Guidance for Healthcare Ethics Committees

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Edited by

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To HEC members committed to providing quality ethical support in their institutions.

From: DMH

To: My family

Ubi caritas et amor, familia ibi est

From: TS

To: James

שִׂימֵנִי כַחוֹתָם עַל־לִבֶּךָ כַּחוֹתָם עַל־זְרוֹעֶךָ
כִּי־עַזָּה כַמָּוֶת אַהֲבָה קָשָׁה כִשְׁאוֹל קִנְאָה
רְשָׁפֶיהָ רִשְׁפֵּי אֵשׁ שַׁלְהֶבֶתְיָהּ׃

שיר השירים ח׃ו

[Let me be a seal upon your heart,

Like the seal upon your hand. (Song of Songs 8:6)]

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Preface

Since 1992, The Joint Commission on Hospital Accreditation (The Joint Commission) has required every accredited hospital to have a mechanism to handle ethical concerns within its institution. For the most part, hospitals across America satisfy this requirement in policy by constituting an institutional Healthcare Ethics Committee (HEC). Physicians, nurses, administrators, social workers, chaplains, community volunteers, and others populate these committees. Yet, by their own admission, many of these individuals, while well intentioned and personally invested, have neither training in ethics nor have the tools at their disposal to aid in their ethical considerations. Even more basically, most do not really know what constitutes an ethical consideration. So, while these individuals are the ones both medical professionals and patients turn to for ethical insight into the complexities of medical decision-making, they themselves recognize that they are under-prepared to handle the depth and complexity of many moral problems raised by health care.

It is within this context that we offer this book. The purpose of this text is to serve as a primer for members of HECs regarding the three main roles that comprise the function of an HEC: consultation, policy, and education. The book is intended to provide material to aid in educating the many different persons who find themselves confronted with ethically challenging medical situations by virtue of being members of some HECs.

To facilitate attaining this goal, we have invited leaders in the field of ethics to author chapters in their areas of expertise. Chapters are directed at educated individuals who are either new members of HECs or who seek to solidify their knowledge on a particular topic. Importantly, the chapters herein are not surveys of the topic in general, but rather are targeted specifically to members of HECs. For example, the chapter on advance care planning (Chapter 11) does not go into detail about forms, conversation partners, and other features of advance directives, but rather describes the ways in which HEC members may encounter ethical concerns about advance directives and other aspects of end-of-life planning in their work.

Further, in order to make the material as accessible as possible, we have oriented each chapter around a consistent format. Every chapter opens with a set of objectives, then proceeds to a case or series of cases, followed by key content, and concluding with questions for discussion. We would like to take a moment to explain these features:

1. *Objectives*: Objectives for each chapter were negotiated between the editors and the chapter authors. When possible, we used objectives suggested in the *Education Guide for Improving Competencies in Clinical Ethics Consultation* (2009) published by the Clinical Ethics Education Task Force of the American Society for Bioethics and Humanities (ASBH). However, since this guide is directed exclusively at ethics *consultation*, many objectives were altered or authored with a broader committee charge in mind. Nevertheless, faithfulness to the work of the ASBH Task Force lends legitimacy and standardization to the topics and approaches contained herein.

2. *Cases*: All chapters begin with at least one case. Many chapters include multiple cases, or iterations of the same case, throughout the work. The purpose of such cases in this work

is twofold. For one, cases give a concrete demonstration of the way the individual chapter topics may present themselves to members of HECs. Note that such demonstrations are not meant to be representative or categorical, but rather illustrations of the kinds of things to which an HEC must attend. Second, when taken as a whole, the cases in the text demonstrate how individual personal, professional, institutional, social, cultural, or religious values can affect the emergence of and response to ethical issues in a clinical setting. These conflicts of value are important motivators of ethics cases, and it behooves members of HECs to consider the ways in which these conflicts broadly construed may affect both the form and function of their committee.

3. *Content*: We felt it was important to have scholars recognized in the specific fields to be addressed write the chapters for which they have particular expertise. This experience lends not just credibility to the text, but also enables HEC members to be introduced to the individuals who help shape scholarship in this arena. However, because the chapters are all independently authored, they may vary a bit in terms of tone and style. We have ensured consistency of format whenever we could, but as editors we felt it was important for each chapter author to present material in his or her own voice.

4. *Questions for discussion*: Partly because of the diversity of authorship described above, the orientation of the questions at the end of the chapters can vary as well. Some authors chose to ask summary or reading comprehension sorts of questions to ensure that readers understood the main points of the chapter. Others used the questions to further the conversation on the topic and to challenge the reader to think beyond the text contained in the chapter. Regardless, we tried to ensure that every chapter encouraged readers to consider conceptual issues raised by the material, pragmatic issues that related to the application of the key content, and strategic issues that include planning for avoidance of future issues.

This volume is organized into four main sections, capturing the central aspects of every HEC's mission: introduction/preliminaries, consultation, policy review and development, and educating others. Among these four sections special emphasis is placed on consultation, as this often presents the greatest challenges to committee members. While conceived of as a comprehensive volume, each chapter of this text is capable of standing alone as a teaching module through which an ethics committee can work together or members can work individually. We also strongly encourage readers of this text to consider purchasing *Complex Ethics Consultations* (Cambridge 2008), a case book edited by Paul Ford and Denise Dudzinski. Combining the resources of this casebook with our substantive volume will provide ethics committee members with useful discussion material and a robust understanding of how the work of ethics is understood and practiced in a clinical setting.

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Many people contribute to a large project such as this one. We are grateful to all of the chapter authors for making it a part of their busy schedules to ensure that their chapters were meaningful to the particular audience of this book: HEC members. For some authors, this required a shift in approach, and we appreciate the time and effort they devoted to this important task. We are also grateful to supportive editors at Cambridge University Press, who welcomed this book from the beginning.

The idea for this book was generated from the time we have both spent serving on HECs at a variety of institutions. We are grateful for the insights that were gleaned from

these experiences, especially in recognizing the challenges of educating a group of diverse, time-constrained, dedicated health care professionals. We had these HECs in mind as we assembled this text, and hope that our efforts have proved fruitful.

Finally, we are grateful to our institutions and our families for their support of this work. The Center for Ethics at Emory University is a supportive environment with rich resources in ethics; it is the perfect place to be to assemble a text like this. At the same time, the Division of Medical Humanities and College of Medicine at UAMS allowed the time and provided the resources necessary to do good work. We are, however, most indebted to our families: James (for Toby) and Kelly, Emily, Joshua, and Matthew (for Micah), without whom nothing good in our lives is possible.

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