An Overview of Ethics Committees and Ethics Consultation in the US

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What is an Ethics Committee?

http://www.tnt.tv/dramavision.jsp?oid=63713

“The HEC is a multidisciplinary organizational body intended to address ethical issues that arise within patient care. It does so via hospital policy formulation, education, and direct consultation.”

http://www.chestnet.org/accp/pccsu/hospital-ethics-case-consultation-overview?page=0.3
The need for ethics committees/ethics consultations

- Karen Teel, a pediatrician, argued for a greater role for ethics committees in the mid-1970s (cited by the Quinlan court)
  - Physicians are sometimes ill-equipped to deal with ethical issues
  - Little or no dialogue
  - Need for a regular forum for discussion
  - Composed of different professionals (physicians, nurses, lawyers, theologians)
  - Advisory body
The need for ethics committees/ethics consultation

- Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires “a mechanism for the consideration of ethical issues arising in the care of patients and to provide education to caregivers and patients on ethical issues in health care.”

The need for ethics committees/ethics consultation

An ethics committee or some alternate form of ethical consultation should be available to assist by advising on particular ethical situations, by offering educational opportunities, and by reviewing and recommending policies.

No. 37, Ethical and Religious Directives
What is Ethics Consultation?

- “...a service provided by an individual or a group to help patients, families, surrogates, healthcare providers, or other involved parties address uncertainty or conflict regarding value-laden issues that emerge in healthcare”

What are the goals of ethics consultation?

- “To promote an ethical resolution of the case at hand”
- “To establish comfortable and respectful communication among the parties involved”
- “To help those involved to work through ethical uncertainties and disagreements on their own.”
- “To help the institution recognize ethical patterns that need attention.”
Who is the ethics consultant?

“The ethicist is neither a medical insider nor an outsider, but often serves as a facilitator and negotiator, a listener and a guide.”


What are the different approaches to ethics consultation?

- Authoritarian approach
- Pure Facilitation approach
- Ethics Facilitation approach
- Conflict resolution/mediation approach (Dubler/Liebman)
One Traditional Method

- Jonsen, Winslade, Siegler “4 boxes approach”
  - Medical Indications
  - Patient Preferences
  - Quality of Life
  - Contextual Features
Medical Indications:
Consider each medical condition and its proposed treatment. Ask the following questions:
  • Does it fulfill any of the goals of medicine?
  • With what likelihood?
  • If not, is the proposed treatment of any therapeutic benefit?

Patient Preferences:
Address the following:
  • What does the patient want?
  • Does the patient have the capacity to decide? If not, who will decide for the patient?
  • Do the patient's wishes reflect a process that is
    • informed?
    • understood?
    • voluntary?
**Quality of Life:**
- Describe the Patient's quality of life in the patient's terms.
- What is the patient's subjective acceptance of likely quality of life?
- What are the views of the care providers about the quality of life?

**Contextual Features:**
Social, legal, economic, and institutional circumstances in the case that can:
- Influence the decision
- Be influenced by the decision
  e.g., inadequate social support
Another Approach

Kuczewski
- Narrative
- Language and Issues of Case
- Perspectives and Key Issues
- Facilitating Resolution

What are the skills necessary for ethics consultation?
- Ethical skills
  - Distinguish ethical issues from other issues
  - Clarify key concepts
  - Justify a range of morally acceptable options
- Process skills
  - Facilitate meetings
  - Build consensus
- Interpersonal skills
  - Effective listening
  - Communicating interest, respect, support and empathy
Improving Competence in Clinical Ethics Consultation:
A Learner’s Guide

“…ethics consultants….must recognize, for example, that good solutions to moral problems depend not on ethics alone, but on a variety of things, including

- accurate factual information
- effective communication skills
- and the insights and contributions of a wide variety of professionals.

…[which] may not produce a single “correct” solution, but may identify a range of acceptable moral options from which those with decision-making authority may choose.”

Are there any standards for ethics consultation?

