

CECA COMMITTEE MEETING MINUTES
May 17, 2012

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

Pearls & Pitfalls paper

The “HCEC PEARLS AND PITFALLS”: Suggested Do’s And Don’ts for Health Care Ethics Consultants” manuscript has been accepted by JCE. JCE will retain the copyright for the full article, but the Pearls & Pitfalls themselves can be posted on ASBH website and used by others (with appropriate citation). Timing of the publication has not yet been established. Joe mentioned the statement in the current manuscript that readers can provide feedback about the paper on the ASBH website. Kayhan mentioned that ASBH’s website is currently undergoing revision, and will check with Chris Welber at AMC regarding the ability to have visitors post feedback on a specific location of the website. The manuscript will be modified accordingly before publication to match website capacity.

Update from Board

The Board is asking that CECA submit the Request for Proposals that was previously put on hold pending the Quality Attestation efforts underway. The Board has decided to pursue both activities in parallel. Anita will circulate the current RFP draft to CECA members to identify a process for completing this and submitting to the Board.

The Board is developing operating standards for ASBH standing committees, which will impact CECA’s recent discussion about term limits and member rotation. We will discuss implications once the Board’s operating standards are finalized.

Code of Ethics Evaluation Survey

Armand, Art, and Lucia presented their analysis of the Code of Ethics survey qualitative comments on the Code Preface. Of note, the initial survey released had a first sentence included

that was intended to be deleted (“Contemporary healthcare ethics consultants inherit a tradition of courageous leadership and advocacy for social justice pioneered by the founders of the field.”). This was subsequently removed from the Code survey. Those who completed the initial version of the survey confirmed CECA’s decision to eliminate this sentence.

Substantive suggestions include:

- Clarify that the scope of the Code encompasses individuals doing health care ethics consultation as described in the Core Competencies, rather than a broader application (although there some Code Responsibilities will be relevant to other professional activities that HCE consultants may engage in)
- Recognize that the target audience for the Code is individuals doing HCEC (whether or not they are ASBH members), but that those who are impacted by their HCEC services may reference the Code, so the language should be understandable to both
- Clarify language taken from the ASBH core competencies (e.g., “value uncertainty” and “conflict resolution”) & the role of emotions, character attributes, and humanities in responding to the suffering and distress those involved in HCEC may experience
- Clarify the relationship between this code and other professional codes and which one would have priority (e.g., suggested reword: “Some HCE consultants are members of other professions, and may be accountable to different codes of ethics. While engaging in HCE consultation and other HCE activities, consultants should adhere to this statement of professional responsibilities.”)

We discussed the role definition of HCE consultants, and how what they do is different from what other health care professionals do (e.g., chaplains, social workers, psychologists...). Wayne pointed out that in focusing on ethical decision-making, it is necessary to address emotions, but that the role of the HCE consultant is not to counsel individuals in the same way as a mental health counselor would. Paula offered that what HCE consultants do that is different from what other health care professionals do is to facilitate ethical decision-making that is consistent with ethical norms. If there is no underlying ethical issue, then the individual is not doing HCEC but something else. Ken referenced VHA’s Ethics Consultation Primer for clarity on this issue. Bob pointed out that separating sentiment from ethical decision-making is a post-World War II phenomenon that impoverished ethics language and needs to be re-integrated into the HCEC language and discourse. Consensus, then, is that addressing emotions needs to be recognized as an inseparable part of HCEC, but that addressing emotions alone does not comprise HCEC.

Other Code preface comments centered more on specific language than substance, and could be addressed once the substantive questions mentioned above are resolved. We agreed that Lucia, Armand, and Art will write a new draft of the Preface based on their analysis of the survey feedback and our discussion. This will be circulated in time for discussion at the June CECA teleconference.

Armand voiced a concern with the slow pace of progress if we address each Code element sequentially only at monthly CECA teleconferences. We agreed that the Code Preface has implications for other Code elements, and once there is consensus on that, we can proceed in parallel with proposed revisions to other Code elements based on assignments made last month

of CECA members to individual Code elements. This will speed up the pace of revisions. The goal is to have a new draft Code (with or without elements of interpretive paragraphs) in time for the October ASBH annual meeting. [See summary table below, added as an addendum.]

New Business

No new business was discussed.

Adjournment

The meeting was adjourned at 11:59 AM. The next CECA meeting is Thursday, June 21, 2012, from 11AM-12Noon Eastern.

ADDENDUM: CODE FEEDBACK ANALYSIS/REVISION TIMELINE

Code Element	Assigned CECA member(s)	Target date	Comments
Preface	Lucia, Art, Armand	June 14, 2012	For June 21 telecon
Be Competent	Kathy, Nneka	July 12, 2012	For July 19 telecon*
Avoid COI	Jeffrey S., Wayne	“ “	“ “
Manage COO	Marty, Tia	“ “	“ “
Protect Confidentiality	Jack, Terry	“ “	“ “
Preserve Integrity	Anita, Ann, Christine	“ “	“ “
Make responsible public statements	Kathy, Paula	“ “	“ “
Contribute to field	Ken, Jeff B.	“ “	“ “
Promote just health care	Brian, Kayhan	“ “	“ “
“Other”?	--	“ “	Anita will summarize

*This will allow us to discuss and agree on revised Code elements during July-September, in time for the October ASBH annual meeting. We will identify next steps for public feedback before the ASBH October meeting.