraceptive choices in this case, the mother or daughter?
2. What is the physician's duty?

See what the AMA *Code of Medical Ethics* says about this topic in Opinion 5.055 Confidential care for minors. American Medical Association. *Code of Medical Ethics* 1998-1999 Edition. Chicago, IL. American Medical Association; 1998.

Faith Lagay, PhD is managing editor of *Virtual Mentor*.

*The people and events in this case are fictional. Resemblance to real events or to names of people, living or dead, is entirely coincidental. The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.*

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## ***Virtual Mentor***

American Medical Association Journal of Ethics  
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### **IN THE LITERATURE**

#### **Culture and Ethnicity in Clinical Care**

Faith Lagay, PhD

Articles and books on bioethics continue to expand in both number and the range of topics discussed: between 1989 and 1998, more than 4000 articles alone were published in MEDLINE-cited journals. Some of the major topics examined are the patient-physician relationship, end-of-life care, reproductive medicine, genetics, and the allocation of scarce medical resources. From these publications, we will be selecting a handful of articles and chapters, some of which reflect issues of perennial concern to physicians, others reflect more recent quandries resulting from advances in biomedical technology

A new article or book chapter will be featured every month, accompanied by questions intended to guide readers along the path of ethical reasoning and to promote discussion.

#### **November Article**

Berger JT. Culture and ethnicity in clinical care. *Arch Intern Med.* 1998;158:2085-2090.

#### **Questions for Berger Article**

Some patients from non-Western cultures have difficulty trusting Western physicians.

- What would be a way of cultivating trust between physicians and patients from these cultures?
- What ethical and cultural issues should a physician consider when treating a patient from a certain ethnic group or culture who insists on using alternative forms of medicine?

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## ***Virtual Mentor***

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### **ART OF MEDICINE**

#### **Call for Images of Healing and Learning**

Audiey Kao, MD, PhD

Healing and learning appear to be paired processes, occurring together throughout human activity. But nowhere are these processes as prominently seen as they are during medical training.

Most any medium can be used to capture a representation of an aspect of healing and learning: the Chinese characters on this page represent the call that appears on banners when medical students graduate to become physicians. It urges them to apply what they have learned to prevent suffering and to heal mankind.

For most students, the medium that most readily lends itself to retaining some visual memory of a succession of fleeting moments is the camera. Through photographs, the highlights of yesterday's happenings remain vivid and communicable to others. The subtle interplay of light and shadow that renders a photograph unique may even be likened to the delicate shifts that characterize interactions between patient and physician or between student and teacher.

We invite students to send photographs portraying aspects of healing and learning. Accompany your photos with a description of what is captured in the image and the special significance the picture has for you. Through these images, students can communicate their personal perspectives on medical training and share their observations and reflections with others.

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## ***Virtual Mentor***

American Medical Association Journal of Ethics  
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### **VIEWPOINT**

#### **The Value of Industry Gifts to Physicians**

Audiey Kao, MD, PhD

- A pen, of the kind that drug companies commonly distribute to physicians, can cost as little as 25 cents if you purchase 10,000 of them from a product catalog.
- A disposable penlight, another gift commonly distributed, costs approximately \$2.50 at university bookstores.
- The average cost of a dinner at a 4-star restaurant such as Charlie Trotter's in Chicago, is \$100 per person, excluding drinks and gratuity.
- Physicians who are more aware of guidelines about gifts from industry are more likely to view such gifts as inappropriate [1-13].
- The AMA's Council on Ethical and Judicial Affairs' Policy E-8.061 provides specific guidelines about what are appropriate and inappropriate gifts to physicians from industry. (See also Addendum to E-8.061).

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## ***Virtual Mentor***

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### **VIEWPOINT**

**Sir William Osler, MD**

Audiey Kao, MD, PhD

Much has been written and spoken to guide healers in the appropriate principles and practices of patient care. Yet, essential as it is for a healer to understand the moral framework of his or her approach to patients, often the best teacher is a living example. For it is through individual speech and behavior that we see ethical precepts translated into the art of healing.

A physician long considered a role model extraordinaire was Sir William Osler, who practiced at the end of the 19th century and the beginning of the 20th. A great advocate for the value of equanimity or balance, Osler thought that for physicians to practice with a clear head and kind heart, they had to maintain coolness and presence of mind, to remain imperturbable throughout. Today, patients as well as physicians might perceive an unflappable demeanor in a less flattering light, but the cultivation of inner balance may still be a necessary discipline for physicians practicing under stressful circumstances. What are the qualities that students seek in those they identify as role models at the beginning of the 21st century? How different or similar are the qualities these people exemplify from role models of the past?

We invite students to nominate a physician role model who, for them, has been an outstanding teacher by example. Students might, for example, describe in detail a single experience with a role model that was particularly meaningful to them, or describe a series of patient-related experiences with a role model that influenced their ethical development. In describing their experiences, we encourage students to examine why it was significant to them and how it may influence their professional behavior.

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### **PERSONAL NARRATIVE**

#### **Through the Patient's Eyes: On Being Human**

Audiey Kao, MD PhD

What is it like to be a patient, experiencing a debilitating, potentially life-threatening illness or encountering the health care environment, perhaps for the first time, from a position of vulnerability? Through the stories of patients, physicians come to see themselves, and most especially their communications, from the other side of the equation. When patients—and that includes physicians who become patients—voice their most intimate thoughts, feelings, and reactions, much can be learned.

To arrive at the place where respectful, trusting, open, and truly informed patient-physician communications can take place, one begins by giving the patient undivided, close attention, listening for what is said as well as unsaid. To cultivate this habit of closely attending to another requires practice in listening and interpreting the language, voice, and intonations of others' speech. Through such conscious exercise, each of us also becomes more aware of our own speech affect. Every month, we will present narrated stories from the *JAMA* column *A Piece of My Mind* because spoken words reveal much about the relationship between patient and physician.

#### **November Patient Story**

Dimeo NA. On being human. *JAMA*. 1998;208(13):1135.

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