

NSHEN  Nova Scotia
Health Ethics
Network
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Introduction to Ethics Consultation

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Objectives

At the end of the workshops, participants will be able to:

- Explain the approach to clinical ethics consultation used in NSHA
- Adapt the model of clinical ethics consultation for particular situations
- List some of the key competencies for clinical ethics consultation
- Describe challenges commonly encountered in providing clinical ethics consultation
- Identify strategies to address challenges that can arise for clinical ethics consultants



Overview

- Review of consult process
- Compare and contrast clinical and organizational ethics consultation
- Approaching consultation
- Setting the stage for consults
 - Case discussion – Preparations
- Facilitation in ethics consults
 - Case discussion – Facilitation
- Ethics analysis in ethics consults
 - Case discussion – Ethics analysis
- Wrap up



Poll Everywhere

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Which is the best vegetable?

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What do you think is difficult about ethics consultation?

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Approaching Consultation

Where do we need to go?

How will we get there?

What tools do we have available?



Emphasis

- Focus on learning, reflecting, and applying for those who are and/or will be acting in a consultant role
- Attention to the *process*

Clinical and Organizational Ethics - Similarities

- Approach
 - Identify issue
 - Gather information (facts, policy, literature)
 - Identify and involve stakeholders
 - Identify relevant values
 - Identify options & determine alignment with values
 - Decide
 - Evaluate
- Use of tools and frameworks to guide and structure discussion
- Highlighting the role that values are playing in decision making
- Context matters
- Most ethical questions involve both clinical and organizational aspects

Clinical and Organizational Ethics – Key Differences

Clinical

- Relationships between individuals
- Micro-level decisions
- Key values: autonomy, justice, beneficence, non-maleficence
- One or two meetings
- What should we do?

Organizational

- Systems and structural dynamics
- Meso- or macro-level decisions
- Key values: integrity, respect, trust
- Series of meetings
- Close gap between is and ought

Ethics Consultation Process

Preparation

- Access
- Intake
- Triage
- Notification

Engaging

- Consultation facilitation
- Ethics analysis
- Deliberation and reflection

Follow Up

- Documentation
- Debriefing
- Evaluation

What do others often think the goal of an ethics consult should be?

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What do you think the goal of an ethics consult should be?

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Goals of Consultation Include...

- Facilitating conversation about values-based issues
 - Often in the context of much uncertainty and complexity
- Assisting with an ethics-based analysis of various options
- Helping build consensus as well as awareness and understanding
- Identifying barriers and facilitators to ethical action

Consultation - Context

- Role of consultants
- Accountability
- Organizational status & location
- Attention to diversity (geographic, professional, cultural, gender, etc.)
- Existing ethics capacity and confidence

What skills should an ethics consultant have?

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ASBH Core Competencies

- Identify nature of value uncertainty
- Access relevant literature
- Establish expectations for consult & involve stakeholders
- Implement recommendations
- Communicate effectively
- Facilitate meetings
- Document and communicate activities
- Identify systems issues
- Evaluate and improve consultation process
- Listen well
- Provide education about ethics
- Elicit participants' moral views
- Represent parties' views to others
- Enable parties to communicate and be heard
- Recognize and address barriers to communication (incl. relationship)
- Knowledge of
 - Moral reasoning and ethical theory
 - Bioethical issues and concepts
 - Healthcare systems
 - Clinical context
 - Healthcare organization
 - Beliefs and perspectives of patients and staff
 - Codes of ethics, professional guidelines, accreditation standards
 - Health law

Should the ethics consultant...

Be totally unbiased

Advocate for what they think is the right decision

Support the group's consensus as long as the group used a good process

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Providing Consultation

- Different approaches
 - Single clinical ethics consultant
 - By committee
 - Small team approach
 - Ethics mentors/influential/point persons

Setting the Stage - Preparation



Process: Access

- Informal
 - "Hallway" consults
 - Email, texts, phone consults
- Formal
 - Standardized process
 - Single point of contact
- Publicity
 - Patients, families, staff, physicians, volunteers

Process: Intake and Triage

- Gather information
 - Use standard form/approach
 - Who should be involved, what is the relevant clinical/organizational information, policies, etc.
- Identify the issue(s)
 - Is it an ethics issue?
 - Does it need a full ethics consultation meeting?

Process: Notification

- Prepare participants for the consultation process and their roles in it
- Prepare the ethics team (if applicable) – who will be involved and in which role

Process: Notification

- Typically the patient and the attending physician are informed that an ethics consultation has been requested (if not the initiators or already informed)
- Permission from the patient and the attending is not required for the ethics consultation to proceed
 - Controversial

Do you think that patients or substitute decision makers should be notified when ethics support has been contacted?

