IntegratedEthics

Improving Ethics Quality in Health Care

Ethics Consultation Toolkit

A manual for the Ethics Consultation Coordinator

National Center for ETHICS in Health Care

Veterans Health Administration

Employee Education System

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Foreword

Welcome to the IntegratedEthics program. We're pleased that you've agreed to play a leadership role in this national initiative to improve ethics quality in health care.

This toolkit provides the basic information and resources to implement IntegratedEthics in your facility, specifically:

- an overview of the **IntegratedEthics model** and **program management,** including descriptions of program structure and the roles of key program personnel
- an overview of the **three core functions** of an IntegratedEthics program
- your **responsibilities** as one of the leaders or coordinators of IntegratedEthics in your facility
- a **task list and timeline** for carrying out your responsibilities
- a **set of tools** to help you accomplish each task

This toolkit is meant to provide a starting place. We envision an interactive process by which facilities can share their best practices—and lessons learned—with one another over time. As you embark on your IntegratedEthics program, we invite you to make it your own. Although each VHA facility comes to this project with unique challenges and opportunities, you'll want to engage with other facilities in your VISN and with the national IntegratedEthics community to help you brainstorm solutions to implementation problems and exchange ideas as you go forward. The National Center for Ethics in Health Care is available to help and to provide additional information and resources to respond to your special needs. We look forward to working with you.

Tab 1

Introduction to IntegratedEthics

IntegratedEthics: Improving Ethics Quality in Health Care

VA: A Leader in Quality and Organizational Change

VA has become the standard-bearer for quality in American health care. VA consistently outperforms other health care organizations on a wide range of quality measures.[1,2] Publications from *The New York Times* and *The Washington Post* to *Business Week* and *Washington Monthly* laud VA for providing "the best care anywhere,"[3–6] and today's VA makes headlines for outranking private health care organizations in customer satisfaction.[4,5] The Agency has been equally lauded as a "bright star" in patient safety.[7] And VA's electronic health record system has earned it Harvard University's prestigious "Innovations in American Government" award.[8]

How did an enormous, public health care system with finite resources take the lead in quality? VA's impressive examples of excellence have resulted from the work of visionary leaders and dedicated staff deliberately creating organizational change. Each organizational change initiative was innovative and established a new national standard that was subsequently adopted by other organizations. Each was based on a recognized need and supported by top leadership. Each was carefully designed and field-tested before being implemented on a national scale. Each involved centrally standardized systems interventions that affected staff at all levels. Each was supported by practical tools and education for staff. And each required not only significant shifts in thinking on the part of individuals, but also significant changes in organizational culture.

As the largest integrated health care system in the United States and a recognized leader in quality and organizational change, VA is now poised to take on a new challenge: to disseminate a systems-focused model to promote and improve ethical practices in health care—and *a new way of thinking about ethics.*

Why Ethics Matters

Throughout our health care system, VA patients and staff face difficult and potentially life-altering decisions every day—whether it be in clinics, in cubicles, or in council meetings. In the day-to-day business of health care, uncertainty or conflicts about values—that is, ethical concerns—inevitably arise.

Responding effectively to ethical concerns is essential for both individuals and organizations. When ethical concerns aren't resolved, the result can be errors or unnecessary and potentially costly decisions that can be bad for patients, staff, the organization, and society at large.[9–12] When employees perceive that they have no place to bring their ethical concerns, this can result in moral distress, a recognized factor in professional "burnout," which is a major cause of turnover, especially among nurses.[13]

A healthy ethical environment and culture doesn't just improve employee morale; it also helps to enhance productivity and improve efficiency.[14–16] Organizations that support doing the right thing, doing it well, and doing it for the right reasons tend to outperform other organizations in terms of such measures as customer satisfaction and employee retention.[17,18] Failure to maintain an effective ethics program can seriously jeopardize an organization's reputation, its bottom line, and even its survival.[19]

Ethics is also closely related to quality. A health care provider who fails to meet established ethical norms and standards is not delivering high-quality health care. By the same token, failure to meet minimum quality standards raises ethical concerns. Thus ethics and quality care can never truly be separated.

The Concept of Ethics Quality

When most people think of quality in health care, they think of technical quality (e.g., clinical indicators) and service quality (e.g., patient satisfaction scores). But *ethics* quality is equally important.[20] Ethics quality means that practices throughout an organization are consistent with widely accepted ethical standards, norms, or expectations for a health care organization and its staff—set out in organizational mission and values statements, codes of ethics, professional guidelines, consensus statements and position papers, and public and institutional policies.

For example, let's say a patient undergoes a surgical procedure. From a technical quality perspective, the operation was perfectly executed, and from a service quality perspective, the patient was perfectly satisfied with the care he received. So the care was of high quality, right? Well, not necessarily. Imagine that the patient was never really informed—or was even misinformed—about the procedure he received. This would indicate a problem with ethics quality.

The idea of ethics quality as a component of health care quality isn't exactly new. Donabedian, who is widely regarded as the father of quality measurement in health care, defined quality to include both technical and interpersonal components, interpersonal quality being defined as "conformity to legitimate patient expectations and to social and professional norms."[21] Other experts have proposed "ethicality"—the degree to which clinical practices conform to established ethics standards—as an important element of health care quality.[22] And it's been argued that specific performance measures for ethics should be routinely included in health care quality assessments.[20]

Ethics Quality Gaps

Health care organizations in this country have significant "opportunities for improvement" with respect to ethics quality,[23] and VA is no exception. Over the past several years, VA's National Center for Ethics in Health Care has been collecting data on the VA health care system—through formal and informal surveys, interviews, and focus groups—to understand where there are ethics quality gaps. What have we found?

VA employees:

- regularly experience ethical concerns
- want more tools and support to address their concerns
- perceive that the organization doesn't always treat ethics as a priority

Ethics committees or programs:

- are seldom described as influential or well respected
- tend to focus narrowly on clinical ethics and fail to address the full range of ethical concerns in the organization

- operate as silos in relative isolation from other programs that deal with ethical concerns
- tend to be reactive and case oriented, instead of proactive and systems oriented
- often lack resources, expertise, and leadership support
- do not consistently follow specific quality standards
- are rarely evaluated or held accountable for their performance

In addition, VA leaders recently got a wake-up call when an independent audit found material weaknesses in accounting practices and suggested problems with "ethics" and "culture" as a root cause.[18] The audit found evidence that at least in some instances, "making the numbers" seemed to be valued more than ethics. Ironically, the very things that have made VA a leader in quality may actually put the organization at risk from an ethics perspective. VA's keen focus on performance excellence in the clinical and financial arenas, through use of powerful performance measurement and rewards systems, may unintentionally have supported a culture in which "getting to green" is all that counts.

Findings from VA's all-employee survey reveal other opportunities for improvement in ethical environment and culture. High scores in the area of "bureaucratic" culture indicate that the organization emphasizes rules and enforcement.[24] Rules usually define prohibited behavior or minimal standards, instead of inspiring exemplary or even good practices. A rules-based culture tends to emphasize compliance with "the *letter* of the law" as opposed to fulfilling "the *spirit* of the law." From an ethics perspective, overemphasizing rules can lead to "moral mediocrity"[25]—or worse, unethical practices, if employees equate "no rule" with "no problem" or if they "game the rules" by developing ethically problematic workarounds.[26]

While employees in rules-driven organizations tend to concentrate on what they *must* do, those in organizations with a healthy ethical environment and culture tend to concentrate more on what they *should* do—finding ethically optimal ways to interpret and act on the rules in service of the organization's mission and values.

Thus while VA is a leader in quality, historically, the organization hasn't placed a great deal of emphasis on *ethics* quality. To achieve a truly "balanced scorecard," VA needs to systematically prioritize, promote, measure, and reward ethical aspects of performance. IntegratedEthics is the mechanism by which VA will achieve this goal—ensuring that ethics quality is valued every bit as much as other organizational imperatives, such as "making the numbers" and "following the rules."

IntegratedEthics

VA has recognized the need to establish a national, standardized, comprehensive, systematic, integrated approach to ethics in health care—and IntegratedEthics was designed to meet that need. This innovative national education and organizational change initiative is based on established criteria for performance excellence in health care organizations,[27] methods of continuous quality improvement,[28] and proven strategies for organizational change.[29] It was developed by VA's National Center for Ethics in Health Care with extensive input from leaders and staff in VA Central Office and the field, expert panels and advisory groups, and reviewers within and outside the organization. Materials developed for IntegratedEthics underwent validity

testing, field testing, and a 12-month demonstration project in 25 facilities. Now, the expectation is that every VA health care facility will implement the IntegratedEthics model to ensure ethics quality in health care.

Levels of Ethics Quality

Ethics quality is the product of the interplay of factors at three levels: decisions and actions, systems and processes, and environment and culture. The image of an iceberg helps to illustrate the concept of ethics quality in health care:

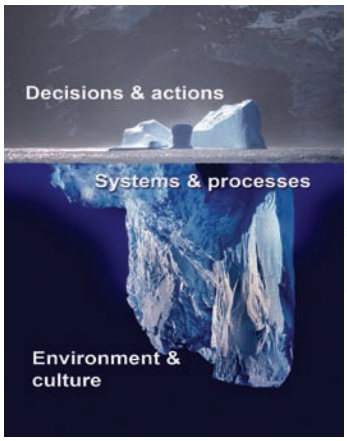


Image courtesy of Uwe Kills. Used with permission.

- At the surface of the "ethics iceberg" lie easily observable *decisions and actions,* and the events that follow from them, in the everyday practices of a health care organization and its staff.
- Beneath that, however, organizational *systems and processes* drive decision making. Not immediately visible in themselves, these organizational factors become apparent when we look for them—for example, when we examine patterns and trends in requests for ethics consultation.
- Deeper still lie the organization's ethical *environment and culture,* which powerfully, but nearly imperceptibly shape its ethical practices overall. This deepest level of organizational values, understandings, assumptions, habits, and unspoken messages—what people in the organization know but rarely make explicit—is critically important since it is the foundation for everything else. Yet because it's only revealed through deliberate and careful exploration, it is often overlooked.

Together, these three levels—decisions and actions, systems and processes, and environment and culture—define the ethics quality of a health care organization.

Many ethics programs make the mistake of spending too much time in a reactive mode, focusing only on the most visible of ethical concerns (i.e., the "tip of the iceberg"). But to have a lasting impact on ethics quality, ethics programs must do more: They must continually probe beneath the surface to identify and address the deeper organizational factors that influence observable practices. Only then will ethics programs be successful in improving ethics quality organization-wide.

IntegratedEthics targets all three levels of ethics quality through its three core functions, discussed in detail below: ethics consultation, which targets ethics quality at the level of decisions and actions; preventive ethics, which targets the level of systems and processes; and ethical leadership, which targets the level of environment and culture.

Domains of Ethics in Health Care

Just as IntegratedEthics addresses all three levels of ethics quality, it also deals with the full range of ethical concerns that commonly arise in VA, as captured in the following content domains:

- Shared decision making with patients (how well the facility promotes collaborative decision making between clinicians and patients)
- Ethical practices in end-of-life care (how well the facility addresses ethical aspects of caring for patients near the end of life)
- Patient privacy and confidentiality (how well the facility protects patient privacy and confidentiality)
- Professionalism in patient care (how well the facility fosters behavior appropriate for health care professionals)
- Ethical practices in resource allocation (how well the facility demonstrates fairness in allocating resources across programs, services, and patients)
- Ethical practices in business and management (how well the facility promotes high ethical standards in its business and management practices)
- Ethical practices in government service (how well the facility fosters behavior appropriate for government employees)
- Ethical practices in research (how well the facility ensures that its employees follow ethical standards that apply to research practices)
- Ethical practices in the everyday workplace (how well the facility supports ethical behavior in everyday interactions in the workplace)

In many health care organizations, ethics programs focus primarily (or even exclusively) on the clinical ethics domains, leaving nonclinical concerns largely unaddressed. Another common model is that ethical concerns are handled through a patchwork of discrete programs. In VA facilities, clinical ethics concerns typically fall within the purview of ethics committees, while concerns about research ethics typically go to the attention of the institutional review board, and business ethics and management ethics concerns usually go to compliance officers and human resources staff. These individuals and groups tend to operate in relative isolation from one another and don't always communicate across programs to identify and address crosscutting concerns or recurring problems. Moreover, staff in these programs may not be well equipped to bring an *ethics* perspective to their areas of expertise. For example, when employees experience problems relating to their interactions with persons of a different ethnicity or cultural background, this is often treated as an EEO issue. But resolving the situation might require not just a limited EEO intervention but a more systematic effort to understand the values conflicts that underlie employee behaviors and how the organization's ethical environment and culture can be improved. IntegratedEthics provides structures and processes to develop practical solutions for improving ethics quality across all these content domains.

Rules-Based and Values-Based Approaches to Ethics

In addition to addressing ethics quality at all levels and across the full range of domains in which ethical concerns arise, the IntegratedEthics model takes into account both rules- and values-based approaches to ethics.

Rules-based ethics programs are designed to prevent, detect, and punish violations of law.[25,26,30] Such programs tend to emphasize legal compliance by:[31]

- communicating minimal legal standards that employees must comply with
- monitoring employee behavior to assess compliance with these standards

- instituting procedures to report employees who fail to comply
- disciplining offending employees

In contrast, values-based approaches recognize that ethics means much more than mere compliance with the law. As one commentator put it:

> You can't write enough laws to tell us what to do at all times every day of the week . . . We've got to develop the critical thinking and critical reasoning skills of our people because most of the ethical issues that we deal with are in the ethical gray areas.[32]

For values-based ethics programs, it is not enough for employees to meet minimal legal standards; instead, they are expected to make well-considered judgments that translate organizational values into action—especially in the "ethical gray areas."[25,26] To achieve this, values-based approaches to ethics seek to create an ethical environment and culture. They work to ensure that key values permeate all levels of an organization, are discussed openly and often, and become a part of everyday decision making.

IntegratedEthics recognizes the importance of compliance with laws, regulations, and institutional policies, while promoting a values-oriented approach to ethics that looks beyond rules to inspire excellence.

The IntegratedEthics Model

An IntegratedEthics program improves ethics quality by targeting the three levels of quality—decisions and actions, systems and processes, and environment and culture—through three core functions: ethics consultation, preventive ethics, and ethical leadership.

Ethics Consultation

When people make a decision or take an action, ethical concerns often arise. An ethics program must have an effective mechanism for responding to these concerns to help specific staff members, patients, and families. An *ethics consultation service* is one such mechanism. Today, every VA medical center has an ethics consultation service, but there's great variability across the VA health care system in terms of the knowledge, skills, and processes brought to bear in performing ethics consultation. Ethics consultation may be the only area in health care in which we allow staff who aren't required to meet clear professional standards, and whose qualifications and expertise can vary greatly, to be so deeply involved in critical, often life-and-death decisions.

IntegratedEthics is designed to address that problem through CASES, a step-by-step approach to ensuring that ethics consultation is of high quality. The CASES approach was developed by the National Center for Ethics in Health Care to establish standards and systematize ethics consultation. ECWeb, a secure, web-based database tool, reinforces the CASES

The CASES Approach

Clarify the consultation request
Assemble the relevant information
Synthesize the information
Explain the synthesis
Support the consultation process

approach, helps ethics consultants manage consultation records, and supports quality improvement efforts. IntegratedEthics also provides assessment tools and educational materials to help ethics consultants enhance their proficiency.

