

TRAINING MODULE: ETHICAL CONSULTATION AND COMMITTEE

PURPOSE:

Guide the collaborative work between Bates County Memorial Hospital employees, patients, providers, their families/advocates, surrogates, or any other involved parties to address uncertainty or conflict regarding value-laden issues that may emerge in healthcare.

POLICY:

Ethical consultation and committee's expectation is to improve the process and outcome of patient care by helping to identify, analyze, and resolve difficult conflicts and ethical dilemmas. The ethic consultation and committee strives to ensure the process of decision making for patient care is inclusive, educational and respectful of cultural values and supports the Bates County Memorial Hospital's efforts in quality improvement and appropriate resource utilization.

PROCEDURE:

A. ETHICAL CONSULTATION

1. Identifiable triggers for the ethics consultation:

- a. Patient and surrogate decision making concerns
- b. Resuscitation issues
- c. Acceptability of withholding and withdrawing life sustaining treatments
- d. Autonomy issues such as informed consent and the right to refuse treatment
- e. Advance directives
- f. Disagreements between and among providers and families
- g. Religious, cultural, and spiritual issues

2. An ethical consultation can be requested by anyone involved in the patient's care. A no retaliation approach for anyone requesting an ethic consultation, will be upheld by BCMH Administration.

3. Factors that an early ethic consultation can foster:

- a. Communication among patients, families, and provider
- b. Reduce conflict by identifying differences of opinion among parties involved in the patient's care
- c. Clearing up misunderstandings and resolving poor communication
- d. Clarifying values and developing a consensus among family decision makers

4. Suggested Goals of the ethic consultation:

- a. Intervention to protect patient's rights.
- b. Resolving real or imagined conflicts.
- c. Changing patient care to improve quality.
- d. Increasing patient/family satisfaction.
- e. Educating staff about ethical issues.
- f. Providing moral support or providing moral support to patient/family/individuals involved in the patient's care and/or staff and providers.

- g. Suspending unwanted or wasteful treatments.
- h. Reducing the risk of legal liability.

5. Suggested model of ethics consultation:

- a. Requested consultation is obtained and order entered in patient's electronic medical record.
 - b. Designee from committee will obtain informed consent from the patient, family, surrogate, or involved friend for an ethics consultation.
 - c. Designated committee members will review the medical record, and interview individuals involved in the patient's care.
 - d. Meet as a committee and frame the ethics issues, drawing from relevant hospital policy, published ethic consensus statements/statutes, relative experience of members, and if necessary legal advice.
 - e. Identify areas of agreement and variance, recommend ways to address and resolve the disagreements and identify next steps; (sharing information, addressing grief, and correcting misunderstandings).
 - f. Document all ethics consultations, including the identity of the requester, activities that occurred before the consultation, the reason for the consultation, ethics issues identified, steps taken to address the ethics issues, options and ethical rationales considered.
 - g. After the consultation with the patient, family, surrogate, or involved individuals involved in the patient's care, document the outcome, and the future plan.
 - h. Evaluate the consultation for quality. Identify opportunities for quality improvement and education and communicate this to committee if appropriate.
 - i. Designee of committee will communicate to appropriate hospital Director/manager of educational opportunities needed.
 - j. Follow up to provide ongoing support
6. Documentation of the ethics consultation are placed in the patient's medical record, as well as internal facility records. Results of an ethics consultation may be reported to Administration and the governing Board of Directors if appropriate.

B. ETHICAL COMMITTEE

1. Necessity of having an ethics committee:

It is the right thing to do. It can increase patient satisfaction, enhance productivity, improve staff morale, reduce the risk of malpractice litigation and provides institutional accountability and integrity.

2. The needed skills of the ethical consultation team to conduct the consultation:

- a. The ability to assess, identify and appreciate uncertainty in conflict, analyze conflicting values, and reach a resolution
- b. The ability to facilitate formal and informal meetings and build a moral consensus
- c. The ability to listen, communicate, and express empathy and to foster dialogue between involved parties

3. Members of the ethics committee:

- a. Social services-social worker on staff
- b. Chief of staff or Designee
- c. Nursing management; CNO, Med/Surg Supervisor, and CCU/Tele Supervisor
- d. Chaplain
- e. Patient Centered Health Home Manager

- f. Auxiliary volunteer-optional
- g. An employee, provider, or person that would add value and benefit to the task the ethic committee needs to address-optional

4. Self-education for ethics committee members:

- a. Center for Practical Bioethics, "*Ethics Committee Handbook for new Members Orientation*" – **Required- will be given to standing committee members and available to optional members as needed**
- b. American Medical Association "*Principles of Medical Ethics*" – **Suggested**
- c. Oxford University Martin Benjamin "*Ethics in Nursing*" – **Suggested**
- d. These resource books are available for self purchase on line.