

# Chapter 2

## Clinical Ethics on Paper

It is my sincere belief that all practising clinicians have at least one idea, observation, or case that could form the basis of a medical ethics article. It is a matter only of identifying what that is, and putting it on paper in the right form.<sup>1</sup> Armed with the ability to identify and analyse an ethical problem, you are in a position to publish articles and to contribute to the literature. Potential outlets include general medical journals, specialty journals, medical ethics journals, and newspapers. This chapter provides guidance on how to publish in clinical ethics. Again, it is based on my own experience as an author, reviewer and editor. It does not purport to be beyond dispute.

### 2.1 Permission

Unless identifying details are removed, patient consent is necessary. This forms part of a clinician's duty of confidentiality. If the patient is dead or does not have capacity, a relative's permission is usually required. If the patient is a child, the parents' consent is needed, as well as the child's permission if he is sufficiently mature to understand the situation. Note that 'identifying details' does not refer only to information such as name and date of birth. The article should not allow readers to infer, by joining up the dots, the identity of the patient. A highly unusual case in a particular hospital at a particular time will raise alarm bells among editors. Ask yourself "if the patient read this, would he know that it was about him?"

Sadly, without patient consent, your fascinating and exciting case may be so stripped down that only the bare bones will remain. At times, when reliant on the specific facts of the case, you will have to abandon the idea. One option is to scrap

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<sup>1</sup> "The idea or angle for an article is half the struggle", one of my graduate school professors used to say. If writing about end-of-life ethics, for example, how will your article differ from the thousands of others? Wise is he who writes about less explored but important areas of medicine. Disaster medicine and military medical ethics have been relatively neglected by ethicists and provide rich opportunities for scholarship and publications (see [Appendix 2](#)), but every medical specialty has ethical issues that have been overlooked in the literature.

the case in favour of a hypothetical one. This resolves the confidentiality problem, but tends to have a lower impact on readers. For this reason, it is worth seeking the patient's consent whenever practicable.

On the few occasions that I have had to obtain consent, I have never had my request declined. The request for permission should explain the importance of the article and offer to send the patient a copy before publication. Keep hold of the written consent, as editors may later ask for it. Note also that some journals have their own patient consent forms.

## 2.2 Choosing the Destination

Before putting pen to paper, decide where you want to publish. This may seem obvious, but I have lost count of the times I have received a near-final draft asking for advice on the appropriate place to submit it. This should have been determined much earlier.

In deciding the appropriate destination, ask questions such as “what am I hoping to achieve with this article?”, “where is it likely to have the biggest impact?”, and “who do I want to read this?”. The most prestigious, high-impact journal will not necessarily be the most fitting place. Your intended readers may be specialists, not generalists. They may be members of the public, rather than clinicians. Or the article may be UK-focused, and of no interest to an American journal.

Some editors expect authors to explain in their cover letter why they have chosen their journal. A good reason, for example, is that the journal has recently published articles on the same or similar topic, and that your article pushes the debate forward. Other editors pay little or no attention to cover letters. Dr Kamran Abbasi, editor of the *Journal of the Royal Society of Medicine* (JRSM), writes:

Cover letters divide editors of scientific journals. Many editors ignore them, dismissing them as mere marketing. Other editors use them to achieve a quick sense of the importance of the paper and the capabilities of the authors to express their ideas. For authors, the best option is to write a short, clear, informative cover letter that can be easily adapted in case of rejection. A good cover letter has three components: a summary of the key message of the paper, an attempt to quantify the importance of the work, and an explanation of how the paper is relevant to the readers of this particular journal. A sensible author will also be polite, modest, and check that the cover letter is addressed to the editor of the journal it has been sent to.<sup>2</sup>

Here is an example of a cover letter that accompanied a submission to the JRSM in 2007:

*Dear Dr Abbasi,*  
*William Osler and the jubjub of ethics; or how to teach medical ethics in the*  
*twenty first century*

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<sup>2</sup> Abbasi K, personal communication, 18 August 2011.

