

# Healthcare ethics consultants share lessons learned

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Healthcare ethics consultants are called upon in the most difficult of times; where do they turn for advice? The American Society For Bioethics and Humanities' Clinical Ethics Consultation Affairs Committee (CECA) is taking a community approach, creating an online forum for feedback and shared experiences to accompany a paper published in the Fall 2012 issue of the *Journal of Clinical Ethics*.

The paper, titled "HCEC Pearls and Pitfalls: Suggested Do's and Don'ts for Healthcare Ethics Consultants," compiles lessons learned and advice for best practices from members of CECA, recognized national leaders in ethics consultation. The online discussion forum invites feedback on the paper from frontline ethics consultants across the country and provides the opportunity to share thinking and experiences.

"The stakes are often very high, as healthcare ethics consultants help families and [clinicians](#) through their most challenging issues, like whether to pursue [aggressive treatment](#) at the end of life" says Joseph Carrese, MD, MPH, a member of CECA and the lead author of the paper. "It's CECA's hope that this compilation of lessons learned, and the complimentary online discussion forum, will allow healthcare ethics consultants to learn from peer experiences and improve the overall quality of ethics consultations."

The online discussion forum is an effort to ensure improvement in ethics consultations is ongoing and doesn't end with the published paper, says Carrese, a core faculty member of the Johns Hopkins Berman Institute

of [Bioethics](#) and Chair of the Ethics Committee at Johns Hopkins Bayview Medical Center.

"There's no need to reinvent the wheel in the age of social media, especially with issues as difficult as those encountered by healthcare ethics consultants, " Carrese says. "The online discussion forum will be a great place to get feedback on this first collection of 'Pearls and Pitfalls,' and will hopefully provide material for future iterations as well."

The published paper includes 12 'pearls and pitfalls' developed from the collective experience of CECA members. The authors note these 12 points are not intended to be an encyclopedic account of everything to bear in mind when conducting ethics consultations, but they agree that these 12 are important and a good starting place.

A key piece of advice shared in the paper is the importance of having a standardized method for conducting healthcare ethics consultation. Medical circumstances will vary, Carrese says, but the method for analyzing them should not. The authors quote Aristotle: We are what we repeatedly do. Excellence, then, is not an act but a habit. "Approaching one's work differently each time increases the likelihood of omissions and mistakes," they write.

The authors address the concern of being labeled a boat-rocker or whistle-blower for requesting ethics consultation. Support for ethics consultation must be institutional, they write, with ongoing outreach and education efforts by consultants. Marketing of ethics consultation services is also integral to how they are perceived and should be planned thoughtfully, the authors note.

What if time doesn't allow for a formal ethics consultation? "There is an important distinction between providing general education or coaching about communication principles, and giving specific advice about a

particular patient that may lead to important decisions about that patient's medical care," the authors advise. "Avoid offering specific advice about a particular patient unless it is in the context of a formal case consultation."

"These suggestions for effective healthcare ethics consultation, gleaned from the experience of national experts, could make a positive difference when an [ethics](#) consultant is faced with helping the healthcare team, the patient and perhaps their family make a difficult and high stakes decision," Carrese says.

Provided by Johns Hopkins University School of Medicine

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