

Center for Ethics and Social
Responsibility (CESR)

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Ethics with Impact:
Foster Your Ethics Committee to Improve Patient Safety



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Presentation Objectives

- Classic critique of Institutional Ethics Committees
- Case Study
- New Gen IEC Quality Improvement Model
- Policy, Process and System
- Q&A

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Classic Critique

- Ethics committees or programs:
 - seldom described as influential or well respected
 - tend to focus narrowly on clinical ethics and fail to address the full range of ethical concerns in the organization
 - operate as silos in relative isolation from other programs that deal with ethical concerns tend to be reactive and case oriented, instead of proactive and systems oriented
 - often lack resources, expertise, and leadership support
 - do not consistently follow specific quality standards are rarely evaluated or held accountable for their performance

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Myth and Reality

Myth	Reality
Ethics is about identifying wrongdoing or misconduct.	Ethics considers what is right or what should be done in the face of uncertainty or conflict about values.
Ethics is about following your conscience or gut instincts.	Ethics involves analytic reasoning and is informed by specific knowledge and skills.
Ethics is a matter of personal opinion	Many ethical practices are clearly defined and widely accepted.
Ethical behavior is determined solely by upbringing and background.	Organizational systems and culture powerfully influence ethical practice.
Ethics is dogmatic.	Ethics is a form of reasoning that takes into account a variety of points of view.

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Representational Futile Treatment Case

- **Day 1:** 85 yo male is admitted to the ICU re: hip fracture repair
 - Could not extubate post-op
- 50 pack-years smoking, severe COPD
 - Chronic renal failure, multiple myeloma, alcoholism, on chronic steroids
- His wife says, “I don’t understand. . . His internist said he was in such great shape before surgery.”
- His internist responds, “I did say that, but I also added, for a man with two arms and a leg already in the grave.”
- Surgeon arrives and states, “He’s doing great! Should be extubated tomorrow. . .”
- **Day 10:** Nephrologist arrives and says, “I strongly recommend continuous dialysis (CVVH) as his kidneys will recover. . .”
 - Oncologist arrives after CVVH is started: “His multiple myeloma kidneys are dead and gone. . .”
- **Day 14:** Septic shock. ICU nurses say to his family every visit, “Good morning! How are you? You know, we’re just prolonging his death here. . .”

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Representational Futile Treatment Case

- **Day 22:** ICU physician suggests extubation/comfort care. Family states, “We’re not going to euthanize our father. . . is your last name Kevorkian?”
- **Day 24:** The family wants Tracheostomy/PEG tube. ICU physician says, “It’s unsafe. . . re low platelets.”
- **Day 25:** The ICU physician’s partner assumes care, says, “No, a tracheostomy is technically possible. It’s just that I won’t do it, because it is unethical.”
- The Ethics Committee is consulted: Has great difficulty negotiating a mutually-agreeable plan of care. (Physicians grumble: “They’re wimps that just won’t stand up to this difficult family.”)

Why in the world do we continue to do this? What can we do differently?

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Three Levels of Organizational Culture

- New Gen IEC quality improvement is the product of the interplay of factors at three levels: a personal level, a behavioral level, and a systems level
 - At the personal level, we have values, beliefs and attitudes
 - the 'climate dimension'
 - *subjective* internal, psychological factors
 - At the behavioral level, we have competencies or patterns of behavior that drive decision making, i.e., patterns and trends in requests for ethics consultation
 - the 'behavioral dimension'
 - *observable*, day-to-day related behaviors
 - At the systems level, we have organizational systems and sub-systems that are often overlooked
 - the 'management dimension'
 - *objective*, organizational systems and subsystems

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A Culture of New Gen IEC Quality Improvement

- The product of multiple goal-directed interactions
 - three essential ingredients
 - values, beliefs and attitudes
 - behavioral competencies or patterns of behavior
 - organizational systems and sub-systems
 - dynamic relationships

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A Culture of New Gen IEC Quality Improvement

- Dynamic reciprocal relationships among:
 - perceptions of, and attitudes toward, the operationalization of the organization's goal of ethics consultation quality improvement
 - day to day goal-directed behavior toward this end
 - the presence and quality of organizational systems and sub-systems to support the goal-directed behaviors

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A Culture of New Gen IEC Quality Improvement

- Personal level – the “climate dimension”
 - *subjective* internal, psychological factors
 - personal commitment to ethics quality improvement
 - knowledge of ethics consultation and ethical decision making
 - personal involvement in decisions
 - personal commitment to the organization

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A Culture of New Gen IEC Quality Improvement

- Behavioral level – the “behavioral dimension”
 - *observable* day-to-day related behaviors
 - team work
 - task complexity; task strategies
 - goal conflict
 - involvement in decisions
 - work environment; work patterns

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A Culture of New Gen IEC Quality Improvement

- Systems level – the “management dimension”
 - *objective* improvement-oriented systems and sub-systems
 - management commitment; management actions
 - communications
 - allocation of resources
 - policy/strategy development; standards
 - feedback; monitoring

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New Gen IEC Quality Improvement

- Foundational Characteristic #1
 - The IEC is **proactive** not just reactive

Focused not only on the resolution of ethical conflicts, but also on identifying and addressing system processes which may lead to such conflicts.

Policies, processes, and systems

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New Gen IEC Quality Improvement

- Foundational Characteristic #2
 - IEC is organizationally integrated and not isolated.

Working closely with management, departments, teams, and individuals throughout the system to identify and address opportunities to improve the ethical delivery of care.

Change management

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New Gen IEC Quality Improvement

- **Foundational Characteristic #3**
 - The IEC is accountable for performance based on demonstrable outcomes and not only worthwhile activities.

Focus on specific outcomes for improving the ethical delivery of health care and improving community health. Multi-disciplinary action teams produce measureable improvement.

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New Gen IEC Quality Improvement

- **Foundational Characteristic #4**
 - The IEC is oriented by the organization's mission and core values, along with legal, regulatory and accreditation concerns.

The direction, scope and outcomes of the IEC service are influenced by the health systems mission and core values.

Healing body, mind spirit or social justice, compassion, respect, etc.

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New Gen IEC

- Foundational Characteristics
 - Proactive
 - Integrated
 - Demonstrable outcomes
 - Oriented to Mission and Core Values
- Functional Responsibilities
 - Case Consultation
 - Education
 - Policy review/development
 - ✓ **Systems Improvement**

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New Gen IEC

- Next Generation Initiative
 - Commit to a systemwide initiative with a social justice focus
 - ✓ For example, reduce disparities in patient care delivery
 - Link to other system strategic initiatives
 - ✓ Excellence in Care Experience
 - ✓ Diversity and Inclusion

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Build to Last

- Organizations with an interest in a culture of ethics consultation quality improvement must attend to each level
 - they ignore any one level at the peril of stakeholders
- Some organizations might try to:
 - change attitudes without considering either job or organizational features
 - change organizational systems without regard to behaviors or attitudes
 - change behaviors without taking into account the effects of organizational systems or employees' attitudes