Ethics consultation services handle both requests for consultation about specific ethical concerns and requests for general information, policy clarification, document review, discussion of hypothetical or historical cases, and ethical analysis of an organizational ethics question. By providing a forum for discussion and methods for careful analysis, effective ethics consultation:

- promotes health care practices consistent with high ethical standards
- helps to foster consensus and resolve conflicts in an atmosphere of respect
- honors participants' authority and values in the decision-making process
- educates participants to handle current and future ethical concerns

Preventive Ethics

Simply responding to individual ethics questions as they arise isn't enough. It's also essential to address the underlying systems and processes that influence behavior. Every ethics program needs a systematic approach for proactively identifying, prioritizing, and addressing concerns about ethics quality at the organizational level. That's the role of the IntegratedEthics preventive ethics function.

To support preventive ethics, the National Center for Ethics in Health Care adapted proven quality improvement methodologies to create ISSUES—a step-by-step method for addressing ethics quality gaps in health care. The IntegratedEthics Toolkit provides practical tools and educational materials to support facilities as they apply the ISSUES approach to improve ethics quality at a systems level.

The ISSUES Approach

Identify an issue
Study the issue
Select a strategy
Undertake a plan
Evaluate and adjust
Sustain and spread

Preventive ethics aims to produce measurable improvements in an organization's ethics practices by implementing systems-level changes that reduce disparities between current practices and ideal practices. Specific quality improvement interventions in preventive ethics activities may include:

- redesigning work processes
- implementing checklists, reminders, and decision support
- evaluating organizational performance with respect to ethics practices
- developing policies and protocols that promote ethical practices
- designing education for patients and/or staff to address specific knowledge deficits
- offering incentives and rewards to motivate and reinforce ethical practices among staff

Ethical Leadership

Finally, it's important to deal directly with ethics quality at the level of an organization's environment and culture. Leaders play a critical role in creating, sustaining, and changing their organization's culture, through their own behavior and through the programs and activities they support and praise, as well as those they neglect and criticize. All leaders must undertake behaviors that foster an ethical environment—one that's conducive to ethical practice and that effectively integrates ethics into the overall organizational culture.

Leaders in the VA health care system have unique obligations that flow from their overlapping roles as public servants, providers of health care, and managers of both health care professionals and other staff. These obligations are sharpened by VA's commitment to providing health care to veterans as a public good, a mission born of the nation's gratitude to those who have served in its armed forces.

- As public servants, VA leaders are specifically responsible for maintaining public trust, placing duty above self-interest, and managing resources responsibly.
- As health care providers, VA leaders have a fiduciary obligation to meet the health care needs of individual patients in the context of an equitable, safe, effective, accessible, and compassionate health care delivery system.[33]
- As managers, VA leaders are responsible for creating a workplace culture based on integrity, accountability, fairness, and respect.[33]

To fulfill these roles, VA leaders not only have an obligation to meet *their* fundamental ethical obligations, they also must ensure that employees throughout the organization are supported in adhering to high ethical standards. Because the behavior of individual employees is profoundly influenced by the culture in which those individuals work, the goal of ethical leadership—and indeed, the responsibility of all leaders—is to foster an ethical environment and culture.

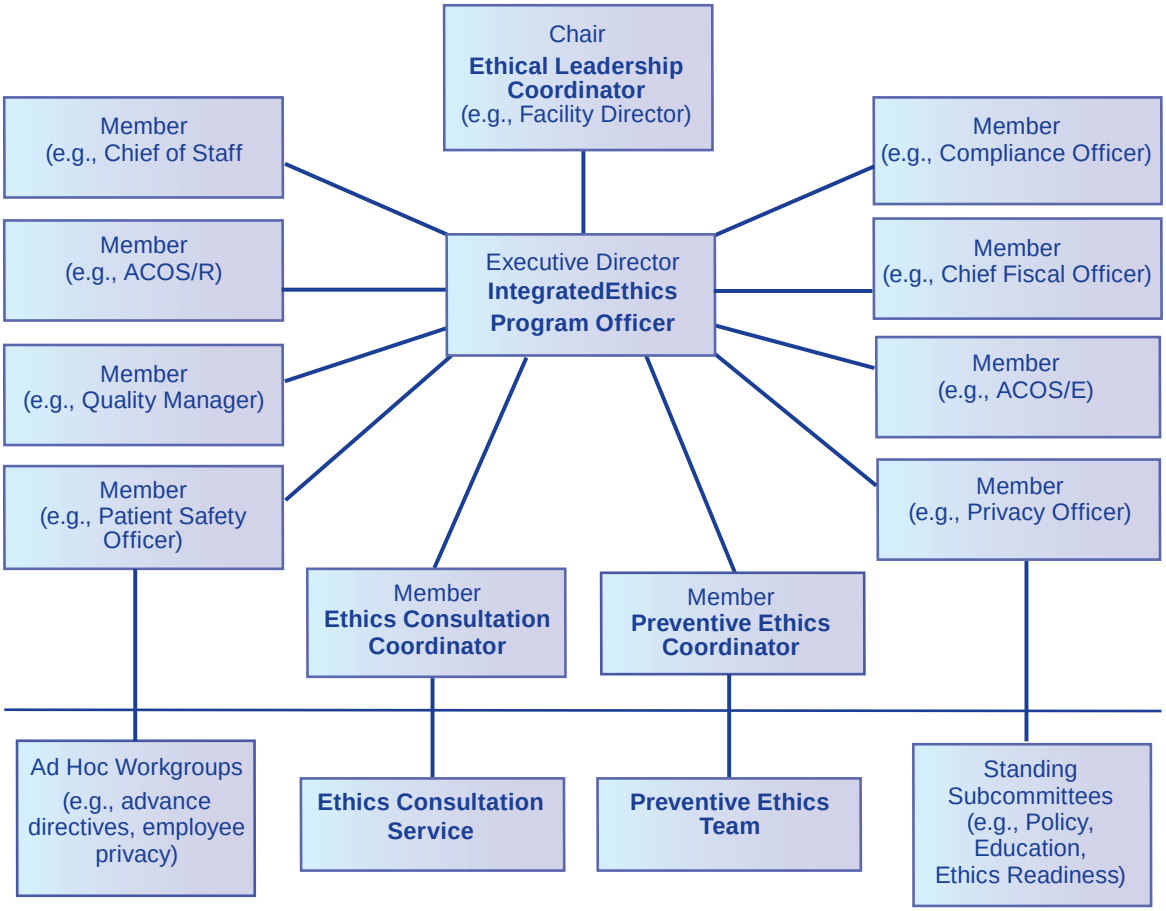
The ethical leadership function of IntegratedEthics calls on leaders to make clear through their words and actions that ethics is a priority, to communicate clear expectations for ethical practice, to practice ethical decision making, and to support their facility's ethics program. These four "compass points" of ethical leadership are supported by tools and educational materials developed for IntegratedEthics.

IntegratedEthics Program Management

Two essential tasks for an IntegratedEthics program are to move ethics into the organizational mainstream and to coordinate ethics-related activities throughout the facility. This requires more than simply implementing the three core functions of IntegratedEthics; it also requires strong leadership support, involvement of multiple programs, and clear lines of accountability. These requirements are reflected in the structure recommended for IntegratedEthics programs within VA facilities.

IntegratedEthics Program Structure

IntegratedEthics Council



The **IntegratedEthics Council** provides the formal structure for the IntegratedEthics program at the facility level. The council:

- oversees the implementation of IntegratedEthics
- oversees the development of policy and education relating to IntegratedEthics
- oversees operation of IntegratedEthics functions
- ensures the coordination of ethics-related activities across the facility

The **Ethical Leadership Coordinator** is a member of the facility's top leadership—e.g., the director. The Ethical Leadership Coordinator ensures the overall success of the IntegratedEthics program by chairing the IntegratedEthics Council, championing the program, and directing the ethical leadership function.

The **IntegratedEthics Program Officer** is responsible for the day-to-day management of the IntegratedEthics program, reporting directly to the Ethical Leadership Coordinator. The program officer works closely with the chair of

the IntegratedEthics Council, functioning in the role of an executive director, administrative officer, or co-chair. The program officer should be a skilled manager and a well-respected member of the staff.

The membership of the council also includes the **Ethics Consultation Coordinator** and the **Preventive Ethics Coordinator,** who lead the ethics consultation service and preventive ethics teams, respectively. Each role requires specific knowledge and skills.

Finally, the council includes **leaders and senior staff** from programs and offices that encounter ethical concerns, for example:

- Chief of Staff
- Chief Fiscal Officer
- Associate Chief of Staff for Research
- Associate Chief of Staff for Education
- Patient Safety Officer
- Director, Quality Management
- Director, Human Resources
- Compliance & Business Integrity Officer
- Research Compliance Officer
- Information Security Officer
- Privacy Officer
- Nurse Manager

In addition to overseeing the **ethics consultation service** and the **preventive ethics team**, the IntegratedEthics Council may also oversee **standing subcommittees** (e.g., policy, education, and JCAHO ethics readiness), as well as one or more **ad hoc workgroups** convened to address specific topics identified by the council.

At the network level, IntegratedEthics is coordinated by the **IntegratedEthics Point of Contact**, who reports directly to the network director or the VISN Executive Leadership Council. In addition to serving as the primary point of contact with the National Center for Ethics in Health Care, this individual facilitates communication across facility IntegratedEthics programs and monitors their progress in implementing IntegratedEthics. Finally, a VISN-level **IntegratedEthics Board** helps to address ethical issues on a network level, especially those that cut across facility boundaries.

IntegratedEthics Program Tools

IntegratedEthics emphasizes distance learning and combines the use of print, video, and electronic media to provide a wide array of resources. These include reference materials and video courses relating to each of the three functions; operational manuals (toolkits) and administrative tools to help program staff organize and document their activities; assessment tools for evaluating program quality and effectiveness; communications materials about IntegratedEthics; and online learning modules to build staff knowledge of ethics topics.

A New Paradigm for Ethics in Health Care

IntegratedEthics builds on VA's reputation for quality and innovation in health care. Like VA's seminal work in performance management, its groundbreaking program

Tool	Function		
	Ethics Consultation	**Preventive Ethics**	**Ethical Leadership**
Reference Tools Primers	*Ethics Consultation: Responding to Ethics Questions in Health Care*	*Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*	*Ethical Leadership: Fostering an Ethical Environment & Culture*
Easy Reference Tools	CASES pocket card	ISSUES pocket card	Leadership bookmark
Administrative Tools	Ethics Case Consultation Summary & Template ECWeb	Preventive Ethics Issues Log & Summary Preventive Ethics Meeting Minutes Preventive Ethics ISSUES Storyboards Preventive Ethics Summary of ISSUES Cycles	
	IE master timeline Timelines for function coordinators		
Assessment Tools	Ethics Consultant Proficiency Assessment Tool Ethics Consultation Feedback Tool		Ethical Leadership Self- Assessment Tool
	IntegratedEthics Facility Workbook (instrument, guide to understanding results) IntegratedEthics Staff Survey (introduction, survey instrument, FAQs)		
Education Tools	Ethics consultation video course Training checklist & video exercises (1–4)	Preventive ethics video course Training checklist & video exercise	Ethical leadership video course Training checklist
	IntegratedEthics online learning modules: Ethics in Health Care, Shared Decision Making with Patients, Ethical Practices in End-of-Life Care, etc.		
Communications Materials	Improving Ethics Quality: Looking Beneath the Surface IntegratedEthics: Closing the Ethics Quality Gap Business Case for Ethics IntegratedEthics poster IntegratedEthics brochure IntegratedEthics slides		

in patient safety, and its highly acclaimed electronic medical record system, IntegratedEthics represents a paradigm shift. By defining ethics quality to encompass all three levels of the “iceberg,” the full range of ethics content domains, and both rules- and values-based approaches to ethics, IntegratedEthics provides a new way of thinking about ethics in health care. And its practical, user-friendly tools are designed to translate theory into practice—to make ethics an integral part of what everyone does every day.

IntegratedEthics refocuses an organization's approach to ethics in health care from a reactive, case-based endeavor in which various aspects of ethics (e.g., clinical, organizational, professional, research, business, government) are handled in a disjointed fashion, into a proactive, systems-oriented, comprehensive approach. It moves ethics out of institutional silos into collaborative relationships that cut across the organization. And it emphasizes that rules-oriented, compliance approaches and values-oriented, integrity approaches *both* play vital roles in the ethical life of organizations.

By envisioning new ways of looking at ethical concerns in health care, new approaches for addressing them in all their complexity, and new channels for achieving integration across the system, IntegratedEthics empowers VA facilities and staff to "do the right thing" *because* it's the right thing to do.

From . . .	***To . . .***
Reactive	Proactive
Case based	Systems oriented
Narrow	Comprehensive
Silos	Collaboration
Punishment	Motivation
Rules	Rules + Values

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Tab 2

Instructions for the Coordinator

IntegratedEthics Council—Instructions for Council Members

Your Role and Responsibilities

The aim of an IntegratedEthics program is to improve ethics quality by integrating three core functions: ethics consultation, preventive ethics, and ethical leadership. The IntegratedEthics Council is the body chiefly responsible for achieving this goal. The council is chaired by the Ethical Leadership Coordinator, who is ultimately responsible for the success of the program. The responsibilities of the council are to:

- coordinate the ethics consultation, preventive ethics, and ethical leadership functions
- ensure communication with relevant programs across the organization
- oversee the ethics consultation and preventive ethics functions
- develop and update policy pertaining to the IntegratedEthics program
- coordinate staff education regarding IntegratedEthics and ethics
- evaluate your facility's IntegratedEthics structures and processes
- evaluate ethics knowledge, practices, and culture in your facility
- improve specific ethics practices at your facility
- continuously improve your facility's IntegratedEthics program
- ensure that the facility meets accreditation standards for ethics
- ensure that the facility meets requirements of VHA policy related to ethics in health care

Broadly, your responsibilities are to:

1. **Demonstrate expertise in the IntegratedEthics model**
   Members of the council act as representatives of the IntegratedEthics program across the facility and particularly in their home departments or services. You should be raising the visibility of the IntegratedEthics program and supporting the goals of the program to ensure its success. This role requires that you understand the activities of the council and each of the core functions of IntegratedEthics, serve as a spokesperson for the program in your department or service, encourage staff to participate in training activities, answer questions about the program and its functions, and participate in program activities as appropriate based on your skills and expertise.

2. **Lead or participate in council activities**
   A tenet of excellence in health care is an ongoing commitment to quality improvement. All council members should participate in efforts to improve the quality of the IntegratedEthics program through use of the IntegratedEthics assessment tools and regular quality monitoring of program activities. You'll lead or participate in one or more council activities, which may include participating on a preventive ethics team, leading an education forum about IntegratedEthics for staff or other leaders, updating ethics-related policies, supporting efforts for accreditation readiness, or other activities as needed.

3. **Ensure integration**
   The council is the key mechanism for integrating the ethics activities undertaken by departments, programs, services, and offices across your facility. Council members should represent diverse areas throughout the organization from which ethics issues arise, including clinical care services, research, and business administration. Council members are responsible for helping to identify ethics issues across the facility that might benefit from the work of the council, such as ethics quality gaps that might be appropriate for the preventive ethics team.

