REVITALIZING A HOSPITAL ETHICS COMMITTEE

HENRY J. SILVERMAN, M.D.

Establishing a hospital ethics committee (HEC) within an institution has become less of an insurmountable problem due to two major forces. First, several external sources have legitimized the concept of ethics committees. These have included several organizations (American Hospital Association, Department of Health and Human Services, The American Medical Association), court cases, two reports of the President's Commission, state statutes mandating their formation (Maryland and New Jersey), and the Joint Commission on Accreditation of Healthcare Organizations, which requires hospitals to have a mechanism to address ethical issues and to provide ethics education to patients and caregivers, requirements that are commonly fulfilled by ethics committees.

In addition to legitimization, which has helped motivated individuals gain support within their respective institutions to establish ethics committees, several programs exist to help HECs with the process of getting started and performing the traditional three major functions of HECs: case consultation; education of hospital staff, patients and families; and institutional policy development (1)(2).

As a consequence of these forces, greater than 75% of U.S. hospitals with more than 200 beds have an HEC (3).

Although starting an HEC within an institution has become less problematic, a subsequent phenomenon that commonly surfaces in the adolescent phase involves the "failure to thrive syndrome." Essentially, in its infancy, an enormous amount of enthusiasm and activity is exhibited by members of an HEC. After this initial vitality, however, many HECs begin to languish due to several reasons. First, a feeling of frustration may emerge due to the inability to realize initially set, unrealistic goals. For example, elaborate plans for educational activities for the hospital staff may have been hindered due to lack of institutional support, time constraints on committee members, and selection of the wrong educational format for the hospital staff.
Second, the number of consultations may be below expectations, thereby imparting a feeling of institutional rejection. Third, a lack of purpose may creep into the minds of committee members due to an apparent lack of work. For example, the scarcity of consultation requests, the lack of further need for policy development (which occurs after most of the necessary policies are developed or rewritten), and the uncertainty as to how to educate the hospital staff.

Fourth, a lack of direction for the committee may occur if the chairperson of the committee remains detached from the issues confronting continued growth of HECs or with the emerging issues in bioethics. Committee members may also become disenchanted with the self-education process if no one member takes responsibility for the structure and content of this endeavor. Finally, lack of institutional support, both financial and staff time, may also subvert the continued growth of the HEC. Concrete resources rather than verbal support are needed so that the committee can appropriately discharge its functions. It is unrealistic to expect substantive efforts from a group of volunteers encumbered by time constrictions from their full-time professional responsibilities.

The HEC at the University of Maryland Medical System (UMMS), a 750-bed general and tertiary care university hospital, experienced such a "failure to thrive" syndrome. Specifically, the members of this committee, established in 1987, became frustrated with the lack of consultations, with the inadequacies of the self-education process, and with the inability to initiate a credible institutional educational program. There was also a sense that the existence of the committee was either not known to a large portion of the institution or still not accepted by many of the hospital staff, especially the attending physician staff. Finally, there was a lack of support from the institution regarding financial resources and staff time. Consequently, members infrequently attended the meetings and the meetings decreased to a bimonthly frequency.

To overcome the stagnation and regression that had occurred, several changes were implemented to revitalize the HEC at UMMS. Although UMMS may differ in size, structure, and type from other hospitals, the changes instituted at this hospital may still be useful to ethics committees at other types of institutions.
Several changes to the structure of the HEC were made to enhance its ability to perform its functions. First, the frequency of meetings was changed back to a monthly basis, the philosophy being that any kind of productive work could be achieved only with this frequency. Furthermore, such a frequency was necessary to convey to the committee members and to the hospital staff the accurate impression that the committee is charged with important functions.

Second, a change was made in the leadership of the committee. Specifically, the chair and vice-chair of the committee were both physicians, which was thought to limit the vision and perspective of the committee. Since the vice-chair recently acquired other commitments, this person resigned and subsequently, a nurse director of the psychiatry unit was appointed as vice-chair. This selection conveyed the sense that a multidisciplinary approach was needed not only for administering an HEC, but also for ethical decisionmaking.

