

**FLOYD MEDICAL CENTER
 POLICY AND PROCEDURE MANUAL
 PATIENT CARE SERVICES**



TITLE: Ethics Committee and Consults	Policy No.: PCS-04-008
Purpose: The purpose of the FLOYD Ethics Committee is to have a multidisciplinary forum in which healthcare providers and community members can consider issues of biomedical ethics from many perspectives in order to better understand and respond to the needs of patients, families, medical and hospital staff and the community. The Ethics Committee is an advisory committee, not a decision-making one. The committee reports its activities to the Floyd Medical Executive Committee.	Developed Date: Review Date: 7/09 Revised Date: 3/93; 8/96, 2/00, 12/01, 2/03, 4/06, 4/11, 1/13, 8/15, 7/18, 9/19 Review Responsibility: Ethics Committee, Chaplain, Executive VP; Chief of Patient Services/CNO, Executive Committee of the Medical Staff
Reference Standards:	

Policy:

1. **Establishment** - The administration and the medical staff of Floyd Medical Center recognize that difficult and complex ethical issues may arise in the course of treatment for illness or injury. Ethical dilemmas are often present in modern healthcare as a result of new technologies, conflicting social and moral values, differing expectations about appropriate treatments and expected outcomes, and limited resources. The FLOYD Ethics Services are offered to promote humane, compassionate, and wise decision-making when decisions are difficult to make due to the ethical issues involved.
2. **Primary Services** - The Ethics Committee offers the following:
 - A. **Education**
 Self-education of committee members, education of the FLOYD Health System medical and clinical staff, employees and Board, and of the public we serve regarding biomedical ethical issues.
 - B. **Policy Review and Development**
 Participating in the review and/or development of policies relating to biomedical ethical issues. Examples of such policies include but are not limited to those pertaining to DNR, advance directives, informed consent, withholding/withdrawing of treatments, and patients' rights.
 - C. **Case Review/Consultation**
 Reviewing of cases upon request of hospital staff and/or patient/family to help clarify morally acceptable options and thus to assist the appropriate decision-makers.
 - D. **Professional Support**
 Assisting the physicians, nurses, and other health care providers in dealing appropriately with ethical issues.

3. Ethics Committee Membership/Structure:

- A. The Ethics Committee is a special committee of the Medical Executive Committee established to address biomedical ethical issues. The Ethics Committee reports to the Medical Executive Committee.
- B. Membership is multi-disciplinary and may include representation from areas such as:
 - ◆ Medical Staff
 - ◆ Nursing Staff
 - ◆ Pastoral Services
 - ◆ Social Services
 - ◆ Hospital Administration
 - ◆ Family Practice Residency
 - ◆ Ancillary Staff
 - ◆ Community Volunteers
- ◆ There is no pre-determined length of service required for membership. Regular attendance and participation at meetings is expected. Additional members may be added based on expressed interest or identified needs and with committee approval.
- ◆ The committee leadership is via co-chairs. One co-chair is a physician; the other is the Director of Pastoral Care. The latter maintains primary administrative responsibility for the work of the committee but will consult and communicate in a collegial manner with the physician co-chair and with other members of the committee.
- ◆ Physician co-chairs serve 2-year terms and may serve consecutive terms. Co-Chair by Director of Pastoral Care is understood to be an expected function of that position within the organization.
- ◆ A quorum constitutes those in attendance.
- C. Meeting Schedule:
The committee meets quarterly. Committee meetings may be called at the discretion of the chair. Meetings may also be postponed or cancelled by co-chairs in consultation.

4. Liability:

- A. Members of the Ethics Committee will be protected by Floyd Medical Center for liability arising because of committee actions.

5. Committee Communication:

- A. Minutes of each meeting are maintained, circulated to the members, and reported to the Medical Executive Committee.
- B. Confidentiality of committee discussion, findings, and recommendations during case review is of foremost importance. Committee discussion of case review and subsequent findings may not be discussed by members outside the committee.
- C. Ethics Consult Team recommendations will be outlined and will be reviewed at the next committee meeting. Parties involved in the case may request to attend the full committee case review.

