



LOMA LINDA  
UNIVERSITY  
MEDICAL CENTER

# LOMA LINDA UNIVERSITY MEDICAL CENTER

## OPERATING POLICY

|                  |                               |                   |         |
|------------------|-------------------------------|-------------------|---------|
| <b>CATEGORY:</b> | CLINICAL MANAGEMENT           | <b>CODE:</b>      | M-138   |
| <b>SUBJECT:</b>  | CLINICAL ETHICS CONSULTATIONS | <b>EFFECTIVE:</b> | 01/2017 |
|                  |                               | <b>REPLACES:</b>  | 05/2016 |
|                  |                               | <b>PAGE:</b>      | 1 of 2  |

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Related Policies:

[Conflict Resolution Regarding Patient Care \(P-12\)](#)

Purpose: To define the role, scope, and mechanism of clinical ethics consultations.

1. The Clinical Ethics Consultation Service shall provide assistance to healthcare professionals, patients, and families in the identification, analysis, and resolution of ethical dilemmas that arise in the care of individual patients.
2. Anyone involved in a patient's care may request an ethics consultation on that patient. This shall include any member of the patient care team, the patient him- or herself, a family member, friend, etc.
3. The scope of clinical ethics consultations shall include such issues as limitation of treatment, interpretation of advance directives, and surrogate decision-making. The issue may involve conflict about the patient's capacity to give consent, the appropriate goals of therapy, or the use or non-use of specific treatment modalities. In other situations, there may be no conflict; the requestor may seek input on the ethical permissibility of a proposed course of treatment.
4. Ethics consultations shall not be considered the appropriate means to resolve questions of clinical management, interpersonal conflict, or peer review. For such issues, other well established institutional or professional mechanisms may be used to assist with these matters.
5. The patient's attending physician shall always be notified that an ethics consultation has been requested, either by the person making the request, or by the ethics consultant.
6. There shall be no retaliation for requesting an ethics consultation. This is particularly relevant in a teaching institution where students, house staff, and other trainees might otherwise be reluctant to raise ethics questions. In unusual cases, the person requesting the consultation may remain anonymous.
7. Ethics consultations shall be provided in a timely manner by qualified clinicians who have been authorized to provide ethics consultation by the Ethics Committee ([reference M-138.A and M-138.C](#)).
8. All consultations shall be peer-reviewed (reference Monitoring Plan in [M-138.B](#)).

**CATEGORY:** CLINICAL MANAGEMENT

**CODE:** M-138

**SUBJECT:** CLINICAL ETHICS CONSULTATIONS

**PAGE:** 2 of 2

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9. The recommendations of the ethics consultant are advisory only; the clinicians caring for the patient are free to implement the suggestions or not.

APPROVED: Hospital Executive Leadership, LLUMC Chief Executive Officer, LLUMC Ethics Committee, LLUMC Medical Staff President



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# LOMA LINDA UNIVERSITY MEDICAL CENTER

## GUIDELINES

|                  |  |                   |         |
|------------------|--|-------------------|---------|
| <b>CATEGORY:</b> | CLINICAL MANAGEMENT                          | <b>CODE:</b>      | M-138.A |
| <b>SUBJECT:</b>  | PROCESS FOR CLINICAL ETHICS<br>CONSULTATIONS | <b>EFFECTIVE:</b> | 01/2017 |
|                  |  | <b>REPLACES:</b>  | 05/2016 |
|                  |  | <b>PAGE:</b>      | 1 of 1  |

