

## ■ How Bioethics Can Help Students with the Multiple Mini-Interviews for Medical School

*Robert Klitzman, MD, Lillian Ringel, Niki Cunningham and Megan Rigney*

Every year, more medical schools are using the Multiple Mini-Interview (MMI) to assess applicants. These interviews, in which students must respond, with only a few minutes of preparation, to a wide variety of possible questions, instill anxiety in many – both applicants and their advisors.

Often these questions involve complex ethical problems, and while sometimes there is no obvious “right” answer, students are charged with demonstrating their ability to reason ethically, to think quickly and cogently, and to “show their work,” that is, show how they come to the answers they provide. These interviews are trying to gauge applicants’ ethical sensibilities, their understanding of professionalism, and their ability to see and articulate multiple sides of arguments. It’s not surprising that applicants head off to these interviews with trepidation.

Yet help is possible. An understanding of basic ethical principles and ways of thinking about these can aid students in vital ways.

This was the topic of a session offered at both the WAAHP and NEAAHP regional meetings this year. We present here an overview of how bioethical frameworks can help students address the kinds of questions that may arise in these interviews. These frameworks can help applicants not only in these

interviews, but through their medical training and careers over time. MMI questions may concern health care situations or current events or basic human dilemmas, and in these scenarios, underlying conflicts in ethics and values are involved.

We explore below several important overall issues, and then apply these to several MMI-style sample cases. In these scenarios there may or may not be a single “right” answer. Rather what is important is being able to think through the relevant considerations, drawing on and weighing relevant principles, considering all of the key stakeholders, and laying out possible courses of action. Finally, it is important for the student to articulate their position, having clearly explained how and why they came to it.

### Overview of ethical principles

In general, an ethical decision-making model can help in analyzing and making decisions. Bioethical Frameworks can help with both the *form* and the *content* of approaches by ethical dilemmas. As an overall form or structure, for instance, Corey (2008) proposed an 8 step ethical decision-making model that consists of “identify(ing) the problem, identify(ing) the potential issues involved, review(ing) relevant ethical guidelines, know(ing) relevant laws and regulations, obtain(ing) consultation, consider(ing) possible

*This session was presented at the 2015 WAAHP meeting in San Diego.*

*Dr. Klitzman is Professor of Psychiatry Director, Masters of Bioethics Program, Columbia University.*

*Ms. Ringel is Associate Director, Masters of Bioethics Program, Columbia University.*

*Ms. Cunningham and Ms. Rigney are the health professions advisors in the Center for Student Advising at Columbia University.*

*Direct correspondence to rlk2@cumc.columbia.edu.*

**How Bioethics Can Help Students with the Multiple Mini-Interviews for Medical School** (*continued*)

and probable courses of action, and decid(ing) on what appears to be the best course of action.”

In terms of the *content* of decisions, discussions of bioethics have emphasized the importance of four basic ethical principles: Autonomy (respecting the rights of individuals and letting individuals make choices for themselves), beneficence (doing good, what is in the patient’s best interests), non-maleficence (avoiding harm), and justice. Each of these principles may seem straightforward at first glance, but dilemmas and complexities arise. In part, these principles can be defined and applied in different ways. For instance, justice can be interpreted to mean that everyone gets the same, *or* that those who need more get more, or that those who contribute more, get more.

In many cases, questions arise of whose autonomy should be considered, protected or upheld, and to what degree. For instance, what should a clinician do if a sister doesn’t want to donate a kidney to her brother for whom she is a match? Here the sister’s autonomy and beneficence towards the brother are in conflict. Do parents have the right to withhold from their adult child the identity of a sperm donor who was involved in the offspring’s creation? Here the parent’s and offspring’s rights clash. Limits to autonomy may exist when a patient lacks the capacity to make his or her own decisions due to dementia or psychiatric illness.

Questions emerge concerning beneficence, such as *whose* benefits clinicians should take into account. For instance, consider whether a patient with end-stage cancer should be allowed to participate in a clinical trial if the results will benefit future patients, but not him or herself? If the supply of a drug is limited (e.g., against Ebola), quandaries surface as to whom should receive it – whose benefit counts the most?

A third central principle is non-maleficence – do no harm. Difficulties emerge in how to weigh possible future risks and benefits of a study or procedure against each other. Patients and doctors may not always agree whether the potential benefits of a drug outweigh the potential risks?