- Core Competencies Report by ASBH (national society for US bioethicists)
- AMA’s Code of Medical Ethics
- Not clear how widely adopted these competencies are
- ASBH currently exploring certification
- Draft code of ethics created by ASBH Clinical Ethics Consultation Affairs (CECA) Committee
AMA’s Code of Medical Ethics

- **E-9.115 Ethics Consultations.**
  - All hospitals and other health care institutions should provide access to ethics consultation services.
  - Members should include either individuals with extensive formal training and experience in clinical ethics or individuals who have made a substantial commitment over several years to gain sufficient knowledge, skills, and understanding of the complexity of clinical ethics.

AMA’s Code of Medical Ethics

- Explicit procedural standards should be developed and consistently followed.
- In general, patient and staff informed consent may be presumed for ethics consultation. However, patients and families should be given the opportunity, not to participate in discussions either formally, through the institutional process, or informally.
- In general, ethics consultation services, like social services, should be financed by the institution.
- A consultation service should be careful not to take on more than it can handle.
What knowledge areas should an ethics consultant possess?

- Moral reasoning and ethical theory
- Bioethical issues and concepts
- Local healthcare institutional policies
- Clinical context
- Relevant health law
- Beliefs and perspectives of patient and staff population
- Relevant codes of ethics
- Guidelines of accrediting organizations

What is the prevalence of ethics consultation?

- 81% of US hospitals have some kind of ethics consultation service
- Present in all hospitals with 400 or more beds
- Dominant models:
  - Small team approach (68%)
  - Full Committee (23%)
  - Individual consultant (9%)

Three Key Concerns

- Abrogation of moral decision making by the referring physician
- Usurpation of moral decision making by the ethics consultant
- Diffusion of responsibility within the ethics committee

What are the numbers?

- 29,000 individuals devoted more than 314,000 hours in 36,000 consults (Fox, et al, AJOB)
- 34% are physicians
- 30% are nurses
- 11% are social workers
- 10% are chaplains
- 9% are administrators
- Less than 4% are attorneys, philosophers, theologians, other HCPs

Who requests ethics consultations?

- Physicians
- Nurses
- Family members
- Social Workers


Availability of ethics consultation services

- According to a national survey of internists:
  - (79%) reported that ethics consultation services were available at their predominant practice site
  - 19% reported that such services were unavailable
  - 2% did not know

  - A National Survey of U.S. Internists' Experiences With Ethical Dilemmas and Ethics Consultation
    Gordon DuVal, SJD; Brian Claridge, PhD; Gary Gensler, MS; Marion Danis, MD J Gen Intern Med 19(3):251-258, 2004.
How did the consultant get information?

- 92% usually or always talked to clinical staff
- 78% usually or always talked to family members
- 87% usually or always gathered information from medical record


What are the major issues involved in ethics consultations?

- Patient autonomy and decision-making capacity
- Improving Communications
- End of Life Care
What are the outcomes of ethics consultations?

- Recommendations to physicians and staff
- Communication with patient/family
- Consultations are documented
What kinds of recommendations were given?

- Single best course of action: 46% of cases
- Range of acceptable actions: 41% of cases
- No recommendation: 13% of cases


Were they helpful?

- Of physicians surveyed:
  - 41% “often helpful”
  - 30% “occasionally helpful”
  - 15% “rarely helpful”

Chwang E. Views regarding the training of ethics consultants: a survey of physicians caring for patients in the ICU. J Med Ethics 2007; 33:320-324
How many ethics consultations occur?

- According to the Fox, et al study in AJOB, the median was only three!

Level of training for ethics consultants

- 5% had completed fellowship or graduate degree program
- 41% learned with formal, direct supervision
- 45% learned without formal, direct supervision

### Level of experience

- 9%—less than one year of experience
- 53%—one to five years
- 27%—five to ten years
- 10%—more than 10 years


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### What is the biggest challenge for ethics consultants?

“Perhaps the biggest challenge in the immediate future, then, will be helping to ensure that ethics committee members and ethics consultants have adequate education and training to carry out the important work that is entrusted to them.”

Efforts to train ethics consultants

- Vast majority of individuals doing ethics consultation lack formal training
- The Neiswanger Institute launched an intensive workshop as part of our graduate program
- Series of simulations that involve standardized patients
- Participants act as consultants, are videotaped, and then given feedback

Clinical Skills Center