Third, a subcommittee structure was instituted for each major function of the HEC: consultative service, policy development, and education. Impetus for this change came from the realization that monthly meetings lasting only 1 1/2 hours involving a large group of individuals (20-25) was not conducive to achieving the functions of the committee. Subsequently, as described below, these subcommittees held monthly meetings.

Fourth, a structure and function was imparted to the monthly meetings. Specifically, the first half-hour of the meeting is now devoted to business issues. During this time the minutes from the previous meeting is presented, the subcommittees report their activities, upcoming ethics events are announced, and new issues are discussed. The remaining hour is devoted to the provision of a moral space (4), whereby individuals can explore and discuss the different values that are present within the institution. Such discussions are usually precluded by the hierarchical structure that dominate the other hospital spaces. Retrospective review of ethics consultations provide the principal framework for these discussions. To enhance members' ethical decisionmaking ability, cases are initially discussed within small groups (5-7 individuals) to eliminate control of discussions by dominant individuals, thereby ensuring participation by all the members. Subsequently, the committee reconvenes, at which time the recommendations of each group
are presented and discussed.

Other methods to generate dialogue on ethical issues include discussion of important news events and review of recent journal articles.

With this new focus of the monthly meetings, several measures were instituted to broaden the perspective of the membership. First, an "open door" policy to member admission was initiated, based on the philosophy that anyone in the hospital who had an interest in bioethics should be permitted to join the HEC.

Second, members could remain on the committee indefinitely, provided they met the new 75% attendance requirement. Finally, several individuals from the community were invited to join the committee to further enlarge the perspective and vision of the HEC.

ACTIVITIES TO ENHANCE VIABILITY

Brochure: To enhance the visibility of the HEC within the institution, especially with patients and families, a brochure was developed which highlights the consultation service, describes the types of cases that could be brought to the attention of the ethics consultative service, and provides information on how to request a consultation.

Survey of the Institution: A survey was developed (Appendix I) and distributed to members of the institution to serve as a marketing tool as well as to obtain feedback concerning several issues: for example, whether the hospital staff was aware of the existence of the committee, understood its role, would consider using the committee, and had knowledge of how to access the HEC. The survey also inquired whether there was interest in educational programs on ethical decisionmaking and elicited opinions on the types of formats for such educational programs. The survey was short, to enhance the response rate (80% among nurses and 60% among physicians), and the results were reported in several of the hospital’s newsletters.

Survey of the Committee: A survey was developed and distributed to members of the HEC (Appendix II) to obtain feedback concerning preferences on the types of topics that members wanted reviewed at the monthly meetings, formats for self-education, members’ opinions of their consultation experience, and format for the monthly meeting.
All-Day Conference: Although a large portion of the monthly meetings is devoted to the self-education process, members of the committee expressed a desire for more formal education in bioethical issues. Hence, an all-day conference is being planned, which will also serve as a retreat to discuss future directions for the committee. Hence, the agenda for this program includes a discussion of the specific mission of the committee, an orientation on the history and literature of HECs, and lectures to provide a solid foundation in bioethics. Members from the philosophy department and from the law school have agreed to help prepare this conference.

Mission/By-Laws: Several meetings are being devoted to development of a mission statement for the committee, which will be finalized at the all-day conference. Furthermore, although by-laws were written when the committee was first formed, these by-laws have become outdated and hence, new by-laws are being written.

To help with the discharge of the HEC’s functions, the hospital was asked to provide a budget to support several of the HECs’ activities. For example, lunch for ethics case discussions, journal subscriptions and video tapes for education, and funds to help members defray costs of travel to conferences or courses in bioethics. The hospital approved this request for funds.

SUBCOMMITTEE STRUCTURE

Each subcommittee is charged with the responsibility of drafting a yearly and realistic work plan. Furthermore, each subcommittee is required to hold monthly meetings that are separate from the meetings of the parent committee. The specific activities and structure of each subcommittee are as follows:

Consultation Subcommittee:

A separate subcommittee was formed for consultations to ensure that a core group of individuals obtained adequate experience in the art of consultation. Previously, consults were performed by any committee member who had an interest in consultation, which was approximately 20 individuals. However, the number of requests of consultations, approximately 25 per year, precluded a meaningful experience for anyone
performing consultations. Furthermore, although cases were discussed at the monthly committee meetings, this activity was not an adequate substitute for real experience.

