

# **OMED Recommendations for the ethical performance of live endoscopy demonstrations**

## **Introduction**

Live demonstration of endoscopy is a valuable and popular method of teaching practical digestive endoscopy both to experienced endoscopists as well as trainees. It enables participants to observe experts undertaking endoscopic techniques in real time and allows them to see how different experts approach a variety of clinical situations. It also stimulates discussion relating to the equipment they use and the way they cope with unexpected difficulties.

The circumstances under which live demonstrations are organized differ from those that obtain during day-to-day practice and this raises a number of ethical issues. In order to address these, we have developed this set of guidelines. They have been approved by the OMED Centers of Excellence and the Governing Council and are based on recommendations that were made at the first European Symposium on Ethics in Digestive Endoscopy, Kos. Greece, 2002(1)

## **Issues of concern**

Invited experts who take part in live endoscopy demonstrations are not working in their usual environment. They may be stressed, tired from travel, or under pressure of time. Physician-patient relationships may be suboptimal owing to language and ethnic differences. Patient confidentiality may be impaired. The treatment of patients who have been selected for demonstration may be delayed. Sedation policy may be modified.

Never-the-less patients may gain advantage from participating in the teaching meeting. Newer, more effective or less invasive techniques may be employed and they may also benefit from the input of new ideas from external experts some of whom may have greater in-depth experience than those in the local faculty.

## **Guidelines**

### **General guideline**

Patient safety should be the first concern and have primacy over all other considerations

### **Educational objectives**

These should be determined at the time that the live demonstration course is planned.

Endoscopic management must be justified and alternative treatment plans must be considered before selecting a case for demonstration.

### **Course Director and local management**

A course Director must be identified who is part of the local team. He or she must be the final authority with regard to the optimal care of the patients, the equipment used, the faculty, the supporting staff chosen and the facilities to be used.

Course coordinators, recruited from the local staff, should assist the Course Director.

The experts should be supported by at least one moderator in the endoscopy room including one from the local staff (who may represent the course director.)

If an interactive programme is employed in order to stimulate discussion with the audience it should not be allowed to influence the clinical decisions taken by the experts in conjunction with the course director or his/her representatives.

Personnel in the endoscopy room should be restricted to those essential for clinical care, teaching and the operation of the audio-visual equipment.

The host centre should have a large enough case volume to ensure that a sufficient number of cases are available for the course without patients having to suffer an unacceptable delay before their procedure is scheduled.

### **Facilities**

Extensive and varied equipment must be available so that experts can use the tools with which they are familiar.

Anaesthesiology, radiological and experienced nursing staff is required.

Monitoring equipment and endoscope reprocessing equipment of a good standard must be used.

Biological preparations and or phantoms may be useful for the demonstration of some techniques and they draw attention to other educational tools

### **Experts**

Experts must have high technical skill and be experienced teachers.

They should not be expected to use equipment with which they are unfamiliar

They should, be introduced to the patients and be given the opportunity to discuss indications and treatment with the local staff.

Experts should be treated as visiting consultants. A local expert of equivalent level should always be prepared besides the operator. The Legal responsibility must rest with the course director local staff and the institution in which the live demonstration takes place. The course director must ensure that visiting staff are fully covered with appropriate malpractice indemnity and that they comply with local institutional regulations before being allowed to practice.

### **Patients**

Patient selection should focus on educational objectives not on case difficulty. It is inappropriate to schedule experimental cases or those where there is a high risk of complication or failure.

Patient confidentiality must be respected including wherever possible image acquisition and documentation.

Informed consent must be obtained and should include information about the live course presenting both its advantages and potential disadvantages. The expert who will be treating the patient should be named.

Reference: Deviere et al, Recommendations of the ESGE Workshop on Ethical-Legal Issues Concerning Live Demonstrations in Digestive Endoscopy. *Endoscopy* 2003; 35:765-767