The Role and Functions of Medical Ethics Committee in 21 Century [El papel y las funciones del Comité de Ética Médica en el 21 Siglo]

The Role and Functions of Medical Ethics Committee in 21 Century

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The clinical decision-making in postmodern era is no longer as easy as in early 20th century. Medical technology enables human kind to enjoy a better and longer life but technology itself does not possess the ability to distinguish what is ethically sound or questionable. Therefore the health professionals who utilize it have to be responsible in whatever they attempt. Many ethical dilemmas gradually appear along the way that requires health professionals to be scrupulous. The establishment of medical ethics committee has been one of the efforts in medical field to ensure the ethicality of new medicine. Its functions are three folds, namely, education, policy and guideline recommendation and case review.

Since medical care is getting more socialized and commercialized in the new century, how to make a right choice also becomes more complicated. In order to help patients as well as health professionals to find best solutions to puzzling dilemmas, ethical consultation has to be an added new role for the committee.

This paper will first briefly examine the historical background of the establishment of medical ethics committee within the hospitals in the late 20th century, secondly, discuss the role and functions of this committee and thirdly, argue that consultation must be a new focus of this committee in 21st century.

Key Words:
Medical Ethics. Ethics Committee. Consultation.

I. Introduction

The progress of medical technology that helps treat diseases and prolongs life, has made medical-decision making difficult. In the past, medicine can only try its best to comfort the patients[1] but as medical technology moves forward, medicine is not only capable of curing some diseases, it can even prolong a person's life indefinitely with the help of life-supporting machine. If a patient's heart fails, transplant is another option to save his/her life. Should we prolong a life that is supported only through artificial means? When we face the reality that only one good heart is available for transplant while many patients urgently needing new organ are waiting, which patient will have the right to receive the new heart? These become puzzling questions confronted often by the medical professionals in their daily practices. From the time of Hippocrates, medical ethics stresses the importance of "do no harm" and "do good" to others[2]. But how to treat every patient equally and distribute limited medical resources fairly are not easy questions to answer[3].

II. The brief background of the Beginning of MEC

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Medicine had been regarded as a vocation in earlier time that those who entered the field had sensed the calling to help others[4]. It was a caring as well as a conscientious profession accountable to whatever it attempted. As medical technology moved forward, for instance when dialysis was invented , treatment committee was established during the 60's and 70's to make sure that medical decision made by the physicians to choose who received treatments were at least medically appropriate and morally responsible[5].

Some major events in medical history had contributed to the formation of medical ethics in the late 20th century.

1.The impact of new medicine such as Hemodialysis

Dr. Belding Scribner introduced the device that treated end-stage renal disease by long term hemodialysis in 1960s. The shortage of dialysis equipments made the decision difficult as some needing the treatment had to be turned away. Some mechanism must be found to respond to the situation. This brought forth the first ethical committee that decided among many patients who could receive the treatment in face of insufficient numbers of dialysis machine available to serve increasing numbers of patients[5-6]. The treatment committee that was established set the rules, reviewed the cases of patients and chose among them. The rule that the committee set up and followed, were criticized yet at that time what else could be done to make sure the decision made was fair and ethical? This indeed was a painful question to answer.

2.The Karen Quinlan and Baby Doe's cases

Karen's case in the70's[7] fortified the belief that ethical committee was needed to help make a good medical decision. Some argued if there were a hospital ethics committee that reviewed Karen's case and agreed to the prognosis of her attending physician, the hospital could have consented to remove Karen's life supporting machine at her family's request. This could only be a wishful thinking as the committee (if there were one) might have refused the request from Karen's family too. Karen's case, however, motivated the formation of a small bioethics study group that began to provide education programs, to work on guideline that would help make decision to be more ethical and less controversial.

In 1982, the case of Baby Doe motivated more people to look again at ethics committee as a possible way to help health care providers and patients find their way out of the maze created by modern technological medicine. In 1983, the President's Commission of USA for the study of ethical problems in medicine and bio-behavioral research issued its reports. This commission, realizing many ongoing ethical problems being confronted daily in hospital, suggested that hospital should provide procedures to promote effective decision making for incompetent patients[8]. Hospital ethics committee seemed to be a reasonable means for promoting effective decision-making through education, policy recommendation and case review.