Hence, it was decided to restrict the numbers of individuals performing consultations to ten individuals. These individuals consist of those who have substantive experience with consultations as well as those with little or no prior experience. Members of this subcommittee include three physicians, one social worker, one pastoral counselor, one family counselor, and five nurses. The inclusion of a large number of nurses was intentional, because previous experience revealed that among the health care professionals, nurses had the least flexibility in their schedules to respond to a case.

The subcommittee developed a written protocol to guide prospective case consultations. Specific elements are as follows:

[1] intake function: requests for consultations are funneled to one of the three experienced individuals on the subcommittee. This person will make a preliminary assessment of the request, to include, if necessary, discussions with the relevant individuals (e.g., physicians, nurses, patient, family members).

[2] Subsequently, this individual will contact at least one other member of the subcommittee and make a decision concerning the appropriateness of the case for the consultation service and if appropriate, the model of consultation to be used (5), e.g. (A) only one person actively involved in the consult, but receiving input from other members of the subcommittee, (B) formation of a small group drawn from the subcommittee, or (C) involvement of a larger group of individuals for controversial issues. The guiding philosophy is that the process to be followed would be case-driven.

[3] Next, a decision concerning the best approach to consultation is made, e.g., (A) initial meetings with the medical staff separate from those with the patient or his or her surrogate or an initial meeting with all involved parties, (B) separate meetings between individual members of the medical staff, or (C) the necessity of administrative or pastoral care involvement, etc.
At least two members shall be involved in every consultation. Furthermore, at least one member who has had minimal exposure with the consultation process shall be involved with every case in order to ensure that every member of the subcommittee ultimately receives an adequate consultation experience.

In addition to procedural elements, guidelines on substantive issues involved in the performance of consultation were developed. These are as follows:

**Access:**

The HEC decided that anyone in the institution can request a consultation. Furthermore, once a consultation is requested, all individuals involved with the case are to be notified of the request. Informed consent to participate in the consultation process is to be requested from each individual. However, obtaining informed consent from each individual is not required in order to proceed with the consultation. For example, if a non-physician requests a consultation, then the attending physician will be notified of the request, but a refusal by the attending to participate in the consultation will not preclude a discussion of the case among the other individuals. Similarly, all patients and family members (if the patient was incompetent) are to be notified of any request and asked to participate, but a refusal would not preclude a discussion of the case.

**Anonymity:**

An important issue that surfaced dealt with nurses requesting a consult who were fearful of potential retribution from the physician staff. To protect nurses from this concern (whether real or apparent) anonymity is granted if requested.

**Approaching family members:**

Private discussions between the chair of the committee and family members revealed that family members would frequently become fearful and anxious when they were told of the involvement of the HEC. The impression was that the use of the word 'committee' was imparting a
negative meaning to the process of consultation. Hence, it was decided to use the expression "ethics consultation service," which was thought to be a softer and less intimidating phrase.

Furthermore, to decrease the possibility that families would receive the impression that the HEC is partial to the interests of the medical profession, a subcommittee member who is not a physician will make the initial contact with an appropriate family member.

Approaching Potentially Uncooperative Physicians:

Many consultations have been requested by nurses and social workers. In several previous cases, informing the attending physician of a request proved to be a sensitive and sometimes explosive issue, especially if the physician was not previously aware of the request and felt that his or her decisionmaking authority was being questioned. To minimize this occurrence, a physician from the consultation subcommittee will take on the responsibility of notifying the attending physicians of a consult called in by another member of the health care team.

Due process

Several commentators have written on the issue of procedural due process (6)(7)(8). To ensure that consultations are conducted fairly, all individuals involved in the case are [1] notified that a consult has been requested, [2] explained the nature of the issue, and [3] given a fair opportunity to present their viewpoints. All recommendations are given to the patient or to his or her surrogate.

Recommendations or Decisions?