6. Characteristics of ethical dilemmas:

- ◆ a choice is involved, often between undesirable alternatives
- ◆ the people involved may place a significantly different value judgment on possible actions or on the consequences of alternatives
- ◆ the collection of data alone may not help resolve the dilemma
- ◆ opinions concerning the ethical situation can come from a number of disciplines - i.e. psychology, sociology, theology
- ◆ there is no self-evident right or wrong when dealing with unfavorable alternatives

7. Examples of ethical dilemmas include but are not limited to the following:

- ◆ Withholding or withdrawing ventilation, dialysis, artificial nutrition and or fluids
- ◆ Life sustaining measures for severely deformed newborns
- ◆ Active treatment of patients that are considered terminal or who have previously indicated lack of consent to be aggressively treated
- ◆ Support for patient/significant other decisions to refuse treatment based on quality of life criteria
- ◆ Deciding to move from aggressive treatment for cure to symptom control and/or do not resuscitate
- ◆ Weighing possible benefits of treatment versus burdens (side effects, pain, other negative consequences) imposed by the treatment
- ◆ Determining action taken for a non-responsive patient when an appropriate decision maker is not available
- ◆ Unresolved disagreement among decision makers as to an appropriate course of treatment

Procedure

The consult process is as follows:

1. Clarify with the charge nurse that the issue needs to be addressed.
2. Request a consult by contacting **Pastoral Care** at 706.509.5199. For an immediate need, contact the chaplain by calling the Switchboard at 706.509.5000.
3. The committee will review the request and determine appropriate action.
4. If appropriate, the committee will use the ***Ethics Consult Methodology*** and make recommendations.

Case Consultation

ACTION	KEY POINTS
<p>Request and Clarification at the Unit Level When a questionable ethical issue has been identified by a staff member, the staff member should discuss concerns first with immediate supervisor (unless the ethical issue directly involves actions or decisions by that supervisor)</p> <p>Pass On A request for case consultation will be made by entering a consult request in the EMR. If a patient or family wishes to request a consult, the Director/Resource Nurse will be notified of the consult request and will be responsible for the subsequent steps of this procedure.</p>	<p>Informing supervisor is only for the purpose of encouraging clear & direct communication at earliest stage of possible dilemma and review</p> <ul style="list-style-type: none"> ◆ An ethics case consultation is a <i>service</i> offered to address and to help resolve ethical dilemmas. The Ethics Committee has no decision-making or enforcement authority but will seek to identify morally - acceptable options for the consideration of the appropriate decision-makers, the physician and the patient/family. The intent in offering case consultation is to enhance the quality of care offered at FLOYD. ◆ The requestor will be considered to be acting in good faith and no overt or covert repercussions or intimidation will be allowed or implied. ◆ The attending physician, a consulting physician, nursing or other clinical service, or patient/immediate family may make a request for an ethics case consultation.

ACTION	KEY POINTS
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Contact Team

Initial contact of consult team members will begin no later than the next working day. The Director/Resource Nurse available will page in order of priority *one of the following*:

- ◆ the ethics committee non physician co-chair
- ◆ the ethics committee physician co-chair
- ◆ any other ethics committee member available

An Ethics Committee roster is on page 9.

Decide If Needed

The first available contacted member will review the Ethics Consult. That member will contact other members to complete a consult team that will include a physician, a nurse, and one additional ancillary member. The consult team will each review the Consult, meet in person or by phone if necessary and determine:

- ◆ Whether the request is an ethical issue appropriate for consultation review
- ◆ Who might more appropriately review the issue if it is not clearly an ethical issue?
- ◆ In what time frame the review will be made.

Data Gathering (Work)

If it is appropriate to proceed with a consult, the members will divide responsibilities into the following categories:

- ◆ Medical review of case record
- ◆ Interview of the attending physician
- ◆ Nursing interview, if appropriate
- ◆ Patient interview, if appropriate
- ◆ Family interview, if appropriate
- ◆ Review of pertinent case material in ethics literature

