

CECA MEETING MINUTES

May 23, 2013

Members present: Bob Baker (guest), Ken Berkowitz, Jeffrey Berger, Brian Childs, Martha Jurchak, Christine Mitchell, Kayhan Parsi, Kathy Powderly, Tia Powell, Terry Rosell, Marty Smith, Jeffrey Spike, Anita Tarzian (chair)

Members absent: Armand Antommara, Joe Carrese, Art Derse, Jack Gallagher, Paula Goodman-Crews, Ann Heesters, Nneka Mokwunye, Wayne Shelton, Lucia Wocial

The meeting was called to order at 11:00 AM Eastern. Minutes from the April meeting were accepted (via email).

CODE OF ETHICS

We discussed the Code Responsibility of “Managing conflicts of interest and obligation.” Tia, Marty, Wayne and Anita met separately to work on this Code element, which is reflected in the “prior version” below. These were previously two separate code responsibilities that have now been combined. We reworded the Code responsibility, statement, and interpretive paragraphs as follows. Since the call exceeded the scheduled time, the revised version will be sent to CECA members via email for further edits before finalizing. We agreed to have someone read through the Code to remove redundancy (for example, replacing “HCE consultants” with “consultants” where possible). The next step will be to send the revised Code out for comment from ASBH membership and CECAG members, using the online survey we developed. Anita will check with Joe Fins and Felicia Cohn to identify next steps in this process.

PRIOR VERSION:

Manage conflicts of interest and obligation. HCE consultants should identify potential conflicts of interest and obligation and, if such conflicts are unavoidable, should manage them appropriately.

Conflicts of interest involve situations in which the professional judgment of a HCE consultant may appear to be affected or compromised by competing interests (e.g., personal, financial), especially in a way that might adversely affect HCEC recommendations regarding patient care. Conflicts of obligation involve situations in which HCE consultants’ judgments may be affected or compromised by competing roles that the HCE consultants perform. For example, HCE consultants employed by an institution may be reluctant to disagree with someone with considerable authority and influence within the institution. This demonstrates competing interests in preserving one’s employment and competently performing consultation. Another example involves an HCE consultant who is also a social worker or director of an intensive care unit who may experience pressure as part of that role to limit a patient’s length of stay, which may not be in the patient’s best interests. HCE consultants’ personal obligations may also conflict with professional ones, for example, when a parent needs to pick up a child at a day care center and feels pressure to rush a consultation toward completion.

Unavoidable conflicts of interest or obligation should be appropriately managed. HCE consultants should aim for transparency by acknowledging conflicts of interest or obligation that

may affect their professional judgment and performance. Avoidance, while an appropriate management strategy, is not always possible. Appropriate management strategies include disclosure and recusal. An Ethics Consultation Service with multiple consultants could permit members of the consult team to trade cases as a means of managing conflicts. Disclosure can promote the capacity to confer with colleagues and generate ethically appropriate options. Persistent conflicts may expose system issues, such as lack of time and support, that HCE consultants should address with institutional authorities.

HCE consultants are often employed by an institution; such a relationship does not require recusal, but in some cases it may require disclosure. Living up to the highest professional standards may occasionally mean having a fiduciary responsibility to the patient that must be put before the interest of the institution. Institutions must recognize, in policies and job descriptions, their obligations to support HCE consultants in giving ethical advice based on national standards, professional Codes and consensus statements, and local and national law.

NEW VERSION:

Manage conflicts of interest and obligation. HCE consultants should anticipate and identify conflicts of interest and obligation and, if such conflicts are unavoidable, should manage them appropriately.

Conflicts of interest involve situations in which the professional judgment of a HCE consultant is, or may appear to be, affected or compromised by competing interests (e.g., personal, financial). For example, consultants employed by an institution may be reluctant to disagree with someone with considerable authority and influence within the institution. This demonstrates competing interests in preserving one's employment and competently performing consultation. Conflicts of obligation involve situations in which HCE consultants' work is or may appear to be affected or compromised by competing professional and/or personal responsibilities. For example, a consultant who is also a social worker or director of an intensive care unit may experience pressure as part of that role to limit a patient's length of stay, which may not be in the patient's best interests. HCE consultants' personal and professional obligations may also be in conflict, when, for example, a consultant has a duty to keep family commitments and a competing duty to complete an ethics consultation in a timely manner.

Unavoidable conflicts of interest or obligation should be appropriately managed. HCE consultants should aim for transparency by acknowledging conflicts that may affect their professional judgment or performance. Avoiding conflict is not always possible. Appropriate management strategies include disclosure and recusal. For example, when HCE consultants are employed by a hospital, the relationship does not require recusal, but it may require disclosure. An Ethics Consultation Service with multiple consultants can assign cases with attention to avoiding conflicts.

HCE consultants share a fiduciary responsibility with health care providers and administrators to assure optimal patient care. HCEC should support this goal. Toward that end, consultants should address with institutional authorities persistent organizational barriers, such as lack of protected time and budgetary support for quality HCEC, or organizational goals that stray from core values.

Adjournment

The meeting adjourned at 12:55 PM. The next meeting is June 20, 2013, 11A-12:30P Eastern.