The philosophy of consultation is not to make decisions or even recommendations, but to enhance a process whereby an action is grounded by a consensus obtained from the parties involved in the case (e.g., the health care team, patients, and families) rather than from the consultation team itself. Hence, the goal is to help healthcare providers, patients, and patients' families make informed decisions. Furthermore, ethics consultation is frequently a process that may require several discussions occurring over several meetings; hence, there should be no constraint to have a consensus by the end of the initial meeting.
Documentation:

All consultations are to be written and placed in the medical record. A form to guide with the inclusion of the relevant facts and processes followed was developed (Appendix III).

Evaluation of Consultations:

To obtain critical feedback on the performance of consultations, an *ad hoc* committee developed evaluation forms for individuals who participated in the consultation process. Separate forms were developed for the hospital staff and for patients and their families (See Appendices IV and V).

The initial experience with this evaluation process was disappointing, as very few family members or patients completed the evaluation form. Although many physicians, nurses, and social workers returned the questionnaire, there was a concern with the candor of the responses. Currently, a two-tier model of evaluation is being piloted - distribution of a questionnaire coupled with personal follow-up of those involved in a consultation by a group of individuals not on the HEC.

A mechanism, however, that provides for external review of consultations is also needed to ensure consistency and impartiality. Such a process is being considered by the Maryland Ethics Committee Network.

Although we feel that a satisfactory evaluation mechanism has not been formulated, an indirect measure of the appropriateness of the above changes in the consultation process has been the increase in consultation requests. Indeed, six months after the formation of the consultation subcommittee, the numbers of consultations have increased from 1-2/month to 5-6/month.

Policy Subcommittee:

The policy subcommittee was charged with the responsibility for updating and formulating new policies as needed. For example, when the State of Maryland passed a new law on surrogate decisionmaking for incompetent patients, policies on forgoing life-sustaining treatments, informed consent, and advance directives were revised.

Presently, a policy on demands for futile treatments is being drafted.
**Education Subcommittee:**

The education subcommittee was formed under the leadership of a member who has a philosophy degree and has taught courses in bioethics at other institutions. The presence of this individual is fortunate, because failure of previous efforts to institute an educational program for the hospital staff was thought to be due to the absence of a member with expert knowledge of bioethics and previous experience with teaching bioethics. Although a self-education process within the committee had been in existence for several months, the consensus was that committee members with only this background lacked the necessary expertise to lead an educational program.

The initial task of this subcommittee was the distribution of the hospital survey previously mentioned (Appendix I) to determine the type of educational formats desired by the hospital staff. Among the options listed, the staff expressed a preference for case-oriented educational sessions on individual ward units. Presentations from outside speakers was the next favored format. Hospital-wide brown bag discussions or ethics rounds received the least support.

With this information and with the philosophy of going slow, the subcommittee began planning for small case discussions. Members who were selected to serve on the education subcommittee were trained to be facilitators for case discussions. These individuals attended four meetings where cases involving the most common ethical issues (e.g., patient autonomy, advance directives, surrogate decisionmaking, etc.) were discussed. Elements of being a case-discussion facilitator were also reviewed.

Meetings with several nurse managers and chief residents clarified several logistical issues. First, success of case discussions hinged on the inclusion of a multidisciplinary group involving physicians, nurses, and social workers. Second, to gain participation of the housestaff, one of the physicians on the subcommittee contacted the chief resident of each service. Third, to accommodate busy schedules, discussions were held at the noon time hour and lunch was provided. Finally, clinicians were encouraged to submit a current or a recent case involving an interesting ethical dilemma that occurred on their service. If a case was not provided, the Education Subcommittee would present a case from the consultation files.
During the past year, case-based ethics educational sessions have taken place on the following hospital wards: neurology, shock trauma unit, medicine, pediatrics, and surgery. After each session, participants are required to fill out an evaluation form (Appendix VI) so that subcommittee members can obtain valuable feedback. So far, very favorable comments have been received and with word of mouth, requests from other ward units have been received. However, due to time constraints of the subcommittee members, only one educational session can be performed each month.

