



# The Roll of the Hospital Ethics Committee



Richard L. Voet, M.D., M.A.

# Medical Ethics

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- Ethics is what keeps medicine from becoming a pure science
- Hippocratic tradition of Western Medicine
  - “As to diseases, make a habit of two things – **to help**, or at least to **do no harm**”  
Hippocrates, *Epidemics*, Bk. 1, Sect. XI
- Principles of Beneficence (to help) and Nonmaleficence (do no harm)
- *Primum non nocere* (first do no harm)

# Decision making

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Can we...?

Medical question

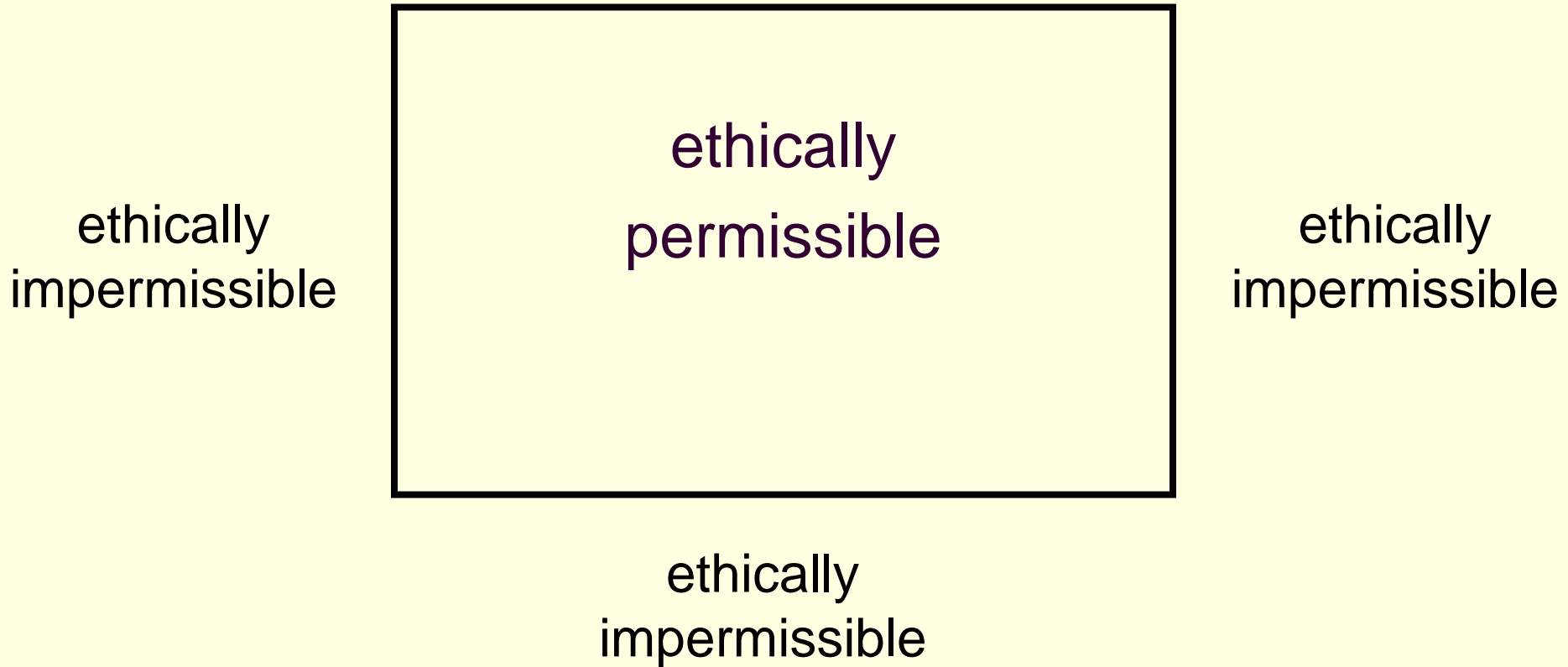
May we...?

Legal question

Should we...?

