

Strengthening the Quality of Ethics Consultants and Consultation

Over the years, the American Society for Bioethics and Humanities (ASBH) has been deeply committed to strengthening the competencies of ethics consultants and improving the quality of ethics consultations. In 2006, ASBH published the first edition of *Core Competencies for Healthcare Ethics Consultation*, followed by the second and revised edition in 2011.

There has also been ongoing discussion of the need for and development of a Code of Ethics for Health Care Ethics Consultants. The code appears to be in the final stages of formulation and approval. In draft form, it includes the following standards:

- Be competent. HCE consultants should practice in a manner consistent with professional HCEC standards.
- Preserve integrity. HCE consultants should consistently act with integrity in the performance of their HCEC role.
- Manage conflicts of interest and obligation. HCE consultants should anticipate and identify conflicts of interest and obligation and manage them appropriately.
- Maintain confidentiality. HCE consultants should protect private information obtained during HCEC, handling such information in accordance with standards of ethics, law, and organizational policy.

- Contribute to the field. HCE consultants should participate in the advancement of HCEC.
- Communicate responsibly. When communicating in the public arena (including social media), HCE consultants should clarify whether they are acting in their HCEC role, and should communicate in a professionally responsible manner.
- Promote just health care within HCEC. HCE consultants should work with other health care professionals to reduce disparities, discrimination and inequities when providing ethics consultation.

Each standard is accompanied by an explanatory paragraph.

The most recent initiative of ASBH, although this has been discussed for many years, is the publication of a recommendation by an ASBH Task Force titled “Quality Attestation for Clinical Ethics Consultants: A Two-Step Model from the American Society for Bioethics and Humanities” (Eric Kodish, Joseph J. Fins, et al., *Hastings Center Report* 43, no. 5 [September-October 2013]: 26-36). The recommendation is an attempt to ensure that those doing ethics consultation are competent to do so. As the authors note, “Clinical ethics consultation is largely outside the scope of regulation and oversight, despite the importance of the practice,” a practice that “can affect decisions about care and influence patient case management” (26, 27). The authority

of the ethics consultant, the authors maintain, is derived not only from a title or institutional appointment, but also by education and skill.

So what is “quality attestation”? According to the authors, it is “the review of an individual’s ability to carry out CEC practice. Review will encompass an assessment of education, skills, and experience to ascertain whether an individual can perform a consultation independently or serve as a lead consultant when the process is team based” (27). The process consists of two sequential yet interrelated steps: 1) submission of a portfolio delineating educational and case-consultation experience, and 2) an oral examination that is based in part on the content of the portfolio (27). The required contents of the portfolio are fairly extensive.

Whether or not this quality attestation process is the best approach to better ensuring the competency of those who do ethics consultation, it is at least an important step in the right direction. The initiative is also an important reminder to those who perform ethics consultations in Catholic health care that there is a need for standards, education, and training—even for those who volunteer for this role. The article and the two responding articles (one by Carol Bayley from Dignity Health) are worth a read and in-depth discussion and consideration.

Finally, CHA, in collaboration with Ascension Health, is working on a second edition of *Striving for Excellence in Ethics*—which is broader than the above

initiatives but, like them, seeks to improve the quality of ethics services in our organizations. Much has been learned from those who have employed the first edition, and a great number of their suggestions have been incorporated into the next version which should be available in January. Among the changes:

- An online Assessment Tool in addition to the hard copy format;
- Greater objectivity in the scoring system along with a somewhat different scoring system;
- Increased clarity in the standards and the addition of several new standards;
- Increased focus on quality improvement with built in features to underscore opportunities for improvement;
- More explanation of how to make use of the resource and how to use the Assessment Tool;
- A Planning Tool for follow-up strategic planning.

All of the above can contribute to what has been said before: “Ethics is at the heart of what we do as a healing ministry. It should be one of the things that we do best.”

R.H.