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Institutional Ethics Committees

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Overview

Beginning in the 1960s with decisions about who should get kidney dialysis, suggested by courts in the 1970s, required by the Baby Doe regulations in the 1980s, and proliferated in response to Joint Commission accreditation requirements in the 1990s, institutional ethics committees (IECs) are now mainstays of hospitals in the United States. While most have a traditional charge to provide education, policy review, and consultation, the specific practices of IECs vary among different institutions.

Ethics Committee Purposes and Functions

- Most ethics committees are developed as mechanisms to handle ethically challenging issues in a hospital or other healthcare institution. The typical functions of the committee are:
    - Review and/or develop institutional policies
    - Educate staff about ethics
    - Provide consultations
    - Review organizational ethics
- Committee functions focus on providing support for the ethical practice of medicine within the institution. While consultation is often the most visible function, policy review and education help develop the institutional culture in line with the organizational mission and good ethical reflection.

Ethics Committee Composition

- The membership of an ethics committee typically is composed of institutional staff members.

    - Physicians
    - Nurses
    - Social workers
- Committee may also include
    - Chaplains
    - Institution administrators
    - Legal counsel
    - Community/unaffiliated-with-the-institution people
    - Individual educated in philosophical and/or religious ethics

Committee membership varies among institutions. Selections of members should start with interested staff from areas of the institution that often raise ethical concerns, e.g., intensive care units. However, interest alone should not substitute for preparation. Committee members need orientation, initial training, and on-going education. Committees may want to use some institutional staff, like administrators and legal counsel, as consultants rather than voting members, since these roles can raise certain conflicts of interest in some cases. Also, while difficult to secure, it is highly recommended that a committee have one or more members who are otherwise unaffiliated with the institution. This can provide a useful "outside" perspective in a group on institutional "insiders."

Ethics Committee Consultation Processes

- Facilitate discussion among different and differing parties
- Elucidate and clarify values-based concerns within a situation
- Mediate disputes in order to dissolve or resolve conflicts
- Analyze ethical concerns in a situation and provide a recommendation
- Clarify the ethical issues at hand in order to provide any insights or support required in the situation

Types of Ethics Committee Consultation Models

- Individual consultation
    - An individual is tasked with taking the call and responding as needed.
    - This type of consultation allows for maximum expediency and flexibility but a minimum of perspective.
- Small team consultation
    - Typically consists of 3-5 persons from a larger ethics committee.
    - This type of consultation provides less flexibility and expediency than the single consultant model, but in turn, provides more perspectives.
- Full committee consultation
    - A quorum of the entire committee meets to discuss an ongoing case.
    - This is the least expedient and flexible approach, but it maximizes the perspectives.
- Composite committee consultation may be a combination of the above consulting models

Determining Best Ethics Committee Consultation Model to Use

Outside of larger academic institutions or healthcare systems, few institutions will have the money and expertise to support an individual consultation model. On the other hand, given the possible overwhelming size and cumbersome nature of working in a large committee, the full-committee model is not optimal

either. Thus, while it demands careful training and commitment by the membership, a small team model is typically best. However, it is recommended that the committee bylaws are written to provide flexibility in choosing which model, since there are some cases that raise larger organizational concerns, and such concerns are best addressed by the full committee. Also, if a consult is requested by a patient or family, they should be allowed some say over what model of consultation they would prefer.

Results of Committee Decisions

- Has no decision-making authority
- May make recommendations regarding their view of the ethically best decisions available.
    - Patients/families and physicians are typically not bound to the recommendations
    - Committee recommendations do carry some amount of "moral authority."
- Consultations are offered to support good clinical care, but they do not take the place of the decisional authority of patients, families, and healthcare providers unless a particular institutional policies gives a determinative role in decision making to ethics committees for specific situations. For example, a policy on the use of covert video surveillance (CVS) in cases of suspect patient condition falsification (a.k.a., Munchhausen's by Proxy) may require that before CVS can be implemented the ethics committee review and agree to its use.

Calling for a Consultation

- Anyone in the institution including patients and family may ask for a consultation.
- Most institutions allow for the committee to be called by a wide variety of people, not just attending physicians or unit directors.
- It is highly recommended that an on-call number for the committee be made readily available to staff and patients/families.

How Ethics Committees Make a Difference for Institutions, Practitioners, Patients and Families

- Reduce costs
- Shorten patient length of stay
- Champion positive professional and organizational values
- Clarify unrecognized values
- Develop or promote system-based protocols or policies
- Open lines of communication
- Reduce tension
- Offer support to families

Summary

For the most part, well-functioning ethics committees and consultations can prove useful to institutions, practitioners, and patients/families. Institutions will find reduced costs and higher satisfaction surveys primarily because consultations can diminish tensions and clarify conflicts in order to resolve them more quickly. Practitioners find consultations useful in elucidating issues not clearly understood in the midst of the conflict. Patients and families find that consultations can help with communication between them and the healthcare team.

This guideline was developed to improve health care access in Arkansas and to aid health care providers in making decisions about appropriate patient care. The needs of the individual patient, resources available, and limitations unique to the institution or type of practice may warrant variations.

References

References

- AAP Committee on Bioethics, Institutional Ethics Committees, Pediatrics 2001;107(1):205-9.
- DuVal G, Clarridge B, Gensler G, Danis M. A national survey of U.S. internists' experiences with ethical dilemmas and ethics consultation. J Gen Intern Med 2004;19(3):251-8
- Hester DM, Schonfeld T (eds.), Guidance for Healthcare Ethics Committees. Cambridge, United Kingdom: Cambridge University Press, 2012.
- Kesselheim JC, Johnson J, Joffe S. Ethics consultation in children's hospitals: results from a survey of pediatric clinical ethicists. Pediatrics 2010;125;742-6.
- Lyren A, Ford PJ. Special considerations for clinical ethics consultations in pediatrics: pediatric care provider as advocate. Clin Pediatr 2007;46(9):771-6.
- Schneiderman LJ, Gilmer T, Teetzel HD, Dugan DO, et al. Effect of ethics consultations on nonbeneficial life-sustaining treatments in the intensive care setting: a randomized controlled trial. JAMA 2003;290(9):1166-72.