*I have pleasure in enclosing this short essay for publication in the JRSM. The paper was originally delivered to the Osler Club of London in May 2007 and was written with the JRSM in mind. It is not a historical piece on Sir William Osler, but uses Osler's views on medical education to present a novel argument. It calls for medical ethics to be taught on the wards, rather than in the classroom. Although this idea was proposed by Dr. Mark Siegler in the United States in 1978, it has—to the best of my knowledge—never been articulated in print in the UK.*

*I believe the piece, if published, will help prompt a debate amongst clinical teachers and ethicists on the value of hospital-based ethics teaching.*

*The article is written for a UK-based clinical audience with no ethics jargon. It uses the lessons of history to explore a topical issue in medicine and medical education (how should ethics be taught to doctors?). Given the JRSM's readership and its adventurous spirit, I feel the article would be quite at home in its pages.*

*Yours sincerely,*

*Daniel Sokol*

Cast an eye on the acceptance rate of the journal, and modify your expectations accordingly. It is silly to despair at rejection from the *New England Journal of Medicine*. However, a high acceptance rate should not affect the effort you devote to the article. It will bear your name. Wherever you publish, your professional reputation is at stake, and it would be regrettable to sully it by submitting a substandard article. Reputation can be lost in an instant, and take a long time to restore. At the time of submission, the identity of the reviewer is unknown. It could be your consultant, or your future boss, or the head of the Deanery. And if it somehow slips through the net and gets published, hundreds of your peers will think less of you from your association with poor research. As with their clinical work, clinicians submitting articles for publication should strive for quality, not mediocrity.

Once the target journal is selected, find out if the journal can accommodate an article on clinical ethics and, if so, under what section. Frustratingly, some specialist medical journals do not have a section appropriate for an ethics article. If not a regular reader, the easiest ways to find the answer are by looking at the journal's website (under 'Instruction for Authors') and by asking a friend who is familiar with that publication. Everyone's time is wasted if an author submits a case report to a journal that does not accept case reports.

Also important are the word limit of the relevant section and the formatting and referencing specifications (e.g., how many references, if any, you are allowed and in what style). Read the last few articles from the section to get a sense of what the section editor enjoys. If still unsure if your article is appropriate for the section, find the name of the relevant editor (on the website or by telephone) and write a carefully crafted e-mail asking for his views. I say 'carefully crafted' because that e-mail is not just an enquiry; it is also a pitch. You are aiming to pique the editor's interest and to receive a response saying "Yes, I'll take a look at it. Send it over."

## 2.3 Writing the Article

Once aware of the target journal's requirements, the writing process can begin. There is no single 'right' way to write an article, but it is worth drafting a structure first. This should lead to a more coherent article, with each section and paragraph leading naturally onto the next, and reduces the likelihood of significant omissions. Under the broad structure (e.g., introduction, background, methodology, analysis, etc.), jot down the main points. This document will serve as a template for the main draft.

'Academic' or 'scholarly' is not synonymous with 'boring'. Most readers will stop reading when an article is boring, and as an author you should want people to read your work. Write with energy, but maintain a formal, professional style.

A former editor of a national newspaper once told me that I should write with a hypothetical reader in mind. This reader is sitting on a foldable seat in a busy underground carriage, ready to turn the page at any point. Although the editor's advice related to newspaper writing, the principle applies to many kinds of writing, including academic writing. Think of your own reading habits. Readers of journals also suffer from a short attention span and, unless necessary for their research or examinations, they will happily skip to the next article. The process of writing is a constant struggle to keep the reader's eyes fixed on your text.

