



Clinical ethics support services: An evolving model

Maura C. Schlairet, EdD, MSN, RN, CNL^{a,*}, Ken Kiser, RN, MSN^b,
Stephen Norris, MDiv, BCC^c

^aCollege of Nursing, Valdosta State University, Valdosta, GA

^bPatient Care Services, South Georgia Medical Center, Valdosta, GA

^cPastoral Care, South Georgia Medical Center, Valdosta, GA

ARTICLE INFO

Article history:

Received 3 August 2011

Revised 4 January 2012

Accepted 15 January 2012

Online 21 February 2012

Keywords:

Clinical ethics model
Ethics support services
Ethics consultation
Nursing practice
Ethical issues

ABSTRACT

Ethical issues arising in clinical practice are complex and clinicians must be able to manage the needs of ethically vulnerable patients and families. This paper describes a model for providing Clinical Ethics Support Services as a broad spectrum of care for management of conflict and ethically difficult situations in health care and describes how an ethics consultation process was transformed to a Holistic Care Continuum for managing the needs of ethically vulnerable patients. During a 4-year journey at a regional medical center, a Family Support Team played a central role in identification of ethically vulnerable patients/family, interdisciplinary connectivity, and iterative engagement in the clinical milieu. Concepts of professional advocacy and interdisciplinary perspectives resulted in a model for ethically sound patient care promoting communication among patients/family, staff, and professionals; clarification of interdisciplinary roles and responsibilities; establishment of mutually derived goals and shared solutions; and implementation of interventions maximizing institutional resources.

Cite this article: Schlairet, M. C., Kiser, K., & Norris, S. (2012, OCTOBER). Clinical ethics support services: An evolving model. *Nursing Outlook*, 60(5), 309–315. doi:10.1016/j.outlook.2012.01.002.

This paper describes a model for providing hospital-based ethics support services. We introduce Clinical Ethics Support Services as a broad spectrum of care useful for management of conflict and ethically difficult situations in health care and describe how an existing ethics consultation process was transformed to a Holistic Care Continuum for more proactively managing the needs of ethically vulnerable patients. During this 4-year journey, a Family Support Team played a central role in identification of ethically vulnerable patients/family, interdisciplinary connectivity, and iterative engagement in the clinical milieu to foster collaboration, problem solving, and the creation of shared solutions to ethical issues. Concepts of professional advocacy and interdisciplinary perspectives

resulted in a model for ethically sound patient care promoting communication among patients/family, staff, and professionals; clarification of interdisciplinary roles and responsibilities; establishment of mutually derived goals; and implementation of appropriate interventions that maximize institutional resources.

Background

Ethical Issues in Health Care

Ethical concerns arising in clinical practice are complex and clinical situations often include layers of ethical

* Corresponding author: Maura C. Schlairet, College of Nursing, Valdosta State University, 1500 N. Patterson St., Valdosta, GA 31698.

E-mail address: mcschlai@valdosta.edu (M.C. Schlairet).

0029-6554/\$ - see front matter © 2012 Elsevier Inc. All rights reserved.

doi:10.1016/j.outlook.2012.01.002

issues or conflicts.¹ For example, ethical issues in health care settings may involve conflicts in interpersonal relationships, suffering and vulnerability, autonomy, harm-benefit ratio,² and health care professionals concern about *the right thing to do*.¹ Ethical conflict may consist of differences over an issue, opinions of an unfair process in dealing with an issue, or emotional reactions to an issue.³ Amidst rapid change and complexity, caring for patients who are older and more acutely ill,⁴ health care providers will continue to encounter ethical challenges in clinical settings with the potential for competing values, interests,^{5,6} rights, abstract principles,⁷ and consequent ethical dilemmas.⁸