Ethics question

# Ethics is about drawing boundaries



# Ethical Theories

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- Normative ethics
  - classifies actions as right and wrong
  - what the population *should* believe is right and wrong
- Descriptive ethics
  - what the population believes to be right and wrong
  - different cultures have different attitudes towards right and wrong

# Ethical Assessment

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- John lied and Mary was fired
- The person – John
- The act – lying
- The consequence – Mary was fired
- John lied and Mary's life was spared

# Normative Ethical Theories

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- The Person's character and motives
  - Virtue ethics
  - Moral agent, intent
- The Act itself is right or wrong
  - Deontological ethics (*deon* = duty)
  - Rules or principles
- The Consequences of the act are good or bad
  - Utilitarianism (the end justifies the means)

# Descriptive Ethical Theories

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- Cultural relativism – different cultures have differing standards of right and wrong (when in Rome, do as the Romans do)
- Ethical subjectivism – what is right for me is right and what is right for you is right (postmodern)
- Conventionalism – cultural acceptance determines morality



# Virtue Ethics

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- Virtues are character qualities determined by reason through observing and comparing actual events
- Virtues are a “golden mean” between the extremes of excess and deficiency
- Phronesis (practical wisdom) is to discern and make good judgements about the right thing to do in a situation
- Virtues are learned and reinforced by habits to develop good character (role model, mentor)
- Examples
  - Knights of the Round Table
  - English gentleman
  - Boy Scouts
  - Physicians

# Care Ethics

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- An outgrowth of feminist ethics
- Ethics cannot be adequately represented by rules and principles
- Focus on the details of the people involved and their personal relationships
- Resolve conflicts that will avoid harm and satisfy the interests of everyone concerned

# Code of Ethics for Nurses

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“There are numerous approaches for addressing ethics, these include adopting or ascribing to ethical theories, including an ethic of care and feminist ethics, adhering to ethical principles, and cultivating virtues.”


Philosophy and Medicine

P&M114

James A. Marcum

# The Virtuous Physician

The Role of Virtue in Medicine

 Springer

# *The* VIRTUOUS PSYCHIATRIST

Character Ethics in Psychiatric Practice



JENNIFER RADDEN & JOHN Z. SADLER

OXFORD



# THIEVES OF VIRTUE

When Bioethics Stole Medicine

TOM KOCH

# Edmund D. Pellegrino, M.D.

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- Ethical Decisions
  - Professionally (technically) correct
  - Morally right
- Compassionate objectivity
- Clinical ethics has become conflict resolution and not what is the right and good decision

# Movement toward Deontological ethics

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- Nuremberg Trials
- Nuremberg Code (1949)
  - “The voluntary consent of the human subject is absolutely essential”
- Belmont Report (1979)
  - Basic Ethical Principles for medical research
    - Respect for persons
    - Beneficence
    - Justice
  - Informed Consent

Seventh Edition

# Principles of Biomedical Ethics

Tom L. Beauchamp  
James F. Childress



OXFORD  
UNIVERSITY PRESS



# Principles of Bioethics

## *Principlism*

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- Beneficence – do good
- Nonmaleficence – do no harm
- Justice – loyalty and fairness
- Autonomy – self determination