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1. The Clinical Ethics Consultation Service operates under the supervision of the Director of Clinical Ethics, who reports to the LLUMC Ethics Committee and to the Vice President for Patient Safety and Reliability.
2. The Clinical Ethics Consultation Service maintains a 24-hour 7-day call schedule.
3. A person requesting an ethics consultation should determine who is the ethics consultant on call by contacting the page operator, and should then contact that person by pager, phone, or in person. When the ethics consultant on call is a Fellow in Clinical Ethics, he or she will consult with a supervising clinical ethicist before completing the consultation report.
4. After discussion with the requestor, the ethics consultant will determine whether an ethics consultation is appropriate. If it is, he or she will gather data by reviewing the patient's chart and speaking with pertinent clinicians, and he or she will almost always see the patient and speak with family members or others.
5. The ethics consultant will record in the patient's chart his or her analysis and recommendations.
6. When the Maternal-Fetal Medicine service is considering termination of pregnancy at twenty weeks or beyond, the case will be discussed by an *ad hoc* Fetal Care Review Committee; the clinical ethics consultant will be part of that discussion and will prepare a clinical ethics consultation report for inclusion in the patient's medical record. The Fetal Care Review Committee will be considered a subcommittee of the LLUMC Ethics Committee



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## GUIDELINES

|                  |  |                   |         |
|------------------|--|-------------------|---------|
| <b>CATEGORY:</b> | CLINICAL MANAGEMENT                    | <b>CODE:</b>      | M-138.B |
| <b>SUBJECT:</b>  | ETHICS CONSULTATION<br>MONITORING PLAN | <b>EFFECTIVE:</b> | 01/2017 |
|                  |  | <b>REPLACES:</b>  | 05/2016 |
|                  |  | <b>PAGE:</b>      | 1 of 1  |

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1. Ethics consultations will be reviewed in confidentiality at the weekly Clinical Ethics Case Conference in a timely manner. Involved parties are encouraged to attend. This case conference is a subcommittee of the LLUMC Ethics Committee.
2. A written summary of ethics consultations will be prepared monthly for the LLUMC Ethics Committee.



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# LOMA LINDA UNIVERSITY MEDICAL CENTER

## GUIDELINES

|                  |   |                   |         |
|------------------|---|-------------------|---------|
| <b>CATEGORY:</b> | CLINICAL MANAGEMENT   | <b>CODE:</b>      | M-138.C |
| <b>SUBJECT:</b>  | PROCESS FOR AUTHORIZATION OF<br>CLINICAL ETHICS CONSULTANTS | <b>EFFECTIVE:</b> | 01/2017 |
|                  |   | <b>REPLACES:</b>  | 05/2016 |
|                  |   | <b>PAGE:</b>      | 1 of 3  |

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1. Authorization to perform clinical ethics consultations at LLUMC may be granted by the Ethics Committee of the LLUMC Medical Staff to:
  - 1.1 LLUMC clinicians (physicians, nurses, social workers, allied health professionals) employed by an LLUH entity:
    - a. Who have either:
      - 1) Successfully completed a fellowship in clinical ethics, or
      - 2) Successfully completed a degree program in medical ethics or bioethics (MA, MS, or PhD), or
      - 3) Had extended experience in clinical ethics consultation
    - b. And who have satisfactorily completed ten or more clinical ethics consultations under the supervision of the LLUMC Director of Clinical Ethics or the chairperson of the LLUMC Ethics Committee (reference #6 Proctoring Program below).
  - 1.2 LLUH non-clinicians who have had extended experience in clinical ethics consultations.
2. Clinicians granted such authority will be designated "LLUMC Clinical Ethics Consultants."
3. The Ethics Committee will evaluate applications for authorization to do clinical ethics consultations based on the "Core Competencies for Health Care Ethics Consultation" published by the American Society for Bioethics and Humanities (ASBH) in 1998, updated 2009. The ASBH Core Competencies recommend evaluating clinical ethics consultants based on specific skills, knowledge, and character.
4. Authorization to perform clinical ethics consultations will be reviewed by the Ethics Committee every two years. The criteria below will be used for re-authorization to perform clinical ethics consultations for practicing clinical ethicists.
  - 4.1 Independent review of clinical ethics consultations by a nationally recognized leader in Clinical Ethics identified by the Director of Clinical Ethics). The reviewer will review at least three randomly selected consultations done by each ethics consultant over the

preceding authorized period of practice. His/her criteria for review will include ethical issue spotting, knowledge and application of relevant ethical principles, appropriateness and completeness of recommendations, and quality and organization of write-ups. After reviewing the consults from each ethicist, the reviewer will provide a written recommendation to the Director of Clinical Ethics that will then be presented to the Ethics Committee.

