

CECA COMMITTEE MEETING MINUTES
October 13, 2011

MEMBERS PRESENT	MEMBERS ABSENT
Armand Antommaria Jack Gallagher Ken Berkowitz Paula Goodman-Crews Joseph Carrese Art Derse Ann Heesters Martha Jurchak Christine Mitchell Nneka Mokuwonye Kayhan Parsi Kathy Powderly Tia Powell Terry Rosell Wayne Shelton Jeffrey Spike Anita Tarzian (chair) Lucia Wocial	Jeffrey Berger Brian Childs Colleen Gallagher Marty Smith

The meeting was called to order at 7:30 PM, Central Time Zone.

Draft Code of Ethics

The Committee finalized the draft Code that will be circulated for public feedback, particularly from CECAG members. We agreed to circulate a survey that would elicit feedback on whether there is endorsement of the preface and each Professional Responsibility through both quantitative ratings and qualitative open-ended comments. We will allow a 60 day comment period, after which time, quantitative ratings will be summarized and qualitative comments content analyzed and used to refine the Preface, Professional Responsibilities, and definitions of the Professional Responsibilities. Once there is consensus on these (understanding that the Code is a living document and will be adapt to changing practice standards and conditions of the field), we will proceed with drafting 1-2 paragraph interpretations of each Professional Responsibility (using the same process of dissemination, public comment, and refinement). The Draft Code and Professional Responsibilities appended to these minutes.

Pitfalls and Strategies for Working Remotely

We discussed whether we should modify our current approach to working together through CECA listserv emails, monthly teleconferences, and shared documents and editing through Google Documents. Some mentioned that they could access Google Documents better after downloading Google Chrome. Others have a firewall at work that prevents them from accessing Google Docs from work computers. We agreed to continue working through listserv emails and Google Docs, and that individuals would try to troubleshoot if they are having difficulty accessing Google Docs, and/or access from home if the site is blocked at work. We discussed changing the monthly agreed-upon teleconference from 2nd Thursdays 11A-12N Eastern. The majority preference was to keep this through

2011, and beginning January 2012, have meetings from 11A-12N on the 3rd Thursday of each month. We will also continue to use Joinme.com when doing editing project during telecon's so those calling in are able to see Anita's computer screen.

CECA goals for 2012

Agreed-upon goals for the upcoming year are to: (1) develop, in partnership with practicing HCE consultants outside of the CECA Committee, an HCE Consultant Code of Ethics; (2) work collaboratively with the Board to advise on efforts related to HCE consultant certification [e.g., finalize the Request for Proposals (RFP) if the Board confirms a plan to submit this to companies involved in professional certification to get cost estimates for different aspects of a certification process, and act as liaison to the President's Initiative to explore "Quality Attestation" as an interim to HCEC certification]; and (3) continue to explore resources to improve the quality of HCEC (e.g., published HCEC Pearls & Pitfalls papers, enhanced ASBH website resources, etc.).

We discussed the relationship between the RFP, the Quality Attestation, CECA, and the Board. To recap: in the CECA report on HCEC Certification, Accreditation & Credentialing, we recommended that the Board gather more information about individual HCEC Certification, with the rationale that tools developed to evaluate individual HCEC competence are needed to evaluate HCEC program accreditation (so starting with individual certification is a logical first step). As a next step, the Board asked CECA to prepare an RFP to send out to companies who develop professional certification evaluations, to get cost estimates regarding the different components of a certification evaluation. This RFP is almost finished, but before further work was put into finalizing this document, the CECA chair requested confirmation that the Board is still interested in sending the RFP out to companies, given the upcoming Presidential Initiative to explore a Quality Attestation process as an interim step toward certification. (Response from the President is pending regarding plans for the RFP.) We agreed that CECA needs to be involved in Board discussions and plans regarding HCEC certification and Quality Attestation developments. We will request that the ASBH President or a Board designee participate in future CECA teleconferences to improve information sharing and communication between CECA and the Board.

New Business

Joe has incorporated CECA members' edits into a revised HCEC Pearls and Pitfalls paper, and invites those who haven't commented on the paper yet to do so within the next week.

The meeting adjourned at 10:00 PM. The next CECA meeting is a teleconference on Thursday, November 10, 2011, 11A-12N Eastern.

Code of Professional Responsibilities of Health Care Ethics Consultants

Preface

This statement of professional responsibilities is designed to identify and communicate publicly the core ethical responsibilities of anyone engaged in health care ethics (HCE) consultation.

The goal of HCE consultation is to identify and analyze the nature of the value uncertainty or conflict that underlies the ethics consultation request, and to facilitate resolution of conflicts in a respectful atmosphere with attention to the interests, rights, and responsibilities of all those

involved (ASBH Core Competencies Update Task Force, 2011). HCE consultation provides assistance both to individuals involved in “bedside” clinical decision making, as well as to those involved in broader institutional issues, guidelines or policies that raise ethical concerns.

Any individual serving as an HCE consultant incurs a series of responsibilities. HCE consultants come from various professional disciplines, and so may be held accountable to different codes of ethics standards. However, while engaging in HCE consultation and other HCE activities, HCE consultants should regard this statement of responsibility, which has been reflectively reviewed and approved by their colleagues in the field, as authoritative.

Professional Responsibilities of Health Care Ethics Consultants

1. Competence

HCE consultants should practice in a competent manner.

2. Conflicts of Interest

The HCE consultant should identify and avoid, when possible, actual and perceived conflicts of interest. If it is not possible to avoid such a conflict, then it should be managed using acceptable strategies.

3. Conflicts of Obligation

The HCE consultant should seek clarity and manage potential conflicting obligations when he or she performs multiple roles within an organization.

4. Confidentiality

The HCE consultant should identify which information is considered confidential, and ensure that such information is respected and only shared as required by law or hospital policy.

5. Integrity

The HCE consultant should preserve his or her professional integrity by not engaging in activities that compromise his or her ability to fulfill the obligations of his or her role as an HCE consultant. The HCE consultant should avoid conflating expertise with authority or abusing his or her power.

6. Responsible public statements

When addressing the lay public about HCE issues, the HCE consultant should speak responsibly, and not make public statements outside of his or her area of expertise.

7. Contribution to the field

The HCE consultant should participate in the advancement of the profession through contributions to practice, education, administration, knowledge, and skill development.