



MUDr. Jaromír Matějka, Ph.D., Th.D. ,
Institute for Ethics and Humanities, Third Faculty of Medicine, Prague
Ethics Consultation Service, Faculty Hospital Královské Vinohrady
Ethics Consultant / Coordinator / Trainer for Ethics Counseling in Health
Care (AEM)



**ETHICS CONSULTATION – PRACTICAL HELP FOR
RESOLVING ETHICAL AND COMMUNICATION PROBLEMS
IN HEALTH CARE SETTINGS**



Case

- A man, 78 yo, hospitalized with inoperable carcinoma of the large intestine and lung metastases.
 - Nowadays, hospitalization is complicated with intestinal obstruction, vomiting and confusion.
 - Fluids are administered intravenously.
 - For symptomatic relief the nasogastric tube is inserted.
 - Patient is soporous. The professionals turn to his wife with question about further health care.
 - The physician proposes colostomy for decompression. Explains the wife that colostomy is not curative, but alleviating the symptoms of intestinal obstructions.
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Case

- One year ago, when the patient was healthy, he wrote his advance directive, where he declared that he does not wish:
 - mechanical ventilation,
 - artificial nutrition and hydration,
 - surgery,
 - antibiotics,
 - in case of being “hopelessly ill”, and “when the treatment would only prolong the process of dying”.
- Based on this declaration his wife told the surgeon, that she will not give the consent to the surgery, because her husband “would not wish to be cut” in this situation .



What to do?

- Court?
 - Authoritative decision of the surgeons?
 - ≠ solving the ethical problem...
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Where is a solution?

- **The solution lies in ethics consultation service.**
- **Ethics consultation is a service provided in healthcare setting for resolving ethically unclear and communication confused situations directly linked with providing health care for concrete patients.**

Initial situation

- 95% workload in health care is a routine.
- Question is, what to do with the remaining 5 %..?
- We, as healthcare workers, solve many situations like in the case, very often **intuitively**, which does not have to be necessarily wrong.
- ...or we solve it with **power**, which generates **conflict** or at least **dissatisfaction**.



Clinical Ethics

- **Systematically** the ethically conflicting situations are solved in the field of **clinical ethics**.

 - **The development** of clinical ethics *is linked with reaction to*
 1. The growing involvement of technologies in medicine
 2. The increasing emphasis to the autonomy of the patient,
 3. The pluralism in the belief and value of both the patient and the healthcare workers.
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Clinical ethics

- puts demands for the understanding of:
 1. The issues of medical ethics
 2. (bio)medicine,
 3. psychology, mediation (active listening...)
 4. medical law.
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Situation worldwide

- In foreign countries it is quite usual that in the hospitals there are ethical consultation services functioning in a 24/7 regime (consultant or ethics committee).
- **In the USA, any** hospital (with more than 400 beds) wanting to be accredited, must have effectively established ethics consultation service
- From hospitals with less than 400 beds 80% of them have ethics consultation services established as well.
- **In Germany** the ethics consultation service is a very rapidly developing field heading towards routine implementation of the ethics consultation services into the system of healthcare settings, hospitals, etc...

What does it bring?

1. It increases patient`s satisfaction.
2. It improves the quality of the care, shortens the length of the stay at ICU and decreases the expenses, with the same mortality...
3. It makes the recruitment of the staff easier . The staff are more stable (the staff are more satisfied and loyal).
4. Less moral distress => ↓ of burn-out syndrome.
5. ↑ **productivity** of the staff, higher effectiveness and productivity of the organisation.
6. Organisations with emphasis on the ethical aspects of their work have **less legal battles, less financial obligations** coming from them and a **better media picture**.



