GOOD PRACTICE GUIDELINES FOR HOSPITAL ETHICS COMMITTEES

*Introductory Note:

Clinical Ethics Committees are helpful where complex ethical dilemmas occur with some frequency within an institution. Their challenges should be addressed. These good practice guidelines have been developed for Hospital Ethics Committees (HECs), and have been informed by our consultations with HEC Chairs and their members working within the public hospital setting. They should be viewed as provisional proposals subject to review as experience is gathered.

Functions of hospital ethics committees

1. The functions of hospital ethics committees are to:
   (a) encourage and promote the ethical care and treatment of patients within the hospital;
   (b) assist in resolving ethical problems involving their care and treatment;
   (c) review and advise on ethical problems referred by the hospital or hospital-designated person;
   (d) review and advise on any procedures, cases or class of cases directed to it by the Director of Medical Services (Ministry of Health).

2. Each hospital ethics committee should, in conjunction with the hospital authority ('licensee' referred to in the Licensing Terms and Conditions on Hospital Ethics Committees) make available its terms of reference to its members, and those within the institution that benefit from its services. The terms of reference should make clear such matters as the Committee’s aims and objectives, authority, composition, term or duration of membership (including that of the Chairperson, or key executive members), record-keeping and case review or audit procedures, frequency of meetings, and code of conduct for members.

Advisory role

3. The role of the hospital ethics committee is advisory rather than executive. It is important that clinicians who refer cases to the committee be aware that its recommendations constitute advice on resolving particular ethical problems in clinical practice, and that it is the referring clinician’s responsibility to decide what to do. Clinicians, even in public institutions, have a right to not act in accordance with the Committee’s recommendations after referring a case. A clinician may, in accordance with the Ethical Code and Guidelines of the Singapore Medical Council, wish to pass on the care of
a patient to another doctor if he or she disagrees with the Committee’s advice on patient care.

**Legal matters**

4. The legal status of any advice, guidance, or support provided by the hospital ethics committee to licensees (hospitals) and their members (hospital staff), or the Director of Medical Services must be clarified. A report by legal experts on this question should be commissioned by the Ministry of Health. It should make recommendations on the following questions:

(a) Legal liability of a hospital ethics committee and of its individual members, for what and to whom; and the extent to which individual members represent the views of the Committee, or licensee (hospital)

(b) The handling of confidential patient and attending staff information, and information with regard to referrals to the hospital ethics committee

5. Hospital ethics committee members, which includes employees and those not employed by the licensee, should be individually indemnified by licensees who appoint them, or licensees who requisition their services, for opinions, advice and recommendations made in fulfillment of their functions, when provided in good faith and in accordance with good practice guidelines.

**Membership and composition**

6. The membership of the hospital ethics committee should take account of the requirements stipulated in the hospital’s Licensing Terms and Conditions. A general principle for membership selection is that the overall composition of the hospital ethics committee should be such that sufficient breadth of expertise and perspective is ensured (refer to Section 19 for a listing of Core Competencies).

7. The inclusion of laypersons is helpful for inviting perspectives on issues beyond any immediate medical consideration. Suitable laypersons may include, e.g. lawyers, academic ethicists, or individuals who are not on the Register of Medical Practitioners or employees of licensed hospitals and medical clinics, with a broad interest in ethical issues and able to provide a balanced view independent of institutional interests and group pressures.

8. A ‘core plus options’ arrangement (e.g. using sub-committees, or case consultation groups) would be suitable where hospital ethics committees need to be small enough to function effectively, but may need additional expertise to be requisitioned as required. These ‘options’ should fulfill quorum requirements as set out in the hospital’s Licensing Terms and Conditions.
9. Recruitment of members of hospital ethics committees, sub-committees and case consultation groups should be the responsibility of the Chairperson, who will be appointed from among existing members of the hospital ethics committee for a specified term by the Licensee. The process of recruitment of new members should allow for flexibility of choice among different methods such as word-of-mouth recommendations, and advertising for applicants. There should be an interview process giving clear criteria on ethical assessment and interpersonal skills for the selection of candidates. It should indicate:

(a) who the interviewers are;
(b) criteria for selecting a candidate (e.g. competencies and breadth of perspective needed by the committee, interest in the subject of medical ethics, an ability to work in a group, a commitment to the group).