4.2 Evidence of continuing education relevant to ethics – each ethicist should demonstrate at least 10 hours over a 2 year period (or prorated appropriately) of relevant reading / learning / conference attendance demonstrated either by attestation or by CME certification.

5. Temporary authorization to perform clinical ethics consultations may also be granted to Fellows of the Center for Christian Bioethics, who may only perform such consultations under the supervision of, and in consultation with, a LLUMC Clinical Ethics Consultant.

6. Proctoring Program for Clinical Ethics Trainees

6.1 This proctoring program is intended for candidates who have had formal ethics / philosophical training and who wish to practice as a clinical ethics consultant at LLUH. Candidates who request authorization to perform clinical ethics consultation should fulfill the following requirements:

a. Satisfactory completion of supervised ethics consultation

1) At least ten proctored ethics consults to be divided up into the following stages:

i) Stage 1 – 2 consults in which the trainee accompanies a qualified consultant for the entire consult from start to finish. The consultant may let the trainee take the lead in performing the consult at his/her discretion. The trainee may present the case at ethics case conference as he/she is comfortable.

ii) Stage 2 – 5 consults in which the trainee does the consult solo but discusses the consult and the relevant issues with a qualified consultant before seeing the patient or speaking with the parties involved and after the information is gathered to ensure that the ethical issues have been addressed. The trainee should refrain from giving advice regarding ethically permissible actions before discussing the case with a qualified consultant. The trainee is expected to present these cases at case conference.

iii) Stage 3 – 3 consults in which the trainee does the consult solo and finishes the write-up before discussing the consult with a qualified consultant. The trainee should refrain from giving advice regarding

**CATEGORY:** CLINICAL MANAGEMENT

**CODE:** M-138.C

**SUBJECT:** PROCESS FOR AUTHORIZATION OF  
CLINICAL ETHICS CONSULTANTS

**PAGE:** 3 of 3

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ethically permissible actions before discussing the case with a qualified consultant.

- 2) Qualified consultants who proctor trainees should focus on four main issues:
    - i) Ethical issue spotting
    - ii) Knowledge and application of relevant ethical principles
    - iii) Appropriateness and completeness of recommendations
    - iv) Quality and organization of write-ups
  - 3) A copy of each proctored ethics consult will be provided to the Director of Clinical Ethics for review. The Director of Clinical Ethics reserves the right to extend any stage of the ethics consultation proctoring program as needed.
- b. One scholarly presentation separate from presentations at ethics case conference including but not limited to: ethics journal club, ethics grand rounds, regional or national conference presentation, etc.
  - c. Verification of continuing education relevant to ethics that may be fulfilled by attendance at a national conference or attestation of relevant reading.
  - d. Following the completion of the above requirements the Director will then make a recommendation to the Ethics Committee as to whether the trainee should be authorized to perform ethics consultations.
7. Clinical ethicists who are authorized to practice at LLUMC may request to be given inactive status if the clinical ethicist is no longer practicing as a clinician at LLUMC or no longer wishes to be a regular part of the clinical ethics consultation rotation.
- 7.1 Clinicaethicists on inactive status may still perform occasional clinical ethics consultations under the supervision of the Director of Clinical Ethics.
  - 7.2 Inclusion of a clinical ethicist on inactive status on the clinical ethics consultation call schedule is to be communicated to the Ethics Committee at the next earliest meeting.
  - 7.3 Reauthorization of clinical ethicists on inactive status remains the same as detailed above. Failure to request reauthorization will result in removal of the clinician from the clinical ethics team until the authorization process is completed again.