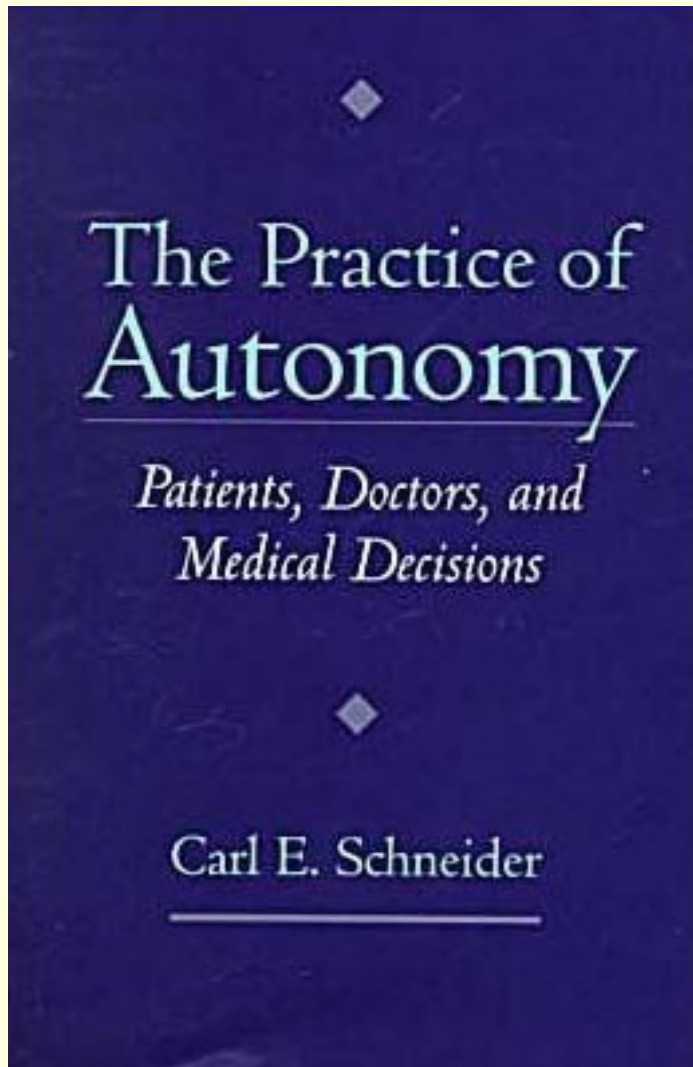
# The Evolution of Autonomy

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- Respect for persons
- Respect for autonomy
- Principle (one of four)
- Dominant principle
- Right
  - Right to refuse treatment
    - Karen Ann Quinlan – 1976 (ventilator)
    - Nancy Curzan – 1990 (artificial nutrition)
  - Right to demand treatment

# Patient Autonomy

*What do patients want?*



- Information
- Ability to say “no”
- What does the doctor recommend?

# Paternalism

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- Making decisions on behalf of others for their own good, even if this is contrary to their wishes (parent-child relationship)
- Beneficence overrides autonomy
- Soft (weak) paternalism
  - Medical intervention without consent when there is diminished decision-making capacity or understanding
  - CPR, emergency surgery, suicide intervention
  - Assumes the patient will be grateful when capacity is restored
- Hard (strong) paternalism
  - Medical intervention without consent and over the objection of an informed patient
  - Transfusing a Jehovah's Witness, forcing a C-sec
  - Usually requires a court order

# Issues of Paternalism in Bioethics

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- Overriding refusals of treatment
- Overriding requests for treatment
- Withholding information if the disclosure might be harmful (therapeutic privilege)
- Sanctions for high-risk behavior or noncompliance
- Suicide intervention
- Involuntary institutionalization

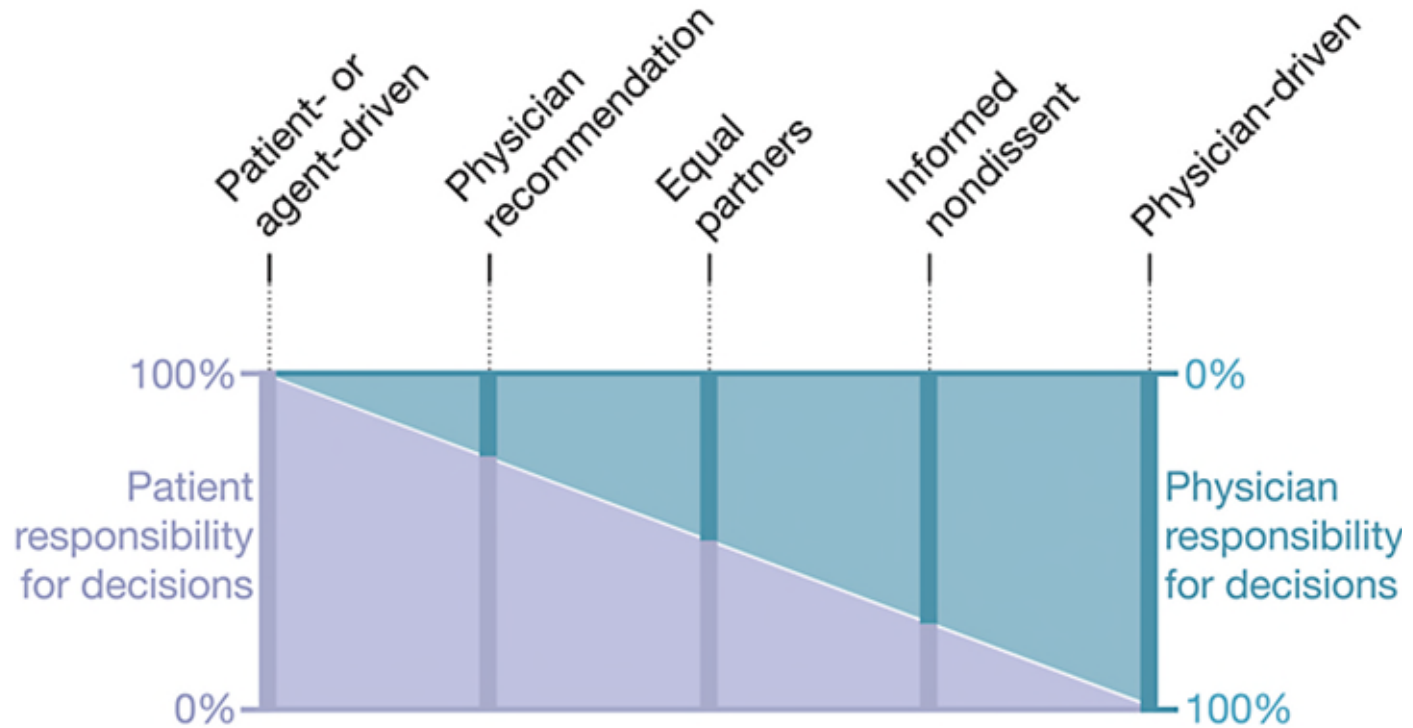
# We sell patients out to our narrow definition of autonomy when we:

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- Indicate that we will do whatever they wish
- Force them to choose when they do not want to choose
  - “forcing patients to choose when they want someone else to make the choice (be it for cultural or personal reasons) is as much an act of crass paternalism as is forcing a procedure against their will”

*Erich H. Loewy – In Defense of Paternalism*

# Shared Decision-Making Continuum



Kon, A. A. JAMA 2010;304:903-904.

# The Technological Imperative

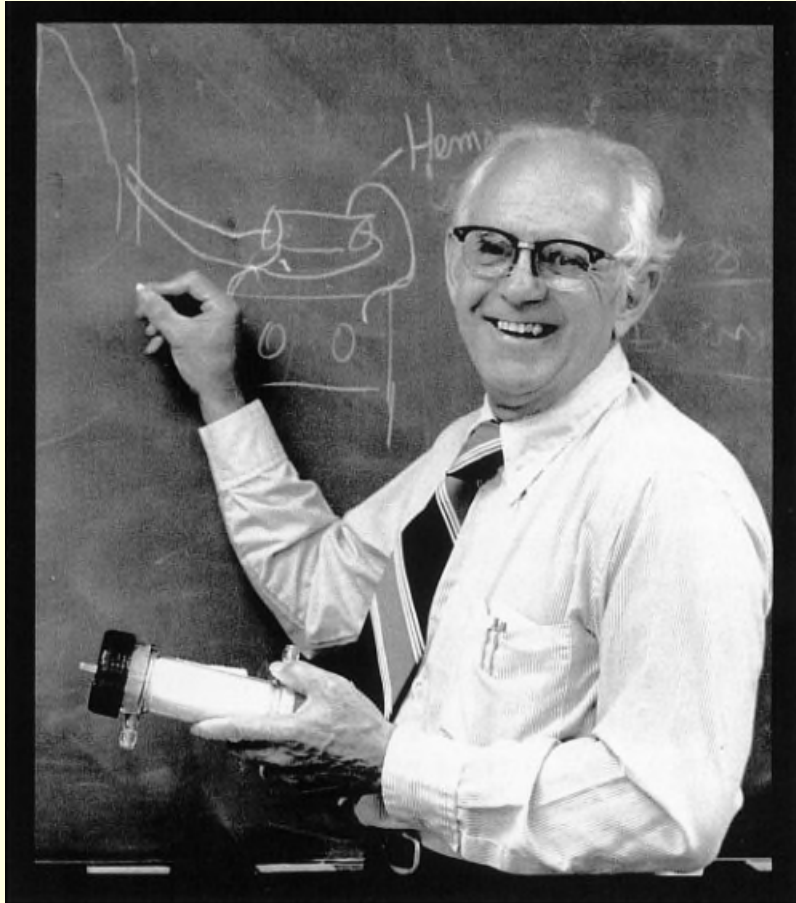
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the impulse to do everything  
you are trained to do  
regardless of the cost/benefit  
or the burden/benefit ratio

Victor Fuchs (1974)