You may have heard of the 'aha' moment. It refers to that magical moment when the solution to a problem becomes clear, when ignorance gives way to understanding. "The sudden understanding or grasp of a concept is often described as an 'Aha' moment—an event that is typically rewarding and pleasurable", writes journalist Rick Nauert, "usually, the insights remain in our memory as lasting impressions (Nauert 2011)." The monkey's ingenious solution, recounted in the previous chapter, of climbing on the researcher's shoulders to grab the banana is an example of an 'aha' moment.

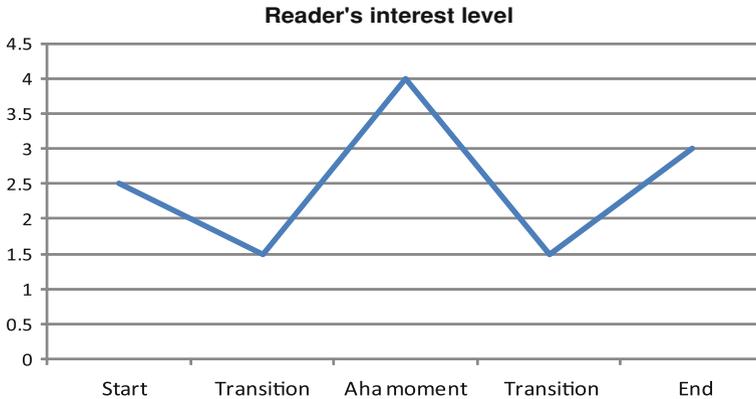
In all your articles, you should strive to trigger at least one 'aha' moment in the reader. You should know what it is before you start writing. It may be PARQ or some other helpful acronym, an ethics checklist tailored to your specialty, a suggestion that will change practice, or even an observation or story so fascinating that it puts a smile on the reader's face. That insight should cause the reader to think, at the end of the article: "that was definitely worth reading".<sup>3</sup> A graph of the reader's interest from start to finish should look like this (Fig. 2.1):

Filled with expectation, the interest level is relatively high at the start of the reading process, wanes naturally after a few paragraphs, rises sharply with the 'aha' moment, dips again after the high, and rises with a strong finish. Stray below 1, and the reader will move on to the next article.

Maintaining the reader's interest requires you to know the readership. An insight for surgeons may be a platitude for radiologists. If you remember only

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<sup>3</sup> Appendix 7 contains a short article in which I aimed to include a number of 'aha' moments in quick succession.



**Fig. 2.1** Interest level of a hypothetical reader

one thing from this chapter, remember the importance of the ‘aha’ moment. It will boost your acceptance rate.

If writing about an individual case, try to derive general lessons. It will give the article broader significance, and answer the all-important “so what?” question. What does this case teach us about good medical practice? What was done well, and what can be improved? What effect, if any, has this case had on clinical practice at your institution?

A journal article does not need to be written in the style of a PhD. It is generally junior academics who, in a bid to appear scholarly, seek to impress with fancy words. The masters value clarity of language. Remove all superfluous words and sentences. If jargon is unavoidable, give a brief definition unless confident that the readers of the journal will understand it. Again, this is impossible without knowing your readership. Neurologists will be familiar with Dandy-Walker syndrome, a congenital brain malformation, but it will be Greek to most general practitioners. Similarly, spell out acronyms in full on first use. Use active, not passive sentences: “we conducted an ethical analysis” is preferable to “an ethical analysis was conducted”.

A final tip on the writing itself, from an editor’s perspective: avoid spelling errors and typos like the plague. They create a distinctly unfavourable impression. I once reviewed a paper which contained a typo in the first word. Read and re-read the article until you are quite sure there are no errors. Be your own, ruthless editor. Once you have focused on the micro-level of the word and sentence, zoom out to the level of the paragraph. Make sure each one flows naturally into the next. Then send the article to a friend or colleague for a fresh pair of eyes.

Remember to acknowledge that person at the end of your article, but ask them for permission first. If your informal reviewer makes significant suggestions on the content, which you later adopt, consider adding him as an author.