4. **Monitor performance**
   The council is responsible for overseeing the activities of the IntegratedEthics program and acting to support its implementation. The council should ensure that the facility achieves the program's implementation goals, completes assessment tools and reports performance monitors to VISN leadership. The council is also responsible for developing plans and taking action on the findings from the IntegratedEthics Facility Workbook and Staff Survey. The council should establish mechanisms to monitor progress toward implementing these plans and the overall IntegratedEthics program effectively.

5. **Network externally**
   All council members are invited to share their program's activities, best practices, and lessons learned. The National Center for Ethics in Health Care will provide forums where this can occur. Check our website, vaww.ethics.va.gov/IntegratedEthics, for more information.

Description of Tasks

Get Started

Get to know the IntegratedEthics Program. Reading the introduction to IntegratedEthics and the IntegratedEthics communications materials is an important first step to ensure that you understand the broad concepts and aims of IntegratedEthics. You'll also want to become familiar with the material in the three primers, *Ethics Consultation: Responding to Ethics Questions in Health Care; Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level;* and *Ethical Leadership: Fostering an Ethical Environment & Culture.* You'll return to these documents frequently as you support the launch of IntegratedEthics at your facility. Three IntegratedEthics video courses are also available to you. These courses walk you through important aspects of each of the functions. You may also want to complete one or more of the IntegratedEthics online learning modules to develop your understanding of the IntegratedEthics concept and its application.

Engage with the National IE Community

Register with the national IntegratedEthics website. Council members may wish to register with the IntegratedEthics website (vaww.ethics.va.gov/IntegratedEthics), which is designed to support continuous learning among VA's IntegratedEthics community. The site contains all the materials in the IntegratedEthics toolkits (including the video courses), links to online learning modules, and many other resources and tools. It will be updated regularly.

Understand Your Current Ethics Program

Participate in completion of the IE Facility Workbook. The IntegratedEthics Council is responsible for ensuring completion of the facility workbook. You should contribute your knowledge of facility structure and processes to help the council develop its plan for completing the workbook. You should also participate as needed to identify and implement appropriate responses to workbook findings.

Support administration of the IE Staff Survey. The IntegratedEthics Council is responsible for planning and monitoring the administration of the IntegratedEthics Staff Survey. You should support the council in administering the survey by encouraging staff in your department to participate. The council is also responsible for analyzing survey results and developing a plan to respond to any issues and concerns identified. Your first step is to help publicize the results of the survey, which is essential to demonstrate to staff members that their participation was both important and appreciated. It can also help to further demonstrate the importance of IntegratedEthics and generate greater awareness of your IntegratedEthics program. You will then work with your staff to implement activities developed by the council to respond to the survey results.

Participate in Assigned Council Duties

Coordinate staff education regarding IntegratedEthics and ethics. The council is responsible for taking a systematic approach to ensuring that staff throughout the facility are familiar with IntegratedEthics and knowledgeable about ethics in health care. The council, or a designated subcommittee, should apply a quality improvement approach to ensure that educational efforts are effective in meeting clearly defined

organizational needs. The IntegratedEthics primers, video courses, and online learning modules can serve as basic resources for staff education. Efforts to educate staff in ethics consultation and preventive ethics can be delegated to those functions. Ethics education should also be regularly incorporated into ongoing educational activities, such as grand rounds, case conferences, inservices, and annual meetings.

Update policy related to ethics in health care. In addition to developing policy for your IntegratedEthics program, the council is responsible for ensuring that facility policies relating to ethics in health care—such as informed consent for treatments and procedures, advance directives, or end-of-life care—meet the requirements of VA national policy in the relevant areas. The council or a designated subcommittee should also work with the preventive ethics team to identify and address local policy requirements—or lack of policy—that give rise to systemic ethics quality issues.

Ensure that the facility meets accreditation standards for ethics. The council is responsible for developing specific action plans to ensure that the facility meets accreditation standards around ethics and is ready to meet those standards on an ongoing basis. As of 2006, the Joint Commission on the Accreditation of Healthcare Organizations includes 24 standards explicitly pertaining to ethics, patient rights, and organizational responsibilities (RI.1–RI.3.1). It is the council's responsibility to see that the facility meets these standards and those of other relevant accrediting bodies.

Instructions for the Ethics Consultation Coordinator

Your Role and Responsibilities

The aim of ethics consultation in health care is to help patients, staff, and other parties resolve ethical concerns. As coordinator of the ethics consultation function in your facility, your role is to ensure consistency and quality in your ethics consultation approach. You're also a core member of the facility's IntegratedEthics Council. To fulfill these responsibilities, you must have not only the knowledge and skills required for ethics consultation, but also management skills.

Broadly, your responsibilities are to:

1. **Demonstrate expertise in the IntegratedEthics approach to ethics consultation**
   This Ethics Consultation Toolkit contains everything you'll need to ensure that you're up to speed: an overview of IntegratedEthics; descriptions of your role and responsibilities as coordinator of the ethics consultation function as well as a description of the responsibilities of the IntegratedEthics Council; the IntegratedEthics timeline to help you organize tasks and activities; and the ethics consultation video course. The toolkit also provides communications materials, evaluation tools for the ethics consultation service, and information about online learning modules on ethics in health care.

2. **Manage your ethics consultation service**
   As Ethics Consultation Coordinator you're responsible for overseeing the operation of your facility's consultation service. This includes organizing the service and ensuring that it has needed resources. You'll select ethics consultants and ensure that they are appropriately trained in the IntegratedEthics approach to consultation, as well as assess their proficiency and ensure that they engage in appropriate skills development. It's your job to see that consultants collaborate and work well together.

   Your responsibilities also include implementing the ECWeb online database tool (see Tab 6 for description) for managing the consultation process in your facility, evaluating the quality of your consultation service, and overseeing ongoing quality improvement.

3. **Ensure integration**
   The ethics consultation function should build on existing strengths and include mechanisms to achieve horizontal and vertical integration with other groups in the organization. In addition to participating in the IntegratedEthics Council, you'll need to establish relationships with stakeholders, including facility leaders, who may bring ethics questions to the service.

4. **Build visibility and support for ethics consultation**
   You're responsible for creating awareness of and support for the ethics consultation function. This requires working closely with the IntegratedEthics Program Officer, who oversees communications about the IntegratedEthics program and its core functions throughout the facility.

5. **Network externally**
   Along with the IntegratedEthics Program Officer, you'll share information about your function's activities, best practices, and lessons learned through a series of national teleconferences and other forums.

On the following pages, you'll find a timeline and brief descriptions of the specific tasks associated with your responsibilities and those of the coordinators of each of the core functions of IntegratedEthics. All of these tasks should be completed during the initial implementation phase; thereafter, many of the activities will need to be repeated periodically and/or maintained.

Timeline

Ethics Consultation Coordinator	Mo 1	Mo 2	Mo 3	Mo 4	Mo 5	Mo 6	Mo 7	Mo 8	Mo 9	Mo 10	Mo 11	Mo 12
Educate Yourself												
Read EC toolkit and review primer (M 1)												
Complete EC video course (M 1)												
Engage with the National IE Communicty												
Register with the national IntegratedEthics website (M 1)												
Participate in IE teleconferences (M 3 thru 12)												
Understand Your Current Ethics Program												
Contribute to completion of IE Facility Workbook (M 2 & 3)												
Organize the EC Function												
Organize the EC function (M 1 & 2)												
Identify members of EC function (M 1 & 2)												
Draft an EC policy (M 12)												
Train Ethics Consultants in the IE model and the CASES Approach												
Distribute IE communications materials (M 3)												
Distribute EC primer (M 3)												
Schedule and organize EC video course (M 4)												
Discuss EC results from IE Facility Workbook (M 5)												
Use the CASES Approach												
Implement ECWeb in your facility (M 4)												
Continuously improve your EC process (M 4 thru 12)												
Improve Ethics Consultants' Proficiency												
Assess and track EC proficiency (M 6 thru 7)												
Implement professional development plans (M 8 thru 12)												

Description of Tasks

Educate Yourself

Read EC toolkit and review primer. Reading the introduction to IntegratedEthics (Tab 1) and IntegratedEthics communications materials (Tab 4) is an important step to ensure that you understand the broad concepts and aims of IntegratedEthics. You'll also want to review the ethics consultation primer, *Ethics Consultation: Responding to Ethics Questions in Health Care,* which lays out the essential elements and success factors for this function. You'll return to this document time and again as you implement and refine the ethics consultation function in your facility.

Complete EC video course. Once you've reviewed the ethics consultation primer and the CASES approach, take the ethics consultation video course. The course walks you through the steps of CASES, using specific examples.

Engage with the National IE Community

Register with the national IntegratedEthics website. The IntegratedEthics website (vaww.ethics.va.gov/IntegratedEthics) is designed to support continuous learning among VA's IntegratedEthics community. The site contains all the materials in the IntegratedEthics toolkits (including the video courses), links to online learning modules, and many other resources and tools. It will be updated regularly.

Participate in IE teleconferences. These conference calls provide a forum for facilities to solve problems and share solutions in implementing IntegratedEthics. Ethics Center staff will moderate the teleconferences and focus on the needs of the attendees. The content of the calls may include discussing common problems, sharing best practices, or a question-and-answer session with a content expert.

Understand Your Current Ethics Program

Contribute to completion of IE Facility Workbook. The IntegratedEthics Program Officer is responsible for ensuring that the IntegratedEthics Facility Workbook is completed but may need your help collecting data. Specifically, you may be asked to assemble a team to complete the ethics consultation section of the workbook. You'll also review the results from the ethics consultation section and plan next steps to enhance ethics consultation in your facility.

Organize the EC Function

Organize the EC function. Once you have a handle on the IntegratedEthics approach to ethics consultation it's time to think about how you'll implement the three models for ethics consultation identified in the primer. Different models will be appropriate for different consultation requests and you'll want to understand how each model will work best in your facility. You'll also want to ensure that collectively your ethics consultants have appropriate expertise to work effectively in different models as the need arises.

Identify members of EC function. The ethics consultation function is only as effective as its ethics consultants, so choosing consultants is an important task. Review the list of your current ethics consultants and use the primer to help you decide whom to select for the IntegratedEthics consultation function. The goal is

for your ethics consultants to be proficient in the knowledge, skills, and character traits identified by the American Society for Bioethics and the Humanities in its *Core Competencies* report, which are discussed in the ethics consultation primer.

Draft an EC policy. The structure, function, and process of ethics consultation should be formalized in institutional policy. Your IntegratedEthics Council will develop overall policy for IntegratedEthics in your facility; you'll work with the council to draft the section governing consultation. Be sure to address all the topics outlined in the primer. The drafting process will help your team clarify and stay focused on your core mission. Don't wait for the final IntegratedEthics policy to begin implementing the guidance in the primer! Ethics consultants should begin using CASES as soon as they've read the primer and taken the video course, as described below.

Train Ethics Consultants in the IE model and the CASES Approach

Distribute IE communications materials. Ensure that members of the consultation service receive and read the introduction to IntegratedEthics (Tab 1) and communications materials (Tab 4) in this toolkit to familiarize themselves with the concepts and aims of IntegratedEthics.

Distribute EC primer. The success of ethics consultation hinges on well-informed ethics consultants. After you've educated yourself about the IntegratedEthics approach to ethics consultation and CASES, it's time to begin training your ethics consultants. All members of your ethics consultation service should carefully review the ethics consultation primer, *Ethics Consultation: Responding to Ethics Questions in Health Care*.

Schedule and organize EC video course. The ethics consultation video course is an excellent vehicle to promote team building and help educate members of your ethics consultation service about the IntegratedEthics approach to ethics consultation. See the training checklist for details. Keep track of who completes the course and when; follow facility procedures to ensure that consultants receive education credits for completing the course.

Discuss EC results from IE Facility Workbook. Discussing the ethics consultation section of the facility workbook will help you and your ethics consultation service to critically assess the service's activities and processes. The workbook will also help you to recognize what next steps you should take to improve ethics consultation in your facility.

Use the CASES Approach

Implement ECWeb in your facility. ECWeb is a secure, web-based database tool designed to reinforce sound ethics consultation practices, help ethics consultants manage consultation records, and support quality improvement activities. This tool walks consultants through the CASES process and enables them to document their consultation activities. To enroll your facility and get started using ECWeb, see the instructions on the IntegratedEthics website at vaww.ethics.va.gov/IntegratedEthics.

Continuously improve your EC process. Now that the members of your ethics consultation service have read the primer and completed the video course, and your facility has enrolled in ECWeb, you're ready to implement the IntegratedEthics approach to consultation, including using the CASES approach and ECWeb. Use

the ethics consultation primer as a reference as you proceed. As you complete each consultation, be sure to critically examine your consultation process so that you can continuously improve.

Improve Ethics Consultants' Proficiency

Assess and track EC proficiency. Consultants' proficiency is critical to the success of the ethics consultation function. You should administer the Ethics Consultant Proficiency Assessment Tool to each member of your ethics consultation service (including yourself) and use the Advanced Proficiency Tracking Log for your service as a whole. See the proficiency assessment tool instructions for details (Tab 6).

Implement professional development plans. You should address the knowledge and skill gaps in the consultation service identified through the proficiency assessment tool by designing individual professional development plans to ensure that consultants continuously develop their knowledge and skills.

Tab 3
Contact Information

Contact Information

For questions regarding the IntegratedEthics initiative, please contact the Center's Washington, DC office:

National Center for Ethics in Health Care
Veterans Health Administration (10E)
810 Vermont Avenue NW
Washington, DC 20420

Tel: 202-501-0364
Fax: 202-501-2238

E-mail: IntegratedEthics@va.gov

To join the IntegratedEthics listserv or to access additional information, including program updates, PDFs of the materials in this toolkit, and links to more resources, visit the IntegratedEthics website at vaww.ethics.va.gov/IntegratedEthics.

Tab 4
Communications Materials

Introduction

IntegratedEthics: Improving Ethics Quality in Health Care (Tab 1) provides a comprehensive overview of IntegratedEthics and is one of your primary tools for communicating about the initiative.

The additional communications tools in this collection use a variety of formats to describe the essential features of and rationale for the IntegratedEthics initiative. They provide a brief orientation to IntegratedEthics, introduce the key concepts, and equip you with ready and consistent aids for communicating about IntegratedEthics to others. The materials may be used individually or together, physically or electronically distributed to mail-groups, handed out at meetings, or posted on display boards. The kit contains:

- **Improving Ethics Quality: Looking Beneath the Surface** – Depicting ethics quality as an iceberg, this image shines a bright light on all the components of ethical health care practice, not just the decisions and actions that are readily observed. The iceberg is a useful visual metaphor to start discussion about the importance of underlying systems and processes and environment and culture, as well as the interdependence of all the levels of ethics quality.
- **IntegratedEthics: Closing the Ethics Quality Gap** – This feature story discusses the IntegratedEthics initiative in the context of VA's focus on quality improvement and performance measurement. It quotes various external experts regarding the need for fundamental change in the traditional ethics committee model and the benefits of a more comprehensive and systematic approach.
- **The Business Case for Ethics** – This document summarizes the kind of bottom-line benefits a strong ethics program can bring to an organization – including improved customer satisfaction and employee morale, and reduced risk. For busy executives (and skeptics), this tool explains the potential of IntegratedEthics and will help you champion the transition at your facility.
- **Brochure** – This tri-fold brochure provides a quick overview of the IntegratedEthics initiative. It presents the basic concepts in a Q-A format, focusing on the basic concepts and highlighting what's new about the IntegratedEthics paradigm. It includes endorsements from several senior VHA leaders and will be a handy reference for employees at all levels. (Your facility received a supply; the brochure is also available on the IntegratedEthics website.)
- **Slides** – The slide set highlights the key concepts and advantages of implementing an IntegratedEthics program, and will be especially useful for providing an overview to new audiences. (Available on the IntegratedEthics website only.)

