



# IntegratedEthics In Action

Issue 29

Promising Practices — Emerging Champions

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## Beyond VA: Researchers Import IE's Ethics Consultation Concepts and Materials to Japan

In Japan, ethics committees may be common at universities, but ethics consultation is still rare in clinical settings. Inspired by an interest in ethics and exposure to the IntegratedEthics (IE) CASES approach, two Japanese researchers are now working to change that.

Mieko Yamaguchi, PhD, RN, and Michele Shimizu, PhD, first heard about the VA's systematic approach to ethics consultation when they attended a workshop at the American Society for Bioethics and Humanities Conference in 2006. "Everything about your program attracted us, because in Japan we do not have any such programs in hospitals yet," said Dr. Shimizu. "We quickly realized that this type of program is necessary here." Dr. Shimizu is a professor in the Department of Physical Therapy at Konan Women's University, and Dr. Yamaguchi is a professor in the Department of Nursing at Okayama Prefectural University.

After returning from the conference, a team headed by Dr. Yamaguchi received research funds from the Ministry of Education to study VA's ethics consultation program and how medical staff support children born with severe disabilities and their families in Japan, the U.S., and England. "We learned that Japan needs to set up a system for such support as quickly as possible, integrating what other countries do, and fitting it into the Japanese culture," said Dr. Shimizu.

In 2011 Dr. Yamaguchi and Dr. Shimizu presented a short workshop on the CASES approach at the Japanese Bioethics Conference, and recently sent translated materials to the attendees.

They are now awaiting comments, such as whether attendees' hospital affiliates would be interested in developing an ethics consultation service and what type of modifications will be necessary to align with Japanese culture. "These



are very good educational materials, and we need to learn from these experienced people to help move us forward quickly," said Dr. Shimizu.

Their vision is to develop an ethics program, especially for children who are born with severe disabilities and their parents in Japanese neonatal intensive care units. "We believe that hospital staff want very much to support patients and families, but there is no systematic ethics consultation service to guide them. After working many years with patients, it was only natural that we wanted to find a way to help them emotionally and ethically," said Dr. Shimizu. "We believe that your program will help hospital staffs handle cases fairly."

But this may not be easy. Japanese hospital teams have traditionally encountered resistance to setting



*Above: Mieko Yamaguchi, PhD, RN (left) and Michele Shimizu, PhD with Edmund D. Pellegrino, MD, Professor Emeritus of Medicine and Medical Ethics, Georgetown University's Kennedy Institute of Ethics.*

*At left: Dr. Yamaguchi presents at the Japanese Bioethics Conference*

up ethics consultation services. "Our biggest challenge is getting acceptance from the medical practitioners — they are very, very conservative," Dr. Shimizu said. Doctors — not administrators — decide what research can be done, what policies are formed, etc. "The government seems to be interested in our research, but we are the ones trying to set it up. Without an organization helping us, this is difficult."

The next step for Dr. Yamaguchi and Dr. Shimizu is to set up a website where interested parties can contact them for free information and materials about setting up or learning about ethics consultation services in their settings. They would also like to set up a system for evaluating ethics consultants. "We have a long way to go, but we think that we are getting started, at least."



# Frequently Encountered Myths and Misconceptions About the Local Ethics Consultation Service

The ethics consultant's role is not the only area where people can harbor misunderstandings about a facility's ethics consultation service (ECS). Based on technical assistance requests to the National Center for Ethics in Health Care (NCEHC) over the past four years, staff have identified several areas where confusion exists concerning the ECS, including use of the CASES approach and ECWeb. The following myths and misconceptions were recently discussed on an Improvement Forum (IF) call. (For the complete transcript, see the link at the end of the article.)

**Myth: Requests for an ethics consultation from an anonymous source are acceptable.**

**Fact:** This is incorrect. Without knowing the identity of the requester, an ECS will not be able to gather enough information regarding why the request has been made, whom the consultation will serve, or whether the requester has "standing" in the case. Additionally, the CASES approach requires that the team understand the competing values (or values uncertainty) that are driving the request, and with an anonymous requester, that is impossible.

An ECS can, however, work with requesters who wish to protect their identity with so-called "confidential" consultations. The ethics consultant should inform the requester about how they will try to honor such a request, while preparing them that their identity may still be inferred by others involved in the consultation process.

