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Development of a Clinical Ethics Committee de Novo at a Small Community Hospital by Addressing Needs and Potential Barriers.

Bonnie H. Arzuaga, *The Journal of Clinical Ethics*, 2017¹

Short summary

This article reports on the process used to adapt an ethics support system from a large hospital setting to a smaller community institution. The author describes how quantitative methodology by way of a needs assessment was used as an instrument to provide guidance for the development of an Ethics Support Committee, policy on ethics support and a clinical ethics consultation service at a smaller community hospital.

Main results reported:

The purpose of the assessment was to explore the needs for clinical ethics support and ethics education of the clinical staff (physicians and non-physicians). Three main aspects were assessed:

1) *The composition of the ethics committee:*

Two thirds of the respondents were of the view that an effective committee should include physicians and nurses as well as non-clinical members of the hospital staff. One third was in favor of a committee consisting exclusively of clinical staff.

2) *Educational needs of the hospital community:*

Clinical staff members were particularly interested in receiving more ethics education and support on withdrawing/withholding treatment, conflicts of interests, and advance directives/surrogate decision making.

However, the assessment showed a difference in preference of educational model between physicians and non-physicians. The former preferred yearly or quarterly hospital-wide ethics-education rounds, whereas the latter preferred regular ethics education rounds in their department.

¹ Arzuaga, B. H. (2017). *The Journal of Clinical Ethics*, Vol. 28 (2):153-158.

3) *Providing clinical consultations:*

Both physicians and non-physicians identified several ethical dilemmas they had come across in their department in the past year. The most common issues encountered related to assessment of patient's capacity and to disagreement between health care team and patient's family members about care plan.

Respondents identified logistics as the most common barrier to seeking ethics consultation. Responding to whether or not they would have used an ethics consultation service had this been available, physicians were less inclined to do so than non-physician members of staff. Non-physicians were slightly more inclined to believe that an ethics consultation service could lead to punitive actions or reprisals than physician staff.

Next, the author describes how the information from this assessment was utilized to inform the development of an ethics committee structure and of an ethics education program development at a smaller community hospital. The results from the assessment supported an Ethics Support Committee consisting of a mix of clinical and non-clinical staff. Given the smaller hospital setting, a policy was developed to ensure that ethics consultants would have no previous relationship with the patient or family. With a view to addressing the barriers associated with logistics, information material and a webpage was developed to provide staff with information about how to call for an ethics consultation. The needs for ethics education identified by physicians were to be met through annual grand rounds, and an 'ethics liaison' program targeting ethics education at the individual department level was introduced to meet needs for ethics education identified by non-physician members of staff.

Conclusion

The article concludes that the need for ethics support in terms of access to formalized clinical ethics consultation services and ethics education of staff also apply to smaller hospital settings. The implementation of a clinical ethics consultation service at a smaller institution resulted in a higher number of ethics consultation requests compared to the national average. However, the utilization of ethics consultation varied among physicians and non-physician clinical staff. The author encourages further research into reasons for the variation in utilization of ethics consultation among the clinical staff.