Special clinical ethics committees

10. It may be helpful to some hospitals if national committees of a more specialized nature are set up, for instance, where there are questions arising in highly sensitive or technical areas of clinical practice such as innovative treatments, mental health services, fertility services, and genetics services. At the national level, Transplant Ethics Committees (TECs) already function at such a degree of specialization.

General obligations of the hospital ethics committee

11. **Accessibility.**
Hospital ethics committees should provide adequate access to their services, the scope of which should be made known within the hospital, as set out in their Terms of Reference. They must ensure that a clear procedure for referral of cases is known within their host institutions by means of providing adequate notification and publicity.

12. **Responsiveness.**
Hospital ethics committees should develop mechanisms for responding to cases in an open and transparent manner, and ensure reasonable timeliness in providing a deliberated response. A protocol for responding to emergency case consultations should be agreed by members, which should set out a rotating list of members who are willing to be called upon in an emergency.

The hospital ethics committee should provide opportunity, if practicable and appropriate, for the referring clinician(s) to be present during some part of the committee’s deliberations, for the benefit of the clinicians themselves. Where practicable and relevant, it may include the patient perspective by channels such as family conferences in which a skilled counselor participates (compensation may be needed), and visits to the patient’s bedside by the Chair or appointed member.
13. Frequency of Meetings.
Regular face-to-face meetings of the hospital ethics committee ensure the proper execution of the committee’s functions, and are necessary for acquainting members and building trust. Telephone conferencing for discussing a case is preferred to email discussions because confidentiality of the parties under discussion is better safeguarded, but the effectiveness of telephone conversations depends on familiarity with other members present.

A reasonable frequency for face-to-face meetings of the hospital ethics committee (e.g. once a month, or every two months) is necessary for handling its affairs, such as non-urgent and ongoing case consultations, review of cases concluded, policy work, or training and administrative matters.

14. Record-keeping.
Each hospital ethics committee should make available a proforma for referrals. Hospital ethics committee’s should maintain records of:

(a) Cases duly described in the case referral proforma;
(b) Minutes of meetings and case discussions;
(c) Documented recommendations of the committee which should reflect the considerations set out in Section 15 below.

The availability of the hospital ethics committee’s recommendation on a case referred for consultation should be noted in the patient’s record.

Hospital ethics committees must be able to demonstrate that their deliberative processes and recommendations are transparent, factually and legally accurate and justifiable. They should therefore adopt an explicit process for ethical discussion to ensure accountability for their recommendations. The following are important considerations in ensuring an acceptable standard of ethical discussion:

(a) Declaration of personal interests and views such as membership of an interest group;
(b) An explicit framework for deliberation that ensures: relevant facts of a case and the views of all affected parties are considered; the views of all members have opportunity to be heard and justified; conflicting views among members are resolved by an agreed method (e.g. voting, decision by Chair after documented review of all conflicting views); justification of the final conclusion; relevant legal and professional frameworks are identified, and correct use of minuted legal concepts and principles checked by a legal advisor.

Members of hospital ethics committees must observe a duty of confidentiality to patients, families, referring clinicians and hospital teams. As far as practicable, cases should be anonymised for committee deliberations. If anonymisation is extremely challenging, members must undertake to observe professional rules on confidentiality towards patients, families, referring clinicians and hospital teams. Members of hospital ethics committees should maintain respect for the privacy of patients and their families. Anonymisation of cases is essential for wider dissemination for educational purposes within the institution.

17. Adequate review.
The hospital ethics committee’s activities and decisions should be sufficiently reviewed by the Licensee for ensuring the consistent quality of its advice, and for the evaluation of its contribution to ethical practices within the hospital. It should be the role of the hospital ethics committee’s Chairperson to discuss the committee’s activities from time to time with the Hospital Chief Executive to ensure that the committee’s work is consistent with the institution’s stated policies. Data providing evidence of due diligence on the part of healthcare teams and the hospital ethics committee’s handling of a case should inform the review. Without added burden, ethics committee administrators should be attentive to such considerations in recording the progress of case consultations.

18. Independence of advice and scope of authority.
The scope of the hospital ethics committee’s authority should be made known, particularly with respect to governance structures within its appointing institution. Its reporting structure must be made clear, and such an arrangement should not inhibit the independence of the hospital ethics committee’s ethical advice.