STANDARDS:

Several commentators have recently expressed concerns with the expertise and qualifications of individuals on HECs (8)(9)(10)(11). In response, a two-tier level of standards has been adopted by the UMMS ethics committee (11). Essentially, every member of the committee is required to meet a certain minimum standard, whereas those involved in consultation needs to satisfy a higher standard. Specifically, the minimum standard would require members to participate in a course that reviewed ethical concepts, typical bioethical problems confronting clinicians and patients, and elements of ethical decision making. It is felt that the all-day conference being prepared will meet this criteria, and hence committee members are being urged to attend.

Concerning standards for consultations, with the institution of a consultation subcommittee, it was felt that members on the consultation service are receiving adequate experience, especially with the increase in the rate of consultations. However, formal instruction in other areas, such as interpersonal skills, mediation techniques, health care law, knowledge of religious diversity, etc. is also required. Hence, individuals who are showing promise in consultation will be sent to conferences that offer these experiences. Ultimately, the standard for consultants will also include acceptable reviews obtained on the evaluation method that is finally developed.

CONCEPT OF A HOSPITAL ETHICS PROGRAM:

The experience with the Education Subcommittee revealed that there was a limit to the range and magnitude of educational projects that could be accomplished by a committee of volunteers who had other
Revitalizing A Hospital Ethics Committee

professional responsibilities. Hence, to expand the educational scope of the HEC, the hospital administration gave financial support to the chairperson of the HEC, to start a Program in Clinical Ethics for the hospital staff.

With this support, educational endeavors have included the publishing of a bimonthly newsletter for distribution to all staff and resident physicians, nurses, social workers, and chaplains. Members of the HEC are encouraged to submit pieces for this newsletter.

Additionally, a monthly Medical Humanities Hour has been instituted, where leading scholars in the immediate geographical area explore relevant issues related to medical ethics or medical humanities. The format consists of a presentation followed by a panel discussion and audience discussion. Members of the HEC are encouraged to be panel members. Topics have included medical futility, effective communications with patients, assisted suicide and active euthanasia, and the transformation of the clinical encounter by medical technology.

ACKNOWLEDGEMENTS

The author's appreciation is extended to Ann Scanlon, M.S., for her efforts as Vice-Chair of the Ethics Committee; Larry Schulmeister, Ph.D, for directing the Education Subcommittee and designing Appendices I and VI; Diane Hoffmann, J.D., for her support and assistance in preparing Appendix II; and Dawn Lindsay for her careful review of the manuscript.

REFERENCES

1. [Brochure] Educating Healthcare Ethics Committees: A Program for Ethics Committees in Hospitals, Long-Term Care and Home Health Care Agencies. Center for Ethics, Medicine, and Public Issues. Baylor College of Medicine, Houston, TX.
2. Developing Hospital Ethics Programs. University of Virginia Health Sciences Center and The Center for Biomedical Ethics.
5. Cohen CB. Avoiding "Cloudcuckooland" in ethics committee case review: Matching models to issues and concerns. *Law, Medicine &
H.J. Silverman

Appendix I

Ethics Committee Questionnaire

Specialty: ________________________________

Please circle your answer.

1. Are you aware of the Ethical Advisory Committee (EAC) at UMMS?
   1. YES
   2. NO

   If yes, how? (Circle all that apply.)
   1. In-hospital orientation
   2. Word of mouth
   3. Hospital TV monitor
   4. Waiting area plaques
   5. Other (please comment) ________________________________

2. Do you understand the role of the EAC?
   1. YES
   2. NO

3. Would you consider using the EAC?
   1. YES
   2. NO

4. Do you know how to access the EAC?
   1. YES
   2. NO
5. Are you interested in receiving more information on ethical decision making?

1. YES
2. NO

If yes, what form? (Circle all that apply.)