ACTION	KEY POINTS
<p>Decision Process The consult team will re-convene, (this may be by phone), will identify issues and will make non-binding recommendations. The physician on the sub-committee will document their work in the patient's medical record.</p> <p>Follow - Up The full committee will review the work of the consult team at the next regular meeting. Educational opportunities and correctional consultation techniques will be applied as indicated.</p> <p>When an opinion is rendered, the Ethics Committee will be responsible to record the methods used and the outcomes achieved as a result of the consultation process.</p>	<p>The notation in the medical record will include confirmation that the consult was done and the date of the consult, a summary of the ethical issues involved, and the non-binding recommendations of the consult team.</p> <p>It is expected that the Consult Team review will be completed within 72 hours of request unless extenuating circumstances arise. The Consult Team may request full committee review if warranted.</p> <p>Review information resides with the non-physician co-chairperson who also maintains minutes.</p>

Approved by the Ethics Committee on 4/26/06

Approved by the Executive Committee of the Medical Staff on 6/12/06

Ethics Consult Methodology

The Ethics Committee uses the following approach to help patients and their families make the right choice between undesirable alternatives. Taken from the book, *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine*, the following questions are asked and equally evaluated to reach an answer.

Medical Indications

The Principles of Beneficence and Nonmaleficence

1. What are the patient's medical problems, medical history, prognosis and/or diagnosis?
2. Is the problem acute? Chronic? Critical? Emergent? Reversible?
3. What are the goals of treatment?
4. What are the probabilities of success?
5. What are the plans in case of therapeutic failure?
6. How can the patient benefit from medical and nursing care and how can harm be avoided?

Patient Preferences

The Principle of Respect for Autonomy

1. Is the patient mentally capable and legally competent? Is there evidence of incapacity?
2. If competent, what is the patient stating about preferences for treatment?
3. Has the patient been informed of benefits and risks, understood this information and given consent?
4. If incapacitated, who is the appropriate surrogate and are they using appropriate standards for decision making?
5. Has the patient expressed prior preferences, e.g. Advanced Directives?
6. Is the patient unwilling or unable to cooperate with medical treatment? If so, why?
7. Is the patient's right to choose being respected to the extent possible in ethics and law?

Quality of Life

The Principles of Beneficence and Nonmaleficence and Respect for Autonomy

1. What are the prospects, with or without treatment, for a return to normal life?
2. What physical, mental and social deficits is the patient likely to experience if treatment succeeds?
3. Are there biases that might prejudice the provider's evaluation of the patient's quality of life?
4. Is the patient's present or future condition such that his or her life might be judged undesirable?
5. Is there any plan or rationale to forgo treatment?
6. Are there plans for comfort and palliative care?

Contextual Features

The Principles of Loyalty and Fairness

1. Are there family issues that might influence treatment decisions?
2. Are there provider (physicians and nurses) issues that might influence treatment decisions?
3. Are there economic factors?
4. Are there religious or cultural factors?
5. Are there limits on confidentiality?
6. Are there problems of allocations of resources?
7. How does the law affect treatment decisions?
8. Is clinical research or teaching involved?
9. Is there any conflict of interest on the providers or the institution?

Ethics Committee Membership

All correspondence can be sent to Jason Jordan, Director of Pastoral Care, at jjordan@floyd.org or call 706.509.5199.

The current members of the Ethics Committee are as follows:

Physicians

- ◆ Bridgette Dingle
- ◆ Greta Flaherty
- ◆ Robersteen Howard
- ◆ Cline Jackson
- ◆ **Mark Jester, co-chair**
- ◆ Ed Malcom
- ◆ Maereg Tesfaye
- ◆ Dan Valancius

Nurses

- ◆ Sheila Bennett (Executive Vice President)
- ◆ Robin Cater
- ◆ Shannon Cooke
- ◆ Konda Dizon
- ◆ Julie Holyoak
- ◆ Jennifer Johnstone
- ◆ Patti Kean
- ◆ Allen Stephens
- ◆ Charmaine Thomas
- ◆ Sue Wright

Non-Medical Clinicians

- ◆ **Jason Jordan, co-chair**
- ◆ Chris Barbieri
- ◆ Ansley Barton
- ◆ Preston Bryant
- ◆ Pam Camp
- ◆ Greg Cater
- ◆ Carolyn Falcitelli
- ◆ Lacey Kinsey
- ◆ Tommy Manning
- ◆ Yolanda Rawls
- ◆ Rick Sheerin
- ◆ Brandy Williams