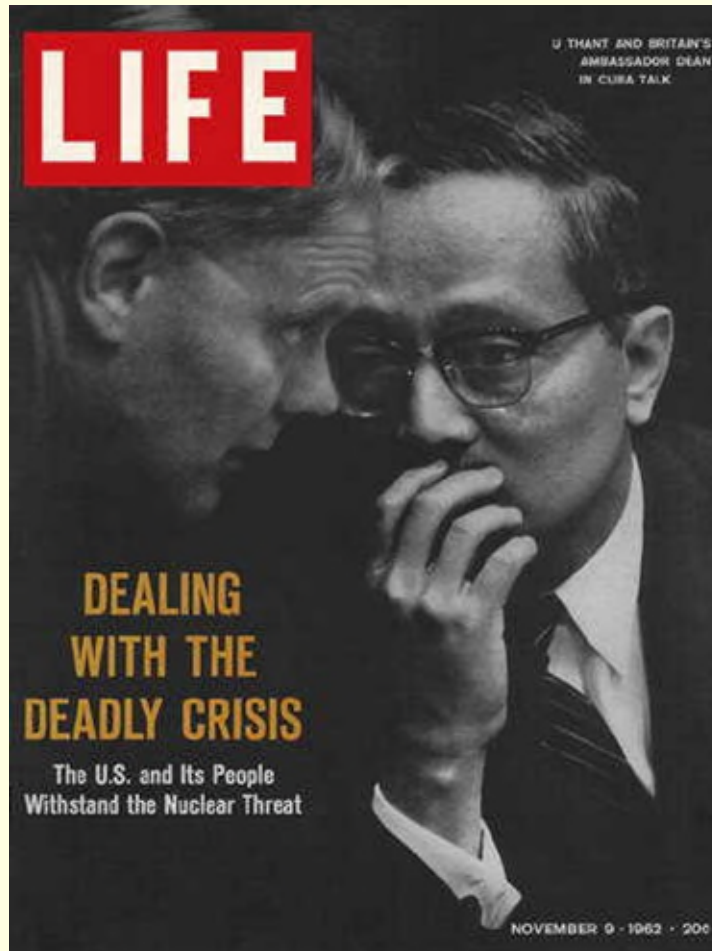


# History of Hospital Ethics Committees



- Belding H. Scribner, MD  
1921–2003
- Perfected the AV shunt  
for hemodialysis
- Started the first dialysis  
clinic at Swedish  
Hospital in Seattle
- Admission and Policy  
Committee
- Seven anonymous  
members determined  
who received dialysis

# History of Hospital Ethics Committees



- In 1962, Life magazine called it “Seattle’s God Committee”
- Employed “social worth criteria” for selection
- End-Stage Renal Disease Act in 1972



## Medical miracle and a moral burden They Decide Who

by SHAMA  
ALEXANDER

John Myers has been about the library for 17 years. It was a member of rural communities at the time of his home takeover in 1993. For a few years ago, he got ill. Then the bookshelf began and his blood pressure began to rise. By last summer, there were days when

he could barely drag himself out of bed to get to his office. He was 57 years old. Neither he nor his wife Kay had a job, and that he had come, presumably, to the end stage of his disease. But a glimmer of hope was enough to get any physician that John Myers' death would be ugly and sure.

Last Christmas evening, when Myers awakened at his home in

Armonk, N.Y., his heart was pounding violently. He could not stop coughing. Blood was running from his nose. He had an unbearable headache, a horrible taste in his mouth, dizziness, nausea. His feet and hands were greatly swollen. He was, indeed, on a hospital when it seemed certain he would be dead within a matter of days. Yesterday, 11 months later, Myers

is still alive. He has regained what would be the most sense of the word. He is back at his old desk with an extraordinary and he is living comfortably at home with Kay and their three young children. The miracle, however, John Myers looks and acts and the very, very old. But he is different. In a very special way. There is one a small, U-shaped plastic in several feet

## of a small committee Lives, Who Dies

the final results of the life insurance. Every Monday and Thursday afternoon Myers takes his morning breakfast table across Poughkeepsie from Deerpark to a downtown Seattle. Right past the building he goes down a short flight of steps to an unmarked basement level in an annex of Swedish Hospital. It is a stock exchange, but it is not for a stock exchange. It is a

and drinks into bed. A computer bank of medical planning when he is a man has not nothing machine is attached to Myers' bed-side. From his bedside a technician will take a pair of blue plastic sensors on his chest. A man comes down to the table table in Myers' bedroom, and holds in the control. Suddenly, in an instant, one of the sensors becomes

red as John Myers' blood makes out to the bedside machine. This machine is an artificial kidney. Because it can be connected to the U-shaped tube in Myers' bedroom, it has become the first true artificial organ in medical history. For the rest of his life Myers will spend two or three hours joined by a plastic and electrical in the machine which keeps him alive.