Sometimes anonymous requests for an ethics consult are really efforts to report violations, such as safety or compliance issues. Ethics consultants do not perform investigations and if a requester has such a concern they ought to be referred to the appropriate office. While a facility could have an anonymous intake box to collect such concerns, those concerns are *not* candidates for ethics consultation because the requester cannot be known.

**Myth: You don't have to make a face-to-face visit to an unconscious patient as part of an ethics consultation.**

**Fact:** If you can make direct contact with a patient as part of an ethics consultation, you should. Seeing the patient or making a phone call enables you to gather information about the patient's preferences and interests that will help inform the consultation. Visiting an unconscious patient can reveal details that you may not have anticipated until you are in their room. Imagine a room filled with objects (cards, pictures,

etc.) that could enable the team to meet family and find

out more about the patient. Seeing the patient firsthand may help the ECS form a more accurate impression of the patient's current status than is represented in the medical chart.

**Myth: The NCEHC requires that each facility make a firm number of ethics consultations each year.**

**Fact:** There is currently no such requirement. Rather than focusing on a specific number of consults, the ECS should ensure that they are meeting the particular EC needs of their facility, which will depend on the facility's size, the population it serves, and leadership support, among other factors. To develop and maintain ethics consultant competency, however, NCEHC recommends a *minimum* of four ethics case consultations per year. Ethics consultants who perform fewer consultations may experience difficulty maintaining their proficiency in the knowledge and skills necessary to practice ethics consultation. The EC Primer provides a detailed discussion about critical success factors for an ECS. (See link at the end of the article.)

**Myth: The ECWeb Evaluator actually evaluates the consultation.**

**Fact:** The requester of the consultation evaluates the consultation; the Evaluator handles obtaining feedback from the requester and entering this information into ECWeb. After a consult is finished, the ECWeb Evaluator is prompted by ECWeb to provide the Feedback form to the person who requested the consultation. Using the form, feedback can be obtained by phone, e-mail, fax, or in person. ECWeb was programmed to automatically initiate this process because evolving standards suggest that obtaining regular feedback helps to promote ethics consultation quality. For more information, EC teams can refer to ECWeb's frequently asked questions (FAQ) guide or the EC page on NCEHC's web site. (See links at the end of the article.)

**Myth: Only NCEHC EC staff are authorized to make changes (e.g., passwords, user roles) in a facility's ECWeb.**

**Fact:** Any ECWeb Administrator Consultant is able to add consultants, change passwords, generate reports, and designate user status. All Facility ECC's should have Administrator Consultant status. Instructions for performing these functions are located in the ECWeb FAQs guide (see link

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at the end of the article). The ECC should also designate at least one backup Administrator Consultant. To prevent accidental deletions, the only task that NCEHC must perform is deleting consults.

For further information, contact Marilyn Mitchell at [Marilyn.Mitchell@va.gov](mailto:Marilyn.Mitchell@va.gov)

## EC online resources:

IF call transcript (January 27, 2014):  
[http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/myths\\_misconceptions\\_ec\\_20140127.docx](http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/myths_misconceptions_ec_20140127.docx).

## EC Primer:

<http://vaww.ethics.va.gov/ETHICS/ECprimer.pdf>

## ECWeb FAQ guide:

[http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/ECWeb\\_FAQ\\_20100908.doc](http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/ECWeb_FAQ_20100908.doc)

## EC page on NCEHC's web site:

<https://vaww.ecweb.ethics.va.gov>

## Columbia University Launches Online Ethics Journal

Bioethics has gained a new forum in *Voices in Ethics: An Online Journal*. Affiliated with Columbia University's Master of Science in Bioethics program, the new journal explores domestic and global ethical issues in the ever-evolving fields of bio-sciences, medicine, and public health.

According to the website, the editors plan to publish "theoretical and empirical scholarship and discussion in a variety of formats," including opinion pieces, research papers, media and art reviews, and interviews with bioethics experts. They welcome submissions of articles, essays, op-ed pieces, and media/book reviews across a range of related research perspectives. The journal is "especially open to articles that encourage or incorporate new ways of thinking about theory, research policy, and practice in health care."

To view the first issue (published October 2013) and submission guidelines, go to: <http://www.voicesinbioethics.org>

**IntegratedEthics**

Improving Ethics Quality in Health Care

# “Doing the right thing at the right time and in the right place”: IntegratedEthics Program Champion Karen Reed



**Staff Chaplain Karen A. Reed, DMin, BCC,** has been the IntegratedEthics (IE) Program Officer for South Texas Veterans Health Care System (STVHCS) since 2008. From 2006 to 2008, she served as the facility’s Preventive Ethics (PE) Core Function Coordinator.

