Clinical Ethics Consultants and Bioethics Committees: What’s the Difference?

A Conversation on Healthcare Ethics in Different Hospital Systems

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If we are not be able to address the issues immediately, we will work on ensuring they do not occur in the future.
Moderator
Gerald Winslow, PhD
Loma Linda University Health
California

Speaker
Dennis deLeon, MD
AdventHealth Florida

Speaker
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Speaker
Grace Oei, MD, MA
Loma Linda University Health
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Robert Smith, MD
Kettering Health Network
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Road Map

• Brief overview of hospital ethics committees
  • Development
  • Function
  • Models of clinical ethics consultations
• Dennis deLeon and Francis Nash – AdventHealth
• Bob Smith – Kettering Health Network
• Grace Oei – Loma Linda University Health
• Question and answer session
Terminology

• Medical ethics or clinical ethics
  • Addresses moral issues that arise from the practice of medicine

• Bioethics
  • Addresses moral issues that arise from the biological sciences

• Bioethics in healthcare setting = medical ethics
History of Ethics Committees

• 1960’s
  • Belding Scribner developed a shunt to allow for repetitive dialysis treatments
  • Artificial Kidney Center with 17 outpatient slots
  • Admissions and Policies Committee of the Seattle Artificial Kidney Center at Swedish Hospital
Medical miracle and a moral burden
They Decide Who Lives, Who Dies

by DIANA ALEXANDER

John Myers has never been known when he
killed, and they never called him a child
when he was killed. But in his last years he
was known for his own sake, as a man.

His death was not expected, but neither was his
life. He was born in 1924, the same year as
the United States entered World War II. He
was one of the millions of young men who
served in the Army, and he was one of the
millions who never returned.

John Myers was killed in action in 1945,
while serving in the Pacific Theater.
A shell fragment struck him in the
heart, and he died within minutes.

The decision to remove Myers from the
patient list was made by the small committee
that decided who would live and who would die.

The committee consisted of three doctors:
Dr. John Jones, Dr. James Brown, and Dr. William
Smith. They met every Monday at 10:00 a.m. in
the conference room of the hospital.

The decision was based on a complex system
that took into account the patient's age,
physical condition, and the likelihood of
improvement with further treatment.

John Myers was 21 at the time of his
death, and he had been declared braindead.
The committee determined that his chances
of survival were too low to justify the
continued use of life support systems.

The decision to remove Myers from the
patient list was not easy. The committee
had to balance the individual's rights
with the needs of the hospital and the
general needs of the patient population.

The committee's decision was not
universally accepted, and there were
protests from some of Myers' family
and friends. However, the decision was
ultimately upheld, and Myers was
removed from the patient list.

At present, the committee continues
without Myers. It meets every Monday at
10:00 a.m. in the conference room of the
hospital, and its decisions are based on
the same complex system.

Adventist Bioethics
CONSORTIUM
History of Ethics Committees

• Legacy of “Seattle God Committee”
  • Multidisciplinary
  • Upfront that eligibility was determined by subjective criteria (social worth), not medical criteria
  • “No moral or ethical guidelines save their own individual consciences”
  • Anonymous (limited accountability)
History of Ethics Committees

• Emerging medical technology in the 1960’s and 1970’s
  • Repetitive dialysis
  • Mechanical ventilation
  • Gastrostomy tube
  • CPR

• Polarizing cases in the 1970’s and 1980’s
  • Karen Quinlan – withdrawal of ventilator support
  • Baby Doe – refusal of medical treatment based on quality of life assessment
  • Nancy Cruzan – withdrawal of artificial nutrition and hydration
History of Ethics Committees

• AMA and AAP (1984)
  • Statements recommending use of multidisciplinary ethics committees

• President’s Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research (1984)
  • Establishment and use of ethics committees in hospitals

• Joint Commission on the Accreditation of Healthcare Organizations (1992)
  • Required hospitals to have a “mechanism” for dealing with ethical issues in clinical care
  • > 90% of hospitals have ethics committees (McGee, AJOB, 2001)
Functions of Hospital Bioethics Committees

• Clinical ethics consultation
• Producing and revising hospital policy
• Providing education
Clinical Ethics Consultation – patient centered questions

Hospital Policy – system centered questions
Hospital Ethics Committees

National Study of Ethics Committees

• Duties
  • 100% – develop institutional policy on clinical issues
  • 86% – clinical decision making through clinical ethics consultation
    • 5% issued “binding decisions”
  • Potential conflicts of interest
    • 4.5% – develop institutional policies on managed care

A National Study of Ethics Committees

Glenn McGee, University of Pennsylvania
Arthur L. Caplan, University of Pennsylvania
Joshua P. Spanogle, Stanford University
David A. Asch, Philadelphia Veterans Affairs Medical Center

Conceived as a solution to clinical dilemmas, and now required by organizations for hospital accreditation, ethics committees have been subject only to small-scale studies. The wide use of ethics committees and the diverse roles they play compel study. In 1999 the University of Pennsylvania Ethics Committee Research Group (ECRG) completed the first national survey of the presence, composition, and activities of U.S. healthcare ethics committees (HECs). Ethics committees are relatively young, on average seven years in operation. Eighty-six percent of ethics committees report that they play a role in ongoing clinical decision making through clinical ethics consultation. All are engaged in developing institutional clinical policy. Although 4.5% of HECs write policy on managed care, 50% of HEC chairs feel inadequately prepared to address managed care. The power and activity of ethics committees parallels the composition of those committees and the relationship of members to their institutions. The role of ethics committees across the nation in making policies about clinical care is greater than was known, and ethics committees will likely continue to play an important role in the debate and resolution of clinical cases and clinical policies.

