

The Necessity of Health Care Ethics Committees

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Ethics committees bring together varied disciplines, ethical notions, and moralities that reflect a pluralistic patient population. These groups offer support for clinicians and administrators in resolving conflicts, making ethical decisions, and maintaining a necessary focus on ethical practice. Committees do not make medical decisions but offer support through identification, reasoning, analysis, recommending, and mediating. Some evidence shows that ethics committees reduce liability risks. Such groups maintain a patient focus, improve the quality of care, and increase patient satisfaction.

Health care ethics have a varied forty-year history. Such committees have been established to make tough health care decisions necessitated by increasing complex technology and medical care. Three major sources for their necessity are the following:

1. 1961 – Seattle god committee. A group of community citizens was gathered to decide who should receive time on the limited number of dialysis machines available.
2. 1976 – Karen Ann Quinlan case. The New Jersey Supreme Court suggested Institutional Ethics Committees as an alternative to legal proceedings to reduce conflict. The court is not the place to resolve health care issues since it encroaches on medicine’s “field of competence.”
3. 1991- Joint Commission on the Accreditation of Health Care Organizations requires all health care facilities to have a process in place for resolving clinical ethics problems.

Why we need ethics committees (derived from John Fletcher at UVA)

1. The development of new medical technology;
2. Finding new applications for older medical technology;
3. Ethical pluralism;
4. Value and protection of patient self determination;
5. Shared decision making;
6. Court and national commission recommendations;
7. Perceived threat of medical malpractice;
8. Media attention given to ethical issues in public life.

Composition of the Ethics Committee:

1. The only requirement is diversity; most effective with people from a variety of disciplines and theoretical backgrounds;
2. People respected by their peers.

The four functions of the Ethics Committee include:

1. Advising on institutional policy;
2. Education of committee members and health care staff. Committee members should be familiar with ethics literature and methods. They should

make their expertise available to others through clinical, administrative, and tradition teaching;

3. 3. Clinical consulting. This committee may be the primary source for consulting or it can be a backup resource for a clinical consultation service;
4. 4. Mediate for dispute resolution.

What Ethics Committees need to be effective:

1. 1. Realistic expectations;
2. 2. Clear and accurate descriptions of their functions;
3. 3. Endorsement and support from administration, medical staff, and nursing staff;
4. 4. Opportunity and support to pursue ethics education;
5. 5. Appropriate location in the organization chart.