Proposal: Surgical Ethics Curriculum for Residency Education

Submitted to:

SAGES Ethics Committee

Proposed by:

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Background & Rationale

Despite accreditation requirements, surgical ethics education often fails to engage residents meaningfully. Generic didactics focusing on end-of-life care, surrogacy law, or DNR documentation, while a critical part of medical curriculum, frequently lack the operative and decision-specific relevance that resonates with surgeons-in-training.

Yet, surgical residents encounter daily ethical dilemmas from intraoperative complications, to informed consent in high-risk cases, triaging emergent OR cases, end-of-life procedural decision making, confronting personal mistakes, or observing unprofessional behavior among seniors.

These moments aren't theoretical. They shape surgical identity and moral distress. There is a pressing need for a dedicated, procedural-contextualized ethics curriculum that focuses on the lived experience of surgical residents.

Objectives

- Bridge the disconnect between formal ethics training and the ethical challenges faced by surgical residents.
- Equip residents with a decision-making framework that applies to surgical realities (e.g., emergencies, hierarchy, uncertainty).
- Normalize ethical dialogue after operative or clinical dilemmas, decreasing shame and burnout.
- Foster skills in communication, moral resilience, and reflection, essential for surgeons and leaders.

Curriculum Components

The proposed curriculum would be delivered in 45–60 min sessions integrated into protected didactic time. Each session would be case-based, interactive, and peer-led when possible.

Module	Title	Topics Covered
1	Cut Now, Think Later?	Ethics of emergent decisions, trauma consent, and life-altering operations
2	Errors & Aftermath	Medical errors, second victim syndrome, disclosure, peer support
3	Hierarchy vs Integrity	Navigating unethical instructions from seniors or attendings
4	Whose Body, Whose Decision?	Informed consent in vulnerable patients, surrogacy dilemmas, advance directives
5	Resource Wars in the OR	Triage ethics, OR scheduling conflicts, disproportionate care
6	Futility & Withdrawal	Withdrawing care in the ICU, OR-to-ICU handoffs, family conflict
7	Bias at the Bedside	Structural racism, gender dynamics, language barriers, equity in surgery
8	Moral Injury in Surgery	Understanding the toll of repeated ethical compromise in training

Integration with the MyCareChoices Model

MyCareChoices is a local model for advanced care planning and creating a shared decision-making framework for patients in the Pennsylvania area. While the updated MyCareChoices Advanced Care Planning training focuses on teaching structured *communication* with patients in serious illness situations,

components such as surrogacy law, shared decision-making, capacity assessment, and ethical ambiguity in documentation can serve as core competencies threaded through the curriculum, particularly in modules 4, 5, and 6. Adapting the Shared Decision-Making in Serious Illness (SDMSI) conversation model and applying it to surgical decision scenarios would be a beneficial part of the curriculum.

Final Word:

The hope is to generate a standardized ethics education curriculum specifically geared towards surgical residents that is SAGES approved. I believe SAGES to be on the cutting edge of technology, surgical and endoscopic technique, and academic leadership. As an organization at the forefront of these endeavors, SAGES is uniquely positioned to champion ethics education in surgical training programs. Providing this practical template would not only address a critical gap, but also reinforce SAGES' commitment to holistic, technically excellent, and morally grounded surgical care.

Supporting Literature & Evidence

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