I. PURPOSE:

The Medical Ethics Committee is a committee of the Hospital’s Medical Staff. It is an interdisciplinary committee and includes representatives of the Medical Staff, Patient Care, Pastoral Services, Hospital administration, and others (at the recommendation of the Chairman and upon appointment by the Chief of Staff) among its members. The Medical Ethics Committee provides consultation to illuminate ethically acceptable options for consideration by persons with decisional authority affecting the care of the patient. Access to the Medical Ethics Committee is governed by this policy.

II. POLICY STATEMENT:

A. The Medical Ethics Committee serves as an advisory body for the resolution of ethical issues and does not possess administrative or clinical authority. The Committee’s observations and recommendations are intended to be helpful to, but are not binding upon, the Attending Physician, who remains responsible for the care of the patient.

B. Ethical issues are recognized to be issues of human values, which are distinct from issues involving exclusively medical considerations, issues involving exclusively legal or risk management principles, or grievances with regard to hospital procedures. Examples of ethical issues are: end-of-life decisions involving not only questions of prognosis, but also choices of individual patient values (e.g., withdrawal/withholding of nutrition and hydration); patient refusal of treatment based on religious values; and sterilization.

C. The Medical Ethics Committee may be consulted in order to contribute to the resolution of an ethical question, or to explore a potential ethical conflict. The committee’s deliberations include clarifying the questions which are being asked and answered.

D. When consulted, Medical Ethics Committee will address, discuss, and offer opinions regarding ethical issues. The Attending Physician is responsible to accept or reject these opinions in the context of the patient’s care plan.

E. The Medical Ethics Committee does not make determinations related to medical condition of the patient, clinical status or prognosis such as imminent death, nor exhaustive assessment of potential treatment options.

F. If the patient (or decision-making proxy) disagrees with the Attending Physician’s plan of care, the patient has the right to request assistance, including a request for a transfer to another physician (see Policy 5.01 Patient Rights and Responsibilities.)

III. PERSONS AFFECTED:

Any patient / family / surrogate decision-maker, medical staff, employee or others involved in patient care at Northwestern Memorial Hospital.
IV. RESPONSIBILITIES

Chairman, Medical Ethics Committee: carry out the responsibilities outlined in this policy or identify a designate when the Chairman is unavailable. Wherever the policy describes a responsibility of the Chairman, this may be carried out by the designate.

1. ACCESS TO THE MEDICAL ETHICS COMMITTEE:

These are avenues to access the Medical Ethics Committee. The intent of the committee is to maintain open access to Ethics consultations, while encouraging transparency, collaboration, and communication among members of the care team and between the care team and the patient/family/surrogate. The Committee is not a substitute for, nor does it assume clinical authority which belongs to, the care team.

   A. Attending Physician: The Medical Ethics Committee will provide consultation upon request of the Attending Physician of a patient.

   B. Patient or Patient’s Family/Surrogate: Patients and family members may consult the Medical Ethics Committee. The Attending Physician is to be invited to participate in all such consultations. When a patient or family member requests a consultation, the Chairman of the Medical Ethics Committee ensures that the Attending Physician is aware of the issue of concern to the patient or family member.

   C. House Staff Members and Hospital Employees: House staff members and employees may consult the Medical Ethics Committee. The Attending Physician is to be invited to participate in all such consultations. When a house staff member or employee requests a consultation, the Chairman of the Medical Ethics Committee ensures that the Attending Physician is aware of the issue of concern. It is expected and encouraged that house staff members and employees will bring potential ethical issues to the attention of the care team and/or supervisor (attending physician, other professionals caring for the patient, chief resident, manager) before requesting Committee consultation.

2. PROCESS FOR CONSULTATION:

Upon receiving a request for consultation, the Chairman of the Medical Ethics Committee will determine whether the case presents an ethical issue as defined in Section II. If the case does not present an ethical issue, the Chairman will refer the party requesting consultation to the appropriate Hospital administrative department or other resources. If the case does present an ethical issue, then the Chairman, in consultation with the Attending Physician, will decide upon the method of consultation appropriate to the case, addressing such questions as:

   A. Identification of relevant issues. As appropriate, the Committee may try to illuminate ethically acceptable options in addressing the issues posed by those requesting consultation.

   B. The composition of the panel which will participate in review of the case.

   C. The procedures to be followed by committee members in developing information about the case. Generally, the medical record will be made available for review by committee members. The Chairman, in consultation with the Attending Physician will determine whether the patient, family, or other care providers will be interviewed.

   D. Whether the Committee's advice will be written or oral. The requesting party may request and receive a written consultation summary.
V. **RELEVANT REGULATORY REFERENCES**
   TJC Comprehensive Accreditation Manual for Hospitals: RI.01.01.01

VI. **RELATED POLICIES**
   5.01 Patient Rights and Responsibilities

VII. **POLICY UPDATE SCHEDULE**
   This policy will be updated every five years or more often if appropriate.

VIII. **KEY WORDS AND CROSS REFERENCES**
   Rights, Ethics, Medical Ethics, End of Life Care, Consultation, Family, Surrogate, Decision-Making