## 2.4 A Word on Authorship

Consult the authorship criteria for the journal. As hard as it may be, do not include anyone who does not satisfy the criteria. Not even your consultant. Acknowledge them at the end if they have helped you. That is the purpose of the ‘Acknowledgements’ section. Adding ‘gift’ authors dupes the reader, gives the bogus author a false appearance of expertise, and devalues the contribution of the real authors. It breaches your professional code, namely the obligation to be honest and trustworthy, and it has been known to backfire on the bogus author. If the research proves to be fraudulent or in some other way unethical, the bogus author is left in a difficult situation.<sup>4</sup>

Similarly, do not leave out anyone who fulfils the authorship criteria. That is also deceptive. If a person has done enough to be an author, add him.

### *Authorship criteria*

Many medical journals subscribe to the criteria of the [International Committee of Medical Journal Editors \(ICMJE\)](#). An author must satisfy all three of the criteria below:

1. Substantial contribution to conception and design, acquisition of data, *or* analysis and interpretation of data;
2. Drafting of article *or* revising it critically for important intellectual content;
3. Final approval of the version to be published.

Note that, under the ICMJE guidance, obtaining funding for the research, collecting data, or supervising the research group are not, in themselves, sufficient to constitute authorship.

If there are multiple authors, try to agree the final authorship order early on. This helps avoid later disputes between authors.

## 2.5 Invitations to Resubmit

It is rare to receive an outright acceptance. Most of the time, you will be asked to make changes. Bitterness and anger directed at the reviewers are common responses. Yet, do not reveal any trace of disappointment in your response. Thank the reviewers for the opportunity to improve the article, and point out your modifications. Something like this is fine:

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<sup>4</sup> An eminent professor of obstetrics and gynaecology found himself in hot water, and in the pages of tabloid newspapers, when he added his name to a publication written by one of his team (Jaffer and Cameron 2006). The lead author had fabricated the data. When the truth came out, the professor was forced to resign from the presidency of the Royal College of Obstetrics and Gynaecology (RCOG) and from the editorship of the RCOG journal.

*Dear [name of editor],*

*Many thanks for giving us the opportunity to revise our manuscript. As requested, we have addressed the reviewers' comments. These are detailed in the paragraphs below.*

Then explain how you have addressed *each* of the reviewers' comments. If you disagree with a reviewer, say so diplomatically and explain why. The more detailed your response, the better, but do not waffle. A comprehensive cover letter will show that you have taken the reviewers' comments with the seriousness they deserve. If the editor decides to send the manuscript back to the reviewers, they are likely to be impressed by the thoroughness of your response.

I have learnt the importance of good revisions the hard way. I submitted an editorial to a leading medical journal soon after I finished my Master's in medical ethics. It was one of my first submissions. After peer-review, the editor asked me to resubmit with changes. I looked at the reviews, spent 10 min on the revision, making only the easiest changes, and fired back a slightly modified manuscript. I did not bother writing a cover letter. The article was rejected. When I recounted my disappointment to a more experienced friend, he was flabbergasted at how little effort I had put into the revision. An invitation to resubmit is only a short step from acceptance, so avoid the temptation to cut corners. Since that experience, my cover letters have been meticulously detailed.<sup>5</sup>

## 2.6 Rejections

Even eminent authors get rejected, although the more eminent you become the more you will be invited to write articles, by-passing some of the hurdles. Until you attain that status, do not be disheartened by rejections. A rejection can lead to a better article.

If the rejection is accompanied with comments or reviews explaining why it was rejected, make appropriate changes before submitting to another journal. If the reviews were reasonably positive, you may wish to include them in the cover letter, accompanied by details of how you have modified the article. The editor will appreciate your honesty, and may expedite the review process. The fastest acceptance I ever received was in a submission to a specialty journal. The piece had been rejected from a general medical journal a week earlier with fairly positive reviews. I included them in the cover letter to the new journal, along with a detailed explanation of the changes. The unconditional acceptance landed in my inbox 15 min after pressing the 'submit' button.