## How did you first become interested in ethics?

I became interested in ethics as a child. My mom told me that, early on, I would often advocate for others and try to mediate fights between children. Our family still has great discussions about right and wrong, personal/institutional values, and moral practice. As a professional chaplain I have been involved with ethics committees for over 24 years — first with a denominational hospital system and now with VA.

## Why did you become involved with the IE program?

When the IE program was piloted in 2006 I was already involved with STVHCS’ Ethics Advisory Committee.

## Regarding your facility’s IE program, what is your proudest moment?

My IE colleagues and I have addressed complex medical and familial dilemmas with calmness and made ethical recommendations to staff, thereby preventing risk to the health care system. Our PE teams have effected performance improvements that have lasted for years. Finally, we have garnered STVHCS senior leadership support for the IE Council as a core contributor to the strategic management of a large health care system.

## What challenges have you faced in implementing IE at your facility? How did you overcome them?

Many employees do not realize that “ethics is everywhere.” While nearly every word and act can carry ethical and moral implications, employees are challenged to speak, act, and do the right thing in the course of their jobs when they are constantly deluged with information.

The solid examples described in the IE health care ethics domains help employees think ethically and employ ethical principles in everyday actions. Moreover, the IE program continues to model these examples through improvement projects. As a result, many of our employees are realizing that right and wrong, VA values, and moral practice lie at the center of health care. We hope that eventually every employee will experience an “ethics moment,” and be motivated to explore the ethics domains that apply to their work so that ethical dilemmas can be proactively addressed. We are on the cusp of doing the right thing at the right time and in the right place.

## How did you work with leadership to obtain resources for the IE program?

I have been fortunate to work for service chiefs that coordinate my time to include patient care and ethics. They believe in the IE program and allow me to oversee the program and strategically recruit and train new members.

## Do you have any other thoughts to share with our readers?

I greatly appreciate the ethical and professional standardization that IE has brought to our ethics program. Its tools, which have been developed on both local and national levels, have greatly benefited ethics programs across VA.

## VA Removes Penalty for Broken Medical Appointments

It’s official: Veterans who miss two medical appointments without providing 24 hours’ notice and a “reasonable excuse” are no longer at risk of losing their regular VA medical care.

As stated in the Final Rule “Removal of Penalty for Breaking Appointments,” VA removed this penalty because “[W]e believe it is not in line with current practice, and is inconsistent with VA’s patient-centered approach to medical care.” Final notice of the rule change was published in the Federal Register on January 8, 2014. The rule went into effect February 8, 2014.

The previous regulation (§17.100 of Title 38 of the Code of Federal Regulations) stated that a Veteran who missed two appointments without the required notice or excuse was deemed to have refused VA medical care. The consequence was that no further treatment would be provided to that Veteran (except in emergency situations) unless the Veteran agreed to cooperate by keeping future appointments.

In proposing the rule change, VA program offices, including NCEHC, argued that the penalty for breaking appointments could “interfere with continuity and coordination of care, and could have a negative impact on the therapeutic relationship.” VA was also especially concerned about the impact of

***The previous regulation stated that a Veteran who missed two appointments without the required notice or excuse was deemed to have refused VA medical care.***

the penalty on homeless and other Veterans who lack reliable telephone access or transportation. Because such obstacles can prevent these patients from keeping appointments, the penalty could be unfairly applied and discourage these populations from attempting to access care in the future. Finally, VA argued that providing only

emergency access to those Veterans who have missed two appointments does not provide an adequate safety net, especially for those patients with chronic or poorly controlled medical conditions.

According to Virginia Ashby Sharpe, PhD, NCEHC’s Chief of Ethics Policy, “There was consensus across VA that this regulation was outdated and inconsistent with our mission of service to Veterans; from an ethical point of view, we want to remove barriers to access for eligible Veterans.”

In the Final Rule, facilities are directed to continue their current patient-centered, non-punitive practices of contacting Veterans by mail, phone, or electronic means if they miss medical appointments, and encouraging them to reschedule.

For further information contact Dr. Sharpe at [Virginia.sharpe@va.gov](mailto:Virginia.sharpe@va.gov).

