CECA COMMITTEE MEETING MINUTES
June 21, 2012

PRESENT
Armand Antommaria
Art Derse
Joseph Carrese
Felicia Cohn (guest)
Ann Heesters
Martha Jurchak
Kathy Powderly
Terry Rosell
Wayne Shelton
Anita Tarzian (chair)

ABSENT
Ken Berkowitz
Jeffrey Berger
Brian Childs
Paula Goodman-Crews
Kayhan Parsi
Tia Powell
Jeffrey Spike
Marty Smith
Lucia Wocial
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 IntegratedEthics 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)
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.