1. Outside speakers
2. Videos
3. On-site educational sessions (case discussions on units)
4. Ethical rounds as a part of Interdisciplinary Rounds
5. Informal discussions/education groups (brown bag luncheons hospital wide)
6. Other (please comment)__________________________
Appendix II

ETHICS COMMITTEE
EVALUATION

1. Age __  
2. Sex _  
3. Years on EAC __

4. How many of the last 12 meetings were you able to attend.
   <4 _ 4-8 _ 9-12 _

5. PROFESSION:
   physician _ nurse _ lawyer _
   philosopher _ clergy _ social worker _
   other _

6. Do you have formal training in ethics? NO _ YES _
   If YES: Degree _ (specify, if applicable)
   Credit courses (describe, if applicable)

7. Since joining the EAC, describe any extracurricular educational experiences (please indicate title of activity, number of hours, and name of institution offering the program).
   Courses
8. Which of the following topics would be helpful to you in dealing with issues that come before the ethics committee?

Please rank as follows:

1 = very helpful
2 = helpful
3 = somewhat helpful
4 = not helpful

- Principles of Ethics
- Euthanasia
- Confidentiality
- Assessment of Patients' Capacity
- Maternal-Fetal Conflicts
- Treatment withdrawal issues in adults
- Treatment withdrawal issues in newborns
- Laws related to withdrawal of life support
- Laws related to physician-patient relations
- Living wills and advance directives
- Allocation of limited resources
- Access to care
- Futility
- Ethics of human experimentation
- How to care for and communicate with dying patients and their families
- Religious diversity and ethical issues
9. Which of the following educational formats would be desirable to discuss the above topics?

<table>
<thead>
<tr>
<th>Format</th>
<th>not very desirable</th>
<th>very desirable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Discussions</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Lectures</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Journal Club</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Invited Speaker</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

List other educational formats that would be useful: ____________________________

10. How many case consultations have you performed as a member of the EAC?

0 __ 1-3 __ 4-6 __ > 6 __

11. Discussion of which of the following would be helpful in enhancing your ability to perform case consultations (check all that apply)?

- Ethical Theory __ Law __
- Behavioral Psychology __ Sociology __
- Other ____________________________

Indicate the DEGREE to which you agree with, disagree with, or are uncertain about
each statement by circling the appropriate number.

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Uncertain</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. The EAC meetings have provided me with an educational experience that has broadened my knowledge of ethics.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. The EAC meetings have enhanced my knowledge of the legal issues involved with medical ethical decisionmaking.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Case consultations should be performed by a small group of members in conjunction with one specific member who is involved in every consultation.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Case consultations should be performed by a small group of members drawn from a subcommittee of the EAC rather than having every member rotate through a monthly schedule.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Case consultations should be performed by a small group drawn from the whole committee with every interested member rotating through a monthly schedule.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. References to formal principles of ethics frequently influence the EAC's recommendations.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. References to the law frequently influence the EAC's recommendations.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Concerns with professional and/or institutional liability frequently influence the EAC's recommendations.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
20. I feel qualified to perform case consultations.

21. I feel that I have been able to contribute useful information or perspectives to the case discussions at the EAC meetings.

22. I have felt comfortable participating in the case discussions at the EAC meetings.

If 1 or 2 to # 22, please indicate which of the following contributes to your feeling of discomfort (check all that apply):

Meetings are dominated by a few individuals. __
I am timid at talking in large groups. __
I hold a minority viewpoint that would not be taken seriously. __
I feel that others do not respect my profession. __
other ____________________________

23. Are you satisfied with the conduct of the EAC monthly meetings?

Very Unsatisfied ___________ Very Satisfied ___________
1 __ 2 __ 3 __ 4 __ 5 __

If 1, 2, or 3, how could the EAC's monthly meetings be improved?

____________________________________
____________________________________
____________________________________
____________________________________
24. What activities should be the focus of the EAC next year? Please rank in order of preference with 1 indicating the most preferred.

- Hospital Policy
- Staff Education
- Self-Education
- Research Projects
- Other

Please be specific about any idea relevant to the above items:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Answer #25-39 only if you have participated in a case consultation.

25. How are recommendations of case consultation achieved?

- Consensus
- Majority vote
- Dominated by an individual
- Other

Indicate the DEGREE to which you agree with, disagree with, or are uncertain about each statement by circling the appropriate number.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Uncertain</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

26. I am satisfied with the process involved with case consultation.
27. At times it is difficult to get a group together to perform a consultation.