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<sup>5</sup> One clear and methodical approach is to address each reviewer's comment as follows:

**Reviewer's comment 1:** (insert the comments here either *verbatim* or in summary.)

**Response 1:** (include your response to the comment. Avoid the temptation to dismiss the comment as idiotic or to ignore it altogether. The editor may decide to send the document to the reviewer in question.)

**Modification 1:** (include the specific modification to your article here.)

Then continue with **Reviewer's comment 2, Response 2, Modification 2** and so on.

If the rejection comes without any reviews, think hard before submitting it to another journal of the same type. The original journal must have rejected it outright for a reason. Re-read the article carefully and find ways to improve it. Consider recruiting another author to help identify and correct the probable weaknesses in the paper.

Remember always to change the formatting and referencing to match the requirements of the new journal. To do otherwise suggests rejection from one journal and immediate, unaltered submission to another. It smacks of laziness or desperation.

## 2.7 Writing for Medical Ethics Journals

There are important differences between writing for medical journals and specialist medical ethics publications, such as the *Journal of Medical Ethics*, *Clinical Ethics*, *Bioethics*, and the *Cambridge Quarterly of Healthcare Ethics*. There are also considerable differences within medical ethics journals, so the general rule of reading the guidelines for authors applies whenever you submit to a different ethics journal.

One advantage of writing for medical ethics journals is that they tend to have higher acceptance rates than the general medical journals or the higher impact specialist medical journals. It is generally easier to survive the initial cull and reach the review stage. This means you will often receive helpful feedback, even if the article is ultimately rejected.

A possible disadvantage is that virtually all medical ethics journals have relatively low impact factors. Further, the readership is generally smaller than for medical journals. If the purpose of your article is to effect a change in clinical practice, or your target audience is junior doctors, then submitting to a medical ethics journal is a poor choice. However, if your aim is to stimulate thought, prompt a debate, and establish yourself in the field of medical ethics, then it is ideal.

Note that medical ethics journals tend to accept longer articles than medical journals, allowing authors to develop arguments more fully. The abstracts are usually unstructured, and should be short and to the point. Remember that, along with the title, the abstract is the most visible part of the article to readers, reviewers and editors, so do not rush it.

To illustrate, here is an abstract from an article I co-authored with Dr Josip Car, published in the *Journal of Medical Ethics* in 2006, which looked at the issue of telephone consultations (Sokol and Car 2006). Although brief, it conveys in broad terms the problem, its significance, and our proposed solution. In my view, an abstract is also a pitch, or an attempt to hook the reader in, so the abstract reveals the ‘aha’ moment (the idea of a password system to protect confidentiality), hoping that this will cause the reader to read on. Such an abstract would be inappropriate for a mainstream medical journal, but is fine for a medical ethics journal:

### Abstract

Although telephone consultations are widely used in the delivery of healthcare, they are vulnerable to breaches of patient confidentiality. Current guidelines on telephone consultations do not address adequately the issue of confidentiality. In this paper, we propose a solution to the problem: a password system to control access to patient information. Authorised persons will be offered the option of selecting a password which they will use to validate their request for information over the telephone. This simple yet stringent method of access control should improve security while allowing the continuing evolution of telephone consultations.

As the articles can be longer and the readership is more versed in ethics, ethics journals generally expect greater ethical content than medical journals. You may want to use the four principles or the four quadrants to examine a case or an issue, conducting a full analysis and exploring opposing arguments. You may have space to discuss the wider relevance of a case or an issue, and make links with the existing literature on medical ethics. While it would be appropriate to devote several paragraphs introducing the four principles in a medical journal, a few lines would be quite enough in a medical ethics journal. Words such as ‘deontology’ and ‘utilitarianism’ would not need definitions.<sup>6</sup>

A higher word limit does not mean the article must reach that length. A common complaint among editors is the excessive length of many submissions. Cut out words. Ruthlessly.

