THE TRANSFER OF PATIENTS' ETHICS INFORMATION AMONG COOPERATING INSTITUTIONS: A FUTURE FUNCTION OF ETHICS NETWORKS

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Abstract

With increasing use of ethics resources by health care teams, the number of patients transferred from one care setting to another who may have had ethics consultations is rising rapidly. There has been virtually no discussion in the ethics literature and no experience in our community addressing questions concerning the continuity of ethics care and the transfer of ethics information. Our ethics committee faced the following questions during a recent consultation. Should there be continuity of ethics care between institutions? If so, what should be the nature of the communication? How is continuity best accomplished? Do ethics consultants or committees incur additional liability following the transfer of care? Where should the boundaries of confidentiality be drawn? How can existing health care ethics networks facilitate continuity of ethics care?

We address these ethical and logistical questions and hope to encourage others to report their views on these issues.

Case Presentation

The obstetrics nursing service consulted our HEC concerning a young woman who was admitted to our hospital at 24-weeks gestation. She had prematurely ruptured membranes and was at risk for premature delivery. Although our hospital does not maintain neonatal services equipped to resuscitate such a premature infant, resuscitation and intensive care for such neonates is available at our "sister hospital" across town. Following discussion of the optimal treatment site, our multidisciplinary HEC recommended that the attending obstetrician transfer the patient to our "sister hospital" to maximize the likelihood of the baby's survival at delivery.
Discussion

At the time of patient transfer, our committee faced several questions concerning what we prefer to call "continuity of ethics care." We wondered whether we should notify the HEC across town of our consultation and recommendations or allow the attending physician at our hospital to request consultation from the HEC at our sister hospital at his discretion. We also asked ourselves what type of communication was necessary — oral or written; who should deliver and who receive the information; and whether anyone was legally liable with respect to the institutional transfer of ethics consultation documents. We also wondered how we could best protect the patient's confidentiality and whether the transfer of our ethics committee consultation documentation breached the confidentiality of our HEC's members or that of the health care team. Finally, we reflected on the role, if any, that health care ethics networks can play in facilitating continuity of ethics care.

Is it appropriate for a hospital to transfer its HEC's patient information to another healthcare institution? The continuity of ethics care, like that of any other specialty care, is likely to improve the overall quality and outcome of patient care. Communication is the cornerstone of that continuity. Personnel at the receiving institution need to know about all previous care, including the results of the ethics consultation in order to continue to provide high quality care for the patient. Knowledge of the original institution's consultation and recommendations is useful to the receiving facility's HEC as well as the patient's attending physician and care team. Just as a cardiologist new to a case would wish to know what had transpired in the patient's prior care, the new ethics consulting resource should be aware of the information derived from the previous ethics consultation. The receiving HEC can then discuss the need for continuing involvement with the new health care team.

What type of communication is necessary between institutions? Both oral and written communication are appropriate. Oral communication provides timely information. Written communication usually provides more complete background and case analysis. Our consultant on this case telephoned the chairperson of the HEC at the cross-town hospital in order to summarize the case and our HEC's recommendations. Rapid transfer of information was necessary because of the patient's imminent premature delivery. The ethics progress notes were transferred with other medical records to the accepting hospital. Although consultations at our hospital