Ethical dilemmas usually emerge across multiple fronts, and when two or more principles compete, health care providers or others must decide how to weigh these conflicting values. For instance if a patient refuses treatment, but will then die, should s/he be treated against his or her will? Here, the patient’s autonomy clashes with the physician’s obligation to beneficence (i.e., to help

patients). Similarly, should a doctor do anything if a parent doesn’t want to vaccinate her child, raising questions of a parent’s autonomy vs. the child’s (and society’s) benefit?

Several ways of resolving competing ethical principles have been described. Consequentialist or utilitarian approaches emphasize that decisions should be made to seek to ensure the greatest good for the greatest number. These approaches apply in many cases – e.g., who should get kidneys or Ebola vaccine doses if the numbers are limited. But limitations exist. For instance, the minority may be unfairly overruled.

An alternative to consequentialism are rights-based approaches which posit that individuals have inherent rights that should not be violated. This view, also termed “deontology”, was initially advocated by Immanuel Kant. Based on this perspective, for instance, individuals have a right to a certain amount of health care even if they cannot afford it.

To resolve conflicts, in any case, students should ask who the stakeholders are in any situation – e.g., the patient, parents, or other family members, physicians, hospitals, or even someone whose claim to have “rights” may be debated by others.

Students should consider, for instance, a healthcare provider’s rights and responsibilities. Clinicians need to consider what the respective risks and benefits are to each individual or group and whether any of these take precedence.

Applicants should consider what solutions and options may be possible. Sophisticated ethical decision makers acknowledge that often there is no perfect answer. Education and further discussion are often part of a solution, and often satisfactory compromises can be mediated. Stakes can shift and sometimes “answers” involve hopes that minds can change or that imperfection can be tolerated.

MMI interviewees need to show that they have considered the process of decision-making, and that other resources can be consulted and advice sought from colleagues, superiors, or other sources of support. In group decision-making, transparency is also vital. A fair process may be more practicable than a universally agreed upon outcome.

In each MMI question, these issues will arise in varying ways, as seen in the examples following.

**Question #1**

You are a physician who has finished his or her day and decide it's appropriate to leave on time for the first time in months. You have promised to meet your family for dinner. You suddenly receive a phone call from Mrs. Greene, an 87-year old patient who has been in a nursing home a long time, and who wishes that you attend to her long-standing condition. She has been a patient of yours for 15 years and refuses to see another doctor. What issues are involved? How would you approach this situation? What would you ultimately decide to do?

**Discussion of Question #1**

This question is an example where ethical decision making is important. What are the patient's rights to treatment by the physician at this moment (versus the physician's rights and needs) and who should decide? When the interviewee takes on the persona of a practicing physician, s/he must here weigh responsibilities a physician has to a patient against the responsibilities a physician has to his or her own family. The fundamental issue is how best to achieve a balance between personal and professional lives, something all doctors will confront in their careers. This question attempts to examine how the interviewee would prioritize these competing responsibilities.

Some points that the applicant may consider concerning her right to treatment from this physician on this night are: What is Mrs. Greene's condition? We know that her condition is long term, but would its severity impact the physician's decision? The question specifies that she wants you to attend to her long-standing condition, NOT a new problem that has arisen.

Are there alternatives to the physician going to the nursing home now? The prompt states that Mrs. Greene is in a nursing home. Could you rely on the care of the staff at the nursing home until you are able to visit Mrs. Greene? How could the physician reassure Mrs. Greene in their phone conversation?

Which patients' benefits are relevant? Applicants could mention that maintaining a work/life balance will help physicians practice medicine and help other patients over time in the future more efficiently and effectively. The benefit to many patients over time may outweigh the benefit to one.

Still, how important a family event is the dinner to which you will be late? Perhaps your family members would understand you being a bit late to the dinner.

How does the physician's own past behavior influence this decision? If you are frequently late to family functions because of work, would this influence your decision? The prompt suggests you are frequently late leaving work. What impact might this have on your family life?

What examples from the interviewee's own life might they reflect back on when making this decision? Are there any examples that they could pull from where they've had to manage competing responsibilities?

**Question #2**

Due to the shortage of physicians in rural communities, it has been suggested that medical programs preferentially admit students who are willing to commit to a 2 or 3 year tenure of working in an under-served area upon graduation. Consider the broad implications of this policy for health and health care costs.

