Chaplains and Clinical Ethics Consultation: Roles, Skills, and Knowledge

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Objectives

• To outline the purposes, roles, and skills associated with clinical ethics consultation.

• To recommend ways that chaplains can enhance a hospital’s clinical ethics consultation process.

• To provide “next steps” for participants who wish to develop knowledge and skills related to ethics consultation.
Outline

• Clinical ethics
• Chaplains and clinical ethics
• Next steps

“Life is not a spectacle or a feast; it is a predicament.”
-- Santayana
A Teaching Case

• 74 year old, married, two adult children, “Protestant”
• Post-surgery for brain stem tumor, non-malignant, recurrent
• Problem: wants to stop life sustaining interventions, family disagrees
• Competent, living will
What is clinical ethics?

• “The analysis, study, or consideration of morality (right or good action) in the care of patients.” (Fletcher)

• Key Components
  – Policy review
  – Education
  – Clinical consultation

• Organizational responsibility
  – Medical staff
  – Mission leader
  – Pastoral care
What is clinical ethics consultation?

“What health care ethics consultation is a service provided by an individual or a group to help patients, families, surrogates, health care providers, or other involved parties address uncertainty or conflict regarding values-laden issues in health care.” (ASBH)
What is clinical ethics consultation?

• Typical issues
  – Communication confusion or failure
  – End of life (withholding and withdrawing curative or life-sustaining therapies)
  – Beginning of life (abortion, genetic and reproductive technologies)
  – Policy clarification
  – Other: organ transplantation concerns, genetic testing and counseling, various concerns regarding sex and sexuality
Who is a clinical ethics expert?

• Core competencies
  – Ethical assessment skills
  – Facilitation skills
  – Interpersonal skills

• Core Knowledge
  – Ethical theory
  – Current literature on common health care ethics concerns
  – Current applicable health law
  – Institutional context including policies and procedures
  – Cultural contexts of patients and staff

  – Per ASBH
How does clinical ethics consultation focus?

• Medical indications
  – Beneficence and Nonmaleficence

• Quality of life
  – Beneficence and Autonomy

• Patient preferences
  – Respect for autonomy

• Contextual issues
  – Justice (fairness)
Institutional requirement

• Joint Commission Standard on Patient’s Rights and Responsibilities

RI.01.01.01 : The hospital respects patient rights.

RI.01.01.03 : The hospital respects the patient's right to receive information in a manner he or she understands.

RI.01.02.01 : The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services.

RI.01.03.01 : The hospital honors the patient’s right to give or withhold informed consent.

RI.01.03.03 : The hospital honors the patient’s right to give or withhold informed consent to produce or use recordings, films, or other images of the patient for purposes other than his or her care.

RI.01.03.05 : The hospital protects the patient and respects his or her rights during research, investigation, and clinical trials.

RI.01.04.01 : The hospital respects the patient's right to receive information about the individual(s) responsible for, as well as those providing, his or her care, treatment, and services.

RI.01.05.01 : The hospital addresses patient decisions about care, treatment, and services received at the end of life.

RI.01.06.03 : The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.

RI.01.06.05 : The patient has the right to an environment that preserves dignity and contributes to a positive self-image.
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"Character is that which reveals moral purpose, exposing the class of things a man chooses or avoids." -- Aristotle
Chaplains engaging clinical ethics

1. Assessment of Need

– Identify situations of values uncertainty or conflict

– Identify situations of conflicting assumptions or life perspectives

– Identify communication failures
Chaplains engaging clinical ethics

2. Referral to “experts”
   – Identify with cogent ethical terms
     • Conflict of interest
     • Beneficence / Nonmalefisence
     • Autonomy -- Informed consent
     • Confidentiality
     • Best interest
     • “Futility”
     • Justice

   – Encourage and support patients, family, nurses, staff, physicians

   – Foster compassion, cooperation, curiosity
Chaplains engaging clinical ethics

3. Participation with “experts” (What actually happens?)

- Gather relevant data (clinical, relational, psychological, spiritual, cultural)
- Identify and distinguish interpretations – medical, legal, ethical
- Identify core values that various involved persons bring
- Offer an interpretation and direction from an ethical perspective
Chaplains engaging clinical ethics

4. Learn expert skills in “Mediation”

– Stimulate the moral imagination and relational imagination
– Evaluation of arguments for and against various perspectives and interpretations
– Facilitation of respectful and insightful conversations in the face of severe disagreements about really important matters
– Engage varying perspectives that discovers common ground and allows for a decision owned by all key stakeholders
– Tolerate conflict and ambiguity
– Management of conflicting ideas, emotions, and worldviews
Chaplains’ “Natural” Expertise

1. Knowledge Areas

- Well-being -- health, disease, sin, sickness, good life, miracles
- Sexuality -- procreation, conception, relationships
- Life passages -- birth, youth, adulthood, aging, dying
- Dignity -- soul, sanctity of persons, autonomy, respect for life
- Caring -- duty, priority for sick and poor, prolonging life, commitment to future generations
- Suffering -- pain, embodiment, God and the present
- Dying -- finitude, mortality, resurrection, immortality, meaning, God and the future
Chaplains’ “Natural” Expertise

2. Skills

- Listening skills, empathy
- Recognize and ameliorate relational barriers
- Respect for varying world views
- Sensitivity for cultural and religious differences
- Institutional connections
- Formation in moral / ethical perspectives
- Analysis and application of abstract concepts
- Analysis of situations of uncertainty and conflict
My ethical conduct has begun to sink below even my standards. I think it's time for me to change.

I'm surprised to hear you say that, Rat. What are you going to do?

Lower my ethical standards.

Some people might change their conduct.

Why take the hard road?
Outline

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“Knowing is not enough; we must apply. Willing is not enough; we must do.” -- Goethe
Chaplains’ “Natural” Expertise Expanded

- Continuing education plan
- Institutional engagement plan
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