3. Medical research

Some researches such as what happened in Brooklyn, New York in 1963 and others, had shocked the world once they were exposed. In Brooklyn's case, the elderly patients with chronic illness were injected with liver cancer cells without their consent in an effort to discover whether the cells would survive in a person who was ill but did not have cancer. Another research that surfaced was the notorious Tuskegee research project in Alabama from 1932 to 1972 where the poor and uneducated black infected with syphilis were intentionally not treated while effective treatment was available. To name one more incident, in 1968 the mentally retarded chil-

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dren at the Willow brook state school, New York, were chosen as a tool of study to be given hepatitis by injection for the purpose of finding a way to reduce the damage done by the disease. These researches shocked the world that cried for some kind of overseeing mechanism to make sure that human right be respected and protected in research. The IRB was eventually introduced to ensure that research be carried out in an ethical way.

In response to these situations, medical ethics committee was introduced as a forum through which the discussion and examination of different values, perceptions , information about treatment and the wish of patients or their families…were considered. These events clearly indicated that the medical ethics committee was initiated from the very beginning for the enhancement of human dignity including medical research and treatment.

In 1981 less than 1 percent of American hospital had ethics committee set up but by 1985 the numbers grew to 50 percent[9-10] and today, almost all the hospital have this committee in place.

III. The functions of ethical committee

The work of medical ethics committee lies in three areas, firstly, education including the education of the committee itself, hospital community and the general public, secondly, policy and guideline recommendation, and thirdly, case review both prospective and retrospective[11-12].

a. Education

Although medical ethics can be traced back to the time of Hippocrates, the medical situation and the ways the world approach clinical problems have shifted. Not only health professionals need education, those who serve in the medical ethics committee need training as well. The role of education must be twofolds, one is for the committee members themselves, the other for the general health professionals and the public.

Committee's self-education usually focuses on case studies and discussion of new ideas and issues in general to equip members with updated bioethical thinking and trends. Some committees devote a portion of every meeting to case studies in order to develop the committee members' awareness of new medical situation and ability in analyzing the dilemmas for making appropriate decision.

Educating the hospital community can proceed from two fronts, namely, ethics rounds or workshops and clinical ethics symposiums or conferences. The former attract

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a small audience addressing a single case either actual or hypothetical and give participants a chance to see how ethical problems can be dealt with while the later is usually addressed to the entire hospital community and the public. The later has been popular in many places as it can reach to a wider range of audience with high profiled speakers from outside. The medical committee members should also attend these programs as part of their self-education.

b. Policy and guideline recommendation

Policy of hospital can have a substantial effect on health care decision thus it is particular important for the ethical committee to pay attention to it. Prior to the issuance of the policy and guidelines, ethical committee should be approached by the administrator to comment on the new proposals from ethical perspective. If the committee feels uncomfortable to the policy and guideline, they must voice their concern to the administrators to improve the new regulation. Hospital administrators usually issue statements in two areas, for instances[12]:

- Life-saving treatment should always be provided in cases of uncertainty because life is valued. (principle)
- Competent patients may refuse life-saving treatment as long as they fully understand the implication of their choice. (principle)
- New born babies must receive life-saving treatment unless treatment would be futile or would prolong their dying. (policy)
- Patients who suffer cardiac or pulmonary arrest must receive cardiopulmonary resuscitation (CPR) unless a do-not-resuscitate (DNR) order has been written in the patient's chart. (policy)

These statements look reasonable and ethical but the committee may disagree with any of it at times. For instance, the third policy listed here –"new born babies must receive life-saving treatment unless treatment would be futile or prolong their dying" seems to be in conflict with the first principle listed here that "life-saving treatment should always be provided in case of uncertainty because life is valued". The committee may raise the issue with the administrator if any of the policy or guideline seems discrepant. Sometime hospital may issue statements that are controversial ethically or inconsiderate of employee's right and beliefs. Medical ethics committee should have a chance to discuss them first to make sure that all proposed statements are ethically acceptable and in accordance with the mission of the hospital.

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c. Case review

Case review can be retrospective and prospective. The retrospective review looks at the case already happened and dealt with yet the committee still brought it up and discussed about it retrospectively to examine if any lesson could learn from it. Prospective case review targets at the current issue that is going on. The prospective review can proceed from two fronts, one is committee's self-study of the ongoing case without any request from the related parties for advise. The other is by request from either health professionals or patient himself or his family in regard to a certain issue. This later one reflects the committee's role as a consultant. We can say that prospective review looks at the available options in a single case and the retrospective review looks at the case with the intention to learn from it.

