

## Featured Article Summary

*NSHEN provides summaries of recent articles of interest from the health ethics literature for those unable to access or too busy to read the entire article. If you would like a copy of the full article, please contact NSHEN at [krista.mleczkoskerry@iwk.nshealth.ca](mailto:krista.mleczkoskerry@iwk.nshealth.ca)*

---

### **Let's not Forget about Clinical Ethics Committees!**

*Franco A. Carnevale, *The Journal of Clinical Ethics*, 2016<sup>1</sup>*

This article discusses the future development of clinical ethics consultation models. The author argues that development of such models should look to include both clinical ethics consultants and Clinical Ethics Committees rather than basing them on one or the other. The article concludes that a complimentary synergy in the services provided between the two may be established.

#### **Introduction**

Oftentimes clinical ethics consultation reports provided by Clinical Ethics Committees (CEC) reflect diverse or even conflicting views that make it difficult to achieve a consensus response to presented concerns. In contrast to this, a clinical ethics consultant is often able to articulate a clearer response, because of his/her advanced expertise in clinical ethics.

#### **Main arguments for promoting a complimentary model**

Carnevale suggests that Clinical Ethics Committees can play an important role in addition to the input provided by the clinical ethics consultant in ensuring ethical treatment of patients in the clinical setting. He argues that:

- The interprofessional nature of Clinical Ethics Committees can enrich the analysis and decision making in clinical ethics consultations. This is because it opens up for valuable inputs and reflections from a diverse group of clinical-ethics-prepared committee members.
- The complementarity between Clinical Ethics Committee and the ethics consultant's services may be optimized if the chair of the ethics committee is not the clinical ethics consultant of the setting, because the difference in leadership orientation may contribute to broaden the activities of the committee.
- Another way of promoting complementarity in clinical ethics support is by ensuring that the individual members of the clinical ethics committee can be approached with an ethical concern. This is a way of acknowledging less dominant ethical discourses including perspectives from nurses, social workers, patients and families, and may help to foster an “‘inclusive’ view of what counts as an ethical concern.”

---

<sup>1</sup> Carnevale, Franco A. (2016): Let's not forget about clinical ethics committees!. *The Journal of Clinical Ethics*, 27: 1, 68-70.

- Clinical Ethics Committees could take the lead in developing policies and procedures that aim at improving communication between Clinical Ethics Committee members, the CEC chair and the clinical ethics consultant; and at informing staff and patient communities about how to seek consultation.

### **Conclusion**

Efforts to promote clinical ethics consultants' role should not compromise inputs from Clinical Ethics Committees. Clinical ethics consultants and Clinical Ethics Committees offer different ethics consultation practice models. Differences and overlap in these clinical ethics practice models should be further examined and developed to optimize complementarity.