

Clinical Ethics Consultation: The Path Toward Professionalization

Wayne Shelton, PhD, MSW
Professor of Medicine and Bioethics
Alden March Bioethics Institute

ALDEN MARCH BIOETHICS INSTITUTE
AT ALBANY MEDICAL COLLEGE

Learning Objectives

- To be able to describe the emergence of clinical ethics consultation as a valuable and essential service in today's health care setting
- To be able to appreciate the challenges of transitioning from an informal service with local standards to a formally defined professional service with national standards
- To be able to discuss with colleagues the latest efforts by the ASBH to professionalize clinical ethics consultations

The Early Years

- Early experience: Graduate student in the late 1970's at the University of Tennessee
- David Thomasma, PhD—a early pioneer in clinical ethics consultation—My mentor
- Philosophers were invited to help address growing ethical issues in medicine
- Were they helpful? What was ethics and clinical ethics then? Were we trained to do ethics consultations by then?

The Middle Years

- Fellow at the MacLean Center for Clinical Ethics, University of Chicago—1993-94
- Mark Siegler, MD, another mentor, also an early pioneer and co-author of *Clinical Ethics*, with Al Jonsen and Bill Windslade
- Clinical ethics consultation had become commonly used—a method had been developed and training was available
- Was the service helpful? Yes. Was the training complete? Probably not.

Today

- Active consultation service at my home institution—this is common for many hospitals
- Clinical ethics consultations have become viewed as part of the care team in hospitals to assure quality
- Training has advanced significantly—E.G. at AMBI we do full mock consultations based on simulated cases in the Clinical Competency Center—clinical training in ethics is similar to other care team members

The 1990's— The Push Toward Standards

- By early 90's, because clinical ethics consultations were so widely performed and viewed as an important part of health care, the Joint Commission (JAHCO) issued standards that required hospitals to have a mechanism in place for resolving ethical disputes in the course of patient care
- This spurred much interest in clinical ethics
- Many with “an interest in ethics” got involved and started doing ethics consultations

The 1990's (Con't)

- Questions arose as to the precise role of clinical ethics consultants—what they did and who could perform them? Who was qualified?
- Were they really consultants like other medical consultants?
- Or were they teachers or advisors or mediators?
- In 1998 the American Society For Bioethics and Humanities (ASBH) published a landmark document that established standards

The 1998 Core Competencies

- For the first time there was a basis for professional standards that could be widely agreed on
- But these standards were guidelines—they could not be made mandatory
- Certification of consultants was rejected:
 - Risk of elevating consultants to authorities
 - Problem of developing reliable measurement tools
 - Political task of who would oversee the process
 - (And who would be left out?)

The 2000's

- We now have standards—the Core Competencies—why don't we use and enforce them?
- 2007 national survey of U.S. hospitals regarding clinical ethics consultations showed the obvious—
 - Consultants came from many different backgrounds
 - Most consultants had little or no formal training

The 2000's (Con't)

- Some alleged that the lack of proper training in clinical ethics consultation was “...a quietly growing scandal.” (Dubler and Blustein AJOB, 2007)
- Less than qualified people were doing less than adequate jobs about very serious issues in the lives of patients and families
- One critic was scathing in his attack

The 2000's (Con't)

- Giles Scofield claims the field of clinical ethics consultation was unprofessional and unethical because of its failure to:
 - formally accredit educational programs
 - formally certify and license consultants and
 - formally hold them to a code of conduct
- Others such as Robert Baker countered that ASBH is moving as an acceptable pace compared to the history of other professions

2010 – Present

- By 2010 the ASBH had formed the Clinical Ethics Consultation Affairs Committee (CECA) to address growing concerns about the lack of qualifications of some consultants
- We started hearing more talk of “certification” and “accreditation”
- How those already doing consultations would be “grandfathered”
- What is the necessary training and education of consultants?

2010 – Present

- Martin Smith et al published important article suggesting a four step process for certification (Journal of Clinical Ethics, Spring 2010)
- This model would assure quality and be the basis for professionalization of the field and would include:
 - Written exam
 - Case portfolio
 - Case simulations with standardized patients
 - Oral exam

2010 – Present

- 2010 2nd Edition of the Core Competencies
- They continue to be refined and a clearer sense that all patients and families deserve access to “efficient, effective and accountable” consultation services (Tarzian 2013 AJOB)
- CECA has produced two key documents recently:
 - Healthcare Ethics Consultation (HCEC) Pearls and Pitfalls (Journal of Clinical Ethics Fall 2012)
 - Code of Conduct (to be published in the coming months)

2010 – Present

- By 2011 the decision was made by ASBH leadership not to pursue certification of individual consultants in one major effort
- Instead as a first step and building block, there would be a pilot project called Quality Attestation
- This would assure the consultant performing consultation was competent to provide this service

2010 – Present

- Quality Attestation requires the following:
 - Educational qualifications—at least a master’s degree in a relevant discipline. But those without a master’s may provide evidence of their qualifications (this was controversial)
 - Portfolios that include a CV, summary of experience, 3 letters of evaluation, 6 case discussions of consultations performed, etc.
 - Oral exam
 - First group has been selected

Where Are We Now?

- Awaiting the results of Quality Attestation
- Things are moving slowly
- Still some perhaps many are frustrated
- Many wanted Accreditation for programs as a first step
- Forthcoming article in AJOB by White, Jankowski and Shelton on what an examination for certification would look like
- My sense—it will be another decade or two to get there