Ethics committees are widely accepted as an important resource for addressing ethical challenges in today’s healthcare organizations. The value of ethics committees has been acknowledged by The Joint Commission, which established standards for an ethics mechanism to address ethical conflicts within healthcare institutions.

The traditional ethics committee tends to focus on ethics education, policy review and development and case consultation. Over the years, ethics committees have evolved to address not only clinical issues but also broader organizational issues such as conflicts of interest, allocation of resources, professional-personal boundaries and institutional marketing practices. As a result, ethics committees have the potential to be essential resources for not only clinicians and patients, but also healthcare executives. Despite the presence of ethics committees in most healthcare facilities, and their potential for broad reach, they can be underused by executives.

Why Are Ethics Committees Underused?
During educational programs, I frequently ask a series of questions to healthcare executive participants about their use of ethics committees. I begin by asking participants to raise their hands if they regularly encounter ethics issues. In response almost every hand in the audience shoots up. I then ask them if they ever feel uncertain about how best to address the ethics issues. Nearly the same number of hands is raised.

When exploring the reasons why healthcare leaders rarely seek out their institutions’ ethics committees or encourage others to use them, the responses vary dramatically. Some respondents believe that the ethics committee only addresses clinical issues and therefore would not be useful to leaders trying to address or reflect on organizational or business ethics issues.

But the most common response I hear from healthcare executives is they lack confidence in committee members. They do not feel committee members are sufficiently knowledgeable in organizational and managerial issues—the business and financial aspects of healthcare. Many leaders indicate that they wish committee members were better prepared to offer ethics-grounded thinking to the broader scope of issues encountered.

A task force of recognized ethics committee and ethics consultation leaders from throughout the U.S. recently published an important report on the core competencies for healthcare professionals performing ethics consultations. The task force’s primary concern was quality assurance in the effectiveness of ethics consultations: Patients, families, surrogates and healthcare professionals should feel confident when they seek assistance regarding the ethical dimensions of healthcare. They should trust that the internal ethics consultants are competent and able to offer help.

A summary of the task force’s report, written by Anita J. Tarzian and the American Society for...
Bioethics and Humanities’ Core Competencies Update Task Force, was published in the February 2013 (Vol. 13, Issue 2) issue of the American Journal of Bioethics, which is available at www.tandfonline.com (click the Browse tab to select the journal by name). The report can serve as a practical tool to ensure ethics consultants possess the needed knowledge and skills to be effective in addressing a wide range of issues, including organizational ethics challenges. When healthcare executives recognize and trust that their institutional ethics consultants possess these core competencies, it will build their confidence when seeking their assistance.

Ethics Consultant Skills and Knowledge
The report notes that ethics consultants need to have specific knowledge and skills to accomplish two fundamental goals: the ability to identify and analyze the nature of the value conflict or uncertainty; and the ability to facilitate moral reasoning to provide an ethics-based resolution.

To effectively respond to ethics consultations, healthcare executives should feel confident that their facility’s consultants have appropriate skills and knowledge. The report recommends three basic skills:

- **Assessment skills**—including the ability to identify and analyze the ethical uncertainty or conflict and to access and apply ethics knowledge from the organization’s policies, professional guidelines or standards, and ethics literature.
- **Process skills**—including the ability to facilitate a consult, communicate and document the consult, and collaborate with various professionals as part of the consult.
- **Interpersonal skills**—including the ability to listen, ask questions and foster effective communication among the parties involved in a consult.

In addition to these fundamental skills, ethics consultants should possess ethics-related knowledge. The report identified several core knowledge competencies including:

- **Moral reasoning related to ethics consultation**—basic ethical theories, principle-based reasoning, and theories of social and distributive justice.
- **Basic ethics concepts and issues that are frequently encountered**—patient choice, conflicts of interest, confidentiality, end-of-life decision making and surrogate decision making.
- **Clinical context**—awareness of the basic course of commonly seen illnesses, roles of various healthcare professionals and basic healthcare terminology.
- **Organizational context**—mission and values statements, systems of care, organizational structures, medical record keeping.

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the role of executives and a basic understanding of healthcare financing

- **Organizational policies and procedures**—informed consent, advance directives, withholding and withdrawing life-sustaining treatment, human subject research, disclosure of medical errors and impaired professionals

- **Cultural beliefs of the population served**—racial, ethnic, religious and cultural groups, and the resources for addressing specific religious and cultural perspectives

- **Relevant professional codes of ethics and practice guidelines**—codes of ethics from all relevant professions (administration, medicine, nursing, etc.)

- **Applicable regulations and health law**—Joint Commission standards, end-of-life related laws, surrogate decision making and determination requirements, and organ donation and reporting requirements

The report makes the distinction between basic and advanced levels of the recommended knowledge and skills. The distinction is made because there is no one uniform manner in which ethics consultations are facilitated within healthcare institutions. Consultations can be performed by the committee as a whole, a small team (usually two to four consultants) or an individual committee member.

If the consultations are facilitated by the whole committee or a subcommittee, an advantage is that expertise can be pooled, whereas if a consultation is performed by a single person, that professional would need a more advanced level of expertise. Regardless of the institution’s particular approach to consultation, appropriate additional resources should be identified. For example, if a case comes before the committee that involves a particular religious group (e.g., Jehovah’s Witnesses) or a legal issue, the ethics consultants on call should be aware of the resources to which they have access to assist them in addressing those specific situations.

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The task force report can assist committee members by acting as a self-assessment barometer, highlighting whether they are lacking any of the identified skills and knowledge areas. Any missing skill and knowledge areas can then become the focal point of an educational initiative. The educational initiative can be fostered through self-education, committee-wide education and/or attendance at formal healthcare ethics training programs and conferences. The American Society for Bioethics and Humanities created a useful education resource library to assist in these efforts.

The availability of effective ethics resources within a healthcare organization is critical for the successful handling of ethics issues. Competent resources should be available to assist and respond to both clinical and organizational ethics challenges. I often remind healthcare leaders that it is their responsibility to ensure that a capable ethics committee is present and properly resourced. Executives who feel less than confident about their ethics committees need to ask themselves the following questions: What am I doing to ensure that our ethics committee is a useful resource for all our employees and patients, and can I effectively respond to the ethical challenges faced?

Ethics committee members need executive leadership support to not only acknowledge the importance of an effective committee but also to provide adequate financial resources and time to attain the knowledge and skills needed to be a competent, valued and sought-after resource for addressing clinical and organizational ethics conflicts. The noted core competency report is a useful tool—for both executives and ethics committee members—for determining what is needed to foster assurance that your ethics committee and consultants have the appropriate knowledge and skills.

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