Sample: Ethical Consultation Guidelines
St. Elsewhere Hospital and Medical Center

I. Introduction

St. Elsewhere Hospital and Medical Center recognizes that complex ethical concerns often arise in the health care environment, whether in the care of individual patients or in matters affecting patient care in general. The Ethics and Human Values Committee was formed to support physicians, patients, families and all care providers as they work together to find solutions to these ethical concerns. As a multidisciplinary committee, it is charged with fostering awareness of ethical principles and issues and with providing a forum for the discussion of ethical concerns as they arise in the medical center and its affiliated entities.

II. Policy

In keeping with quality, ethical, professional and accreditation standards, and the vision and values of the Sisters of St. Elsewhere, the Ethics and Human Values Committee of St. Elsewhere Hospital and Medical Center provides an ethics consultation service that is available to physicians, patients, families, surrogates and other care providers. The overall goals of the ethics consultation service are:

1. to support the physician-patient relationship
2. to promote patient rights in the context of medical decisions
3. to protect the integrity of the medical and health professions
4. to promote the examination and development of frameworks for ethical decision making among surrogates and professionals
5. to promote awareness of ethical issues and principles among medical and other health care professionals
6. to support the ethical policies and integrity of the institution, especially in its commitment to the sacredness and dignity of human life.

All medical and health professionals are responsible for following appropriate standards of care, federal and state law, the established policies of St. Elsewhere Hospital and Medical Center, and the Ethical and Religious Directives for Catholic Health Care Services.

III. Principles and Premises

The ethics consultation service is founded on the following principles and premises:

A. The provision of quality health care requires a moral and ethical foundation which is as important as the scientific foundation of health care. The attending physician and the hospital staff, who bear responsibility for its delivery, must do so in a manner which respects each other's roles and professional integrity, as well as the individual
patient's dignity and welfare. A further obligation exists to provide health care within the ethical framework of the health professions and Catholic standards of medical ethics.

B. "Neither the health care professional nor the patient acts independently of the other; both participate in the healing process...The health care professional has the knowledge and experience to pursue the goals of healing, the maintenance of health, and the compassionate care of the dying, taking into account the patient's convictions and spiritual needs, and the moral responsibilities of all concerned" (Ethical and Religious Directives for Catholic Health Care Services, Part Three, Introduction).

C. "Even though health professionals have special areas of expertise, each member of the patient care team has equal moral status. When a health professional has major ethical objections to an attending physician's order, both should discuss the matter thoroughly" (American College of Physicians Ethics Manual, Third Edition, page 29).

D. "The organization affirms the patient's right to make decisions regarding his or her care, including the decision to discontinue treatment, to the extent permitted by law. [It] assists the patient in the exercise of rights and informs the patient of any responsibilities incumbent on him or her in the exercise of those rights" (Preamble, Patient Rights and Organizational Ethics, 1995 Accreditation Manual For Hospitals).

IV. Guidelines

A. The ethics consultation service is intended as a resource available to the physician, patient, family, and other providers of care. As such, it is designed to support, not to replace, normal lines of communication between the physician and the patient, or among the physician, family and other professionals involved in the patient's care. Treatment decisions normally should be discussed as much as possible between the physician and patient or surrogate(s) before requesting an ethics consultation. Requests for help from the ethics consultation service are encouraged when:

1. A physician, patient, surrogate, family member or caregiver wants help to "talk through" important ethical dimensions of the patient's care;
2. Efforts by the physician, patient, surrogate, family member or professional staff to resolve an ethical problem have reached an impasse;
3. There are serious ethical concerns between the physician and patient or surrogate(s), among health care providers, or within the patient/family relationship;
4. The concern is ethically unusual, unprecedented or very complex;

B. The ethics committee consultation service is not a substitute for the normal discussion and decisions made between the attending physician and the patient. It does not function as a "tribunal" or "jury" to make medical treatment decisions as a substitute for the attending physician's authority or the physician-patient relationship.

C. At no time should there be any criticism or judgment of the physician, patient, the family, or other care providers involved. The function of the ethics consultation
service is not to evaluate the medical judgment of the physician, but only to deal with the present ethical concern and make sure that it is being considered in a mature, reasoned, and informed manner. Any resolution must appropriately respect the moral views of the patient and possibly the family, as well as the professional ethical integrity of the physician, other care providers, and the institution.

D. In regards to general ethical concerns not related to the care of a specific patient, anyone from the institution or the community may request an ethics consultation, so long as all parties understand that, because of confidentiality, the consultation may not include discussion about an identifiable patient. Such consultations will be scheduled at the convenience of all participants in the discussion. An individual from the ethics consultation service will be assigned to facilitate the discussion.

E. In regards to ethical questions arising in the care of an individual patient, only the physician, the patient or appropriate surrogate(s), or any of the patient's care providers may request an ethics consultation. The attending physician remains responsible for diagnosing the patient and ordering appropriate medical treatment(s). All treatment decisions will be made by the attending physician with the appropriate participation and informed consent of the patient or surrogate(s), or, when appropriate, at least with their presumed consent.

1. If it has been determined that a formal ethics consultation is appropriate, it will be scheduled in a timely manner, usually within 24-48 hours. Informal consultations might take place at any time, depending on availability.

2. If the attending physician requests a formal ethics consultation, the committee chair or subcommittee chair may request that other members of the care team be invited to the consultation.

3. If a patient or surrogate(s) have an ethical question or issue regarding the patient's care, normally they should first discuss the matter thoroughly with the attending physician. If the patient or surrogate(s) continue to request a formal consultation, the attending physician normally will be invited to participate.

4. Any advice offered by the consulting members of the Ethics and Human Values Committee must neither replace nor constrain the responsibility of the attending physician. The ethics consultation is intended to enhance and in no way replace the physician-patient, patient-family, or physician-professional relationships. The authority to order treatments remains with the attending physician, respecting the patient's right of informed consent and the policies of St. Elsewhere Hospital and Medical Center.

5. When another health professional has major ethical objections to an attending physician's order, the ethics consultation should occur only after both have discussed the matter thoroughly (see Part III, Sec. C).

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