McGee, AJOB, 2001
Clinical Ethics Consultation – patient centered questions

Hospital Policy – system centered questions
Clinical Ethics Consultation – patient centered questions

Hospital Policy – system centered questions
Models of Clinical Ethics Consultations

- Individual consultant model
- Subcommittee of hospital ethics committee model
- Hospital ethics committee model
AdventHealth Orlando (Central Florida System)

History

• Perinatal Pediatric Ethics Committee
  • Founded 1988
  • Ultimately became a sub-committee of Biomedical Ethics Committee

• Biomedical Ethics Committee
  • Founded 1990
  • Co chaired by Physician and Administrator
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Ethics Committee Functions

• Assist with policies with ethical implications. Ad hoc committees:
  • Advance Directives
  • Do Not Resuscitate
  • Withholding/Withdrawal of Life Support
  • Brain Death

• Partnered with Cultural Diversity department to develop Guide to Religion and Culture

• Yearly education for staff and physicians
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Ethics Case Consultation Service (ECCS)

• Subcommittee (ad hoc):
  • Adult Ethics Case Consultation Service
  • Perinatal Pediatric Ethics Case Consultation Service

• Available to consult on ethical issues and dilemmas involving patient care.

• Purpose of Ethics Consult:
  • Discussion and support
  • Clarification of treatment goals and plans
  • Recommendations and Possible alternatives
    • Advisory in nature
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Ethics Case Consultation Service (ECCS)

• ECCS Triage Liaison Person
  • Triage and facilitate ethics consults
  • Patient / Family and Physician conference required prior to Ethics Consult

• ECCS – Ethics Consult includes:
  • Ethics Committee members
    • Physician – Chairs
    • Administrative representative
    • 2 from: Chaplain, Care Mgmt., Risk Mgmt., Triage Person

• Patient’s Health Care Team
  • Attending physician & Relevant consults
  • Patient / Legally Authorized Person
  • Nurse (patients / Charge)
  • Other team members (Care Management, Respiratory Therapy, Dietary)
# ETHICS CASE DECISION MAKING PROCESS
## ADULT PATIENTS

### I. Ethical Issue(s) To Be Discussed:

#### I. MEDICAL INDICATIONS:
- Diagnosis:
- Condition:
- Prognosis:
- Nature of disease:
- Treatment options:

#### II. PATIENT PREFERENCES:
- Wishes, values, goals:
  - Informed consent:
  - Incompetent patient:
    - Decision maker:
    - Advance Directives:
  - Previous spoken wishes:
  - Prior relevant decisions:
  - Prior/present lifestyle:

#### III. CONTEXTUAL FEATURES:
- Relevant religion/beliefs:
- Culture impacting issue:
- Social/psychological features:
- Resource support (financial):
- Hospital policies/legal parameters:
- Societal concerns:

#### IV. QUALITY OF LIFE:
- Present / future quality of life:
  - Philosophy concerning desired quality of life:
  - Family’s concept of patient’s philosophy concerning quality of life:

#### V. ETHICAL PRINCIPLES:
- Ethical principles relevant or in conflict:
  - Autonomy (self-determination):
  - Beneficence (do good):
  - Non-maleficence (do no harm):
  - Justice (non-discrimination):
  - Veracity (truth telling):
  - Value of the person (intrinsic worth):
  - Confidentiality:

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Reference: Jonsen, Siegler, Winslade, Clinical Ethics
AdventHealth Orlando (Florida Health System)

Ethics Committee Current Projects

• Plan of Care for DNR patients – Adhoc Committee

• Developing for electronic medical record:
  • Ethics Triage report
  • Ethics Consult report

• Developing ethics education curriculum for new ethics committee’s members
  • AdventHealth East Orlando Ethics Committee
Start Small

• Make it interdisciplinary
  • Clinical
  • Pastoral
  • Relational
What Questions are you Getting or Expect?

• End of life
• Who has the say
• Finding family
• Conflict resolution
• Beginning of life
Decide Which Questions you are Comfortable Addressing

• Clinical
• Relational
• Spiritual
• Conflict Resolution
Avoid Other Areas

• Compliance
• Business/ Contract
• Complicated discharge planning
• LOS
How to Communicate

• Small Group:
  • Always and after
  • To compare cases and directions
  • ‘learn together’

• Larger Group:
  • Multi campuses
  • Web based
  • Time to set/ review policies
  • Take cases apart that linger
  • Discuss new topics
  • Learn
  • What is members disagree?
Resources

• The question of legal
• The question of administration
• The questions of community members
Learning

• Share articles, webinars
• Find common language
• Outside, LLU, Ethics Consortium
Loma Linda University Health

• Individual consultant model for clinical ethics consultation
  • Team of 5 clinical ethics consultants
  • Weekly oversight at clinical ethics case conference
  • Monthly oversight at hospital ethics committee

• Hospital ethics committee
  • Clinical policy
  • Education
Question and Answers

• To ask a question of the panelists, click on the Q&A button located in the Zoom toolbar and type your question.

• We may not be able to respond to all questions asked during the webinar. Questions that did not receive a response during the webinar will be followed-up at a later date.