All around the artificial kidney machine requires 18 to 17 hours to dialyze Myers' blood of accumulating wastes, which otherwise would kill him. The procedure is quite painful, and Myers has never become an accustomed to the whole idea of surviving his life's blood in a medical instrument. It was a work that on up the dialyzer for just, just to sleep. A

Small version of members with the Department, which is not particularly in America which is not the most of members in the field of work.

# History of Hospital Ethics Committees

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- 1967 – Heart transplant using a beating heart from a patient with “fatal brain damage”
- 1968 – Harvard criteria for brain death
- 1971 – Two newborns with Trisomy 21 allowed to die at Johns Hopkins
- 1972 – Tuskegee Syphilis Study exposé in New York Times
- 1973 – Roe v. Wade
- 1976 – Karen Ann Quinlan
  - NJ Supreme Court recommends ethics committees
- 1978 – Louise Brown born via IVF
- 1982 – Baby Doe rules
  - recommend establishment of Infant Care Review Committees
- 1983 – Purple dots for DNR in a Queens hospital

# History of Hospital Ethics Committees

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- 1979 – President’s Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research
  - Defining Death (1981)
  - Deciding to Forego Life-Sustaining Treatment (1983)
- 1984: Ethics Committees recommended by
  - American Hospital Association
  - Academy of Pediatrics
  - American Medical Association
  - American Academy of Neurologists
  - National Hospice Organization...and others
- 1990 – Nancy Curzan
- 1991 – Patient Self Determination Act
- 1992 – JACHO requirement

# Medical Ethics

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- Professional ethics
  - Physician behavior (AMA, TMA, state medical board, hospital medical staff committees)
- Bioethics
  - Public policy (society – the needs of the many)
  - Clinical ethics (patient – the needs of the one)

# Role of the Bioethics Committee

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- Ethics Education
- Policy Development
- Clinical Ethics Consultation



**ASBH**  
American Society for  
Bioethics and Humanities

**CORE  
COMPETENCIES  
for  
HEALTH CARE  
ETHICS  
CONSULTATION**

*The Report of the  
American Society  
for Bioethics and  
Humanities*

**HEC-C**



# Role of the Ethics Consultant (EC)

AMA Journal of Ethics. May 2016, Volume 18, Number 5: 534-539.

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- ECs receive many types of questions and concerns that would be more appropriately addressed through other organizational mechanisms.
- ECs should focus on the true values conflicts where their expertise resides and refer non-ethics questions to the proper resources.
- ECs should not offer legal advice or medical recommendations.

# Role of Ethics Consultation

*Issues in Surgical Ethics, Surgery 2009;146:122-5*

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- The ethics consult is not to be construed as a means by which to persuade the family to agree with the physicians or to make a final ruling on how the dilemma should be settled.
- Ethics consultants are trained to be impartial and independent; they are equally concerned with the rights of all parties involved in the dispute. Their role is to ensure that the views of all involved parties, both family and caretakers, are expressed and reconciled.

# Ethics Committees

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- Problems
  - Insufficient resources
  - Conflating law and ethics
  - Transfer of moral responsibility to committee
  - Unrealistic expectations (not the ethics police)
  - Poor substitute for palliative care

# THD Ethics Committee

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- Pastoral Care
- Palliative Care
- Care Transition
- Legal
- Nursing Administration
- Patient Advocate
- Psychiatry
- Trauma
- Critical Care
- Neonatology
- OB/GYN
- Surgery
- Internal Medicine

## Ethics Consult Process

Ethics consult is placed in Care Connect



### House supervisor/Chaplain on call respond

Discuss with patient's medical team, assess what is needed, review relevant policies and facilitate resources including:  
Patient Advocate, Care Transitions, Legal, Palliative Care, etc

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If after consultation with the subject matter experts and existing policies,  
it is deemed that additional Ethics review is needed, the  
Director of Pastoral Care and House Supervisor will notify  
the Administrator on Duty and the Ethics Committee Chair  
or designated physician member