CECA COMMITTEE MEETING MINUTES
June 9, 2011

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

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

Code of Ethics

We revisited the topic of a health care ethics consultation (HCEC) code of ethics – what is the goal and end product, how would this be implemented, specifically, and what process should CECA members use to produce the first code statement?

Regarding the goal of the code, we agreed that such a document is intended to identify and communicate publicly core HCEC professional responsibilities, and to support individuals doing HCEC ("HCE Consultants") who may encounter opposition to implementing these professional standards. The HCEC may overlap with other codes of ethics to which HCE consultants may be held accountable (e.g., physicians, nurses, psychologists), but the HCEC code will focus primarily on professional responsibilities required of individuals doing HCEC. We discussed whether we should use a term other than "code of ethics" because that is typically used to establish professional standards of a *profession*, and this document will focus more narrowly on individuals doing HCEC (even though some of the content will overlap with other activities professional HCE consultants engage in). We agreed to maintain the "code of ethics" language for the overall document, but to remain open to feedback as the document evolves.

Discussion about how detailed versus principle-based and aspirational this document should be revealed a range of opinions. Some pointed out that a code of ethics should identify principles and values supporting professional practice, but not specific guidance. Others felt that professional codes that are too platitudinous and aspirational and that lack applicable guidance are not useful, and often ignored. Bob pointed out that his goal was to reach a happy medium with the end product (i.e., to create a code that is aspirational and also provides some guidance, without being too prescriptive). We discussed the difference between a white paper, a code of ethics, and ethics guidelines. Jeff Berger is on a committee revising the American College of Physicians' (ACP) ethics manual, which includes guidance for physicians on how to interpret and apply ACP positions such as physician-assisted suicide. We agreed that the HCEC code will not focus on positions where ASBH has not yet taken a stand, but will address standards that

are already recognized (such as those identified through the ACES survey and in the *Core Competencies*, e.g., obligations related to protecting confidentiality, avoiding conflicts of obligation, etc.). Bob reiterated that this is a first step in a long-term, iterative process, and that it is important to create an open structure that allows for adapting the code over time. For example, in discussions so far among CECA members, how social media such as Facebook and Twitter relates to the HCE consultant's obligations to protect confidentiality was added to the code statement that Bob circulated.

Regarding what the end product will look like, we agreed to use the term "professional responsibilities" for each code element (e.g., "Professional Responsibility: HCE consultants must protect the confidentiality of individuals involved in an HCEC"). This was deemed more appropriate than other suggestions (Precepts, Provisions, Guidelines, Statements, Opinions, Standards, Obligations).

Regarding whether the scenarios that map the scope of each professional responsibility will be coupled with the responsibility statement or housed elsewhere will be decided later. Bob suggested presenting alternative formats and making this decision as the process evolves. Bob is synthesizing feedback he has received thus far and will circulate another version of the code in its present form to CECA members before the July teleconference. We agreed to continue working on the confidentiality statement for now instead of moving on to another. The first will serve as a model for content and process work.

Regarding the process of doing this work, we considered other formats such as using "Dropbox" where CECA members could download this free program and then access shared documents. Given that this involves new technology that some may not be able to download or access due to local workplace firewalls, and the general comfort level CECA members have with email and teleconference forms of communication, we agreed to continue with these formats (e.g., emailing Bob with suggestions for changes to the code responsibility statements he sends out, either in the text of an email or as a tracked changed Word document; and monthly teleconferences). We may consider other alternatives if Bob's workload becomes unwieldy. We will discuss process steps for eliciting feedback from non-CECA members once we agree that the first code responsibility statement is ready for comment. We agreed to view this as a first step ("work in progress") and elicit feedback from non-CECA HCE consultants on the language, content, format, and process for developing the code.

Certification
Colleen is still working on finalizing the RFP to companies to get information about costs and approaches related to certifying individuals to do HCEC, and the RFP cover letter. When this is finished, it will be circulated to CECA members before being sent to the ASBH Board.

HCEC publications/resources
Joe received feedback on his "Top 10 HCEC Do's & Don'ts" list, and will work this summer on publishing this as a paper. Christine offered to work with him on this. Jeffrey also has a similar type document he circulated, which could be turned into a manuscript for publication down the road. We discussed a longer-term goal of increasing access to resources for HCEC best practices by writing & publishing manuscripts (in accessible journals, such as open-access journals), and expanding what's available on the ASBH website to individuals running an HCEC service and/or doing HCEC. For now, this will take the form of pursuing publication as individual authors (rather than as collective CECA-authored publications), although we may get feedback from CECA members on these projects.

 The meeting adjourned at 11:55AM. The next standing meeting teleconference is Thursday, 11A Eastern, July 14, 2011.