28. Case consultations take up too much of my time.

29. Case consultations take too long to provide a timely response.

30. One member usually dominates the discussions and the drafting of the recommendations of a consultation.

31. I am unsure of the goals of a case consultation.

32. The consultation team is not good at resolving conflicts.

33. The consultation team provides an educational service to the medical team that was involved in the case consultation.

34. The consultation team provides a service to patients and/or their families.

35. A person with more experience in ethics is needed for case consultation.

36. A person with more experience in performing consultations is needed.

37. A person with knowledge of the legal issues involved in medical ethical dilemmas is needed when performing a case consultation.
38. I feel that the number of case consultations that I have performed has provided me with an adequate experience to perform consultations.

39. I would like to perform more case consultations.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY. YOUR RESPONSES WILL HELP PLAN FOR NEXT YEAR'S MEETINGS.
ETHICS COMMITTEE CONSULTATION FORM

I. Date of consult: ____________  Time: ____________

II. Requestor: ________________  Position: ____________

III. Reason for consultation: ____________________________________________

_____________________________________________________________________

IV. *Ad hoc* committee formed? _____Yes _____No

If no, why? ___________________________________________________________

_____________________________________________________________________

Members of *ad hoc* committee:

1. __________________________  3. __________________________

2. __________________________  4. __________________________

V. Patient’s characteristics:

Name: __________________________  History #: ____________

Clinical area: ________________  Age: ___ Sex: ______

Religion: ________________  Mental status: ____________

Address: __________________________  Phone #: ____________

Medical problems: ____________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
Patient’s wishes: _______________________________________________________

_____________________________________________________________________

Living will: ___ Yes ___ No Power of attorney: ___ Yes ___ No

VI. Family members involved: ___________________________________________

_____________________________________________________________________

Family wishes: _______________________________________________________

_____________________________________________________________________

Address: ______________________ Phone#: _____________________________

VII: Health care team members:

Physician: ________________ Social worker: ________________

Primary nurse: ________________ Other: ______________________

Health care team’s opinions: __________________________________________

_____________________________________________________________________

VIII. Process: (Describe the ethics committee’s interactions with the health care team, patient, and family.)
IX. Consensus of group:

X. Follow-up:

Ad hoc Committee Chairperson

Date
ETHICS COMMITTEE
EVALUATION FORM FOR HEALTH CARE PROFESSIONALS

The members of the Ethical Advisory Committee wish to know if their responses to your consult have been timely, helpful, and effective. In order to constantly improve the service offered, we need feedback. Your response to the following questionnaire is essential to our being most helpful in future consultations. Thank you.

1. Did you request the services of the Ethical Advisory Committee?
   ____ Yes  ____ No

2. If yes, why?
   __________________________________________________________
   __________________________________________________________

2a. Did questions about law or legal liability influence your decision to request the services of the ethics committee?

3. If you answered no to question 1, what was the reason for your interaction with the Ethics Advisory Committee?
   __________________________________________________________
   __________________________________________________________

For question 4-7, please circle the number that most clearly reflects your opinion.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. The members of the Ethical Advisory Committee with whom you interacted:
   A. Were open to your concerns
   B. Asked useful questions
   C. Clarified issues
   D. Seemed knowledgeable
   E. Assisted in the process
5. The consultation note:

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Neutral</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Addressed issues raised</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Offered helpful approaches</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Was clear</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Contributed nothing new</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

6. As a result of the consult:

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Neutral</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Ethical issues were clarified for you</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Your decision making was helped</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. You became aware of additional points of view</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. You had increased confidence in your decisions</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

7. The consultation provided an opportunity for you as health care professionals to:

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Neutral</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Express concerns</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Raise questions</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Express my opinion</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Receive explanations</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Comments:__________________________________________________________________________________________

8. The response was prompt. 1 2 3 4 5
Comments:__________________________________________________________________________________________

9. The consultation team was easy to contact. Yes No
Comments:__________________________________________________________________________________________

10. Do you know of any legal action pending on the case for which the Ethical Advisory Committee was utilized? Yes No
Explain:__________________________________________________________________________________________