## 2.8 Get an Ethicist on Board

Inviting an ethicist to help you early on can avoid some of the pitfalls of writing an ethics article. You may have to explain the nature of the phenomenon you are writing about, but overall it will probably save you time. Professional ethicists will know about the journals, their scope, their readership, and some of the recent or

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<sup>6</sup> For readers unfamiliar with those terms:

Utilitarianism is a type of *consequentialist* moral theory. Consequentialists believe an act is morally right or wrong based only on its consequences. What are good consequences? For classical utilitarianism, the ultimate good is pleasure or happiness, so the consequences of an act should be measured in terms of the amount of pleasure or happiness produced by the act. In short, for a classical utilitarian, morality is about maximising happiness and minimising unhappiness.

Deontology, unlike consequentialism, places duties (the ‘deon’ in deontology comes from the Greek word for ‘duty’) and rights at the centre of ethics. For a deontologist, morality cannot be reduced *merely* to consequences. Note that in France medical ethics is called ‘déontologie médicale’. For a succinct and lucid account of some key ethical theories, I recommend Piers Benn’s *Ethics* (Benn 1998).

age-old debates in the field. They may notice important books or articles missing from your paper, and can include background information and details that will add an extra dimension to your work.

Ethicists can also remove tell-tale signs that you are still learning the language of bioethics. Just as doctors can generally tell if a medical ethicist is not a doctor, ethicists can generally spot when the author is not a professional ethicist. For some readers and editors, an ethicist will inject a dose of legitimacy. A clinician and ethicist combining forces to write on clinical ethics form a strong team, at least on paper, while a clinician-only or ethicist-only team may raise eyebrows among purists (“what do clinicians know about ethics? What do ethicists know about the nitty-gritty of clinical practice?”).

Medical schools are a good hunting ground in the search for an ethicist. If fortunate enough to find several of them, aim for the Teaching Fellows, Lecturers or Senior Lecturers. They are most likely to need publications for their career advancement, and hence to collaborate. Check their webpage to see if their interests include clinical ethics, and if they have published in any of your target journals. Most ethicists I know would welcome a joint project with a clinician, as long as they do not feel exploited. There must be mutual benefit. Write them a polite e-mail, explaining the project and its importance to practice, and inviting them to collaborate.

If you expect your article to contain more than a minimal amount of law, it may be worth getting a lawyer on board. The law is ever-changing, and there may have been recent developments in the legislation or in the common law. Lawyers are generally harder to find, but your hospital or medical school may have a legally qualified person who can check a draft or join as a co-author.

## 2.9 Writing for Newspapers

If you are after a wide readership, or trying to inform the public, newspapers are a natural target. Someone once said that the average academic article has five readers.<sup>7</sup> Newspapers, or websites such as BBC Online, can have hundreds of thousands, although the readership is diffuse and non-specialist. The shelf life of the article is also short. It will appear in the print version of the newspaper for one day and the online version for a few more before disappearing in the recesses of the virtual universe. A major advantage is the instant feedback from readers, but brace yourself for negative comments.

In this age of electronic publishing and lightly moderated online responses, the point about negative comments also holds true for academic publications, although

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<sup>7</sup> I once spent two years of my life forging a satisfactory definition of the word ‘deception’ and published it in a respected bioethics journal. Six months after publication, I had received no comments on the article. A year later, no comments. Two years later, no comments. I doubt five people have read that paper.

they will usually not be as vitriolic as newspaper responses. If your article is even slightly contentious, you may find yourself at the receiving end of critical remarks, some personal. Do not take them at heart. There are strange folk out there. Use your judgement to decide whether to post a response. You may wish to wait a few days and address several comments at once in your response. *Always* be courteous and professional, however rude the initial respondent.

