

**CECA TELECON MINUTES – Improving Competencies Sub-Group  
Wednesday, July 28, 2010**

<b>MEMBERS PRESENT</b>	<b>MEMBERS OF SUB-GROUP ABSENT</b>
<b>Bob Baker (guest)</b> <b>Joseph Carrese</b> <b>Paula Goodman-Crews</b> <b>Ellen Fox</b> <b>John (Jack) Gallagher</b> <b>John Moskop</b> <b>Terry Rosell</b> <b>Anita Tarzian</b> <b>Lucia Wocial</b>	Tracy Koogler Autumn Fiester Millie Solomon

The meeting was called to order at 12:05PM (Eastern).

The minutes for the previous teleconference were approved via email.

**Discussion of Code of Ethics**

Bob explained his suggested approach to developing a Code of Ethics for health care ethics consultation (HCEC). He circulated documents related to how other professional organizations (e.g., medicine) have adopted a code of ethics, using the example of confidentiality as one portion of the code. We discussed the consensus development process. Previous discussions led to concluding that we “start somewhere.” Bob reiterated that we can start with, for example, crafting a preamble and the first provision relating to confidentiality, with a few case study examples to elaborate major points. We would add on to this over time, as happens with other professional ethics codes.

Bob suggested starting with the preamble and just one provision (i.e., confidentiality). Others thought we should start with a preliminary list of currently identifiable provisions. We agreed to start with the content in the current Core Competencies as a starting base (Section 4, THE ETHICAL DIMENSIONS OF HCEC AS AN EMERGING PROFESSIONAL PRACTICE). Bob will create a first draft of a preamble and list the contents based on what is listed in this section of the Core Competencies, with direction to other CECA members as to what additional content needs to be added or discussed.

We agreed to not attempt a lengthy code. Bob sees the HCE consultant code as more akin to the ACP code than the AMA code. The plan would be to start fairly small and allow the code to grow over time. Bob will send a copy of ACP code to this CECA sub-group.

We discussed whether the focus of the code of ethics should be on *health care ethics consultants* or *health care ethics committee members*. We decided on the former, which matches the revised Core Competencies document. The scope of application of this Code was discussed (e.g., will it apply to ethics consultants for pharmaceutical companies, and those who do research ethics consultations?). We will continue to discuss this moving forward, but the main focus will be consistent with the revised Core Competencies, which acknowledges various subspecialties of health care ethics consultation, but is focused predominantly on clinical ethics consultation. Again, as the field of HCEC evolves, the scope of the Code will evolve.

We discussed the possibility of setting up conflicting notions of confidentiality (or other code provisions) with other health care professions. While one should keep roles separate and abide by the code of ethics of the role one is functioning in, there could be rare exceptions (e.g., role of HCE consultant conflicts with role of physician to report child abuse). We will continue to discuss/consider this.

The question was raised about whether the provisions identified in the revised Core Competencies captures “bad actors” or individuals who are negligent in their HCEC role in a way that’s damaging, particularly since individuals labeled as “ethics consultants” may be viewed as being “ethics role models.” This evoked the Joint Commission’s requirement of a physician conduct policy (i.e., one that makes it clear that certain behaviors, like aggressive anger outbursts, should not be tolerated). We discussed how virtue/character traits may not easily be addressed in a code of ethics, and that the revised Core Competencies identifies *attributes, attitudes & behavior* that should be nurtured in HCE consultants. (These terms are used instead of “character” or “virtue” because they are more measurable). Lucia suggested reviewing Beauchamp & Childress’ discussion of virtues. Ellen suggested looking at the list of behaviors in the VA’s Leadership workbook to see if these could be captured in a code statement about professionalism. We agreed that Bob should add a provision to the draft code that addresses professionalism and the need for HCE consultants to meet the identified standards of competency in the field of HCEC.

#### **Other sub-group activities**

We tabled discussion of other sub-group activities. These include a survey of HCE consultants and ASBH members, what should be presented at the CECAG meeting in San Diego, and the next project for this sub-group.

We agreed to meet again in August. Tuesday or Wednesday noon to 1:30P Eastern appears to be a good time. Anita will follow up on this.

The meeting was adjourned at 1:30 PM.