

THE NATIONAL CATHOLIC BIOETHICS CENTER



ETHICS COMMITTEES

PREPARED BY THE ETHICISTS OF THE NCBC
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“An ethics committee or some alternate form of ethical consultation should be available to assist by advising on particular ethical situations, by offering educational opportunities, and by reviewing and recommending policies. To these ends, there should be appropriate standards for medical ethical consultation within a particular diocese that will respect the diocesan bishop’s pastoral responsibility as well as assist members of ethics committees to be familiar with Catholic medical ethics and, in particular, these Directives.”—USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (2009), n. 37.

❖ SUMMARY ❖

Ethics Committees and Catholic Mission

- Catholic hospitals have led the way in developing and utilizing ethics committees. In 1983, 41 percent of all Catholic hospitals had an ethics committee, while only 1 percent of secular institutions did.
- Secular institutions have since followed suit. JCAHO (Joint Commission on Accreditation of Healthcare Organizations) now requires all health care centers to have an ethics committee.
- The ethics committee at a Catholic hospital should take as its motto directive 9 of the *Ethical and Religious Directives for Catholic Health Care Services* (ERDs): “Employees of a Catholic health care institution must respect and uphold the religious mission of the institution and adhere to these Directives.”
- The ethics committee should be in regular communication with the local bishop or his designated representative.

Educational and Advisory Roles

- The primary role of the ethics committee is educational, in accordance with directive 28 of the ERDs, which states that “each person or the person’s surrogate should have access to medical and moral information and counseling so as to be able to form his or her conscience. The free and informed health care decision of the person or the person’s surrogate is to be followed so long as it does not contradict Catholic principles.”
- The primary role of the ethics committee is not to resolve ethical dilemmas. Moral decision making should remain with the physician, the patient or surrogate, and the patient’s family.
- In addition to its educational duties, the committee may engage in retrospective case studies, offer reflections on current and proposed policies and protocols, and provide analysis and advice for executive decision makers.

Character Traits of Committee Members

- In the words of Rev. Thomas O’Donnell, SJ, the ethics committee should be “the moral conscience of the hospital.”
- Ethics committee members should be drawn from various departments of the institution and from the community. Members should have a thorough knowledge of the institution and its departments. They should be able to work well together and to forge consensus as appropriate.
- The first task of every new member of an ethics committee is to educate himself or herself in the ERDs.

❖ FAQ ❖

Question 1. Patients repeatedly ask our ethics committee to resolve ethical questions concerning assisted nutrition and hydration, do-not-resuscitate orders, and ventilator use. How should the committee handle these requests?

Reply: When asked, the ethics committee should provide information about the general moral principles that are used to resolve these issues. In each case, the hospital should already have a policy in place, and this should provide the framework to resolve all but the most difficult cases. The committee should make every effort to avoid becoming a decision maker except as a measure of last resort.

Question 2. I am a member of the ethics committee at our Catholic hospital. I do not think that the hospital appropriately follows the *ERDs*. I do not know if anyone here has ever read it. Some members have never even seen a copy. How can I remedy this situation?

Reply: The *Ethical and Religious Directives for Catholic Health Care Services* is the most important document for the members of the ethics committee. No Catholic hospital should fail to make use of it in its educational programs, much less be completely unaware of it. Obviously, you are in an excellent position to introduce the committee to the document.

Question 3. The local bishop has been made aware of various abuses taking place at our local Catholic hospital. As far as I can tell, no changes have been made. The problematic situation persists. What recourse do I have?

Reply: First, you should be certain that you have your facts correct. Do you have first-hand knowledge? When relaying your concerns to your local bishop, you should clearly explain how a given practice conflicts with a specific statement in the *ERDs*. Finally, you should not presume that the bishop has not inquired or intervened. In many cases, the results of his inquiries must remain confidential.

❖ RESOURCES ❖

American Medical Association Council on Ethical and Judicial Affairs, “Guidelines for Ethics Committees in Health Care Institutions” (1984), CEJA report E-I-84, <http://www.ama-assn.org/resources/doc/code-medical-ethics/911a.pdf>. Reproduced by permission.

Daniel O’Brien, “Health Care Ethics Committees: Purpose, Functions, and Structure,” in *Catholic Health Care Ethics: A Manual for Practitioners*, 2nd ed., ed. Edward J. Furton (Philadelphia: NCBC, 2009), 43–53. Reproduced by permission.