The same advice on knowing the publication and its readership applies to newspaper writing. In what section will it fit? What is the word limit? In newspaper articles, the opening paragraph is crucially important. Many readers do not read past the first paragraph, or even the first line. It is common for editors, whose inbox may be full of unsolicited submissions, to reject articles based on the first paragraph. It is, for me, the longest to write. The second longest is the last paragraph. Aim for a strong start and a memorable finish. In between, break up the text with regular paragraphs written in simple, engaging prose. Picture your reader on that foldable seat in the underground train.

All the health editors I know are happy to hear from doctors and other health professionals. Clinicians can provide insights that other journalists cannot. Newspaper editors have a *penchant* for real-life cases, so by all means include them, but remember to respect patient confidentiality. Newspapers do not have the same checks as journals, and no publication is worth a visit to a disciplinary hearing. As with medical journals, ask yourself “would the patient recognise himself when reading this article?”.

A major advantage of submitting to a newspaper is the quick verdict. If you get a rejection, submit it to another editor. Submitting the same article to several editors at the same time—called ‘multiple submissions’—is tempting, but frowned upon by editors. Do not do it. If no response is forthcoming, send a short reminder e-mail to the editor, stressing the urgency.

If you send your pitch to the wrong person, you are unlikely to receive a response. Find out the name of the relevant editor. It will usually be the health editor. If not listed online, contact the switchboard and ask for the name and e-mail address of the health editor.

Once you have established a rapport with the editor, it will be easier to publish for that newspaper. They may even commission pieces. If so, ask about the pay and the deadline. Respect that deadline at all costs, especially if it is a daily newspaper.

## 2.10 The Pitch

Before submitting your completed article, send a pitch to the relevant editor, detailing your idea. If you have written for newspapers before, mention this. If you have not, make the pitch as punchy and persuasive as possible. Explain who you are, and why you are in a position to write the piece. Set out the idea in one or two paragraphs, giving an idea of the content and stressing the main point of the article.

Richard Warry, an editor at the BBC News website, advises to ‘make the piece relevant to the widest possible audience’.<sup>8</sup> Remember that editors think in terms of headlines. Try to include a case or anecdote, and if relevant attach a graph, table or image to accompany the piece.

Below is an actual example of a successful pitch to a newspaper editor. As I had written for him before, there is no personal introduction.

**From:** Daniel Sokol  
**Sent:** 01 November 20XX  
**To:** [ ]  
**Subject:** New piece for Health

Dear [ ],

I hope you’re well.

Recently, a GP told me that one of his patients, an old lady, believed that doctors were bound by “that Oath” never to tell patients the truth. Yesterday, talking to some doctors over dinner, I realised that many doctors are as clueless as the old lady. Although everyone’s heard of the Hippocratic Oath, very few people know anything about it.

The proposed piece would be a very short guide to the Oath, which should help dispel the many myths about it. I also will also link it to present day medicine. I think it could be of interest to your readers, both medical and non-medical. What do you think?

Your piece may have a better chance of getting accepted if there is a ‘peg’, a recent item in the news that makes your story topical. If the article is already written, wait for a peg and act quickly once it appears. Contact the editor immediately with the idea.

If you decide to submit a finished piece, make sure that it is the appropriate length for the section and send it along with your pitch. Say that you are willing to make changes.

A word about payment. The rates will vary from about £100 to £1,000 (for some tabloids) for a 1,000-word article. There is some room for haggling, but not much. Avoid haggling for the first few submissions, as you may acquire a reputation as a difficult customer.

Even respected broadsheets make so-called ‘adjustments’, not all of which are favourable. A few years ago, I wrote a piece on what used to be called the ‘killing season’, the time in August when newly qualified doctors start their first job. After interviewing medical educators and doctors from all levels of the hospital hierarchy, I concluded that medical students are adequately trained and that patients have nothing to fear from a visit to hospital in August. A few days later, the article appeared in print with the headline ‘Danger, white coats—be very afraid, says Daniel Sokol’. When I expressed my displeasure to the editor, her reply was brief: “sorry, but there was no story otherwise”.

