

From the Winter 2001 Newsletter

FROM THE FIELD

From the Field

If there is any ethics related activity you feel the Center should be aware of, please let us know by clicking [here](#).

The Little Rock, AR VAMC, in conjunction with the National Center for Ethics, hosted a workshop entitled Integrated Ethics Program: What is it? How do you do it? for VISN #16

On November 14-15, the Little Rock VA Medical Center hosted the workshop Integrated Ethics Program: What is it? How do you do it? This interactive workshop explored the concept and components of a facility based integrated ethics program. Additionally, there was discussion of the barriers to and strategies for creating an integrated ethics program. The participants, consisting mainly of ethics advisory committee members from seven different facilities, acknowledged that ethics committees should not only provide a forum to discuss ethical issues but should openly seek to enhance the ethical care of patients. As an integral part of this course, participants collaborated in drafting a model outline to refine and redesign the purpose and operation of Ethics Advisory Committees in order to foster the creation of an institutional integrated ethics program. The draft document noted that each ethics advisory committee should clearly delineate its: purpose, focus, functions, organizational alignment, membership, operational methods, relationship with other committees, and program assessment plan. Furthermore, it was decided that, if an ethics committee is to orchestrate the creation of an integrated ethics program, it must be proactive, integrated, institutionally value oriented, administratively supported, and accountable.

This VISN wide education conference was supported by EES and led by National Center for Ethics' staff member Dr. William Nelson.

The Black Hills, SD Health Care System's "Boundaries" policy helps to clarify the appropriate relationship boundaries between staff and patients

While most patient-provider relationships are exclusively

professional in nature, the boundaries of such relationships can sometimes become blurred by social, romantic, or business interactions. Such "dual relationships" can place the patient-provider relationship in jeopardy. Although some social interactions may be natural and harmless, other interactions create opportunities for the exploitation of patients, intentional or unintentional. To address these relationship boundary issues and preserve a high quality of patient care, the Black Hills Health Care System formed a task force that resulted in a policy defining the ethical boundaries of relationships between VA employees and their patients, former patients, and patient's families.

The task force had several goals in mind. They wanted a very flexible policy that offered consultation and learning opportunities without the threat of disciplinary action. Rather than spelling out strict do's and don't's, the task force assigned responsibility for maintaining these boundaries to each and every employee. The policy provides employees with some basic tools and choices to resolve and prevent boundary issues on their own, as well as providing sources of advice and consultation.

The task force also considered the location and culture of the health care system when developing the policy. The policy attempts to be sensitive to the special considerations and concerns raised, for example, by rural settings and Native American cultures.

Dr. Michael Fellner, chair of the Black Hills EAC, notes that "Since the policy has been in place we have been approached both by formal and informal consultation to deal with social and business boundary issues, with good outcomes that preserved the ethical integrity of quality patient care."

If you have access to the VA intranet, please visit our site there to view the Black Hills Health Care System Boundaries policy.