Electronic copies of all items are available at vaww.ethics.va.gov/IntegratedEthics.

Improving Ethics Quality: Looking Beneath the Surface

Only about 10 percent of an iceberg is actually visible above the waterline—the greatest part of its mass lies hidden below the ocean surface. Mariners ignore that submerged mass at their peril.

Ethics quality in health care can be described in much the same way: Some ethical practices are readily visible; others become apparent only when we make an effort to see them. But what is usually unseen is often the most important determinant of ethical practice overall.

At the surface of health care ethics, we can easily observe decisions and actions, and the events that follow from them, in the day-to-day practices of clinicians and administrators. Beneath this, however, organizational systems and processes drive decision making. Not immediately visible in themselves, these organizational factors become apparent when we look for them, for example, when we examine patterns and trends in requests for ethics consultation.

Deeper still lie the organization's ethical environment and culture, which powerfully, but nearly imperceptibly, shape its ethical practices overall. This deepest level of organizational values, understandings, assumptions, habits, and unspoken messages—what people in the organization know but rarely make explicit—is critically important since it is the foundation for everything else. Yet because it's only revealed through deliberate and careful observation, it's often overlooked.

Together, these three levels—decisions and actions, systems and processes, and environment and culture—define the ethics quality of a health care organization.

Many ethics programs make the mistake of focusing on what is immediately apparent. They spend most of their time reacting to only the most visible of ethics concerns. But to have a lasting impact on ethics quality, ethics programs must do more: They must continuously look beneath the surface to identify and address the deeper organizational factors that influence observable practices. Only then will ethics programs be successful in promoting ethical practices organization-wide.

IntegratedEthics: Closing the Ethics Quality Gap

VA: A Leader in Quality

VA has been increasingly recognized as a leader in quality health care. In 2004 the National Committee for Quality Assurance (NCQA) found that the VA system outperformed all other hospitals on each of its 17 quality measures. Today, such publications as *Business Week*, *The New York Times*, and *U.S. News & World Report* all describe VA health care as the best in the country. How has this enormous and unwieldy system with finite resources and an aging patient population managed to take the lead in health care quality? In part through visionary and committed leaders and staff who have developed standardized, innovative approaches to quality improvement. One example of that vision has been VA's integrated health information system, for which the Agency received Harvard University's "Innovations in American Government Award." The Institute of Medicine acknowledges that VA's "integrated health information system, including its framework for using performance measures to improve quality is . . . one of the best in the nation."

Improving Quality in Ethics

Today, almost every health care institution in the United States has some mechanism for addressing the difficult ethical issues that arise in patient care. But the same pressures that have prompted changes in quality and patient safety—tightening resources, more complex care delivery systems, older and sicker patients—also create new ethical challenges. Can traditional ethics programs respond adequately to this shift? Not according to Arthur Caplan, PhD, director of the Center for Bioethics at the University of Pennsylvania: "The traditional ethics committee model is reactive—too often it deals primarily with questions about end-of-life care in individual cases. In the current environment, ethics has to be proactive, ready to address a broad set of issues across a lifespan, and to do it with increasing resource constraints."

Frontline health care professionals, too, see a need for change. Gwen Gillespie, advanced practice nurse and ethics committee chair at the VA Medical Center in Cincinnati, Ohio, puts it this way: "Our staff is committed to ethical practices, but we could definitely use some help. Health care is rapidly changing, for example, in the area of organizational ethics. Our ethics committee needs to change as well."

VA leaders likewise realize that "getting to green" on performance measures isn't enough. They want a comprehensive approach to quality that keeps ethics in balance with other priorities. "Success in delivering high-quality, cost-effective health care can't come at the expense of our other values," says Linda Belton, director of VISN 11 in Ann Arbor. "Ethical concerns have to be part of our everyday decision making and we must take proactive, coordinated steps to identify and address ethical concerns."

As the largest health care system in the United States, and a recognized leader in health care quality, VA is a natural laboratory for developing an innovative, systems-focused model to promote and improve ethical practices in health care.

An Ethics Quality Gap

As a first step, VA's National Center for Ethics in Health Care has collected data on the VA system to understand where there are gaps, or "opportunities for improvement." What did they find?

- VA employees think about ethics every day, and want additional educational resources and support to do their jobs better.
- Ethics programs across VA vary considerably in terms of their quality and effectiveness.
- Ethics programs often operate as "silos" instead of being well integrated into the organization's structure and hierarchy.
- Despite significant investments in staff time, few VA health care facilities rigorously evaluate the quality or effectiveness of their ethics activities.

These challenges are hardly unique to VA—they are typical of hospitals in the private sector.

A National Consensus

On a national level, a consensus is emerging about the need for a more systematic approach. Arthur Derse, MD, JD, chair of VHA's National Ethics Committee, director for Medical and Legal Affairs at the Center for the Study of Bioethics at the Medical College of Wisconsin, and former president of the American Society for Bioethics and Humanities, calls for the development of tools that can be widely adopted: "Constrained resources mean we're limited in what we can do for patients. Therefore we need tools that create efficiencies of scale—policies, manuals, guidance on ethics consultation and how to handle difficult issues at a systems level—to alleviate the pressure on individual facilities to resolve these problems." Matthew Wynia, MD, MPH, director of the Institute for Ethics at the American Medical Association, advocates applying principles of continuous quality improvement: "A systems approach holds a great deal of promise for improving the ethical culture of organizations. It's built on strong assumptions about organizations, that they are constantly in evolution, and amenable to change." Margaret O'Kane, president of NCQA,

agrees: "Ethics programs need to set clear goals and then move toward them. They need a more systematic approach."

The Solution: IntegratedEthics

IntegratedEthics, a national education and organizational change initiative from VA's National Center for Ethics in Health Care, addresses the quality gaps documented in VA and elsewhere. Ellen Fox, MD, Ethics Center director, describes the assumptions that guided the design of this initiative: "To be effective at promoting ethical practices, an ethics program first has to address ethical concerns across many domains, not just in clinical care. Then it has to do three things, and do them well: respond to ethics concerns on a case-by-case basis, address ethics issues on a systems level, and foster an environment and culture that is conducive to ethical practice."

The IntegratedEthics initiative provides VA facilities with a variety of tools to help them achieve these goals. In each facility an IntegratedEthics Council coordinates ethics-related activities across the organization and oversees three core functions that carry out these activities:

- Ethics consultation: responding to ethics questions in health care
- Preventive ethics: addressing ethics quality gaps on a systems level
- Ethical leadership: fostering an ethical environment and culture

The first core function of IntegratedEthics is ethics consultation, which is widely accepted as a necessary part of health care delivery. Ethics consultation is needed to help patients, families, and staff resolve the complex ethical concerns that arise in health care delivery. IntegratedEthics provides facilities with training and resources to ensure that ethics consultation is of high quality.

The second core function of IntegratedEthics is preventive ethics. As Fox notes, "If we're serious about promoting ethical practices, it is not enough to focus on individual decisions and actions. We must also ensure that our systems and processes are designed to make it easy for people to do the right thing." This can be achieved by identifying and addressing systemic organizational issues where ethical concerns indicate that there are ethics quality gaps. The IntegratedEthics materials guide facilities through a process that applies QI principles to identify systems problems, develop strategies to address those problems, and assess how well those strategies worked.

The third core function is ethical leadership. An organization's leaders play an essential role in fostering an overall environment and culture that supports ethical practice. According to Paul Schyve, MD, Senior Vice President for the Joint Commission on Accreditation of Healthcare Organizations, "Quality, safety, ethics—they're all dependent on the culture of an organization. That culture comes from the organization's leaders. Everything from talking about it, to rewarding it, to demonstrating it in their own behavior." Linda Treviño, PhD, of The Pennsylvania State University's Smeal College of Business, an expert on the management of ethical conduct in organizations, stresses: "the perceptions of leadership define the culture—not only what the leaders do themselves but also the behaviors they encourage, support, and don't tolerate in others." IntegratedEthics focuses on four critical leadership skills, or "compass points": demonstrating that ethics is a priority, communicating clear expectations for ethical practice, practicing ethical decision making, and supporting the facility's local ethics program.

Measuring the Impact

Health care managers often suggest that "you can't manage what you can't measure." But as Wynia notes, "Since ethics programs are relatively new, they're also relatively young in the quality improvement realm. One of the problems we've faced is that we don't always agree on what counts as high quality. We need good metrics to measure this." To address this need, the IntegratedEthics initiative includes a variety of tools for assessing the quality and effectiveness of ethics programs—an important innovation in a field that has been criticized for a lack of accountability. These tools include an IntegratedEthics staff survey to assess organizational culture and ethical practices, as well as a facility workbook to assess the organization's health care ethics program.

A National Model

National leaders in health care quality and ethics agree on the importance of an integrated approach. Treviño notes that "the most effective programs are integrated into the organization's culture and the multiple systems, formal and informal, which make up that culture. The most ineffective are those that are limited to a formal program that employees see as disconnected from what's going on day to day." Schyve agrees that "we need to move away from ethics silos. We should have a broad range of stakeholders working together as a team in an effort to resolve ethics issues." Wynia underscores the importance of change: "Ethics structures are going to have to evolve along with the evolving health care system. The ethics of an organization permeates every structure, every committee. Integrating ethics through every structure in the organization will be critical to delivering health care that patients can rely on."

Derse sums up the potential of VA's IntegratedEthics initiative: "VA is a recognized leader in health care quality, patient safety—and now—ethics in health care."

A Brief Business Case for Ethics

A strong ethics program can reap many concrete benefits for a health care organization, from increasing patient satisfaction, to improving employee morale, to conserving resources and saving costs. Here's some of the evidence that doing the right thing is also doing the smart thing:

- ***Increasing patient satisfaction.*** When organizations support ethical health care practices—for example, by encouraging clinicians to actively involve patients in decisions about their health care—patients do better clinically and say they're more satisfied with the care they receive.[1–3]
- ***Improving employee morale.*** Organizations that support ethical decision making—especially organizations whose ethics programs focus on achieving high standards instead of simply complying with policy or law[4]—can expect to have happier, more dedicated employees.[5–7]
- ***Enhancing productivity.*** A strong corporate ethics culture can improve not only employee morale but also performance, and help to improve an organization's efficiency and productivity.[8–10] An effective ethics program also makes it easier to recruit and retain quality staff.[11]
- ***Conserving resources/avoiding costs.*** Effective ethics programs have been shown to improve quality of care and reduce length of stay and cost.[12] Supporting patients' rights to forgo life-sustaining treatment meets an important ethical standard, and at the same time can have the effect of avoiding costs.[13–15]
- ***Improving accreditation reviews.*** As of 2006, the Joint Commission on the Accreditation of Healthcare Organizations includes 24 standards explicitly pertaining to ethics, patient rights, and organizational responsibilities (RI.1–RI.3.1). A strong ethics program can help ensure that the organization meets or exceeds those standards.
- ***Reducing ethics violations.*** VA's Inspector General has identified deficiencies relating to patient privacy and confidentiality, advance directives, withdrawal of life-sustaining treatment, and informed consent.[16] An effective ethics program can help address such deficiencies in ethics quality. And in health care as in the business world, an effective ethics program can help prevent the sort of practices that can lead to findings of material weakness, or even sanctions or fines, and damage an organization's reputation.[17]
- ***Reducing risk of lawsuits.*** Organizations that make strong commitments to ethical health care practices, such as being honest with patients, can reduce the risk of litigation and liability.[18–20]
- ***Sustaining corporate integrity.*** Ambiguity about values and priorities is one of the major sources of corporate deviance.[21] Making ethics a clear priority in corporate culture helps to ensure good business practices throughout the organization.
- ***Safeguarding the organization's future.*** Lack of an effective ethics program can seriously jeopardize an organization's reputation and even its survival.[22] Creating structures and processes by which an organization can hold itself accountable to its core values and to ethical practices is an investment in the organization's future.

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Tab 5
Video Course

Ethics Consultation Video Course Materials

Training Checklist

All members of the ethics consultation service should, at a minimum:

- read the IntegratedEthics communications materials
- read the ethics consultation primer, *Ethics Consultation: Responding to Ethics Questions in Health Care*
- complete the ethics consultation video course

Use the following checklist to make sure that all members of the ethics consultation team have received the minimum training:

- ☐ **Identify who should receive ethics consultation training.** Your list should include all members of the ethics consultation service, as well as the IntegratedEthics Program Officer.
- ☐ **Make sure that everyone has read the IntegratedEthics communications materials.** Distribute copies, if necessary.
- ☐ **Make sure that everyone has read the ethics consultation primer.** Distribute copies if necessary.
- ☐ **Schedule dates and times for the ethics consultation video training sessions.** There are two one-hour sessions, including exercises to be completed during the videos.
- ☐ **Reserve a room with TV and DVD player for each training session.** Make sure that the room has ample seating and table space for all viewers. The sessions include group discussion and written exercises.
- ☐ **Photocopy worksheets and answer keys for each participant.** Masters for the worksheet and answer key can be found following this checklist.
- ☐ **Distribute worksheets and answer keys before starting the video course.** Answer keys may be referred to as needed to guide the discussion/activity.

Exercise #1

Analysis of Phone Conversation

Instructions: In this phone conversation between Dr. Burrows and Dr. Ingersoll, Dr. Burrows does many things well. Your task in this exercise is to identify those things that he could have done better. Reflecting on your own experiences, think about things that you might say or do in the context of ethics consultation that Dr. Burrows did not do in this scene. Focus on things that might have made a difference in this case.

Record your notes on these questions on the notes page included after the dialogue.

Burrows: This is Dr. Burrows, returning a page?

Ingersoll: It's Jill Ingersoll with an ethics question.

Burrows: Jill, you called at a really good time, we've got the whole consult team in here, doing a little training – OK if I put this on speakerphone?... OK, go ahead.

Ingersoll: Here's the thing: I have this patient with a living will that says he doesn't want his life prolonged, and it also names his wife as durable power of attorney. She thinks it's too soon to give up and wants everything done. I want to follow the patient's wishes and withdraw his feeding tube. I can do that, right?

Burrows: Hmmm. Sounds like it might be a little too complicated for a quick yes/no response. Can you back up a minute and give me more specifics about the case?

Ingersoll: Sure. The patient is Everett Johnson, he's about 75. He's had multiple strokes, and he has a feeding tube. He's also got Grade 4 pressure ulcers and chronic osteomyelitis that has not responded to antibiotics. He's been in and out of the ICU with sepsis, and has been on the ventilator several times for his COPD. We've been trying to stabilize him long enough to go to a nursing home, but it's been one thing after another. His wife has been saying, "Do everything," so we have been. Then yesterday, out of the blue, his sister brings in a living will that says he doesn't want to be tube fed. It also says he wants his wife to be durable power of attorney for health care. And it says, specifically, that his wife has to follow his wishes as stated in the living will. So I think it's pretty straightforward.

