Ethics Consultation

Policy

Patients and their relatives, surrogate decision makers, administrators, and health care professionals may encounter difficult ethical dilemmas. When this occurs, consultation from the Ethics Consultation Service may be requested.

Examples of some of the kinds of problems for which ethics consultation may be requested include issues related to: advance directives, surrogate decision making, patients who refuse medically indicated treatment, requests for futile treatment, withdrawing treatment and Do Not Resuscitate orders.

The major function of the Ethics Consultation Service is educational. The Ethics Consultation Service will strive to provide clarification of the issues and principles that should be considered in each case, information about relevant clinic policies and opinions when indicated. Patient care decision making ultimately remains the province of the primary physician and the patient, (or, when applicable, the appropriate surrogate decision maker.)

Ethics consultations will be of varying degrees of complexity; therefore different types of consultation will be available. The ethics consultant will determine which is most appropriate for each case. In general, ethics consultations can be divided into three groups.

These include:

Type 1: Consultations that are simple and can be performed by answering questions.

Type 2: Consultations that require dialogue between the person who placed the consultation and the ethics consultant(s), but do not involve direct contact with patients, family members or surrogate decision-makers. .

Type 3: Consultations that involve direct contact between the ethics consultant(s) and patients, family members or surrogate decision-makers.

An ethics consultation may be submitted by:

1. The patient.
2. The patient's physician.
3. The patient's surrogate decision maker when the patient is not capable of decision making.
4. The patient's next of kin.
5. Any member of the patient's Lahey Clinic care team.

All requests for ethics consultations will be evaluated by the Chief of the Section of Medical Ethics or his designee for appropriateness.

Although his/her approval is not required, the primary physician must be notified when a Type 3 consultation has been initiated. The patient or surrogate decision maker will also be informed when there is a Type 3 consultation.

When an ethics consultation requires discussion of confidential material with someone who would not otherwise have access to this information, patient consent will be obtained. Members of the Section of Medical Ethics will, once the consultation is placed, have access to this information but must treat this with the same confidentiality appropriate to any physician-provider relationship.

Ethics consultation will be presented in retrospect to the multidisciplinary Section of Medical Ethics. Cases involving particularly controversial or difficult issues may be presented prospectively to the entire Section of Medical Ethics or a convened subcommittee. This will be determined by the ethics consultant.

Monday through Friday, 8:00 a.m. to 5:00 p.m., Lahey Clinic personnel and families of patients at Lahey may address any ethical concerns by contacting the Office of the Chief of the Section of Medical Ethics. At other times, the administrator on call should be contacted.

Medical Record Keeping

When there is a Type 3 ethics consultation, the Section of Medical Ethics will document the consultation in the medical record. Type 2 ethics consultation will be documented in the medical record if the ethics consultant

believes doing so would be of educational value. The primary ethics consultant will be responsible for writing a note that will generally include:

Individual requesting the consultation.

The names of ethics section members who participated in the consultation.

A brief summary of the reason for the consultation.

A summary of the facts of the case.

A summary of the source of information obtained by the consultant.

A listing of any additional consultation requested as part of the consultation. For example, a neurologist may be called to evaluate prognosis, or a psychiatrist to evaluate decision-making capability..

Reference to the relevant ethical principles when appropriate..

A discussion of the ethical analysis of the case and any recommendations.

When appropriate, minority views will be stated.Citations to reference articles may be included in the documentation of the consultation.

Contact:	Chief, Section of Medical Ethics
References:	Joint Commission Standards, Patient Rights Section of Medical Ethics
Origination date:	1993
Reviewed/Revised:	1996, 1998, 1999, 2002, 2005, 2008
Approved by:	Board of Governors Medical Practice and Utilization Operations