<sup>8</sup> Warry R, personal communication, 8 July 2011.

## 2.11 Submitting an Ethics Abstract at a Medical Conference

As well as publications, proficiency in medical ethics can lead to oral presentations at conferences. If you have taken the trouble to write an article on ethics, consider giving a presentation based on it. Similarly, if you have presented on an ethical topic at a meeting or conference, consider turning it into a publication.<sup>9</sup>

The difficulty in submitting an abstract on ethics is the unnatural fit between the sections in the website's abstract submission page, which are tailored to the average medical study, and your ethics project. Still, you must play the game. Below is an example of an ethics abstract submitted to an international neuro-surgical conference. It was accepted as an oral presentation.

### **Introduction**

Junior neurosurgeons regularly perform operations at the limit of their competence. Although often supervised, their operative proficiency may not match those of their more senior counterparts. This may result in longer operating times, a higher incidence of errors, and an increased risk of morbidity to the patient. An apparent tension exists between the need to train neurosurgeons and the duty to act in the patient's best interests. Is it ethically permissible to subject patients to trainee surgeons who may not achieve the best results? If so, what if anything should the patient be told about the operating surgeon?

### **Methods**

The ethical issues will be analysed using the four principles of medical ethics described by Beauchamp and Childress.

The principles of beneficence, non-maleficence, respect for autonomy, and justice, will be applied systematically to identify and analyse the ethical dilemmas arising from the practice of allowing neurosurgical trainees to 'train' on patients.

### **Conclusion**

There are compelling arguments in favour of allowing trainees to operate on patients, based on a broader interpretation of beneficence and non-maleficence which encompasses both present and future patients. However, a more open approach to informed consent may be required to comply with the demands of respect for patient autonomy.

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<sup>9</sup> Be aware, however, that some journals refuse submissions which include data already presented at conferences, or which appear in an abstract.

## 2.12 Presenting on Clinical Ethics at Meetings and Conferences

If you succeed in publishing in journals or newspapers and impress at conferences, you may well receive invitations to speak at study days, departmental seminars, grand rounds, and even as a plenary speaker at major conferences. There are not many medics with a specialist interest in ethics, nor ethicists with a specialist interest in clinical ethics.<sup>10</sup>

For the presentation itself, structure is just as important as in an article. Present the facts, identify the problems, use an analytic framework, draw your conclusions, and end strong. Time yourself so that you do not exceed your limit, and leave the allocated time for questions. A common mistake when clinicians present on ethics is to spend too much time on the clinical facts and not enough on the analysis. The analysis consequently appears thin or rushed, and this gives the unfortunate impression that the speaker know precious little about ethics.

Anticipate questions from the audience, and prepare good answers. While it is OK, or even desirable, to know the wording of a few key sections, do not under any circumstances read out a pre-prepared text of the entire talk. This is the kiss of death of any lecture. If you are not comfortable presenting, consider courses or books on presentation skills. This will prove valuable for the rest of your professional, and personal, life. It is also relevant to the subject of the next chapter: teaching medical ethics.

## References

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<sup>10</sup> Yet, do not expect invitations to come pouring in after only one or two publications, even if they appeared in 'heavyweight' journals. In his autobiography, Steve Martin described his elation at appearing on the renowned American TV programme *The Tonight Show*. He expected instant recognition.

Here are the facts. The first time you do the show, nothing. The second time you do the show, nothing. The sixth time you do the show, someone might come up to you and say, "Hi, I think we met at Harry's Christmas party." The tenth time you do the show, you could conceivably be remembered as being seen somewhere on television. The twelfth time you do the show, you might hear, "Oh, I know you. You're that guy." (Martin 2007, pp. 125–126).

In my experience, the same is true in medical ethics. It takes time to get known, or at least sufficiently known that conference organisers and journal editors think of you when deciding who to invite or commission.

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