Burrows: It sounds pretty straightforward, but let's clear up a couple of things so we know for sure what we're dealing with.

Ingersoll: Shoot.

Burrows: Is it a VA living will?

Ingersoll: Yeah, it's on our standard form.

Burrows: And the power of attorney is our form too?

Ingersoll: Yup.

Burrows: Signatures there and everything?

Ingersoll: Absolutely. Two witnesses, everything seems to be by the book.

Burrows: And it says specifically he doesn't want a feeding tube?

Ingersoll: No life-sustaining procedures of any kind.

Burrows: OK. Next: What's the patient's prognosis?

Ingersoll: Really poor. He's been going steadily downhill. The way things have been going, I seriously doubt he'll survive another trip to the ICU.

Burrows: And why does he have a feeding tube? Is he eating anything at all?

Ingersoll: No, he's NPO. Recurrent aspiration pneumonia. Practically everything he eats goes straight to his lungs.

Burrows: So there's no way he could be fed orally?

Ingersoll: No way.

Burrows: And you're sure he lacks decision-making capacity?

Ingersoll: He doesn't talk at all.

Burrows: Can he communicate nonverbally?

Ingersoll: Intermittently. He's pretty out of it most of the time.

Burrows: Has he had a formal assessment of decision-making capacity?

Ingersoll: I think so. I'll check.

Burrows: You should make sure that's adequately documented in the chart – especially if you're thinking about withdrawing life-sustaining treatment.

Ingersoll: Good point, you're right. I'll do that.

Burrows: OK...let me summarize here by formulating the ethics question: Should you stop the feeding tube over the objection of the surrogate on the basis of the patient's clear advance directive?

Ingersoll: That's exactly my problem.

Burrows: Now what about the wife – have you talked to her about this?

Ingersoll: Not yet. I thought I should talk to you first. What I want to tell her is that we have to follow the patient's advance directive. He said no feeding tubes, so there's really no choice. Isn't that what our policy says?

Burrows: Right. According to VA policy, the surrogate has to follow the patient's wishes to the extent that they're known. It's a matter of patient autonomy. The patient gets to make his own decisions even after he loses decision-making capacity.

Ingersoll: See? That's what I thought. Tell you what, Mike, I'm going to talk to her and see how it goes. I'm hoping I can get her to go along. That would make things easier.

Burrows: It definitely would. These conversations can get a little dicey... Do you want me involved?

Ingersoll: I don't think so. I'm going to do what you talked about before – you know, make sure we stay focused on what the patient would want us to do.

Burrows: Sounds good. One more question – anybody on the team have a problem with feeding tube withdrawal in this case?

Ingersoll: No. Everyone agrees we should go with the advance directive. I don't anticipate any problems on that front.

Burrows: And the sister, she wants the feeding tube withdrawn?

Ingersoll: Definitely.

Burrows: Given the conflict in the family, you should probably involve legal counsel.

Ingersoll: I've already got a call in to them. Hey, listen, I gotta run, someone's paging me.

Burrows: OK, then, let me know what happens, will you?

Ingersoll: You bet. Hey, do me a favor – can you do a consult note for the chart?

Burrows: Yeah, uh... Yes.

Ingersoll: Great! Talk to ya.

What could Dr. Burrows have done better?

Reflecting on your own experience, think about things that **you** might say or do in the context of ethics consultation that Dr. Burrows did not do in this scene. Focus on things that might have made a difference in this case.

Notes:

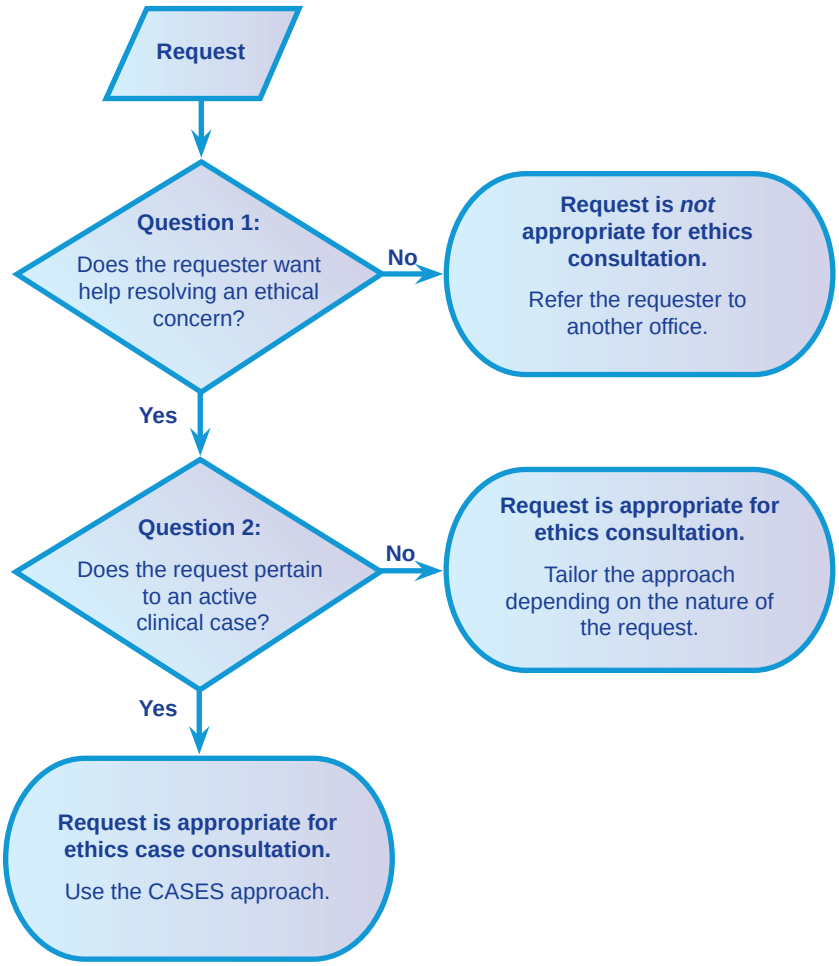
Exercise #2

Identifying Whether a Request Is Appropriate for Ethics Case Consultation

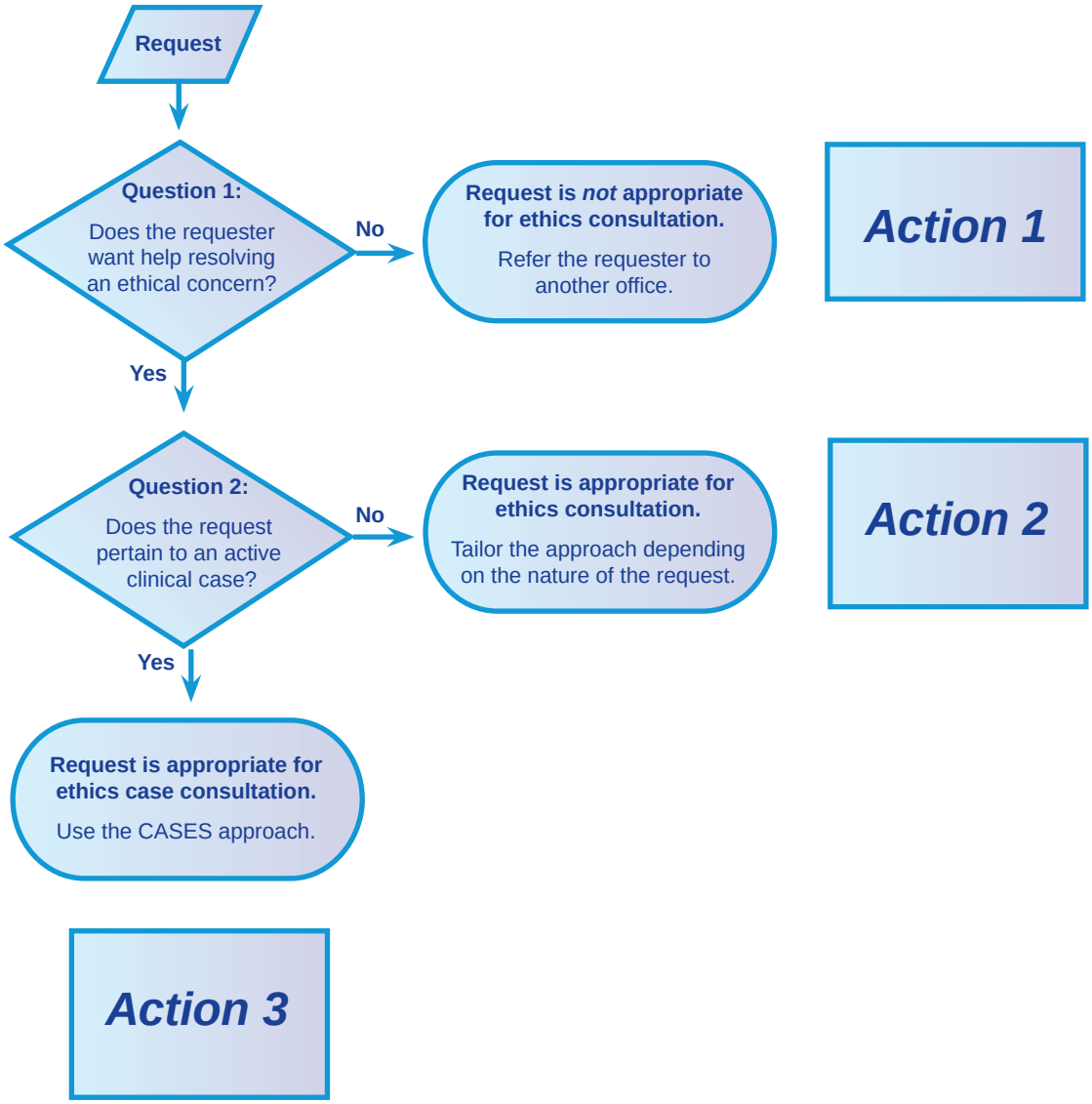
Not all requests that come to the ethics consultation service are appropriate for the service to handle. To maximize its quality and effectiveness, the ethics consultation service should handle only those requests in which the requester wants help resolving an ethical concern (i.e., uncertainty or conflict about values). All other requests should be referred elsewhere in the organization.

In addition, not all ethics consultations are ethics case consultations (i.e., an ethics consultation pertaining to an active clinical case). Noncase consultations might include, for example, a request to clarify an ethics-related policy or to explore the options in a hypothetical case. All requests for ethics case consultation should be handled through the CASES approach. For other types of requests, the approach should be tailored based on the nature of the request.

To determine whether a request is appropriate for ethics case consultation, you should ask two questions, as shown in the decision rule below:



Instructions: Using the decision algorithm below, read each of the six requests and determine whether they should result in Action 1, 2, or 3. After you've completed the exercise, check your answers using the answer key on the last page.



Request A: Dr. Wigg, the chief of staff, requests an ethics consultation to give feedback on the ethical aspects of a facility-wide project, jointly proposed by the cardiology, neurosurgery, and renal services, to increase the number of organ donors.

Action 1 ☐ Action 2 ☐ Action 3 ☐

Request B: Dr. Paper, the chief of the neurology service, requests an ethics consultation regarding the care of a patient who was declared brain dead and removed from a respirator last month. He has some nagging thoughts and wonders whether he adequately considered all the ethical aspects of the case or if there was more he should have done.

Action 1 ☐ Action 2 ☐ Action 3 ☐

Request C: Mr. Jones, a social worker, requests an ethics consultation on whether he is allowed to testify at an upcoming court hearing about whether a patient on the long-term care unit is competent to manage his own funds.

Action 1 ☐ Action 2 ☐ Action 3 ☐

Request D: Dr. Habbitt, the chief of staff, requests an ethics consultation to determine whether the facility is obligated to provide dialysis to a patient with advanced metastatic lung cancer. The patient and his family are demanding the treatment, but Dr. Habbitt and the treating team believe that this would be inappropriate because of the patient's exceedingly poor prognosis.

Action 1 ☐ Action 2 ☐ Action 3 ☐

Request E: Ms. Gooden, a nurse, is concerned because Dr. Dunn is improving his performance measure score by recording sensory exams in patients' medical records when in fact he has not performed them.

Action 1 ☐ Action 2 ☐ Action 3 ☐

Request F: Mrs. Steel, a veteran, has been told that her prescription for oxycodone will not be renewed unless she agrees to sign a "contract" with the facility. She has some concerns about the contract and wants to know whether she has any other recourse.

Action 1 ☐ Action 2 ☐ Action 3 ☐

Exercise #2—Answer Key

Request A: Dr. Wigg, the chief of staff, requests an ethics consultation to give feedback on the ethical aspects of a facility-wide project, jointly proposed by the cardiology, neurosurgery, and renal services, to increase the number of organ donors.

Answer: Action 1 ☐ Action 2 ☒ Action 3 ☐

Explanation: *Dr. Wigg wants clarification on the value-laden aspects of the project. The project would affect many different patients but there is no specific patient involved in the request.*

Request B: Dr. Paper, the chief of the neurology service, requests an ethics consultation regarding the care of a patient who was declared brain dead and removed from a respirator last month. He has some nagging thoughts and wonders whether he adequately considered all the ethical aspects of the case or if there was more he should have done.

Answer: Action 1 ☐ Action 2 ☒ Action 3 ☐

Explanation: *Dr. Paper is experiencing uncertainty and internal conflict about values that pertain to a case that is no longer active.*

Request C: Mr. Jones, a social worker, requests an ethics consultation on whether he is allowed to testify at an upcoming court hearing about whether a patient on the long term care unit is competent to manage his own funds.

Answer: Action 1 ☒ Action 2 ☐ Action 3 ☐

Explanation: *Mr. Jones's request pertains to what is allowed in VA from a legal perspective, or what is the appropriate organizational protocol. There is nothing to suggest that Mr. Jones is requesting help resolving uncertainty or conflict about values. He should be referred to the social work supervisor and/or regional counsel.*

Request D: Dr. Habbitt, the chief of staff, requests an ethics consultation to determine whether the facility is obligated to provide dialysis to a patient with advanced metastatic lung cancer. The patient and his family are demanding the treatment, but Dr. Habbitt and the treating team believe that this would be inappropriate because of the patient's exceedingly poor prognosis.

Answer: Action 1 ☐ Action 2 ☐ Action 3 ☒

Explanation: *Dr. Habbitt is facing a values conflict about a real patient who is in the hospital now.*

Request E: Ms. Gooden, a nurse, is concerned because Dr. Dunn is improving his performance measure score by recording sensory exams in patients' medical records when in fact he has not performed them.

Answer: Action 1 ☒ Action 2 ☐ Action 3 ☐

Explanation: *Ms. Gooden does not want help resolving uncertainty or conflict about values. The requester knows it is wrong to falsify medical records and wants something done about it. Ms. Gooden should be referred to the compliance officer, the compliance hotline, or administration (e.g., chief of staff).*

Request F: Mrs. Steel, a veteran, has been told that her prescription for oxycodone will not be renewed unless she agrees to sign a "contract" with the facility. She has some concerns about the contract and wants to know whether she has any other recourse.

Answer: Action 1 ☐ Action 2 ☐ Action 3 ☒

Explanation: *Mrs. Steel, an active patient, wants help resolving a situation that involves a conflict in values.*

Exercise #3

Formulating the Ethics Question

A clear formulation of the ethics question in a case enables the team to focus on the key ethical concerns and work efficiently toward a solution. Sometimes the process of formulating the ethics question may lead to the realization that the situation isn't appropriate for ethics consultation after all. Therefore, it's important to formulate the ethics question near the start of the consultation process and then to revisit this formulation again at a later stage once all the relevant information has been assembled.

