

The Complexity of Establishing Ethics Consultation Standards

This letter is in response to the feature article, “Attempting to Establish Standards in Ethics Consultation for Catholic Health Care,” by my colleague, Mark Repenshek, in the Winter 2010 issue of *Health Care Ethics USA*. I agree, per Alan Sanders (same issue), with “Mark’s plea for Catholic health care to develop [ethics consultation standards],” which depend on accurate tracking or data capture.

Furthermore, such a proposed solution for tracking ethics information offers a novel and innovative way to record crucial elements of ethics consultations.

I believe that the conversation about tracking consultation information is rich, and I hope it has only begun. My concern, however, is with regard to the complexity of recording data in an efficient manner. For this reason, I want to propose that other meaningful solutions exist.

Increasingly, Catholic health care organizations, such as Trinity Health, have advanced electronic data management systems including electronic health records (EHRs). Similar to Columbia – St. Mary’s, Trinity Health has a data management informatics system. There can be a number of barriers to using an ethics tracking system in conjunction with a data management system or even by itself. For example, existing ethics tracking systems cannot integrate with other programs. The ethics tracker, in other words, is supplementary, not complementary.

However, even if current ethics tracking software could integrate with existing data management systems, those who design and integrate informatics, including vendors and health systems still may not be receptive, as the tracking system does not have the same security standard as secured management systems. Obviously, we are keenly aware of the dangers of unsecured information.

The tracking system’s existence as a *supplementary* program is key to another caveat. It could require duplicating time and effort for those who track ethics information in other ways. For instance, how does one efficiently use narrative in consultations, as good reasons exist to do so, while still entering large amounts of quantitative data?

For these and other reasons, groups in Trinity Health are examining the possibility of integrating ethics data into data management systems. A system that, for instance, flags patients without advance directives who are in the ICU for three days necessitates entering ethics information directly into the electronic database. Adapting informatics systems for this possibility to occur is an enormous endeavor, requiring time and effort up front to construct the database fields in order to save time for data entry in the long run.

We should not miss opportunities to integrate ethics data into EHRs and informatics systems themselves. This may involve working with

medical database vendors to ensure they have methods for ethics data capture as a standard program or an add-on option. Although an ethics tracking system captures very important data, other methods and tools may interface safely with standing systems and save time. We ought not let these other possibilities go unexplored.

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