"That Pain in the Neck Is Back in the Emergency Department"

CLINICAL CASE[1]

Julia is a first-year resident who has been working in her hospital's emergency department for one week. Her senior residents encouraged her to make the most of this rotation, explaining that it is an especially important part of her training and that the attending physicians are highly skilled clinicians and excellent teachers. Julia is enthusiastic and has come to appreciate the fast-paced, solution oriented environment of the ER and feels she is learning a great deal. With that said, she has come across one aspect of the department that has begun to make her uncomfortable: the way some staff members speak about certain patients. Yesterday morning, for example, she treated a patient who is well known to the ER and is currently experiencing homelessness. After treating this patient, the head of the department referred to him behind his back as "the pest" in a way that made it immediately clear to everyone which patient he meant. The rest of the team laughed at the remark. The same morning, a patient from abroad who did not speak Spanish arrived with burns and severe pain to the ER. The team had to sedate her, and as one of the attending physicians examined her injuries, she commented in front of the patient, "and here I thought my high heels were painful," which the team laughed at.

Julia is very happy with the clinical training she is receiving in the emergency department, nevertheless she feels increasingly uncomfortable with these comments, especially as they seem commonplace. She also is under the impression that is she wants to fit in with her colleagues, she should join in on what she feels is this form of dark humor. She is currently wondering how she should handle the situation. Should she raise the issue with her senior residents, and the attending physicians, who have all worked in the emergency department for years, when she herself has only just arrived?

ETHICAL ANALYSIS OF CASE

It is clear that this kind of language is inconsistent with the professional values of medicine and, more broadly, with the principle of respect for the dignity of every individual. Although the commentary or language used "behind the patient 's back" may not directly affect the clinical relationship or the delivery of care, it conveys a lack of empathy and respect. Moreover, it undermines the patient 's dignity while simultaneously compromising the professionalism of the attendants themselves.

Julia 's moral dilemma stems from her uncertainty about how to handle the situation. She does not know whether it is more important to respect the existing hierarchy and gain acceptance from her colleagues, which could ultimately enhance her learning and experience, or whether she has

[1] Case based on Season 1 of the series The Pitt (HBO).

a responsibility to defend the dignity of the patients. This is an example of microethics, the ethics of everyday clinical practice, reflected in bedside manner. Microethics is expressed through the attitudes, behaviors, and decisions that shape day-to-day medical practice. It defines a clinician's professional conduct beyond the major bioethical dilemmas, such as the refusal of life-sustaining treatment. Instead, microethics concerns situations that are typically handled almost automatically, without careful reflection. However, Julia would like to reflect on them.

POSSIBLE COURSES OF ACTION

- Laugh along with the jokes as if you were one of the group and use this somewhat irreverent language when talking to other colleagues. This will help you fit in with the group. After all, this language can be a tool for lightening the mood in a very demanding department and for building camaraderie among the staff.
- Talk to one of the emergency medicine attending physicians you trust the most and explain your concerns to them. You can also discuss your thoughts with the "senior" residents and your mentor.
- Request a meeting with the department head to share your opinion privately.
- When you hear a derogatory comment about a patient, tell the person making the comment that you don't think it's right to speak that way about patients.
- Julia shouldn't talk to anyone; it's a two-month rotation, and it's not in her best interest to get into trouble.
- Don't automatically assume that this behavior is normal. Moreover, she needs to learn from this attitude to understand what kind of doctor she doesn't want to become and make an effort to focus only on the positive aspects of the department.
- Look for role models who combine clinical competence with respectful language.
- Ask to be transferred to a different department.
- Inform patients about how their doctors speak about them behind their backs.
- Report the doctors' attitude to the Medical Association's ethics committee.
- Report it to the hospital administration.

RECOMMENDED COURSE OF ACTION

- Regardless, she should not engage in that kind of language or attitude.
- Julia needs to reflect on the kind of professional she wants to be. As a doctor, she must learn (and apply) only those technical, interpersonal, and ethical aspects that are consistent with professional excellence.
- Given her position as a first-year resident, she needs to talk to people she trusts, such as her mentor, or a senior resident or attending physician.
- If she feels it necessary she can request a meeting with the department chair to discuss the matter.
- She may also express her disagreement to anyone who uses this language, but if she does so, it is best to do it privately and in a respectful manner.

DISCUSSION

Medicine requires not only technical competence but also respect for the dignity of every individual. The use of this kind of commentary or language, including nicknames, or expressions that depersonalize patients constitutes a lack of respect for those receiving care. It may also reinforce prejudices and stereotypes about vulnerable groups, such as foreign patients, people experiencing homelessness frequent users of emergency services and other individuals who place their health in the hands of physicians. Furthermore, when these behaviors are repeatedly modeled by experienced clinicians, more junior physicians may come to view them as acceptable and eventually incorporate them into their own practice. Finally such actions can erode the ethical climate of the team, creating a less respectful working environment even when the clinical care itself remains technically sound.

Fortunately, hospitals are filled with people like Julia, professionals who are sensitive to their patients' needs and who demonstrate empathy and professionalism in their daily practice. These are the individuals from whom others learn when they put microethics into practice, regardless of whether the learner is a first- year resident or the head of the department. After all, everyone has something to learn, not just Julia.

Sgd.: ASISA-Lavinia Committee on Bioethics and Health Law
29th of June, 2026