Instructions: Use either of the following structures to formulate the ethics question for each of the cases listed below.

Given _____, what decisions or actions are ethically justifiable?
uncertainty or conflict about values

Given _____, is it ethically justifiable to _____?
uncertainty or conflict about values decision or action

Case 1: Dr. Habbitt, the chief of staff, requests an ethics consultation to determine whether the facility is obligated to provide dialysis to a patient with advanced metastatic lung cancer. The patient and his family are demanding the treatment, but Dr. Habbitt and the treating team believe that this would be inappropriate because of the patient's exceedingly poor prognosis.

Given _____

_____

_____

_____

Case 2: Mrs. Steel, a veteran, has been told that her prescription for oxycodone will not be renewed unless she agrees to sign a "contract" with the facility. She has some concerns about the contract and wants to know whether she has any other recourse.

Given _____

_____

_____

_____

Exercise #3—Answer Key

Case 1: Dr. Habbitt, the chief of staff, requests an ethics consultation to determine whether the facility is obligated to provide dialysis to a patient with advanced metastatic lung cancer. The patient and his family are demanding the treatment, but Dr. Habbitt and the treating team believe that this would be inappropriate because of the patient's exceedingly poor prognosis.

There are many ways to formulate the ethics question. For example:

Given that the health care providers value the patient's right to self-determination, but believe that the burdens of dialysis would outweigh the benefits, **is it ethically justifiable to** deny the patient's request for dialysis?

or

Given that dialysis might prolong the patient's life but the health care providers believe that the burdens of dialysis would outweigh the benefits, **is it ethically justifiable to** offer the patient dialysis?

Case 2: Mrs. Steel, a veteran, has been told that her prescription for oxycodone will not be renewed unless she agrees to sign a "contract" with the facility. She has some concerns about the contract and wants to know whether she has other options.

There are many ways to formulate the ethics question. For example:

Given that Mrs. Steel is entitled to receive her pain medication from VA but does not wish to sign a contract she thinks is unfair, **what decisions or actions are ethically justifiable?**

or

Given that Mrs. Steel values pain relief but is reluctant to sign a contract she knows she may be unable to keep, **what decisions or actions are ethically justifiable?**

Exercise #4

Analysis of Formal Meeting

Instructions: This dramatization of the formal meeting between members of the ethics consultation service, the patient's family, and his health care team takes some license with the timing and manner in which information was revealed. Your task in this exercise is to identify both those things that went well and those that could have been done better. Be sure to consider not only what was said and how, but also nonverbal factors, such as how people are positioned in the room, and body language.

Record your notes on these questions below.

What did the ethics consultation team do well?

Notes: _____

_____

_____

_____

_____

_____

What could the ethics consultation team have done better?

Notes: _____

_____

_____

_____

_____

_____

Tab 6
Tools

Ethics Consultant Proficiency Assessment Tool†

About the Consultant Proficiency Assessment Tool

This assessment tool is designed to help individuals assess their proficiency level with respect to the skills and knowledge required to provide competent health care ethics consultation.

Using the Results to Create an Individualized Professional Development Plan

Following completion of the assessment tool, the Ethics Consultation Coordinator should meet with the consultant to review the results and develop an individualized professional development plan to improve upon the consultant's baseline proficiencies. Consultants should have a minimum of a **basic level of skill or knowledge in all assessed items.**

For consultants who are "not skilled" or "not knowledgeable" in respect to one or more items, an immediate action plan should be developed to bring the consultant to a basic level. For consultants who already have at least basic skills or knowledge on every item, a plan should be designed to help the consultant develop advanced-level skill or knowledge in more of the proficiencies.

Identifying Knowledge and Skill Gaps in the Consultation Service

One of the responsibilities of the Ethics Consultation Coordinator is to ensure that the consultation service as a whole possesses the set of skills and knowledge identified in the *Core Competencies* report. The *Ethics Consultant Proficiency Assessment Tool* can help identify knowledge and skill gaps, especially in areas where at least one member of the ethics consultation service must have advanced skill or knowledge as urged by the American Society for Bioethics and Humanities. These items are denoted by an * asterisk on the assessment tool. The *Advanced Proficiencies Tracking Log* can help identify those consultants with advanced expertise.

How Often to Use the Consultant Proficiency Assessment Tool

The tool was designed to help consultants assess change over time and therefore we suggest that consultants repeat the assessment and update their individualized professional development plans on an annual basis. In addition, we encourage the use of the proficiency tool with all consultants who are new to the service. This will help to establish the consultant's baseline proficiencies and to ensure that new consultants receive sufficient mentoring and support.

† This tool is based on a report from the American Society for Bioethics and Humanities (ASBH) entitled *Core Competencies for Health Care Ethics Consultation* (1998).

Ethics Consultant Proficiency Assessment Tool

The purpose of this tool is to help consultants assess their proficiency with respect to the skills and knowledge required to provide competent ethics consultation in health care.

After you complete this tool, you should work with your Ethics Consultation Coordinator to create an individualized professional development plan.

DIRECTIONS: **Please place an "X" in the box that best describes your present skill or knowledge level.**

*Note: ASBH suggests that at least one individual on the consultation service possess advanced skill or knowledge for specific elements. These items are noted with an * asterisk.*

	Novice	Basic		Advanced	
Interpersonal Skills: skills needed to effectively communicate with others, and to develop positive relationships *Rate your ability to:*	**Not Skilled**	**Somewhat Skilled**	**Skilled**	**Very Skilled**	**Expert**
Listen well, and communicate interest, respect, support, and empathy to participants*					
Educate participants regarding the ethical dimensions of the case					
Elicit the moral views of participants in a nonthreatening way*					
Enable participants to communicate effectively and be heard by other participants*					
Accurately and respectfully represent the views of participants to others when needed*					
Recognize and address barriers to communication*					
Based on the preceding items, how would you rate your overall ability to effectively communicate with others and to develop positive relationships?					

	Novice	Basic		Advanced	
Process Skills: skills needed to facilitate formal and informal meetings, foster moral consensus, and gather, interpret, and document information.	**Not Skilled**	**Somewhat Skilled**	**Skilled**	**Very Skilled**	**Expert**
The next few items assess skill in facilitating formal and informal meetings. *Rate your ability to:*					
Identify key decision makers and other involved parties and include them in discussions					
Set ground rules for formal meetings (e.g., length, participants, purpose and structure, minutes)					
Express and stay within the limits of the ethics consultant's role during meetings					
Create an atmosphere of trust that respects privacy and confidentiality and that allows participants to feel free to express their concerns					
Based on the preceding items, how would you rate your overall ability to facilitate formal and informal meetings?*					

The next few items assess skill in fostering consensus among participants involved in the consultation. *Rate your ability to:*	**Not Skilled**	**Somewhat Skilled**	**Skilled**	**Very Skilled**	**Expert**
Attend to power imbalances and attempt to level the playing field					
Help individuals critically analyze the values underlying their assumptions, decision(s), and the possible consequences of that decision/those decisions					
Mediate among competing moral views					
Engage in creative problem solving (i.e., help parties to "think outside of the box")					
Create an atmosphere of trust that respects privacy and confidentiality and that allows participants to feel free to express their concerns					
Based on the preceding items, how would you rate your overall ability to foster consensus among parties involved in the consultation?*					

	Novice	Basic		Advanced	
The next few items assess your ability to gather, interpret, and document information. *Rate your ability to:*	**Not Skilled**	**Somewhat Skilled**	**Skilled**	**Very Skilled**	**Expert**
Gather and interpret information from the health record					
Visit and interview patients in various clinical settings					
Document the consult clearly and accurately in the health record					
Utilize institutional structures and resources to facilitate implementation of the chosen option					

Analytic Skills: skills needed to identify the nature of the value uncertainty or conflict that underlies the need for ethics consultation and analyze the value uncertainty or conflict that underlies the need for ethics consultation	**Not Skilled**	**Somewhat Skilled**	**Skilled**	**Very Skilled**	**Expert**
The next few items assess skill in identifying the nature of the value uncertainty or conflict that underlies the need for ethics consultation. *Rate your ability to:*					
Gather relevant data (e.g., medical facts, patients' preferences and interests, and other participants' preferences and interests)					
Assess the social and interpersonal dynamics of a consultation (e.g., power relations, racial, ethnic, cultural, and religious differences)					
Distinguish ethical dimensions of the consultation from other, often overlapping dimensions (e.g., legal, medical, psychiatric)					
Identify various assumptions that involved parties bring to the consultation (e.g., regarding quality of life, risk taking, hidden agendas)					
Identify, clarify, and distinguish the relevant values of involved participants					
Based on the preceding items, how would you rate your overall ability to identify the nature of the value uncertainty or conflict that underlies the need for ethics consultation?*					

	Novice	Basic		Advanced	
The next few items assess skill in analyzing the value uncertainty or conflict that underlies the need for an ethics consultation. *Rate your ability to:*	**Not Skilled**	**Somewhat Skilled**	**Skilled**	**Very Skilled**	**Expert**
Formulate an ethics question based on the circumstances of the case					
Identify the ethically appropriate decision maker (e.g., patient, surrogate, or health care team)					
Access relevant knowledge (e.g., bioethics, law, institutional policy, professional codes, religious teachings)					
Critically evaluate and apply relevant knowledge to the consultation (e.g., bioethics, law, institutional policy, professional codes, and religious teachings)					
Clarify relevant ethics concepts (e.g., confidentiality, privacy, informed consent, best interest)					
Identify and explain a range of ethically justifiable options and their consequences					
Evaluate evidence and arguments for and against different options					
Recognize personal limitations and possible areas of conflict between personal moral views and one's role in ethics consultation					
Based on the preceding items, how would you rate your overall ability to analyze the value uncertainty or conflict underlying the need for ethics consultation?*					

	Novice	Basic		Advanced	
Core Knowledge: Moral Reasoning Rate your knowledge of:	Not Knowledgeable	Somewhat Knowledgeable	Knowledgeable	Very Knowledgeable	Expert
Moral reasoning and ethics theory, including familiarity with a variety of approaches to ethical analysis (e.g., consequentialist, deontological, principle-based, casuistic)*					
Core Knowledge: Common Ethics Issues and Concepts *Rate your knowledge of:*					
Shared decision making (e.g., decision-making capacity, informed consent process, surrogate decision making, advance care planning, limits to patient choice)*					
End-of-life care (e.g., cardio-pulmonary resuscitation/CPR, life-sustaining treatments, medical futility, hastening death, death and postmortem issues)*					
Privacy and confidentiality (e.g., patient control of personal health information, exceptions to confidentiality, duty to warn) *					
Professionalism (e.g., conflict of interest, truth telling, difficult patients, cultural/religious/spiritual sensitivity)*					
Resource allocation (e.g., systems level or macroallocation, individual level or microallocation)*					
Business and management (e.g., performance incentives, data management, record keeping)*					
Everyday workplace (e.g., employee privacy, appropriate employee-employer relationships, openness to ethics discussion)*					

	Novice	Basic		Advanced	
Core Knowledge: Common Ethics Issues and Concepts—cont'd *Rate your knowledge of*	Not Knowledgeable	Somewhat Knowledgeable	Knowledgeable	Very Knowledgeable	Expert
Government Service (e.g., fiduciary duty to the public, use of government resources, duty to report waste, fraud, or abuse)*					
Research (e.g., informed consent for research)*					

	Novice	Basic		Advanced	
Health Care System * *Rate your knowledge of:*	Not Knowledgeable	Somewhat Knowledgeable	Knowledgeable	Very Knowledgeable	Expert
Health care systems, including knowledge of managed health care, governmental systems for financing care, etc.					
Clinical Context* *Rate your knowledge of:*					
Clinical literacy including ability to understand medical terms, disease processes, treatments, prognoses, medical decision making, current or emerging technologies, different roles, relationships, etc.					
The Local Health Care Institution* *Rate your knowledge of:*					
The local health care facility, including mission statement, organizational structure, range of services, population served, etc.					
Local facility policies related to ethics					
National policies related to ethics					

	Novice	Basic		Advanced	
Beliefs and Perspectives of the Local Patient and Staff Population *Rate your knowledge of:*	Not Knowledgeable	Somewhat Knowledgeable	Knowledgeable	Very Knowledgeable	Expert
Beliefs and perspectives that bear on the health care of racial, ethnic, cultural, and religious groups served by the facility					
Resources that can be accessed for understanding and interpreting cultural and faith communities					
Codes of Ethics *Rate your knowledge of:*					
Professional codes of conduct (e.g., medicine, nursing, health care executives) and other ethics guidelines or consensus statements (Presidents' commissions, etc.)					
Guidelines of accrediting organizations related to ethics (e.g., JCAHO, CAP)					
Health Law *Rate your knowledge of:*					
Relevant health law (e.g., federal, state, constitutional, statutory, and case law)					

Consultant Name:_____

Date Completed:_____

Advanced Proficiency Tracking Log

This log is designed to help the Ethics Consultation Coordinator easily identify which consultants possess the advanced knowledge and skills suggested by the American Society for Bioethics and Humanities.

Listed below are the proficiencies denoted with an * asterisk on the *Ethics Consultant Proficiency Assessment Tool.*

Advanced Interpersonal Skills	**Consultant Name(s)**
Listening and communicating interest, respect, support, and empathy to involved parties	
Eliciting the moral views of participants in a nonthreatening way	
Helping participants to communicate effectively and be heard by other parties	
Representing the views of participants to others when needed	
Recognizing barriers to communication	
Advanced Process Skills	
Facilitating formal and informal meetings	
Fostering consensus	
Advanced Analytic Skills	
Identifying nature of the value uncertainty or conflict underlying the need for ethics consultation	
Analyzing the value uncertainty or conflict underlying the need for ethics consultation	

Advanced Knowledge	Consultant Name(s)
Moral reasoning and ethics theory as it relates to ethics consultation	
Ethical issues and concepts: Shared decision making with patients	
Ethical issues and concepts: End-of-life care	
Ethical issues and concepts: Patient privacy and confidentiality	
Ethical issues and concepts: Professionalism in patient care	
Ethics issues and concepts: Resource allocation	
Ethical issues and concepts: Business and management	
Ethical issues and concepts: Research	
Ethical issues and concepts: Government service	
Ethical issues and concepts: Everyday workplace	
Health care system	
Clinical context	
Local health care institution	

Ethics Consultation Feedback Tools

About the Ethics Consultation Feedback Tool

An important aspect of offering a high quality consultation service is to satisfy the needs and expectations of the customer. These ethics consultation feedback tools provide a quick and easy means of systematically surveying staff and other participants in a consultation. It has been adapted from an instrument developed for use by the Ethics Consultation Service of the National Center for Ethics in Health Care.

How to Use the Ethics Consultation Feedback Tools

The *Ethics Consultation Feedback Tool for Staff* is designed to be completed by any or all staff members involved in an ethics case consultation, including the requester, clinicians involved in the patient's care, or other individuals who participated in the consultation. This tool has not been approved by the Office of Management and Budget for use with nongovernment employees or patients and family members. It may *only* be completed by staff.

