Purpose: To define the role, scope, and mechanism of clinical ethics consultations.

1. The Clinical Ethics Consultation Service shall provide assistance to healthcare professionals, patients, and families in the identification, analysis, and resolution of ethical dilemmas and concerns that arise in the care of individual patients.

2. Anyone involved in a patient's care may request an ethics consultation for that patient. This shall include any member of the patient care team, the patient him- or herself, a family member, friend, etc.

3. The scope of clinical ethics consultations shall include such issues as limitation of treatment, interpretation of advance directives, and surrogate decision-making. The issue may involve conflict about the patient's capacity to give consent, the appropriate goals of therapy, or the use or non-use of specific treatment modalities. In other situations, there may be no conflict; the requestor may seek input on the ethical permissibility of a proposed course of treatment.

4. Ethics consultations shall not be considered the appropriate means to resolve questions of clinical management, interpersonal conflict, or peer review. For such issues, other well established institutional or professional mechanisms may be used to assist with these matters.

5. The patient's attending physician shall always be notified that an ethics consultation has been requested, either by the person making the request, or by the ethics consultant.

6. There shall be no retaliation for requesting an ethics consultation. This is particularly relevant in a teaching institution where students, house staff, and other trainees might otherwise be reluctant to raise ethics questions. In unusual cases, the person requesting the consultation may remain anonymous.

7. Ethics consultations shall be provided in a timely manner by qualified clinicians who have been authorized to provide ethics consultation by the Ethics Committee (reference M-138.A and M-138.C).

8. All consultations shall be peer-reviewed (reference Monitoring Plan in M-138.B).
9. The recommendations of the ethics consultant are advisory only; the clinicians caring for the patient are free to implement the suggestions or not.

APPROVERS: LLUMC Chief Executive Officer, LLUMC Ethics Committee, LLUMC Hospital Cabinet, LLUMC Medical Staff President and Chair of MSEC, Medical Staff Executive Committee
1. The Clinical Ethics Consultation Service operates under the supervision of the Director of Clinical Ethics, who reports to the LLUMC Ethics Committee and to the Vice President for Patient Safety and Reliability.

2. The Clinical Ethics Consultation Service maintains a 24-hour 7-day call schedule.

3. A person requesting an ethics consultation should determine who is the ethics consultant on call by contacting the page operator, and should then contact that person by pager, phone, or in person. When the ethics consultant on call is a Fellow in Clinical Ethics, he or she will consult with a supervising clinical ethicist before completing the consultation report.

4. After discussion with the requestor, the ethics consultant will determine whether an ethics consultation is appropriate. If it is, he or she will gather data by reviewing the patient's chart and speaking with pertinent clinicians, and he or she will usually see the patient and speak with family members or others.

5. The ethics consultant will record in the patient's chart his or her analysis and recommendations.
1. Ethics consultations will be reviewed in confidentiality at the weekly Clinical Ethics Case Conference in a timely manner. Involved parties are encouraged to attend. This case conference is a subcommittee of the LLUMC Ethics Committee.

2. A written summary of ethics consultations will be prepared monthly for the LLUMC Ethics Committee.
1. Authorization to perform clinical ethics consultations at LLUMC may be granted by the Ethics Committee of the LLUMC Medical Staff after review of the applicant’s portfolio and qualifications.

   1.1 Individuals applying for authorization to perform clinical ethics consultations must meet the qualifications as outlined in the CEC job description.

   1.2 Individuals applying for authorization to perform clinical ethics consultations must be nominated by the Director of Clinical Ethics.

2. Authorization to perform clinical ethics consultations will be reviewed by the Ethics Committee every two years. Re-authorization will be provided upon the recommendation of the Director of Clinical Ethics. Individuals must also demonstrate the following:

   2.1 Responsibility for leading at least 15 clinical ethics consultations since the last authorization.

   2.2 Primary author of consultation documentation for at least 15 clinical ethics consultations since the last authorization.

   2.3 Participation in Clinical Ethics continuing education of at least 20 hours every 2 years. Continuing education can be obtained by conference attendance, reading, publishing, or providing relevant education to groups within the LLUH campus. CEC can provide documentation of continuing education by CEU/CME/CE certification or by personal attestation.

3. CECs are highly encouraged to seek healthcare ethics consultant certification (HEC-C) provided by the American Society for Bioethics and Humanities (ASBH). Individuals who pass the exam may use the HEC-C credential after their name.

4. Temporary authorization to perform clinical ethics consultations may be granted to trainees, who may only perform consultations under the supervision of, and in consultation with, an authorized CEC.
HEALTHCARE OR CLINICAL ETHICS CONSULTANT

1. Healthcare or Clinical ethics consultants (CEC) play a vital role in enabling patient centered decision-making, particularly in difficult situations. The successful CEC has sufficient knowledge to identify and analyze the ethical dilemma, ability to communicate with multiple disciplines, and the skill to document appropriately in the patient’s medical record.

2. Required Knowledge
   
   2.1 Philosophical and moral theories and norms,
   
   2.2 Ethical concepts and the associated clinical context related to healthcare issues including (not an exhaustive list) disclosure, conflicts of interest, end of life care, respect for patient autonomy, decision making capacity, life sustaining treatment, organ transplantation, resource allocation etc.
   
   2.3 Relevant healthcare law
   
   2.4 Process and functions of interrelated components within healthcare systems
   
   2.6 Policies and guidelines from national organizations or sponsoring faith organizations
   
   2.7 Hospital policy

3. Required Skills
   
   3.1 Gather and identify crucial elements
   
   3.2 Analyze and apply ethical norms
   
   3.3 Facilitate effective communication
   
   3.4 Represent all relevant views
   
   3.5 Document appropriately in the patient’s medical record
   
   3.6 Collaborate with multiple disciplines
   
   3.7 Work within the health system’s structure to implement recommendations
   
   3.8 Obtain feedback and review outcomes

4. Required Education and Training – CECs must meet at least *one* requirement in *each* category to practice independently
<table>
<thead>
<tr>
<th>Education</th>
<th>Training</th>
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<tbody>
<tr>
<td>Bachelor’s degree or higher in Bioethics or a related field of theology or philosophy</td>
<td>Fellowship of at least 1-year duration in Bioethics, Clinical Ethics, or Healthcare ethics</td>
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<tr>
<td>Bachelor’s degree or higher in healthcare related field</td>
<td>Healthcare Ethics Consultant Certification from the American Society for Bioethics and Humanities (ASBH)</td>
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<td>Extended experience in Clinical Ethics Consultation as evidenced by a portfolio documenting the following:</td>
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<td></td>
<td>• Participation of at least 25 clinical ethics consultations within two calendar years</td>
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<td></td>
<td>• Responsibility for leading at least 15 clinical ethics consultations within two calendar years</td>
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<td></td>
<td>• Primary author of consultation documentation for at least 15 clinical ethics consultations within two calendar years</td>
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<td>• Participation in continuing education specifically in Clinical Ethics</td>
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<td>• Participation in institutional structures and processes specific to clinical ethics consultations (e.g., IRB, Bioethics Committee, etc.)</td>
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