CECA MEETING MINUTES
August 15, 2013

Members present: Felicia Cohn (Board liaison), Art Derse, Brian Childs, Martha Jurchak, Nneka Mokwunye, Kayhan Parsi, Anita Tarzian (chair), Lucia Wocial, Armand Antommaria, Joe Carrese, Wayne Shelton

Members absent: Jeffrey Berger, Ken Berkowitz, Kathy Powderly, Marty Smith, Jack Gallagher, Paula Goodman-Crews, Ann Heesters, Christine Mitchell, Tia Powell, Terry Rosell, Jeffrey Spike

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

BOARD UPDATE

Felicia clarified "next steps" in the Code of Ethics process – the finalized Code with interpretive paragraphs will be presented to the Board for their approval (at the October, 2013 meeting if CECA can finish the revisions by then). The Board will then decide the process for approving the Code and giving CECA direction on next steps, such as how requests to interpret the Code will be handled (e.g., by CECA or a separate body).

CODE OF ETHICS REVISIONS

393 individuals completed the Second Code of Ethics evaluation survey. Collapsing the "Strongly Agree/Agree" and "Strongly Disagree/Disagree" responses to "Agree" or "Disagree" to the statement: "I endorse this portion of the Code," an overwhelming majority supported each of the Code elements.

	AGREE	DISAGREE
Preface	90%	10%
Be Competent	94%	6%
Preserve Integrity	91%	9%
Manage Conflicts	94%	6%
Maintain Confidentiality	94%	6%
Contribute to the Field	95%	5%
Communicate Responsibly	95%	5%
Promote Just Health Care	94%	6%

In addressing the content analysis of qualitative comments, we agreed that it is important not to change the language too much given the survey endorsement ratings obtained. For example, isolated comments about what "value-laden concerns" mean or whether "ethically justifiable" should be replaced with "medically justifiable" were discussed but we opted to keep language we felt was endorsed by the consensus. Based on more extensive comments, we addressed the following in revisions to the Preface:

- Does the Code apply to anyone doing health care ethics consultation (HCEC) or just "advanced level" practitioners? We agreed that the Code should apply to all individuals

performing HCEC but this doesn't mean that all individuals performing HCEC are obligated to pursue advanced-level certification when that becomes available.

- Does the Code address other services HCE consultants may provide? We clarified that the Code focuses on HCEC and doesn't explicitly address additional services HCE consultants typically provide (e.g., preventive ethics).
- Should "medical research" be included in the scope of HCEC activities? Although some HCE consultants engage in consults involving individuals taking part in research, and other HCE consultants conduct "research ethics consults," we opted to remove the reference to "medical research" in the preface, as a specific focus on human subjects research in HCEC is not common in current HCEC practice. While HCE consultants may sit on Institutional Review Boards, that is a separate activity from HCEC.
- What are goals of HCEC? Language surrounding the goals of ethics consultation was clarified based on perceptions that agreement alone was identified as a main goal of HCEC. We agreed to keep the quoted definition of HCEC from ASBH's *Core Competencies for Healthcare Ethics Consultation* (2011) and address concerns about lack of clarity in language (e.g., whether HCEC seeks to "resolve" or "address" uncertainty or conflict regarding value-laden concerns that emerge in health care) in compiling suggested revisions to future editions of the *Core Competencies,* rather than trying to clarify this in the Code.
- Does the Code address organizational ethics consultation? The Code focuses on HCEC as defined in ASBH's *Core Competencies*. This includes "case" and "non-case" consultations (as described in the Core Competencies). The *Core Competencies* and the Code focus more on case consultations, but the Code responsibilities apply both case and non-case consultations. We agreed to address concerns about scope of expertise for HCEC in the "Be Competent" element of the Code (e.g., areas where HCE consultants may need additional skills/expertise, such as organizational ethics & research ethics consults).
- Should the Preface include the statement that HCE consultants are bound to comply with this Code of Ethics when performing HCEC even if they belong to a profession with another code of ethics? We agreed that, while it's unlikely that there would be conflicts between this code of ethics and another professional code of ethics, it is appropriate to move the statement about potentially competing obligations derived from dual codes of ethics to the interpretive paragraph for the "Manage Conflicts of Interest and Obligation" Code element.

REVISED Code Preface

This statement sets out the core ethical responsibilities of individuals performing health care ethics (HCE) consultation. It does not explicitly address the ethical obligations for the range of additional ethics services that HCE consultants may provide for an organization.

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). Ethics consultation seeks to identify and support the ~~ethically~~ appropriate decision-maker(s) by facilitating communication among key stakeholders, fostering understanding, clarifying and analyzing ethical issues, and, when*

appropriate, providing ~~non-binding~~ recommendations that support ethically sound decision-making. It addresses the ethical concerns of persons involved in health care decision-making and health care delivery including patients, families, health care providers, institutional leaders, and those who set guidelines and create policies.*

*****Post-meeting edit made via email discussion, based on rationale that recommendations are by definition non-binding.

PRIOR VERSION

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. Ethics consultation seeks to facilitate agreement among involved parties about ethically justifiable options. It 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 ethics consultation, individuals should adhere to the Code of Ethics for HCE consultants.

COMPLETING CODE REVISIONS

We agreed to work on assigned elements of the Code of Ethics interpretive paragraphs remotely (via email & small group work that is then sent through the CECA listserv) and on the next telecom, to discuss what we haven't reached consensus on through the listserv communications.

NEW BUSINESS

No new business was discussed.

ADJOURNMENT

The meeting adjourned at 12:06 PM.

The next teleconference meeting is scheduled for Thursday, September 19, 2013 from 11A-12N Eastern. Also note that the CECA in-person meeting is Sunday, October 27, 2013 from noon to 3PM in Atlanta, GA (venue TBD).