Title: Clinical Ethics Consultation

I. POLICY:
It is the policy of [HOSPITAL NAME] that any individual involved in the care of a patient may request clinical ethics consultation whenever that individual believes there to be a clinical ethical issue or concern. Clinical ethics consultation is provided by the Clinical Ethics Consultation Service (CECS) and incorporates four core objectives relative to the situations for which it is requested:
1. to help identify, clarify, and foster appreciation of relevant ethical values and goals;
2. to promote good communication and understanding of pertinent issues, alternatives, decisions, and likely outcomes;
3. to facilitate resolution of ethical conflicts, concerns, problems, or dilemmas;
4. to assist in cultivating throughout [HOSPITAL NAME] an environment in which paying attention to ethical dimensions of healthcare is encouraged, supported, and expected.

II. DEFINITIONS
A. Individual involved in the care of a patient – a patient, members of a patient’s family or others intimately related with the patient (e.g., close personal friend, non-[HOSPITAL NAME] healthcare providers), a patient’s legal representative or surrogate, physicians, nurses, social workers, clinical partners, therapists (e.g., respiratory, physical, occupational), and other similarly positioned [HOSPITAL NAME] personnel who participate in the delivery of, or decision-making about, a patient’s care.

B. Clinical Ethics Consultation Service – the clinical service component of [ADMINISTRATIVE ENTITY UNDER WHICH ETHICS CONSULTATION IS PROVIDED].

C. Clinical ethics consultant – [VERY BRIEF DESCRIPTION OF WHO IS CREDENTIALED WITHIN THE HOSPITAL TO PROVIDE ETHICS CONSULTATION].

D. Primary physician – Also known as “physician of record” or “attending physician” or “attending of record” for the patient, this is a member of the Medical Staff who serves as the principal provider of medical services to the patient during hospitalization and directs the care for that patient during the course of the stay as evidenced by signed written orders and progress notes.

E. Legal Representative – an individual authorized to make healthcare decisions for a patient due to appointment by the Courts to be the patient’s Conservator or designated in a Power of Attorney for Health Care (or other legally-recognized advance medical directive) to be the patient’s Agent or Attorney-in-Fact.

F. Surrogate – an adult, other than a Legal Representative, authorized to make decisions for the patient.

G. CECS Review Committee – an interdisciplinary group of [HOSPITAL NAME] staff
organized under the aegis of [ADMINISTRATIVE ENTITY UNDER WHICH ETHICS CONSULTATION IS PROVIDED], whose membership is drawn primarily from the [HOSPITAL NAME] Bioethics Committee and which meets regularly with the specific purpose of providing critical review of clinical ethics consultations.

III. PURPOSE:
To outline the processes by which clinical ethics consultation is provided, documented, and reviewed.

IV. PROCEDURE:
A. Requests for clinical ethics consultation are made by contacting the [ADMINISTRATIVE ENTITY UNDER WHICH ETHICS CONSULTATION IS PROVIDED] or speaking directly with a clinical ethics consultant. Requests are typically prompted by (but are not limited to) questions or concerns regarding goals, values, obligations, loyalties, or other norms associated with healthcare decision-making.

B. In order to assess a situation and determine possible further steps, after receiving a request, clinical ethics consultants will talk with the requestor and review a patient’s medical record. Conversations with other individuals involved in the care of a patient may also be pursued (paying close attention to issues of privacy and confidentiality) in order to further identify and clarify relevant facets of the situation. The identity of the requestor will be held in confidence if the requestor so asks or if the situation so warrants.

C. Based on the initial assessment, subsequent actions may include:
   1. further exploration/gathering of medical records and relevant documented information;
   2. solicitation of input from additional [HOSPITAL NAME] personnel whose assistance is warranted;
   3. additional individual or group discussions (including formal care conferences) with individuals involved in the care of the patient in order to:
      a. explore the meanings and implications of ethical issues associated with the situation;
      b. identify and/or explain relevant hospital policy and procedures;
      c. facilitate communication and decision-making;
      d. provide support in the aftermath of difficult decision-making.

Other appropriate means for satisfying the four core objectives of clinical ethics consultation will be pursued as necessary. In some circumstances, special meetings of the [HOSPITAL NAME] Bioethics Committee, or an ad hoc sub-group of it, may also be convened.

D. On-going conversation with requestors continues throughout unless otherwise declined.

E. When appropriate, specific recommendations and entries into patients’ medical records are provided.

F. Clinical ethics consultation activities are regularly reviewed by members of the CECS and by the CECS Review Committee.
G. Requests for clinical ethics consultation are documented and maintained in secured files located in the [ADMINISTRATIVE ENTITY UNDER WHICH ETHICS CONSULTATION IS PROVIDED].

H. When requests for clinical ethics consultation originate with a patient, members of a patient’s family or others intimately related with the patient, or a patient’s legal representative or surrogate, the patient’s primary physician (or representative) will be informed of the request in a timely fashion and kept informed of any substantive developments.

I. When requests for clinical ethics consultation originate with members of [HOSPITAL NAME]’s staff:
   1. If the requestor is other than the primary physician, if warranted, the clinical ethics consultant will contact the primary physician in order to solicit information and offer assistance.
   2. Prior to conversation with a patient, members of a patient’s family or others intimately related with the patient, or a patient’s legal representative or surrogate, discussion with the patient’s primary physician (or representative) will be pursued whenever possible.