Typical cases

1. Euthanasia? Assisted suicide?
 2. Limitation of the treatment, withholding, withdrawing.
 3. Do-not-resuscitate orders(DNR)
 4. Advance directives, living wills
 5. PEG feeding
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Typical cases

Not often (to that time no cases in our hospital):

1. Therapeutic aggressivity in severely impaired newborns
 2. Jehova`s witnesses and blood transfusions
 3. Genetic diagnostics, conselling and therapy
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Typical cases

- Conflicts in hierarchics structure of the hospital, clinics, wards...
- Conflicts
- Conflicts between physicians and nurses (often hidden) – Alibi-physician (defensive medicine) vs. nurse caring for patient...
- New questions:
- Hospital as system and its setting – organizational culture and organizational ethics.
- Medicine – ethics – economy (scarcity of resources).

Case – Baby GK

- 17 month-old boy, 90% TBSA, third degree.
- Burn injury of skull (both, lamina externa, lamina interna) + very poor perfusion of the brain (ultrasound).
- In team there is a consensus, that therapeutic measures are exhausted.
- The question of the team was: „Is it OK to stop the treatment?“

Case – Baby GK

- The answer of clinical ethics:
- In situation, when all therapeutic measures are exhausted, it is broadly accepted withdrawing of all those measures, that do not bring further qualitative improvement of the patient. (principles: beneficence vs. nonmaleficence)
- Next therapeutic effort should be directed to ensuring the comfort of the patient, at the same time with admitting, that life of the patient will become shorter.
- The same answer has the Czech medical law.
- This answer is starting point for changing of the therapeutic strategy.

Case – Baby GK

- New therapeutic strategy:
- New therapeutic aim is care about comfort of patient, i. e. alleviating of pain, and other suffering, only basic regime of ventilation and other measures directed to this new therapeutic aim.
- Information for mother:
- The mother will be informed about this decision to enable her farewell with her boy with dignity.
- In case of dissent of mother, further ethics consultation will be held.

Case – Baby GK

- What was important:
- Contentually the solution of the case was easy... (there was no ethical conflict, but „only“ insecurity).

Communication (processual) level:

- Each member of the team was heard.
- The members of the team heard each other.
- Everybody heard, what clinical ethics (and medical law) has said.. (certainty that the solution will not bring conflicts in future)
- The members of the team were participating in building the new therapeutic strategy.
- It was the communication level, what had been important.

The meaning of ethics consultation

- The meaning of an ethics consultation services is to find, in a situation like the one in the case, a consensual solution, which is ethically acceptable for each of the participants and which, at the same time, is not illegal.
- **Principled resolution.**
- **Bioethics mediation**
- **Ethics consultation is directed to conflict resolution. It is not an academic discussion 😊.**



Three rules

- In the center of the process is the patient. It is important what the patient wants, s/he is the criterion and measure.
- If the patient cannot decide, we are looking for an appropriate decision-maker.
- This is the person to whom we assist in making the decision.
- (at the same time we disburden those who are too much involved in the case).



Forms of providing the ethics consultation services

- **The ethics consultant is a person independent from the management of the hospital. It can be:**
 - An ethics consultant (internal or external employee).
 - A so called Liaison Service – the ethics consultant is a permanent member of the healthcare team. S/he takes part at the ward round, grand round. The centre of his/her work are in informal consultations.
 - The ethics committee – a team of consultants (bioethicist, physicians, nurses, psychologist, management, lawyer)
 - Or an „ad hoc“ team (linked directly with the case – moderator of the discussion – bioeticist, physician, the chief of the ward, nurses, patient, his/her family).



The role of the ethics consultation services in the healthcare setting

1. Education of the staff – sensitization to ethics problems (“to know that we have a problem.” When we do not know that we have a problem, then we do have a problem.
2. Bedside ethics consultation.
3. Putting together a recommendation as far as how to act in similar conflicting situations.

When to call for ethics consultation?

- **An ethics problem** is a situation, when it is not clear, what action is ethically **right** or **wrong**.
- **An important sign of an ethics problem are negative emotions...**
- **Are the participants in trouble or not?**
- **Is there any UNEASINESS? Is it growing?**
For detecting this, it is important to be **perceptive, empathetic...**



How to tell my colleagues about my request for the ethics consultation?