Always

If they ask

If the requestor thinks it's a good idea

Never

Process: Roles for Consultants

- Possible roles for ethics consultants
 - Facilitator – everyone gets a chance to talk, engage different participants
 - Ethical analysis facilitator – introduction of relevant ethics information, development of 'best' arguments, clarifying and correcting any ethics-related confusion
 - Recorder – maintain a summary of issues discussed and any recommendations reached

Case Discussions - Intake

From an audiologist:

“I’ve had three clients this week who’ve asked me to fit hearing aids that they’ve bought online. I understand that they want to save money and that hearing aids are expensive, but I’m worried about liability and unsure about professional responsibility if they’ve got a device that’s not right for them. Could we just make it a policy that we don’t fit hearing aids, period?”

Case Discussions - Intake

From a mental health therapist:

"I have a client who has seen two different pediatricians. She's 7 years old with some persistent behavioural challenges. The first pediatrician proposed various social and parenting interventions, but when the client came in for follow up she saw the other pediatrician who recommended medication. The parent is confused and upset. Can you help them out?"

Case Discussions - Intake

From a receptionist:

"I get a lot of calls about the waitlist and people are upset when their doctor told them that it was an urgent referral but they don't meet our criteria. Could you help me out with ways to explain this to clients? Also, I've noticed that clients who self-refer tend to wind up with lower priority than those who are referred by health care providers. Should we be worried about that?"

How would you respond to the receptionist in Case 3?

- Recommend a formal consultation involving patient and family stakeholders
- Suggest that it's a communication issue, not an ethics issue
- Focus on helping the receptionist explain the how referrals are handled
- Focus on how patients who self-refer are handled

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Engaging: Facilitation and Analysis



What is Facilitation?

- Facilitation involves using “some level of intuitive or explicit knowledge of group process to formulate and deliver some form of formal or informal process interventions at a shallow or deep level to help a group achieve what they want or need to do or get where they want or need to go” (Ruefe 2008).

Process: Discussion/deliberation

- Opening statement (ritual)
 - Introductions
 - Objectives or goals of process
 - ‘Ground’ rules (possibly explained in notification)
- Clarification/overview of the situation

Process: Discussion/deliberation

Focus on the process

- Attention to who gets to speak first
- Allow sharing of affective responses
- Attention to creation of optimal, inclusive 'moral space' for reflection & deliberation
- Focus on engaged participation
- Be prepared for tension and possible conflict
- Attentiveness to power dynamics
- Responsiveness to reducing vulnerability

Process: Closing

Wrap-up

- Recorder sums up discussion and any recommendations arrived at by the group
- Asks for agreement on this record (becomes part of documentation)
- Formal "thank you" for participants
- Offer of additional support extended, if appropriate

Case Discussions - Facilitation

This past winter there were an increased number of no-shows. Jane, a new dialysis nurse, was trying to consistently apply the NSHA no-show policy across the board, but in chatting with others after a meeting one day gets the impression that others are more inclined to be lenient in some cases. She's concerned that this created the impression that policy is being applied selectively, and feels that this generates ethical concerns.

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Case 1 continued...

In the consult, clinicians who work in Cape Breton state that they believe that it's not fair that expectations for clients in downtown Halifax apply equally to those in Inverness. Others think that some level of discretion is appropriate and that they can tell when the policy needs to be applied. It is clear that all those in the room feel strongly about the issue.

Case Discussions - Facilitation

At a recent staff meeting, the question of discharge planning and service provision was raised. Clinicians agreed that most clients would benefit from additional services, but also recognized that waitlists are long. A discussion evolved around where professional obligations lie - to advocate for current clients or to focus on the interests of potential clients.

Continue to next slide...

Case 2, continued...

Someone suggested that getting an ethics perspective on this question would be helpful and so members of the Zone Ethics Committee were invited to the next staff meeting. Coincidentally, the staff meeting was just after another round of budget cuts had been announced.

What are some useful strategies for managing conflict?

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Ethics Analysis



Process: Analysis/reflection

- Focus on the process
 - Draw on what was learned during the intake process
 - Work on clarifying the relevant issue(s)
 - Identify, deliberate and reflect on the ethics features
 - Discuss courses of action/inaction and their ethical aspects
- Be prepared to sum up, repeat, and check what points people are making – help make best case

Case: Ethics Analysis

Continuing care is expensive, even for clients who have insurance coverage, and the type and quality of service varies between providers. In response to requests from patients and families some of the social workers have drafted a guide to help in choosing a continuing care provider. The guide includes both non-profit and for-profit providers. Some social workers feel uncomfortable recommending for-profit providers. In addition, some of the social workers have past experiences with some of the providers, both positive and negative, and they're wondering how, if at all, to include this in the guide.

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Case continued...

The guide has come to the Zone Ethics Committee for review, with a note that there are significant concerns with the appearance of endorsing (or not recommending) certain providers, even if the information in the guide is a response to what clients are requesting.

Which values or principles are central to the ethical analysis?

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Follow Up: Sticking the Landing



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Debriefing

- For consultants
 - Feedback
 - Improvement
- For requestors?

Evaluation

- For requestors
 - Formal
 - Informal
 - Timing
- For consultants?

What are the next steps for you in building confidence around ethics consultation?

Start the presentation to set the context. Ask the audience what the app is for/why it matters

Final thought...

"The drop hollows the stone not by force but by often falling."

Ovid


