Silent Avoidance is Not An Option

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• Learning Objectives:
• Describe a framework and infrastructure for the development of an effective ethics team
• Discuss strategies for crucial conversations
• Explore how to engage physicians in approaching ethical dilemmas
Why Do People Call the Ethics Committee For Help?

• Medical professionals call when they ...
  • Need clarification of ethical or legal standards
  • Are in a morally distressful situation
  • Want moral support for the choices they are making
  • Need to tell someone what is going on
  • Have a question about a challenging situation
  • Need an ethics consultation
Continued ...

• Patients and families call when they ...  
  • Feel powerless to change what is happening  
  • Don’t think anyone is listening to their concerns  
  • Think something is not fair or just  
  • Angry with the staff, outcome, etc.
How Is Your Hospital’s Ethics Committee Doing?
Ethics Committee
Case Studies
Responsibilities: Ethics Committees

• Policy writing
• Consultation
• **Education:** Committee, Hospital staff, Public
• Rounding in the ICU daily or weekly (great option)
• Proactive consultations (great option)
• Participate in organizational ethics (rare occurrence)
• Being members on other hospital committees to bring an ethical perspective and voice to their meetings (rare occurrence)
Clarifications

• Not the ethics police
• Ethics committee only makes recommendations, NOT DECISIONS
• “We are a resource for you when the situation gets complicated and you need our support.”
• Anyone can call the ethics committee for help (Including patients, families, conservators, etc.)
• The attending doesn’t have to agree to have ethics involved, only needs to be notified
Who Should Be On Committee?

- Multi-disciplinary – should be more medical than administrative, avoid financial conflicts
- Ideally MD chair and nurse/social worker co-chair
  - Doctors
  - Nurses – front line staff
  - Social Workers, Chaplain, Other medical professionals
  - Community members (very important)
  - Administrators, Hospital lawyer
Getting Physicians to Participate on the Ethics Committee

• Healthy committee > choose the right doctors
  • Encourage some MDs to leave the committee
  • Add those MDs want to be on the committee
  • MDs with good communication skills
  • Good end-of-life skills
  • Good camaraderie with other MDs

• The healthier your committee becomes, the more the good doctors will want to be on it
Getting Physicians and Others to Call the Ethics Committee

- Especially at the beginning, ethics team should be more supportive and informative, not aggressive
  - Balance working within the system vs. holding the system and professionals accountable
  - Committee needs to have moral courage to stand up against unethical behaviors, people, systems
- Good service > committee’s reputation grows
- Educate hospital with flyers, posters, in-services
Motivating Doctors to Improve Their Ethical Behavior

- Educate regarding the laws, policies, Joint Commission regulations, etc.
- Show them in writing the law, policy, regulation
- Share with them famous health law cases which demonstrate the ethical/legal principle
- Compliment when you see positive communication interactions
Evaluating Your Ethics Process

• Do people in your hospital know about the ethics committee’s services?
• If known, is the committee respected?
• Does the hospital administration support ethics?
• Review step by step, what happens when you get a referral and if/where the system breaks down?
• Who or what is hindering the ethics process?
• What knowledge gaps need to be addressed?
Core Competencies

• Not every member needs to know everything but between the different members, these areas of expertise should be covered
  • Health law cases applicable to bioethics
  • State laws which apply to healthcare
  • Ethical theories and approaches
  • Clinical knowledge
  • Cultural and Religious knowledge
  • Hospital policies and practices
  • Communication and Mediation skills
Consultation Process Skills Needed

• Leading the consultation process
  • Time, credibility, courage
  • Mediation skills, be a good listener
  • Know what questions to ask
  • Be able to educate the participants regarding the relevant laws, policies and ethical principles
• Ability to set aside your “hospital” role
• Ability to stay as objective as possible
The Consultation Process

• What number to call? Who takes the call?
• Who does the pre-consultation intake?
• One person, small group, or entire ethics committee (My preference is small group (doctor, nurse/social worker, other committee member)
• Outcome of ethics consultation will be documented in chart by physician from ethics committee to make sure there is consistent information is shared
• What follow up is done? How to measure success?

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Do You Need to Re-do Your Consultation Forms?

