HOSPITAL ETHICS COMMITTEES AS COMMUNITY EDUCATORS: A MODEL FOR INSTITUTIONS

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Introduction

While in the past most U.S. hospitals have demonstrated institutional commitment to provide community education programs (1)(2)(3), the uncertainties prompted by health care reform, spiraling costs, and downsizing and organizational reengineering have forced many hospitals to curtail or eliminate their community education offerings (4). Some hospitals have been forced to close entire education departments; others have eliminated education coordinator positions, dividing educational responsibilities among various hospital department staffs; still others have asked specific committees or departments to assume primary responsibility for community-based educational initiatives (3). In light of these developments, hospital administrators will increasingly turn to healthcare ethics committees (HECs) to facilitate and support community education programs (5). This essay discusses the potential role of HECs in sponsoring and providing professional and community education and describes one model of community education program development, implementation, and evaluation that may be adaptable by many HECs and their institutions.

Why HECs Should Provide Education

Hospitals look to HECs to provide three primary services: education (including self-education and education of the hospital staff and general public); policy review and recommendations; and prospective and retrospective case review (6). The responsibility for providing professional education is gaining importance, particularly because of recent mandates
by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and the Accreditation Council for Graduate Medical Education (ACGME), which require institutions to have mechanisms in place to provide ethics education to patients, caregivers, and internal medicine residents (7). These directives require healthcare institutions, which seldom have trained clinical ethicists on staff, to seek assistance from the HEC in developing and implementing ethics programs.

A second and perhaps more compelling reason for HECs to provide community and professional education is that healthcare issues are increasingly complex and confusing, and healthcare professionals and the public alike are seeking out experts who can interpret and discuss these important issues (8). The HEC is ideally suited to facilitate the development and implementation of educational programs because, first, they often have access to human and material resources that can advance professional and community education initiatives; and, second, they are institutionally based and therefore can lobby for financial and administrative institutional support (8).

Program Model: "Hospital and Community in Dialogue"

The following case study discusses the objectives, organization, and management of one community education initiative (the "Hospital and Community in Dialogue" program) and makes suggestions for HECs that are interested in implementing similar programs at their own institutions.

"Hospital and Community in Dialogue," an educational program sponsored by the Lutheran General HealthSystem's Human Values Forum Steering Committee and the Lutheran General Foundation, was established to help Lutheran General Hospital staff and members of the surrounding community identify and discuss moral and value-laden issues in healthcare. The program proved beneficial on three levels. First, the program brought two seemingly divergent audiences — hospital staff and community members — together to learn more about the healthcare issues facing society. Second, the program facilitated open dialogue and collaboration between hospital staff and the community as they worked together to resolve the healthcare dilemmas within the community. Third, the programs served as a marketing channel to promote other hospital programs and services.