CECA COMMITTEE MEETING MINUTES
August 11, 2011

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

The meeting was called to order at 11:05 AM, Eastern Time Zone.

Code of Ethics

We discussed what Bob circulated before the telecom: a draft Code of Ethics Preface, 3 Professional Responsibilities (Conducting Consults Competently, Conducting Consults Respecting Confidentiality, and Conducting Consults in Ways that Minimize Conflicts of Interest). The Confidentiality Responsibility statement had two paragraphs of explanatory content. We discussed the format for the Code consisting of the Preface and listing of Professional Responsibilities that we would add to over time, followed by further explanatory content where each professional responsibility was applied to cases demonstrating how the responsibility is applied in practice. Some felt that each responsibility should have a shorter summary statement (i.e., one or two sentences) and that the longer explanatory content (combined with the case examples) should follow the listing of all the professional responsibilities (akin to the Nurses Code of Ethics Provisions with Explanatory Statements).

We agreed that the goal for the next telecom is to finish formulating the Code preface, identify 6 or 7 Code responsibilities to include in the first Code draft, based on what is listed in the *Core Competencies* (first and second editions), findings from the ACES survey, and possibly the Canadian Model Code; create a short (1-2 sentence) summary for each responsibility; and include a longer (2-3 paragraph) elaboration of at least the Confidentiality responsibility. Our goal is to finish this draft Code content in time to post in online for public feedback by the October ASBH meeting.

The following will be considered in choosing the initial Code responsibilities, after further CECA member discussions via email and future tele-meetings: [Avoiding and managing] conflicts of interest, [Avoiding and managing] conflicts of obligation, Respecting confidentiality, [Avoiding] acceptance of improper working conditions, Making public statements (i.e., Presenting incomplete characterizations of complex

issues in public venues), Righting Wrongs/ Reporting serious misconduct/Whistle blowing, Identifying and managing boundary violations by employers and supervisors, and Ascribing (co) authorship and crediting contributors to reports and published work. (The Canadian Model Code of Ethics For Bioethicists is: "I will conduct myself with Integrity, expertly, respecting confidentiality, avoiding/disclosing conflicts of interest , avoid conflating expertise with authority, not abusing power, contributing to the field, not dishonoring the field in public statements, seeking continuous learning, advocating for conditions of ethical, effective conditions of employment.")

We discussed use of the term "health care ethics" versus "clinical ethics" and opted to use the former, to be consistent with the *Core Competencies,* but to clarify in the Code preface the reason for this (as was done in the second edition of the *Core Competencies*). We also discussed the scope of the Code and whether it should only target individuals who do health care ethics *consultation*, or individuals who provide other ethics services *in addition to* consultation, such as ethics training and education (outside of ethics consultations) and systems-based ethics activities. The *Core Competencies* (2nd Ed.) acknowledges the trend toward integrated ethics programs that provide a scope of ethics services, but the document readily identifies ethics case consultation as its main focus. This was done for two main reasons: (1) it is particularly important that ethics consultants who interact with actual patients and family members are held accountable to professional standards; and (2) there is considerable overlap between the skills and knowledge needed to provide health care ethics consultation at the "advanced" level, and the skills and knowledge needed to provide other ethics services that a professional health care ethicist may provide. Thus, competence in health care ethics consultation is a minimum obligation, and the Code will target individuals who respond to such consultations, but the Code will not exclude other ethics services that such a consultant may provide. We agreed to give this more thought—specifically, how to address this in the Code preface and its contents.

Request for Proposals for HCE Consultant Certification
We await Colleen's submission of the RFP and cover letter. This item was thus tabled for this telecom meeting.

HCEC publications/resources
Joe is making progress on his "HCEC Pearls" paper. A suggestion was made to consider publishing in the Journal of Clinical Ethics if permission could be granted to allow a copy of it to be available on the open access portion of the ASBH website so those "on the front lines" could access it. Jeffrey Spike offered to follow up to pursue this possibility.

The meeting adjourned at 12:03 PM. The next standing meeting teleconference is Thursday, 11A Eastern, September 8, 2011.