However, patients and family members bring a unique and important perspective to the consultation service and should not be excluded from participating in the feedback process. You may still gather feedback from patients and family members in an open-ended fashion. You might ask them to comment about the ethics consultation and suggest aspects of the experience that they might describe. At minimum, the person who requested the consultation should be asked to use the *Ethics Consultation Feedback Tool for Patients, Families, and Surrogates* to provide open-ended feedback.

To reduce influence on response, someone other than the consultant(s) assigned to the case should administer the tool, such as a member of the facility's quality management staff or the ECWeb evaluator.

Using the Results to Improve the Ethics Consultation Service

The Ethics Consultation Coordinator should review, summarize, and report the data to the IE Council on an annual or semi-annual basis. Frequencies (number of occurrences) and percents (%) are the easiest and most informative method of summarizing the data. A blank feedback tool can be used to tally or display the summarized data.

In general, the Ethics Consultation Coordinator should prioritize for improvement those items that have a high number or percent of responses concentrated in the fair or poor category. If responses on all items are in the "good," "very good," or "excellent" range, the next improvement goal might be to increase the percentage of responses that are "very good" and "excellent."

Finally, the Ethics Consultation Coordinator should compare summary data by year to evaluate whether improvements are being made or maintained, or if performance is falling off.

Ethics Consultation Feedback Tool for Staff

Recently, you spoke with someone from the Ethics Consultation Service. The job of the service is to help patients, families, and staff work through difficult patient care decisions by listening to what everyone thinks and helping people decide the best thing to do. In order to help improve the Ethics Consultation Service, we ask that you take a few minutes to complete this form.

DIRECTIONS: **For each of the following statements, please place an "X" in the box that best describes your most recent experience with the Ethics Consultation Service.**

Rate the Ethics Consultant(s) on:	Excellent	Very Good	Good	Fair	Poor	Don't Know
Making you feel at ease						
Respecting your opinions						
Being an expert in ethics						
Giving you useful information						
Explaining things well						
Clarifying decisions that had to be made						
Clarifying who is the right person to make the decision(s)						
Describing possible options						
Clearing up any disagreements						
Being easy to get in touch with						
Being timely enough to meet your needs						
Providing a helpful service						

	Excellent	Very Good	Good	Fair	Poor	Don't Know
Overall, my experience with the Ethics Consultation Service was:						

Did the consultation service make any recommendations? Yes ☐ No ☐ Don't Know ☐

If yes, were the recommendations generally followed? Yes ☐ No ☐ Don't Know ☐

Do you have any comments or suggestions for the Ethics Consultation Service? _____

_____

Ethics Consultation Feedback Tool for Patients, Families, and Surrogates

Recently, you spoke with someone from the Ethics Consultation Service. The job of the service is to help patients, families, and staff work through difficult patient care decisions by listening to what everyone thinks and helping people decide the best thing to do.

We're interested in feedback about your recent ethics consultation experience. Please provide your comments below. You may wish to describe whether the consultant made you feel at ease, respected your opinion, gave you useful information, explained things well, clarified the decisions that had to be made and who was the right person to make the decision, whether it was timely and helpful, etc.

Ethics Case Consultation Summary

About the Ethics Case Consultation Summary Template

This tool is designed to help individuals who perform health care ethics consultation summarize their cases and document their work. In conjunction with the ethics consultation pocket card and the CASES approach, the print version of this template provided below can also be used as a worksheet while performing an ethics consultation. An electronic version of this template can be downloaded for local use from vaww.ethics.va.gov/IntegratedEthics.

The template is designed to help consultants generate a comprehensive summary at the end of the "Synthesis" step of each case consultation. This is useful not only for recordkeeping and documentation purposes, but also as a guide for communicating information to key participants, including family members when appropriate. Consultation summaries can also serve as a valuable educational resource to others involved in the patient's care when placed in the patient's health record.

The template is longer than most clinical consultation notes. However, the comprehensiveness of the form helps to ensure that the record is complete, and that steps are not overlooked in the consultation process. If a particular data field is not relevant to the case at hand, the consultant should enter "Not Applicable" to indicate to the reader that this element was considered. Since some readers will only read the final two sections (Recommendations and Plans), consultants should pay special attention to these sections and how they are phrased.

About the Sample Ethics Case Consultation Summary

This sample demonstrates how the summary might look at the completion of an ethics case consultation. Please note that the names and events in the sample case are fictionalized and any similarity to actual people or events is unintentional.

Sample Ethics Case Consultation Summary

Requester Information

First name: Zelda Last name: Button Degree(s): MD Title: Chief, ICU

Role in the case:

[x] Physician – Staff

[`] Physician – Trainee

[ ] Nurse – NP

[ ] Nurse – RN

[ ] Nurse – LPN

[ ] Physician assistant

[ ] Social worker

[ ] Other clinical staff

[ ] Patient

[ ] Family member

[ ] Other

Date of request: 2-2-07 Time of request: 9:00 AM
Timeframe (Check one): [x] Routine [ ] Urgent

Requester's Description of Ethics Case and Concern:

Dr. Button requested an ethics consultation to help the treatment team decide whether they should comply with the family's request for complementary or alternative therapy consistent with the teachings of Edgar Cayce. She described the therapies as "fumes of apple brandy into the patient's endotracheal tube, a nutritional mixture of ground figs, cornmeal and milk via the patient's NG tube, and olive oil rubs to the patient's back and chest."

Steps taken to resolve the concern prior to ethics consultation:

Team members discussed the case.

Type of assistance requested (Check all that apply):

[x] Forum for discussion

[x] Conflict resolution

[x] Explanation of options

[ ] Values clarification

[ ] Policy interpretation

[ ] Recommendation for care

[ ] Moral support

Patient Information

First name: Benjamin Last name: Ruiz

Age: 72 Gender: [x] Male [ ] Female

Clinical service (check one):

[x] Medical and Subspecialty Care (including Neurology)

[ ] Geriatrics and Extended Care/Rehabilitation Medicine

[ ] Mental Health

[ ] Surgical and Anesthesia

[ ] Other (Specify):

Patient's location: ICU, Bed 1

Attending physician: Zelda Button, MD

Was the attending notified? [x] Yes [ ] No If no, explain:

Ethics Question (Use one of the following formats):

> Given [uncertainty or conflict about values], what decisions or actions are ethically justifiable?

- or -

> Given [uncertainty or conflict about values], is it ethically justifiable to [decision or action]?

The ethics question is:
Given that the team recognizes the importance of shared decision making and wants to honor the surrogate's treatment request but feels that doing so might compromise their professional standards, is it ethically justifiable to refuse the request for such therapy?

Ethics Consultants
Primary: Salvatore Garibaldi, RN
Other (List): Jane Ostrow, MD

Decision-Making Capacity

Does the patient have decision-making capacity?

[ ] Clearly yes

[x] Clearly no

[ ] Partial/fluctuating/unclear (If checked, explain):

Surrogate Decision Maker

Does the patient have an authorized surrogate? [x] Yes [ ] No (If no, explain):

Name of surrogate: Robert Ruiz

Surrogate's contact information: (111) 555-1212

Surrogate's relationship to patient:

[ ] Health Care Agent

[ ] Legal guardian or special guardian

[ ] Next-of-kin (If checked, specify):

1) [ ] Spouse
2) [x] Child
3) [ ] Parent
4) [ ] Sibling
5) [ ] Grandparent
6) [ ] Grandchild

[ ] Close friend

Comments about surrogate selection:

The team does not expect the patient to regain decisional capacity anytime soon. The patient's spouse has relinquished decision-making responsibility to the son.

Advance Directive

Does the patient have an advance directive? [ ] Yes [x] No

If yes, did the consultant(s) review the directive? [ ] Yes [ ] No (If no, explain):

If yes, summarize the relevant content of the directive, using direct quotes if possible:

Data Sources and Summary

The consultant(s) collected data from the following sources:

Examination of the patient's medical record: [x] Yes [ ] No (If no, explain):

Face-to-face patient visit: [x] Yes [ ] No (If no, explain):

Other people interviewed and their roles (staff, family/friends, etc.):

Dr. Button, Dr. Mary Cola (resident), Betty Brown, RN (nurse), Mrs. Ruiz (wife), Robert Ruiz (son).

The *medical facts* of the case are summarized as follows:

The patient is a 72-year-old male who has been receiving treatment for pulmonary TB in the ICU for several weeks. He is intubated and receives nutrition via an NG tube. He is unable to be weaned from the ventilator at this time. He is clinically stable and tolerating the current medical regimen (4 anti-TB meds, nutritional and other supportive care), although he remains weak and nutritionally compromised. Dr. Button is cautiously optimistic that the patient will recover from the TB and be able to be extubated.

The *patient's preferences and interests* in the case are summarized as follows:

The patient is unable to participate in medical decision making due to confusion. His wife, who speaks only Spanish, has indicated through an interpreter that she wishes all medical decisions to be made by their only child, Robert. The patient has not completed an advance directive and was not a follower of Edgar Cayce.

Other parties' preferences and interests in the case are summarized as follows:

The patient's son has requested that his father receive alternative therapies for TB as described in the teaching of Edgar Cayce. Specifically, he requested that the patient be allowed to inhale fumes of apple brandy steeped in a charred wooden keg via his endotracheal tube in addition to current TB medications. He also wants the patient's diet to be changed to a mixture of ground figs, cornmeal and milk given through the patient's NG tube. Finally, he would like to be able to rub the patient's back and chest with olive oil several times a day. The son said his request was based on what he thought was best for his dad rather than any previous preferences that his father had expressed. The son stated that he could not bear the thought of losing his father and was just trying to make sure that everything that could be done for him was being tried. He believes the alternative therapies will help make his father well.

The attending physician's reluctance to comply with the son's wishes is based primarily on concerns for safety. She explained that the fumes were untested in the respiratory circuit and might damage the machinery or cause an unforeseen reaction. She also postulates that the proposed diet will clog the feeding tube and she does not feel that it would provide the patient with complete nutrition. Clogged tubes would result in more tube changes and discomfort for the patient. Since the son would provide the proposed therapies, there are added concerns that staff could not meaningfully control the composition of the fumes and feeding mixture. Liability and accreditation issues may exist. The team is reluctant to even allow the olive oil body rubs because this practice deviates from usual nursing protocols and might attract insects to the room.

Summary of Ethics Knowledge

The following sources of ethics knowledge were reviewed or consulted:

[x] VA policy

[ ] Professional codes and guidelines

[x] Published literature

[ ] Precedent cases

[ ] Outside ethics experts

[ ] Other (Specify):

The *ethics knowledge* relevant to this case is summarized as follows:

Edgar Cayce was a psychic who responded to diverse questions, including health-related issues, after putting himself into trance states. Although he died in 1945, he still has many followers today. The therapies that the patient's son proposed are in fact based on Edgar Cayce's teachings but have not been corroborated in the medical literature.

Although surrogates can choose from options offered by the treatment team, including the option of refusing treatment, they have no authority to compel the treatment team to apply therapies that are outside the standard of medical practice, or that may cause the patient harm. Furthermore, surrogates are obligated to make decisions based on the patient's values and previously stated preferences and, only if they are not known may the surrogate apply other reasoning to the decision (i.e., best interests). [VHA Handbook 1004.1 and local informed consent policy describe procedures, roles and responsibilities for surrogate decision-making.]

Summary of Formal Meetings

Did formal meeting(s) take place? [x] Yes [ ] No

If yes, list date(s), time(s), and attendees, and summarize:

On 2/4/2004 at 2 PM, the ethics consultation team met with members of the health care team (attending, resident, nurse) and the patient's family (wife, son). The team reviewed the patient's medical condition and explained to his son that they were not inclined to comply with his requests because they felt that the current treatment regimen gave his father the best chance for recovery and was within accepted medical practice standards. The team also outlined the potential harm's of the alternative therapies. The ethics consultants reviewed the roles and responsibilities of surrogate decision makers.

The son understood his role as surrogate decision maker as well as the team's safety concerns but felt that the team was "closed minded" about the teachings of Edgar Cayce and that his wishes were being dismissed without thought. Although he considered the information carefully, he still felt that the alternative therapies he proposed were best for his father. At no time did the son object to the current treatment regimen. He only wished to add the alterative therapies to the existing treatment plan.

Ethics Analysis

Describe how the relevant ethics knowledge applies to the case and the ethics question:

It is important to note that the ethically appropriate decision maker in a particular case is based on the circumstances as well as the nature of the decision to be made. Specifically, it is important to distinguish between the patient's right to choose among medically acceptable options, and the provider's duty to offer the patient choices that are consistent with their professional judgment. Decision making rests with patients, or authorized surrogates, in cases where patients or surrogates are choosing among medically appropriate options for care. However, when the decision is about determining what particular treatments or procedures are consistent with sound medical practice, clinicians are the appropriate decision makers. When clinicians make medical decisions, they must assure that they do so on the basis of sound professional judgment, and must be careful not to abuse their authority by substituting their own preferences and values for those of the patient.

Options Considered

Describe the options considered and explain whether each option was deemed ethically justifiable and why:

1. Supply all the alternative therapies requested by the surrogate. (This option was not deemed ethically justifiable, because the health care team indicated that some of the therapies would likely cause harm.)
2. Deny the surrogate's request for any alternative therapies. (This option was deemed ethically justifiable, but only if the health care team first explored whether some aspects of the request could be reasonably accommodated without imposing undue burdens.)
3. Negotiate a treatment plan that includes only the alternative therapies that are believed to be safe and consistent with professional standards. (This option was deemed ethically justifiable as it inherently respects both professional and surrogate roles as well as optimizing the patient's safety.)

Ethically Appropriate Decision Maker

Who is the rightful decision maker(s) regarding the critical decision(s) in the case?:

Dr. Zelda Button, attending physician.

Explain: The critical decision in the case—whether particular therapies should be offered—is a matter of professional judgment. Therefore, the ethically appropriate decision maker is Dr. Button, the responsible clinician.

Agreement

Did the relevant parties reach agreement in the case? [ ] Yes [x] No (If no, explain):

The son understands that the decision is outside of his authority but he continues to feel that his preferences should be honored. Dr. Button continues to resist any alternative therapies, but agreed to try to keep an open mind.

RECOMMENDATIONS

1. The team should consider the ethical analysis and the options as detailed above.
2. The team should review some of the literature the ethics consultants provided on complementary/alternative medicine. Patients are increasingly requesting/expecting clinicians to integrate alternative care into the treatment plan. The recommended articles discuss ways of approaching complementary and alternative medicine in a manner that minimizes potential harm and maximizes the aspects that play a role in a healing relationship.
3. An "all or nothing" approach to care planning should be avoided when at all possible. The team should negotiate a treatment plan that includes only the requested therapies that are known to be safe and are reasonable for staff to allow. For example, the treatment team may wish to give further consideration to the request that the son be allowed to rub olive oil on his father's chest several times a day, at least on a trial basis. If the son is permitted to rub olive oil on the father's chest, staff should assess to ensure the patient is not uncomfortable or showing evidence of resisting, and that there are no adverse effects from this activity.
4. The wife and son should be offered support services such as social work or chaplaincy.

PLANS

The team will further explore the possibility of allowing the use of one or more alternative therapies, especially the olive oil. The ethics consultant team will check in with the treatment team and the patient's family in one week.

