TO WHAT EXTENT SHOULD A HOSPITAL ETHICS COMMITTEE BE INVOLVED IN HOSPITAL POLICY FORMATION?

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WHAT ARE THE PREREQUISITES FOR POLICY FORMATION?

Hospital Ethics Committees (HEC) facilitate ethically sound decisions in three ways: through education (of HEC members and of the hospital community), through policy formation, and through retrospective and prospective consultation on specific cases. Policy formation is becoming one of the most central and important roles of HECs. This paper will explore issues for HECs to consider before they assume a role in formal policy development. These issues relate to the underlying ethical framework of the HEC and the functions that the HEC assumes, not only in policy development, but in the evaluation of policy effectiveness.

Determining Ethical Priorities

Practices within an institution evolve from its purpose, goals, and policies. Thoughtful and carefully written policies can have a substantial effect on an institution's health care practices and decisions. A prerequisite for a HEC to consider before becoming involved with hospital policy development is the formal establishment of its own ethical charter. This charter is often rooted in the committee's ethical mandate, which has been delegated by the institutional authority that generated HEC development. A concise delineation of the underlying ethical principles of the HEC will provide clarity and consistency in the ethical standards inherent in future policy development. Equally important, however, is the consensus within the committee concerning its purpose and ethical priorities.
Relating Committee Purpose to Policy Involvement

Generally, HECs are formed and operated on a foundation of fostering sound ethical decisionmaking. If the principle of patient autonomy is the dominant ethical mandate for a hospital's ethics committee, there is likely a need for supportive hospital policy that guides the process for informed patient involvement in decisions regarding their health care. To illustrate the type of input HECs might consider, let us examine their role in Do Not Resuscitate (DNR) policy development.

Do Not Resuscitate policies concern whether resuscitation is appropriate in terms of the patient's overall medical condition and personal values. A policy of this nature should have four essential elements: (1) a general statement in the policy on the purpose of cardiopulmonary resuscitation and when it should and should not be initiated; (2) a statement of the relevant principles and values that underlie the purpose of the policy; (3) a list of definitions to clarify ambiguous terms; and (4) guidelines for the process to be followed when making a decision not to resuscitate.

It is apparent that a HEC which has reached consensus regarding standards of ethical practice would have much to offer in DNR policy recommendations, particularly in the second, third, and fourth elements listed above. For example, a statement highlighting the hospital's values in the preservation of patients' rights, dignity and autonomy would offer clarity for the policy as it delineates the process for DNR decisionmaking.

It is important that the role which has been sanctioned and/or mandated to a HEC be congruent with the role it assumes in policy recommendations. For example, Medical Staff Committees which deal with medical practice issues (i.e., Quality Assurance or Resuscitation Review Committees) have a major role and responsibility for the development of the hospital's general policy statement on resuscitation. The HEC should not define substantively which patients to resuscitate and which not to resuscitate. Their input, however, ought to related directly to the committee's purpose (i.e., promotion of patient rights, dignity, and autonomy) and, consequently, will be necessarily procedural in focus. The DNR policy seems to be clearest in illustrating this point in that there are inherent standards for both ethical and medical practice that are necessary for the policy to be complete. These separate but related perspectives require different expertise and focus in their development and, consequently, ought to be generated from different disciplines or committees. If the momentum for such policy formation comes from the HEC it may be very appropriate that the HEC also be the driving force for merger of the various constituencies.