Ethics Consultation

Gaudine et al¹ suggest that, taken as a whole, descriptions of common ethical issues and conflicts speak to an underlying theme—clinicians' desire to do what is best for the patient/family. In deciding what is best when ethical issues in the clinical setting resist solution, clinicians and administrators often turn to institutional ethics committees. More than 81% of all hospitals in the United States (US) have some form of ethics consultation service⁹ to address complex ethical issues. Ethics consultation takes on various meanings, ranging from informal conversations with colleagues—purported *curbside consults*—to very detailed and formal processes.¹⁰ Tulsy and Fox¹¹ define ethics consultation as “a service provided by a committee, team, or individual to address the ethical issues involved in a specific, active clinical case.” There are various models of ethics consultation¹² and perceptions of the primary tasks of ethics consultation.¹⁰ Although no single model of consultation has been identified as best practice,¹¹ the overall approach to ethics consultation can be viewed as existing on a continuum from an ethics facilitation model at one extreme (ethics consult service) to a palliative care model (comprehensive management of holistic needs) at the other end of the continuum.¹³

Leadership in Ethical Care

Nurse Advocacy

Along with providing ethics consultation services, patients are well served when health care professionals are able to find reasonable, actionable solutions to clinical ethical problems.^{14,15} Given the amount of time at the bedside and close contact in the provision of care, nurses are often in the middle of emerging ethical issues. This presence at the bedside, ethical *ground zero*, may allow nurses to bridge the gap from the medical model to a holistic model¹⁶ in advocating for a broader consideration of patients' ethical needs.¹⁷ Indeed, nurses view patient advocacy as an ethical skill central to their professional self-concept.¹⁸ Nurses have been found to be astutely aware of relevant risk factors and early indicators of developing ethical conflicts in health care situations.²

The Role of Chaplaincy

Health care professionals must be aware of the ever-present ethical dimension of their work.¹⁹ In a resource-rich health care setting, the bioethicist is described as the architect of this ever-present ethical dimension.¹⁹ In the more common scenario, lacking a clinical ethicist,⁹ other members of the multidisciplinary team may provide institutional leadership in the ethical dimension of health care.^{20,21} A 2001 white paper on the role of professional chaplaincy in health care²¹ described leadership in health care ethics programs as one of the primary functions of professional health care chaplains. For example, clergy are capable of creating, maintaining, and facilitating ethical care in the clinical setting and mediating the daily, routine, multidisciplinary process of managing moral and ethical concerns arising in these settings.^{20,21} In ethically difficult situations, chaplains are well-equipped to teach the multidisciplinary team how to listen, to give voice to patients/family experiencing ethical issues, and to empower thoughtful decision making. In fact, chaplains play an important role in mitigating situations of dissatisfaction involving risk management and potential litigation²¹ and can help reduce costs of unwanted care at the end of life.²²

Developmental Journey

Traditional Model Bioethics Committee

A 335-bed regional medical center in a rural southeastern US community began with a traditionally modeled Bioethics Committee that also functioned as an Institutional Review Board. The committee was charged to participate in a retrospective review of ethically complex cases for the evaluation of bioethical policies and overall improvement of medical care rendered in the facility. Ethics consultation, when requested, was as a last resort when patients/family and health care team members were in conflict and differences seemed intractable.¹⁰ This method and institutional use of ethics consultation has been described in the literature.²³

Family Support Team

As year 1 of the 4-year journey commenced, a desire to examine this traditional bioethical stance along with the overall model of care in the facility emerged. Members of the Bioethics Committee recognized the institutional mindset as a medical/technical model and questioned whether such a focus on technical aspects of care might obscure concerns relating to the ethical practices of care.²⁴ Reflecting on the ethics consult issues that historically came to the committee (*ie*, end-of-life and nonbeneficial care), as well as requests for conflict resolution and decision support, the committee sought a more holistic approach to meeting clients' ethical needs.

Download English Version:

<https://daneshyari.com/en/article/2672242>

Download Persian Version:

<https://daneshyari.com/article/2672242>

[Daneshyari.com](https://daneshyari.com)