19. Agreement on core competencies and appropriate training.
Although hospital ethics committees may not require formal accreditation of its members, the membership of the hospital ethics committee should agree on a statement of core competencies, comprising skills, knowledge and personal traits important for performing their collective role. Each member should aspire to a basic level of competency in each of these broad areas through training or experience, it is neither necessary nor practicable for all members to attain advanced competence or detailed expertise in each of the specified areas.
(a) Relevant skills include the ability to make sound ethical assessments of problematic cases and situations, the ability to facilitate consensus or satisfactory resolution of dilemmas and conflicts, and interpersonal skills such as listening and adequately representing the views of the involved parties.
(b) Relevant knowledge includes knowledge of healthcare systems, clinical context, the local healthcare institution’s policies and perspectives, the values and cultural beliefs of patients and healthcare practitioners,
professional and ethical codes of accrediting organizations, relevant health law, medical terms and disease conditions, and issues and concepts in biomedical ethics.
(c) Important personal traits for members of ethics committees include tolerance, patience, compassion, honesty, courage, prudence, humility and integrity.

Licensees should provide hospital ethics committees with sufficient resources for appropriate training and education of its members, as recommended by the hospital ethics committee Chairperson, or person whom the Chairperson delegates for this purpose.

20. Educational function.
Hospital ethics committees should share their knowledge and experience of applying ethical principles for the resolution of clinical ethical dilemmas and questions. They may do this through dissemination of the results of case consultations, duly anonymised, during ethics grand rounds in the hospital, or by providing seminars or workshops on key, ethically complex areas of clinical practice within the hospital. A good way of training clinicians for the task of resolving ethical difficulties in their practice is to encourage clinical departments to identify and train an ethics representative; this trained individual would be expected to advise on ethical questions raised by departmental staff, and to direct more complex cases involving ethical issues to the hospital ethics committee. The ethics representatives of each clinical department should keep a record of advice provided to clinicians, and report their activities to the hospital ethics committee on a regular basis, as determined by the hospital.

**Code of ethical practice of hospital ethics committees**

21. Hospital ethics committees are expected, in the execution of their functions, to
(a) respect patients as individual persons with dignity, and strive to promote their well-being and safety;
(b) treat hospital healthcare teams and staff with dignity and respect;
(c) protect the privacy and confidentiality of patients, their families and referring clinicians and healthcare teams;
(d) have due regard for considerations of public interest, community values, acceptable standards of medical ethics, and other considerations as prescribed by the Director of Medical Services;
(e) uphold local laws, regulations and guidelines and commonly agreed standards of ethical clinical practice;
(f) embody professionalism by upholding integrity, openness, reasonableness, tolerance of disagreement, and a commitment to excellence in the performance of their roles and functions by pursuing necessary skills, knowledge and competencies.
Other matters

22. As the members of hospital ethics committees are normally volunteers, due recognition should be given to these individuals, and support should be provided by means of equipping them with necessary competencies for performing their role at minimum private cost and burden.

23. Within institutions, and at a national level, clinical ethics support services and resources should be planned and agreed to ensure the long term viability of clinical ethics committees (including hospital ethics committees). Ethics support services at a wider level are described in Section 24 below. Resources and ethics support within institutions include:

(a) Protected time for hospital ethics committee members who are employees of the Licensee for participation in meetings and activities related to the work of the committee.
(b) Reimbursement of cost of expenses incurred (e.g. travel, childcare expenses) by hospital ethics committee members not employed by the Licensee for participation in meetings and activities related to the work of the committee.
(c) Protected time, and if appropriate, payment for administrators rendering support in terms of sending out notices of meetings, circulating in advance documents and cases to be discussed, writing up and circulating minutes and recommendations, identifying relevant training for members, creating a library of ethics resources.
(d) Funding for education and training of hospital ethics committee members, administrators.
(e) Appropriate payment for any requisitioned expertise that the Licensee may call upon from time to time to assist in a case consultation or policy review.

24. An effective interface between clinical ethics committees and wider forms of clinical ethics support (e.g. a clinical ethics consortium) should be developed to provide continuous communication and exchange between clinical ethics committees (including hospital ethics committees) and national forms of clinical ethics support. A hub-and-spoke model is useful for coordinating ethics support at national and local levels by means of appointing and training individuals to form a panel of ethical advisors within the consortium. This panel should include clinicians with interest in receiving ethics qualifications, as well as key representatives from national ethics committees, professional bodies, university medical ethics departments and other relevant bodies. The panel would serve as a resource when difficult cases arise, for which clinical ethics committees (including hospital ethics committees) may wish to seek broader interpretation and guidance.