

CECA COMMITTEE MEETING MINUTES
June 21, 2012

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

Code of Ethics

We discussed the Code Preface that Armand, Art, and Lucia revised. We revisited the discussion about the scope of the Code and how to address this in the Code Preface. This code will apply to individuals who (1) provide healthcare ethics consultation (HCEC) as part of another set of professional activities, and (2) individuals who identify as "professional" ethics consultants. The PHEEP (Practicing Health Care Ethicists Exploring Professionalization) group in Canada has preliminarily identified the following as components of the role of a "practicing health care ethicist:" developing and managing an organization's ethics program infrastructure; providing organizational ethics leadership; identifying and addressing ethical issues throughout the organization (through ethics consultation and other activities); supporting policy development; providing ethics education (both inside and outside of ethics consultation); and supporting research endeavors in health care ethics (Chidwick, et al, 2010).

The rationale for keeping the scope of this Code on HCEC rather than on the broader scope of services is three-fold, as follows: (1) we have some consensus on formalized standards for HCEC (e.g., ASBH's *Core Competencies for Healthcare Ethics Consultation*; *ASBH's Education Guide*; VA's *Integrated Ethics* resources for ethics consultation; and Dubler and colleagues' *Ethics Credentialing* working group report); (2) the stakes for helping or hurting stakeholders are highest when providing HCEC, particularly when involving an active patient, and thus it makes sense to hold individuals accountable to an ideal standard of practice for HCEC as articulated in a code of ethics; and (3) the skills and knowledge competencies required to provide expert HCEC translate to other professional activities that HCE consultants engage in, and thus are a good starting point for a code of ethics. It was reiterated that a code of ethics is an evolving document that will adapt over time to the realities of the practice environment. Ann shared that PHEEP met after the recent Canadian Bioethics Society meeting , providing an update of their activities. Many attendees expressed a belief that developing a code of ethics should be the *first* step before proceeding with other practice standards.

With this in mind, we further revised the Code Preface as follows:

Code of Ethics Preface Revision

"This statement sets out the core ethical responsibilities of anyone engaged in health care ethics (HCE)

consultation.

HCE consultation is 'a set of services provided by an individual or group in response to questions from patients, families, surrogates, health care professionals, or other involved parties who seek to resolve uncertainty or conflict regarding value-laden concerns that emerge in health care' (ASBH, 2011). The goals of HCE consultation include identifying, clarifying and analyzing the ethical issues that underlie the consultation request. HCE consultation seeks to facilitate agreement among involved parties about ethically justifiable options. HCE consultation addresses the ethical concerns of persons involved in health care decision making and medical research, including patients, families, and providers, and those who set guidelines and create policies.

In addition to their role as HCE consultants, some individuals are also members of other professions and may be accountable to different codes of ethics. While engaging in HCE consultation, individuals should adhere to this statement of responsibilities."

ASBH WORKSHOP (ACCEPTED)

The submission for an ASBH workshop on the Code was accepted. Martha, Bob, and Anita will present. The goal is to have an analysis of each Code element & suggested rewording (if applicable) available for this workshop.

IN-PERSON CECA MEETING October 21, 2012

We will meet on Sunday, October 21, from noon to 3PM in D.C. at the conference hotel (exact location TBD; lunch will be served). We will focus on the Code of Ethics and CECA goals for 2013.

New Business

No new business was introduced.

Adjournment

The meeting was adjourned at 12N. The next CECA meeting is to-be-determined, as Anita has a conflict for July's standing meeting; likely to do small group work on the Code in July and have regularly scheduled CECA telecon on Thursday, August 16, from 11A-12N EASTERN.