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Ethical Care of the Traumatized: Conceptual Introduction to Trauma-Informed Care for Surgeons and Surgical Residents

Trauma-informed care (TIC) is a set of principles and practices designed to improve the ways professionals treat people who have been traumatized.

This study reviews fundamental concepts of TIC and applies them to the work of surgeons. TIC is described in relation to fundamental medical ethical concepts, and evidence for TIC-based intervention is reviewed. The article describes implementation of TIC in medical education, and recommendations for practice changes are made.

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Methods: Authors conducted a systematic literature review of 55 publications. Publications met four criteria:

- First, studies connecting TIC to core medical ethical concepts were identified, and the described connections between TIC and ethical principles were extracted.
- Second, studies that applied TIC concepts directly to the medical care of injured patients as part of their hypotheses or research questions were identified, and their objectives and conclusions were extracted.
- Third, trials of TIC-based interventions were identified and information on their cohorts, interventions, and outcomes were extracted.
- Fourth, studies that developed or tested TIC curricula for medical staff were identified.

Findings:

- From the literature review, 11 studies explicitly discuss the connections between TIC and fundamental ethical concepts of autonomy, nonmaleficence, beneficence, and justice—(Fig. 1). For example, studies emphasized the role of TIC in optimizing patient autonomy through improving informed consent.
- The role of implicit bias against victims of trauma on a clinician and societal level are also discussed as relevant examples of injustice.
- All these publications, as well as hundreds of excluded studies, recommend incorporating TIC into the care of all injured patients but rely on empirical evidence from studies performed in contexts other than the hospital care of the physically injured.
- Researchers identified 20 trials that measured the impact of interventions described as "trauma-informed" on numerous other subjects. They share the social vulnerabilities of injured patients. The studies overall have a high risk of publication and selection biases
- Most of the identified publications are focused on understanding long-term effects of trauma in pediatric populations, and none of these curricula grapples with the complexities of critical aspects of TIC for surgeons, such as consent in the trauma bay.

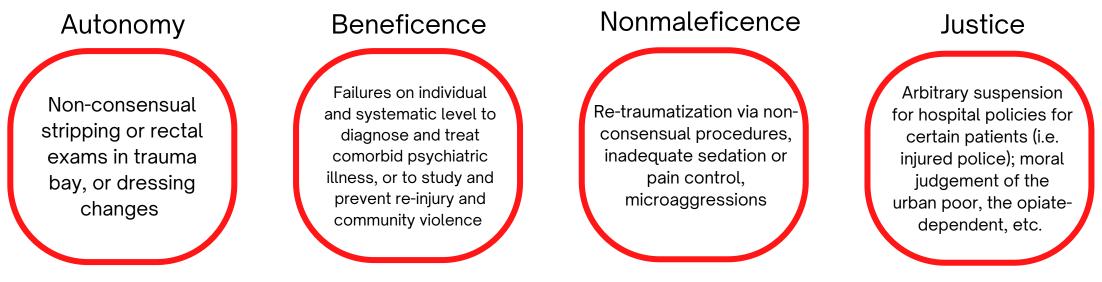


Figure 1. Examples of failures of trauma-informed care associated with etical violations

Conclusion: Although implementation of TIC has not been evaluated with randomized, controlled trials in the inpatient context for injured patients, the available evidence from other fields indicates a variety of potential positive effects. For example, TIC has been associated with decreases in intimate partner violence, criminal recidivism, and relapses into drug abuse. These outcomes could be targeted with trials. However, it should be noted that some aspects of TIC are inherently worthwhile and consistent with the values of the medical professions, irrespective of any potential advantage in outcomes. TIC formalizes norms of decency toward injured patients, norms that are too often neglected in the care of the most vulnerable.