11. As a result of your experience, are you more likely or less likely to seek the assistance of the Ethical Advisory Committee again? More Likely Less Likely
Comments:__________________________________________________________________________________________

12. Have you any additional remarks for the committee? Yes No
Comments:__________________________________________________________________________________________

Signature________________________________________
(optional)
Appendix V

ETHICS COMMITTEE
EVALUATION FORM FOR FAMILY MEMBERS

The members of the Ethical Advisory Committee wish to know if their responses to your consultation have been timely, helpful, and effective. In order to constantly improve the service offered, we need feedback. Your response to the following questionnaire is essential to our being most helpful in future consultations.

Thank you.

1. Did you request the services of the Ethical Advisory Committee?

   _____Yes  _____No

2. If yes, why?

   ____________________________________________

3. If you answered no to question 1, what was the reason for your interaction with the Ethics Advisory Committee?

   Comments:

   ____________________________________________

For questions 4-7 please circle the number that most clearly reflects your opinion.

1 2 3 4 5

1 Strongly agree 2 Neutral 3 4 5 Strongly disagree

4. The members of the Ethical Advisory Committee with whom you interacted:

   A. Were open to your concerns
      1 2 3 4 5

   B. Asked useful questions
      1 2 3 4 5

   C. Clarified issues
      1 2 3 4 5

   D. Seemed knowledgeable
      1 2 3 4 5

   E. Assisted in the process
      1 2 3 4 5

   Comments: ____________________________________________

   ____________________________________________
5. As a result of the consult:

A. Ethical issues vs. your concerns were clarified for you
   1 2 3 4 5

B. Your decision making was helped
   1 2 3 4 5

C. You became aware of additional points of view
   1 2 3 4 5

D. You had increased confidence in your decisions
   1 2 3 4 5

Comments:________________________________________________________________________

6. The consultation provided an opportunity for you, as family members, to:

A. Express concerns
   1 2 3 4 5

B. Raise questions
   1 2 3 4 5

C. Express my opinion
   1 2 3 4 5

D. Receive explanations
   1 2 3 4 5

Comments:________________________________________________________________________

7. The response was prompt.
   1 2 3 4 5

Comments:________________________________________________________________________
220 Revitalizing A Hospital Ethics Committee

8. The consultation team was easy to contact.    Yes  No

Comments:__________________________________________________________________________
________________________________________________________________________________

9. As a result of your experience, are you more likely or less likely to seek the assistance of the Ethical Advisory Committee again?    More Likely  Less Likely

Comments:__________________________________________________________________________
________________________________________________________________________________

10. Have you any additional remarks for the committee?    Yes  No

Comments:__________________________________________________________________________
________________________________________________________________________________

Signature________________________
(optional)

Please return to: Henry J. Silverman, M.D.
University of Maryland Hospital
MSTF, Room 800
10 S. Pine Street
Baltimore, MD 21201
ETHICS ROUNDS EVALUATION

PLEASE ANSWER THE FOLLOWING QUESTIONS AND TURN THIS FORM IN BEFORE LEAVING.

1. Did the ethics rounds meet your expectations?
   Yes, why?
   ________________________________________________________________
   No, why?
   ________________________________________________________________

2. Was the room environment adequate?
   _____Yes     _____No (If no, please comment.)
   ________________________________________________________________

3. What is your opinion of the case chosen for discussion?
   _____Boring and unrealistic     _____Interesting and realistic
   Comments:__________________________
   ________________________________________________________________

4. What is your opinion of this format as a teaching device?
   _____Poor     _____OK     _____Outstanding
   Comments:_____________________________________________________
   ________________________________________________________________

5. What is your opinion of the time allotted for discussion?
   _____Not enough     _____About right     _____Too much

6. What, if anything, did you learn from this exercise?
   ________________________________________________________________
7. Suggestions for future discussions:______________________________

8. a. Your profession and/or specialty:______________________________

b. How many years of clinical experience have you had?
   - Not completed
   - 0 - 2 years
   - 3 - 5 years
   - 6 - 9 years
   - 10 or more years

THANK YOU!