(See Handouts for Samples)
Tracking Cases to See Trends

• Who is calling for ethics help?
• When are they calling? (early, timely, late)
• What ethical issues are being presented?
• Is there an advance directive present? Decision maker? Etc.?
• Where is conflict happening? patient, family, team
• What is the outcome of the consult?
• What are the most common or ethically significant dilemmas that the hospital needs to address?
Viki’s “Overview of Consultation Process”

Sections of the Handout Highlighted on Next Slides
• Introduce everyone at the meeting including the patient – Have an empty chair available as a symbol to keep the person present

• Opening Mediator Statement: “The ethics committee is often called in when there are differences of opinions regarding what is the right thing to do for the patient. The ethics committee does not make any decisions. We are here to help facilitate the conversation and to provide ethical guidance and information when necessary. This process is designed to make sure that everyone has the opportunity to share information and to discuss the issues regarding the next steps in _____’s treatment plan.”
Beginning the Family Conference

• During the family conference, **don’t** start with the medical details. Instead say: “I didn’t know her outside of this hospitalization” Or “I only know her as a patient.” “Can you tell me about her?”
  • **Builds trust and a person-centered focus for the family**
  • **Helps family get partially out of denial**
  • **Provides information you can use when you put the medicine into the context of this person’s life**
Imagine the Consequences

• “What will it feel like and be like for the person to experience our choices?”
  • What are the **benefits, risks and burdens**?
  • What it is like to be on a ventilator, have a feeding tube, or experience CPR?
  • What will it feel like for the patient: pain, suffering, fear, loss of dignity, etc.
  • What will it feel like to move to a different place?
• Short term vs. Long term - “And then what?”
• Offer ethical guidance to draw the boundaries and to clarify options that can/can’t be chosen
• Here are the ethical principles that apply
• Here are the laws that apply
• Clarify role of physician regarding his or her obligation to offer only valid medical options and to respect patient’s wishes
• Clarify role of family to provide information regarding patient’s wishes and to respect patient’s wishes
• Educate regarding Substituted Judgment
Four Boxes Bioethical Approach

- Jonsen (philosopher), Siegler (physician), Winslade (lawyer) approach to evaluating ethical dilemmas
- Guides conversation but doesn’t give answers
  - Medical indications
  - Patient preferences
  - Quality of life
  - Contextual features

Follow Up Questions

• What is at issue? Where is the conflict?
• What is this a case of? Does it sound like other cases you may have encountered?
• What do we know about other cases like this one? Is there clear precedent? Is there a paradigm case we can use where the facts of the case are clear cut and there has been professional and/or public agreement about the resolution of the case?
• How is the present case similar to the paradigm case? How is it different? Is it similar (or different) in ethically significant ways?
Additional “Questions To Ask”
Handouts
Case Study Using Four Boxes Approach
Books

• Health Care Ethics Committees: The Next Generation by Judith Wilson Ross, et al

• Guidance for Healthcare Ethics Committees edited by: D. Micah Hester, Division of Medical Humanities, University of Arkansas, Edited by: Toby Schonfeld, Emory University, Atlanta

• Ethics Consultation: A practical guide by John La Puma and David Schiedermayer

• Bioethics Mediation: A guide to shaping shared solutions by Nancy N. Dubler and Carol B. Liebman

• ASBH.org Publications – Core Competencies

• Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine, Seventh Edition (LANGE Clinical Science) Paperback – May 26, 2010 by Albert Jonsen (Author), Mark Siegler (Author), William Winslade
Websites

Southern California Bioethics Committee Consortium:  
(sample policies and additional resources)  
http://socalbioethics.org/
Thaddeus Pope – Medical Futility Blog  
http://medicalfutility.blogspot.com
Ethics in Medicine – University of Washington School of Medicine – (Case studies and bioethics basics)  
http://depts.washington.edu/bioethx/topics/index.html
AMA Online Ethics Resource  
http://www.bioethics.net/
AMA Code of Medical Ethics (Great brief answers and case studies about bioethics)  
http://www.ama-assn.org/ama/pub/category/2498.html
American Society for Bioethics and Humanities – National Association
http://www.asbh.org/
American Journal of Bioethics
http://www.asbh.org/
The American Journal of Bioethics Weekly News & Updates
http://bioethics.net
Midwest Ethics Committee Network (List serve to discuss difficult cases)
http://www.mcw.edu/bioethics/mecn.html
Center for Practical Ethics
http://www.practicalbioethics.org/cpb.aspx?pgID=866
Kennedy Institute of Ethics
http://kennedyinstitute.georgetown.edu/index.htm
Hastings Center
http://www.thehastingscenter.org/