**Discussion of Question #2**

Currently in the United States there is a shortage of physicians in rural communities. Though slightly outdated now, the 2000 census reported that about 21 percent of the U.S. population lives in rural areas, but rural physicians comprise only about 10 percent of the total number of working physicians in the country. Many remedies to this have been posed around the recruitment of physicians to practice medicine in rural areas. The above is one type of suggestion that has been made to help recruit physicians.

Some points the applicant might consider are: what are the underlying problems, and how might these be addressed most fairly and effectively? What are some of the issues rural communities' face that might make them less desirable to practicing physicians? Is the proposed solution addressing these concerns? Do you think the approach will be effective? How much autonomy (i.e., freedom) should these physicians have versus how much benefit should the rural community receive? What are the risks and benefits (or pros and cons) of such an approach? What about retention of these doctors once the 2 or 3 year tenure is up? What's to keep a doctor from leaving a rural community? When the 2 or 3 year tenure is up, how do we encourage these physicians to stay in these communities?

Would preferential admission to medical schools for people willing to work in underserved areas affect the quality of the doctors those areas receive? How would these commitments be enforced?

**How Bioethics Can Help Students with the Multiple Mini-Interviews for Medical School** *(continued)*

Many rural physicians are overworked and underpaid. Does this proposal address that problem? What other types of initiatives must it be coupled with to be effective?

Are these alternatives? Could government-sponsored residency programs in rural communities help address this issue instead, or would it put undo financial strain on an already strapped system?

**Question #3**

The daughter of the interviewer is 16 years old. She is adamant that she have a tattoo and this is causing much friction in the household. What advice would you give the interviewer-as-parent?

**Discussion of Question #3**

This scenario aims at testing the applicant's problem solving skills, ability to negotiate conflict, and his or her communication skills. Key underlying issues are: how much and what kind of autonomy (i.e. freedom) does or should a 16 year old have, and what are the risks and benefits of getting a tattoo? The applicant is being asked to mediate between a daughter (in absentia) and a parent – a difficult task when not in an interview situation! The applicant should approach the situation with tact and an eye toward understanding both sides.

Some points the applicant might consider are the fact that adolescents and families differ in ways that can affect these issues. Yet the fact that you are being asked about the interviewer's family raises challenges given your respective roles in the room. The interviewer has dual roles (as interviewer and as parent). You could clarify that you will answer him or her in one or both roles. Some family dynamics come into play here. Do you need to find out more information about the interviewer's relationship with his or her daughter? Do you need to ask some questions of the interviewer before you launch into advice giving? How do you give advice to the interviewer without being condescending? What strategies do you employ to make the interviewer feel that his or her position is being heard and understood? Do you take a side here? Do you agree with the interviewer but try to understand the daughter's position?

How would you advise a friend or family member in a similar situation? Does the interviewer's position matter at all in your advice giving? Do you take on a persona yourself? Can one give advice in an area where one has no personal experience? What experiences in your life would

you draw upon to help the interviewer navigate this conflict with his or her daughter? What do you think about tattoos?

**Question #4**

A man has been responsible for taking care of his wife who has been in a vegetative state for 6 years after a car accident. She can breathe on her own, but that is the extent of her abilities. He requests that her feeding tube be removed. As her physician, what should you do? Why?

**Discussion of Question #4**

Underlying issues here concern the patient's autonomy (whether she has expressed her own wishes at any point) and the risks and benefits of having versus not having a feeding tube.

Some considerations are autonomy: if the patient has expressed her wishes, what did she say? Are there other stakeholders here? Adult children?

Risks/benefits: what would happen medically if the feeding tube is stopped? Are there alternatives? Does the husband understand this?

Why is he requesting this change now? Has anything changed?

**Summary**

In short, it is vital to think critically and logically about MMI questions using basic bioethical principles that can help in framing many cases, ensuring that you are considering multiple sides, and not omitting key points. Here at Columbia, we offer face-to-face as well as online bioethics courses and certificate that help many students. Other colleges and universities may offer similar opportunities that students may also find beneficial.

Clearly, whether on the MMI or in clinical medicine, there may not always be a single "right" answer to ethical dilemmas. It is critical that decision-makers – whether students or physicians - think of, and anticipate the relevant questions that should be considered, even if not having answers to them all.

**Reference**

Corey et al. (1998). *Issues and ethics in the helping professions* (5th Ed.). Pacific Grove, CA; Brooks/Cole.