- At the moment, when I feel that there is an ethical problem, I can say (in settings where ethics consultation service is established):
 - **“I have an ethical problem with the situation we are solving, and because we can call an ethics consultant, I will call him/her and ask him/her to help us solve this.”**
 - An ethics consultant is an independent platform, where everybody can share his/her opinions and beliefs without any fear.
 - Managing the ethics consultation is then up to the ethics consultant.
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Who can ask for a consultation?

- **Anyone** who thinks, that there is an ethical problem in connection with providing the health care and who is concerned about it **can ask** for an ethics consultation. i.e. patient (and/or his/her family), staff, physicians, nurses, psychologist, chaplain, social worker, management.



How does it work?

- ...similarly to any other medical consultation....
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How does it work?

- The ethics consultant checks (by a phone call, an e-mail or in a short talk) that there really is an ethical problem and not for instance a spiritual, communication, social one etc...
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How it works?

- If there really is an ethical problem, then
 - The ethics consultant (mostly s/he is leading the discussion) meets at the beginning separately with all the participants
 - Then separately with family together and with staff together.
 - Then together with family and staff.
 - Also with patient (if s/he is able to communicate and/or decide).
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How it works?

- Rules for meeting
 1. Everybody presents him/herself (name, function, relation to the case, opinion).
 2. Everybody is responsible for success.
 3. Only one person speaking at any time.
 4. The participants are talking to one another.
 5. They never address each other through the moderator (no “Mr. moderator, tell him/her that...”)
 6. Express yourself short and to the point (no “waffling”, long speeches or general complaints).
 7. The priority is the problems (going straight to the point...)



How it works?

- Meetings are under way until both the ethically and legally accepted consent is reached!
- The ethics consultation does not take away any responsibility from the appropriate decision-makers (e.g. staff, physicians, nurses, family).

Duration + documentation

- **Each meeting takes about 30 – 50 min** (European average is 36 minutes). Several meetings can be realized within one day.
- Concrete day (timing) is arranged according to the actual situation.
- Solution of one typical case takes for a consultant 5 – 8 hours. **For me obviously 2 hours.**
- Each consultation has its own documentation. This documentation, as well as the content of the consultation, is confidential (like any other information about the patient).



The ethics consultation is a service on demand

- **The ethics consultation is exclusively a service on demand.**
 - **It has no repressive or control function** towards any of the staff and neither to the family or patients.
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What to do if it just is not functioning? ☹️

- In the situation of an unsolvable conflict it is the court who decides...
- BUT
 1. One side has to accept the authoritarian solution ≠ solution of the ethical problem.
 2. On the other hand, the decision of the court can be alleviating, because somebody really might not know how to decide...



Summary

- In the Czech hospitals there are no programs for systematic care with ethical problems emerging both during the care and at the level of the organisation itself.
 - We do know there are ethical commissions, however they care for pharmaceutical research.
 - In the USA, Germany and in Austria there are systems of ethics consultation for resolving ethics problems arising around the care for a concrete patient.
 - These conflicts can be perceived by anybody, who has any relationship to the patient (both emotional and professional, being a family member, etc...)
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Summary

- In the Czech hospitals we meet over and over with the same problems, which are generating the dissatisfaction of the patients, a growing amount of legal battles, which are financially burdening the hospitals and continually frustrating the staff concerned.
 - The atmosphere in such an organisation is further worsening. This leads to further worsening of the attitude to the patients and to lower quality of care for the patients, and therefore to a growing number of complaints.
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Summary

- The task of the consultant is to moderate these conflicts, to facilitate the finding of a solution, to explain the ethics framework, and to bring all the participants to a consensual solution.
- Other sorts of problems arise at the level of the organisation itself. It is often the case of a systemically bad solution, which further brings the same problems.
- Ethics consultation is the approach to a conflict, which is still missing in the Czech environment, and which could help in many situations.
- It could bring satisfaction not only for the patient and staff, but also to the level of the organisation itself.



Thanks!!

Mail: jaromir.matejek@lf3.cuni.cz

GSM: 605 56 23 54