# ANNOUNCEMENTS

## Voice of VA to Feature Integrated Ethics Staff Survey June 9-30

This summer, from June 9-30, the Summer Voice of VA (VOVA) will feature the fourth administration of NCEHC's Integrated Ethics Staff Survey (IESS). The VOVA will include two surveys this year: the IESS and the National Center for Patient Safety's (NCPS) Patient Safety survey. Employees will be asked to take one of these surveys.

The Office of Public Affairs will send an invitation to all VHA employees to participate via an e-mail containing the survey link. When facility employees click on the link, they will be randomly assigned in equal numbers to take either the IESS or the Patient Safety survey. Employees of VACO and VISNs

will take the IESS. Based on field feedback, NCEHC's evaluation team has deleted, added, and revised some questions in this year's IESS. Revised questions were pilot-tested with VHA field staff.

The NCEHC and NCPS will partner to promote participation in the surveys. IE Program Officers (IEPOs) and IE Councils will coordinate with their facility's Patient Safety Manager to market the survey, raise awareness, and encourage participation. VISN IE Points of Contact should work with VISN Patient Safety Managers and facility IEPOs to ensure that information about the survey is distributed to all staff across the VISN, including VISN Offic-

es. Support materials, including a marketing toolkit containing special instructions, FAQs, posters, encouragement letters, and timeline, will soon be available. The April 7 IE Improvement Forum call will focus on how to achieve a high facility response rate.

If you have any questions, contact Basil Rowland, IE Manager, Field Operations, by e-mail [basil.rowland@va.gov](mailto:basil.rowland@va.gov) or phone (757) 809-1129. Information about the IESS (including access to past year reports and survey methodology) is available here:

<http://vaww.ethics.va.gov/integratedethics/IESS.asp>

## National Compliance and Ethics Week: April 28-May 2

Building a Culture of Integrity" is the theme for this year's National Compliance and Ethics (C&E) Week, which will be held April 28 through May 2. Co-sponsored by VHA's Office of Compliance and Business Integrity (CBI) and NCEHC, this week traditionally features activities that highlight the essential roles business integrity and ethics quality play in ensuring that excellent care is provided to our nation's Veterans.

Integrated Ethics Program Officers (IEPOs), IE staff, and Compliance Officers are coordinating celebrations and activities to be held during C&E Week at facilities, VISNs, and VACO. To assist in planning an Activity Guide has been posted on the C&E Week intranet page (<http://vaww.cbi.va.gov/ceweek.asp>) under the "Integrated Ethics Resources" tab at the top of the page.

On the same site, planners can also access a Facility Event Planning Guide under the "Communications Toolkit" tab. The guide covers planning considerations, such

as resources, stakeholder involvement, timelines, and methods for engaging audiences. It also provides ideas for tailoring C&E Week events to best suit the needs of the local facility or office.

In our next issue of *Integrated Ethics in Action* we plan to feature C&E Week photos, stories, quotes, and activities from across VHA. To be considered for inclusion, please send your materials to [Jamie.Phillipotts@va.gov](mailto:Jamie.Phillipotts@va.gov).

### ***Just released:*** **IE Program Officer's Desk Reference**

**Extensively hyperlinked to  
valuable IE tools and resources**

[http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/IEPO\\_desk\\_ref\\_02282014.pdf](http://vaww.ethics.va.gov/ETHICS/docs/integratedethics/IEPO_desk_ref_02282014.pdf)

## What We're Reading . . . Ethics in the Literature

Here are some articles that were of recent interest to our NCEHC IE Staff. They can be used to spark engagement in your local IE program or to discuss in local journal clubs. To access, click on the links below, or consult your facility's librarian.

Lowe, R. (2013). "New Movement Urges Docs to Disclose Conflicts of Interest," *Medscape*. Oct. 29, 2013. [http://www.medscape.com/viewarticle/813400\\_1](http://www.medscape.com/viewarticle/813400_1)

Percarpio, K.B. & Watts, B.V. (2013). "A cross-sectional study on the relationship between utilization of root cause analysis and patient safety at 139 Department of Veterans Affairs medical centers." *Jt Comm J Qual Patient Saf.* 39(1):32-37. Article addresses the effectiveness of RCA on improving overall patient care quality.

Duhigg, C. (2012). "How 'Keystone Habits' Transformed a Corporation." *Huff Post Business*, February 27 2012. An interesting article about driving organizational change. [http://www.huffingtonpost.com/charles-duhigg/the-power-of-habit\\_b\\_1304550.html](http://www.huffingtonpost.com/charles-duhigg/the-power-of-habit_b_1304550.html)