Some committee may also function as a review board to examine the research protocol. The medical centers where new therapeutic treatments or drug trials take place will set up independent IRB to be responsible for this propose while some smaller hospitals may pass the research protocol to medical ethics committee to approve or reject on the ground of human subject protection consideration.

IV. The new role of Medical Ethics Committee as a consultant in 21st century

As we enter into the new century, the role of medical ethics committee has to be expanded to include consultation because the rapid progress of medical technology in the last few decades has made clinical decision-makings complicated and difficult. Besides, the world is no longer separated but has emerged as a global village. Immigration becomes a common practice that people move from one place to another. The new immigrants from different cultural and religious backgrounds often have hard time adjusting to the new social norms after arriving in the new land[13-14], for instance, the people from the east where the family head usually assumes the responsibility to making decision on behalf of his family cannot adjust well to the west where individual right is respected. When seeing a patient immigrated from the east, who should the physician consult for important decision-making? the patient or his father? Should the physician disclose the examination result to the head or to the patient if that is something serious? Furthermore, as mentioned earlier, modern medicine is now capable of keeping a life going indefinitely on a life supporting machine. Whether or not to withdraw the treatment when medical indicators shows that treatments are futile? When we have the ability to sustain a life, should we do it by all means or should we respect natural process when human endeavor fails? Sometime the values of preserving a life conflicts with other values such as value of respecting patients' wishes, the value of relieving suffering, the value of staying financially solvent or the value of assuring the equal access to health care for all.

Consultation should be a new role for ethical committee to play in the new century to help health professionals as well as the patients and their families to come up with the best possible answer when facing dilemmas [15]. The need and the role for this consultation can be summarized as the follows.

i. Why Consultation should become a new emphasis?

1. complexity of clinical decision-making due to the emerging technology, expansive health team and competing interests such as patient autonomy, professional standard and resource conservation.

2. value heterogeneity such as increasing cultural, linguistic and religious diversities, cultural change and professional diversity.

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3. ambiguity of the definition of "the good".

ii. What ethics consultation intends to accomplish?

Ethical consultation seeks to improve patient care when dilemma arises. Medical prognosis can no longer serve as the sole base for clinical decision. Social, cultural, religious, economic and familial elements must also be considered. The goal of this process is to assist patients, family members, caregivers and health providers to make the most appropriate decision when faced with ethical dilemmas/conflict of values related to patient care. The consultation will seek to facilitate a discussion of options in an atmosphere that encourages consensus. This process however, does not impose a decision on any party.

iii. the types of consultation formats

Consultation can be provided in a variety of ways[14]. First, ethical committee as a whole can function as a consultant to give advice to puzzling complexity of the new situation. The committee, depending on the type of case and the urgency involved, can also appoint a small group or a certain member of the committee as facilitator to provide the service. The committee can function as follows:

a. Assessment or pre-consultation role: the case may be resolved during the process of discussion between the referral facilitator and the person requesting the consultation. This is particular true when further analysis of the case reveals that the central issue is not one of a tension of values but rather one of poor communication, interpersonal conflict or need for consultation with other services such as psychosocial, spiritual or medical help.

b. Core team consultation: a small group from the ethics committee conducts the consultation.

c. Whole committee consultation: such a review is typically used when there is no patient or family involved or when the referring person is comfortable with a large group discussion. The advantage of the whole committee review is that it provides a broad interdisciplinary perspective to the consultation.

d. Retrospective consultation; this type of consultation is useful when a health care team member or the entire team experiences considerable psychosocial repercussions in dealing with the aftermath of a difficult case resulting from a conflict of values. Situation that tends to repeat in their presentation can be handled in this fashion.

e. Educational consultation; the consultation may join a healthcare team in reviewing a theoretical case, using an appropriate consultation model.

V. Conclusion

As the medical technology and capability progress forward, the roles of medical ethics committee must also be enhanced. Consultation should become a new emphasis of the committee in addition to its other functions so that the committee can provide an urgently needed assistance to patients, their family members, caregivers and/or health care providers to make the most appropriate decisions when faced with ethical dilemmas or at time of conflict of values.

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