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ETHICAL DIMENSIONS

A NEWSLETTER ADDRESSING THE INDIVIDUAL, INSTITUTIONAL AND SOCIETAL DIMENSIONS OF ETHICS

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

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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 couldn'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: ☐ 1 Strongly Agree 2 Agree ☐ 3 Not Sure 4 Disagree 5 Strongly Disagree Individual Issues Institutional Issues Societal Issues 1. Individual members of HECs 1. A HEC is essential to ensure that 1. The assumption that ethics can be should be held accountable for their ethical issues are taken seriously in a done by committee is as mistaken as the notion that science or accounting service to the committee. healthcare institution. can be done by committee. **1 1 1 2 1 3 1 4 1 5** □1 □2 □3 □4 □5 2. HEC chairs should be held 2. Currently, HECs seem to contribute 2. "Ethics-committees-in-healthcare" little to the ethical climate within individually accountable for the medical staffs and senior management. is an idea whose time has passed. effectiveness of their committees. $\square 2 \square 3 \square 4$ 3. Most healthcare institutions today 3. Health Care Finance Administration 3. Healthcare should acknowledge its indebtedness to members of HECs for would be better served by a trained (HCFA) should reimburse healthcare bioethics consultant than by their institutions for the assistance of the the contribution HECs have made to HEC with Medicare or Medicaid current HEC. healthcare. patients. **1 1 1 2 1 3 1 4 1 5** 4. The executive management team of 4. Any ineffectiveness on the part of a healthcare institution should have 4. All HECs should be required to the HEC is largely due to factors its own processes or resources for comply with the American Society for beyond the control of it and its raising and dealing with ethical issues Bioethics and Humanities' Standards members. for Bioethics Consultation. in the management of the institution. □1 □2 □3 □4 □5 **1 1 1 2 1 3 1 4 1 5** 5. Any ineffectiveness on the part of 5. Ethics should be an integral part of 5. JCAHO should develop a standard the HEC is partly attributable to the quality management programs in all explicitly requiring HECs and explicitly HEC itself and its members. healthcare institutions. requiring that HECs be given a certain **1 1 1 2 1 3 1 4 1 5** level of support from healthcare institutions.



OPINIONS AND FEELINGS ARE FREQUENTLY A PERSONAL TRIUMPH OVER GOOD THINKING YOU DEFINE REALITY BY WHAT YOU KNOW, WHAT YOU BELIEVE, AND WHAT YOU DO ABOUT IT.