Ethics Case Consultation Summary Template

Requester Information

First name: Last name: Degree(s): Title:

Role in the case:

[ ] Physician – Staff

[ ] Physician – Trainee

[ ] Nurse – NP

[ ] Nurse – RN

[ ] Nurse – LPN

[ ] Physician assistant

[ ] Social worker

[ ] Other clinical staff

[ ] Patient

[ ] Family member

[ ] Other

Date of request: Time of request:

Timeframe (Check one): [ ] Routine [ ] Urgent

Requester's Description of Ethics Case and Concern:

Type of assistance requested (Check all that apply):

[ ] Forum for discussion

[ ] Conflict resolution

[ ] Explanation of options

[ ] Values clarification

[ ] Policy interpretation

[ ] Recommendation for care

[ ] Moral support

Patient Information

First name: Last name:

Age: Gender: [ ] Male [ ] Female

Clinical service (check one):

[ ] Medical and Subspecialty Care (including Neurology)

[ ] Geriatrics and Extended Care/Rehabilitation Medicine

[ ] Mental Health

[ ] Surgical and Anesthesia

[ ] Other (Specify):

Patient's location:

Attending physician:

Was the attending notified? [ ] Yes [ ] No

If no, explain:

Ethics Question (Use one of the following formats):

> Given [uncertainty or conflict about values], what decisions or actions are ethically justifiable?

- or -

> Given [uncertainty or conflict about values], is it ethically justifiable to [decision or action]?

The ethics question is:

Ethics Consultants

Primary:

Other (List):

Decision-Making Capacity

Does the patient have decision-making capacity?

[ ] Clearly yes

[ ] Clearly no

[ ] Partial/fluctuating/unclear (If checked, explain):

Surrogate Decision Maker

Does the patient have an authorized surrogate? [ ] Yes [ ] No
If no, explain:

Name of surrogate:

Surrogate's contact information:

Surrogate's relationship to patient:

[ ] Health Care Agent

[ ] Legal guardian or special guardian

[ ] Next-of-kin (If checked, specify):

1) [ ] Spouse
2) [ ] Child
3) [ ] Parent
4) [ ] Sibling
5) [ ] Grandparent
6) [ ] Grandchild
7) [ ] Close friend

Comments about surrogate selection:

Advance Directive

Does the patient have an advance directive? [ ] Yes [ ] No

If yes, did the consultant(s) review the directive? [ ] Yes [ ] No

If no, explain:

If yes, summarize the relevant content of the directive, using direct quotes if possible:

Data Sources and Summary

The consultant(s) collected data from the following sources:
Examination of the patient's medical record: [ ] Yes [ ] No
(If no, explain):

Face-to-face patient visit: [ ] Yes [ ] No

If no, explain:

Other people interviewed and their roles (staff, family/friends, etc.):

The *medical facts* of the case are summarized as follows:

The *patient's preferences and interests* in the case are summarized as follows:

Other parties' preferences and interests in the case are summarized as follows:

Summary of Ethics Knowledge

The following sources of ethics knowledge were reviewed or consulted:

[ ] VA policy

[ ] Professional codes and guidelines

[ ] Published literature

[ ] Precedent cases

[ ] Outside ethics experts

[ ] Other (Specify):

The *ethics knowledge* relevant to this case is summarized as follows:

Summary of Formal Meetings

Did formal meeting(s) take place? [ ] Yes [ ] No

If yes, list date(s), time(s), and attendees, and summarize:

Ethical Analysis

Options Considered

Describe the options considered and explain whether each option was deemed ethically justifiable and why:

Ethically Appropriate Decision Maker

Who is (are) the rightful decision maker(s) regarding the critical decision(s) in the case?:

Explain:

Agreement

Did the relevant parties reach agreement in the case?: [ ] Yes [ ] No
(If no, explain):

RECOMMENDATIONS

PLANS

Resources in Ethics

In addition to general ethics-related materials available on the Center's website (vaww.ethics.va.gov), the following resources may be helpful:

Print Resources

Ahronheim JC, Moreno JD, Zuckerman C. *Ethics in Clinical Practice,* 1st ed. Boston: Little Brown;1994.

American Society for Bioethics and Humanities, Task Force on Standards for Bioethics and Humanities. *Core Competencies for Health Care Ethics Consultation: The Report of the American Society for Bioethics and Humanities.* Glenview, IL: American Society for Bioethics and Humanities;1998.

Baily MA, Bottrell M, Lynn J, Jennings B. The ethics of using QI methods to improve health care quality and safety. *Hastings Center Rpt.* 2006;36(4, Special Supplement):S1–S40.

Beauchamp TL, Childress JF. *Principles of Biomedical Ethics,* 5th ed. New York: Oxford University Press;2001.

Cooper TL, ed. *Handbook of Administrative Ethics (Public Administration and Public Policy).* New York, NY: Marcel Dekker;1994.

Devettere RJ. *Practical Decision Making in Health Care Ethics: Cases and Concepts,* 2nd ed. Washington, DC: Georgetown University Press;2002.

Dubler NN, Liebman CB. *Bioethics Mediation: A Guide to Shaping Shared Solutions.* New York: United Hospital Fund of New York;2004.

Ells C, MacDonald C. Implications of organizational ethics to healthcare. *Healthcare Management Forum* 2002;15(3):32–38.

Fletcher JC, Boyle R. *Introduction to Clinical Ethics,* 2nd ed. Frederick, MD: University Publishing Group;1997.

Giganti E. Organizational ethics is "systems thinking." *Health Progress* 2004;85(3). Available at www.chausa.org/Pub/MainNav/News/HP/Archive/2004/05MayJune/columns/HP0405d.htm.

Gutman A, Thompson D. *Ethics and Politics: Cases and Comments,* 4th ed. Belmont, CA: Wadsworth Publishing;2005.

Hatcher T. *Ethics and HRD: A New Approach to Leading Responsible Organizations,* 1st ed. New York, NY: Perseus Books Group;2002.

Jonsen A, Siegler M, Winslade W. *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine,* 5th ed. New York: McGraw Hill;2002.

Jonsen A, Toulmin S. *The Abuse of Casuistry: A History of Moral Reasoning.* Berkeley: University of California Press;1990.

La Puma J, Schiedermayer D. *Ethics Consultation: A Practical Guide.* Boston: Jones and Bartlett;1994.

Lewis CW, Gilman SC. *The Ethics Challenge in Public Service: A Problem-Solving Guide,* 2nd ed. San Francisco: Jossey-Bass;2005

Lo B. *Resolving Ethical Dilemmas,* 2nd ed. Philadelphia: Lippincott Williams & Wilkins;2000.

Mappes TA, DeGrazia D. *Biomedical Ethics,* 5th ed. New York: McGraw-Hill;2001.

Metzger M, Dalton DR Hill JW. The organization of ethics and the ethics of organization. *Business Ethics Qtly***.** 1993;3(1):27–43.

Monagle JF, Thomasma, DC. *Health Care Ethics: Critical Issues for the 21st Century,* 2nd ed. Sudbury, MA: Jones and Bartlett;2004.

Oak JC. Integrating ethics with compliance. Reprinted in Council of Ethical Organizations, *The Compliance Case Study Library.* Alexandria, VA: Council of Ethical Organizations;2001:60–78.

Paine LS. Managing for organizational integrity. *Harvard Business Rev.* 1994;Mar-Apr:106–17.

Post SG, ed. *Encyclopedia of Bioethics,* 3rd ed. New York: Macmillan Reference USA;2004.

Steinbock B, Arras J, London, AJ. *Ethical Issues in Modern Medicine,* 6th ed. Boston: McGraw-Hill; 2003.

Treviño LK, Nelson KA. *Managing Business Ethics: Straight Talk About How To Do It Right,* 3rd ed. Hoboken, NJ: Wiley;2003.

Werhane PH, Freeman RE. *Business Ethics (The Blackwell Encyclopedia of Management),* 2nd ed. Boston: Blackwell Publishing;2006.

Woodstock Theological Center. *Seminar in Business Ethics.* Washington: Georgetown University Press;1990. Available at http://guweb.georgetown.edu/centers/woodstock/business_ethics/cmecc.htm.

Online Resources–Codes of Ethics

The Academy of Management

Code of Ethical Conduct
http://ethics.iit.edu/codes/coe/academy.mgt.b.html

Standards of Professional Conduct for Academic Management Consultants
http://ethics.iit.edu/codes/coe/academy.mgt.a.html

American Association of Nurse Anesthetists
http://ethics.iit.edu/codes/coe/amer.assoc.nurse.anesthetists.a.html

American College of Healthcare Executives
http://www.ache.org/abt_ache/code.cfm

Other VA and public policies relating to ethics:

VHA Directive 2001-027, Organ Transplants
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=323

VHA Directive 2003-008, Palliative Care Consult Teams (PCCT)
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=231

VHA Directive 2003-021, Pain Management
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=246

VHA Directive 2003-060, Business Relationships Between VHA Staff and Pharmaceutical Industry Representatives
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=288

VHA Directive 2005-049, Disclosure of Adverse Events to Patients
http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1339

VHA Handbook 1004.1, Informed Consent for Treatments and Procedures
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=404

VHA Handbook 1004.2, Advance Health Care Planning (Advance Directives)
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=420

VHA Handbook 1004.3, Do Not Resuscitate (DNR) Protocols Within the Department of Veterans Affairs (VA)
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1150

VHA Handbook 1058.2, Research Misconduct
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1259

VHA Handbook 1200.5, Requirements for the Protection of Human Subjects in Research
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=418

VHA Handbook 1605.1, Privacy and Release of Information
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=406

VHA Manual M-2, Part VI, Chapter 9, Post-Mortem Examination
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=855

Standards of Ethical Conduct for Employees of the Executive Branch
usoge.gov/pages/forms_pubs_otherdocs?fpo_files/references/rfsoc_02.pdf

5 USC 2302(b), Prohibited Personnel Practices
www.gpoaccess.gov/uscode

5 USC 2301(b), Merit System Principles
www.gpoaccess.gov/uscode

Other important standards are established by accrediting bodies, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO, http://www.jointcommission.org) and the Commission on Accreditation of Rehabilitation Facilities (CARF, http://www.carf.org).

E *Explain* the Synthesis

Communicate the synthesis to key participant

- Communicate directly to key participants
- Describe what transpired as well as the resolution and any recommendations or plans
- Indicate willingness to continue working with participants

Provide additional resources

- Consider what might be most useful to participants
- Make available copies of articles or other publications. Recommend websites for additional information

Document the consultation in the health record

- Name and role of requester
- Date and time of request
- Name(s) of consultant(s)
- Description of case and ethics concern
- Ethics question
- Sources and summary of relevant information (i.e., medical facts, patient interests, other interests, ethics knowledge)
- Description of formal meetings held
- Summary of ethical analysis
- Determination of ethically appropriate decision maker
- Options considered and whether consensus was reached
- Recommendations and plans

Document the consultation in consultation service records

- All health record notes
- Inter-consultant communications and notes
- Activities supporting the consultation process
- Use ECWeb (if available)

S *Support* the Consultation Process

Follow up with participant

- What happened with the case?
- Have any new ethics concerns emerged?
- Were the recommendations followed? If not, why not?

Evaluate the consultation

- Conduct a critical self-review of each case
- Compare actual processes followed to established standards
- Determine participants' satisfaction with the consult process
- Obtain feedback from peers and supervisors
- Explore opportunities for external peer review

Adjust the consultation process

- Consider results of follow-up and evaluation steps above
- Make changes in policies and/or procedures as appropriate

Identify underlying systems issues

- For each case, consider whether underlying systems issues need to be addressed
- Periodically review records to look for patterns of recurrent cases or concerns
- Bring significant systems issues to the attention of the individual or body responsible for handling such concerns

Ethics Consultation

Responding to Ethics Questions in Health Care

This card describes a practical, systematic approach for performing ethics case consultation.

This process involves five steps:

Clarify the Consultation Request
Assemble the Relevant Information
Synthesize the Information
Explain the Synthesis
Support the Consultation Process

The National Center for Ethics in Health Care designed the CASES approach to standardize the process of ethics consultation throughout the VA system. For consultations involving active clinical cases, consultants should follow all of the steps in the CASES approach. For other types of consultations, such as general questions about ethics, policy interpretations, or requests for ethical analysis of organizational ethics topics, the CASES approach should be modified as needed.

The CASES steps were initially designed to guide ethics consultants through the complex process processes needed to effectively resolve ethical concerns in active clinical cases. We intend these steps to be used similarly to the way clinicians use a standard format for taking a patient's history, performing a physical exam, or writing up a clinical note. Even when some steps don't require specific, observable action, each step should be considered systematically as part of every ethics consultation.

National Center for ETHICS in Health Care
Veterans Health Administration

C *CLARIFY* the Consultation Request

Characterize the type of consultation request

- Does the requester want help resolving an ethical concern?
- Does the request pertain to an active clinical case?

Obtain preliminary information from the requester

- Requester's contact information and title
- Urgency of request
- Brief description of the case and the ethical concern
- Requester's role (e.g., attending physician, family member, administrator)
- Steps already taken to resolve the ethical concern
- Type of assistance desired (e.g., forum for discussion, conflict resolution, policy interpretation, moral support)

Establish realistic expectations about the consultation process

- Describe the ethics consultation process and its goals (orally or in writing)
- Correct any misconceptions the requester may have

Formulate the ethics question

- Given [uncertainty or conflict about values], what decisions or actions are ethically justifiable? or
  Given [uncertainty or conflict about values], is it ethically justifiable to [decision or action]?
- Values are defined as strongly held beliefs, ideals, principles, or standards that inform ethical decisions or actions

A *ASSEMBLE* the Relevant Information

Consider the types of information needed

- Medical facts
- Patient's preferences and interests
- Other parties' preferences and interests
- Ethics knowledge
  - Codes of ethics, ethics guidelines, and consensus statements
  - Published literature
  - Precedent cases
  - Institutional policy and documents, and law
  - Outside ethics experts

Identify the appropriate sources of information

- Face-to-face patient visit
- Direct examination of the health record and other documents
- Interviews with key staff members
- Interviews with family members and friends

Gather information systematically from each source

- Adapt the content and depth of information to fit the needs of the case
- Collect firsthand information whenever possible
- Independently verify critical information
- Distinguish medical facts from value judgments
- Notify the attending physician before interviewing the patient

Summarize the information and the ethics question

- Communicate the summary to key participants
- Respectfully report information from various sources
- Attempt to reconcile contradictory information
- Reformulate the ethics question, if necessary

S *SYNTHESIZE* the Information

Determine whether a formal meeting is needed

- Prepare by communicating with key participants and reviewing relevant ethics knowledge
- Explain goals and set ground rules
- "Level the playing field"

Engage in ethical analysis

- Apply ethics knowledge to the circumstances and ethics question
- Apply various approaches to ethical analysis

Identify the ethically appropriate decision maker

- Determine whether the patient has decision-making capacity
- If the patient lacks capacity, determine his/her known preferences and authorized surrogate
- Clarify the limits of the surrogate's authority
- If no surrogate is available, facilitate the process described in policy
- Health care professionals determine what clinical interventions are consistent with sound medical practice
- The patient/surrogate determines whether to accept these interventions
- The health care organization may legitimately place limits on patient/surrogate or provider choice

Facilitate moral deliberation about ethically justifiable options

- Offer options that may not have been considered
- Review the range of ethically justifiable options
- Cite sources to support the claim that a particular option is not ethically justifiable
- Support the ethically appropriate decision maker in the decision-making process