Healthcare Ethics Committees (HECs): An Idea Whose Time Has Passed?

Dr. L. has been the chair of the medical center's HEC for seven years. An enthusiast for bioethics, he has been a stalwart in seeing the HEC through its own education, policy development, and case consultations. He is known for his commitment to open discussion and dialogue. Lately, HEC membership has declined. There are only two other MDs who attend meetings (irregularly); there is no longer senior management representation on the committee; nursing representatives are increasingly hard to find; and the two community representatives have not been seen for six months. Moreover, in the past year, only one case has been brought to the HEC for its assistance by the providers involved in the case. The medical center's new CEO has proposed that the HEC be disbanded and that the medical center contract with a local bioethics consultant for whatever services are needed. She argues that what the consultant can't do, the executive management team (EMT) or quality management council could do. The EMT is considering a new marketing strategy in which the medical center advertises itself as a “place where miracles happen,” and the quality council is focusing on length of stay and readmission rates as its principal quality indicators. Dr. L. brings this proposal to the HEC meeting for another of his famous open discussions.

This case can be considered from the perspectives of individual ethics, institutional ethics, and societal ethics.

Respond to the statements below using the following scale:

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<tbody>
<tr>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Not Sure</td>
<td>Disagree</td>
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### Individual Issues

1. Individual members of HECs should be held accountable for their service to the committee.

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2. HEC chairs should be held individually accountable for the effectiveness of their committees.

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3. Healthcare should acknowledge its indebtedness to members of HECs for the contribution HECs have made to healthcare.

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4. Any ineffectiveness on the part of the HEC is largely due to factors beyond the control of it and its members.

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5. Any ineffectiveness on the part of the HEC is partly attributable to the HEC itself and its members.

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### Institutional Issues

1. A HEC is essential to ensure that ethical issues are taken seriously in a healthcare institution.

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2. Currently, HECs seem to contribute little to the ethical climate within medical staffs and senior management.

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3. Most healthcare institutions today would be better served by a trained bioethics consultant than by their current HEC.

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4. The executive management team of a healthcare institution should have its own processes or resources for raising and dealing with ethical issues in the management of the institution.

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5. Ethics should be an integral part of quality management programs in all healthcare institutions.

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### Societal Issues

1. The assumption that ethics can be done by committee is as mistaken as the notion that science or accounting can be done by committee.

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2. “Ethics-committees-in-healthcare” is an idea whose time has passed.

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3. Health Care Finance Administration (HCFA) should reimburse healthcare institutions for the assistance of the HEC with Medicare or Medicaid patients.

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4. All HECs should be required to comply with the American Society for Bioethics and Humanities' Standards on Bioethics Consultation.

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5. JCAHO should develop a standard explicitly requiring HECs and explicitly requiring that HECs be given a certain level of support from healthcare institutions.

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