American University of Beirut Medical Center

Medical Center Ethics Committee Handbook

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April 12, 2011
Revised and approved by Members of the Medical Center Ethics Committee
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Introduction:

The American University of Beirut Medical Center (‘AUBMC’) affirms its commitment to uphold the highest ethical standards in the provision of health care. In order to help the hospital community in developing, preserving and implementing those ethical standards, the AUBMC has established a Medical Center Ethics Committee (‘MCEC’ or the ‘Committee’).

The MCEC reports to the Medical Board through the Chief of Staff, and its activities include education, development of policies and procedures, case reviews, and consultations.

This handout has been prepared to provide staff with easy access to information about the Committee and about relevant guidelines and policies adopted by AUBMC.

Mission Statement:

The MCEC serves the entire community of the AUBMC by furthering ethical deliberation, mutually respectful dialogue and critical analysis, and by promoting standards of conduct that reflect the commitment of the institution to the highest ethical standards as well as to patient centered care.

Main Goals:

The Committee’s main goals are the following:

1. Periodically review and update existing policies and compose new ones as may be needed.
2. Deliberate and educate about ethical questions in specific cases,
3. Consider varied views and basic values,
4. Enhance a sense of moral agency and responsibility,
5. Foster multidisciplinary communication,
6. Promote ethical culture in the community.

Ethics committees also play a role in reducing liability, avoiding public whistle blowing, minimizing tension among members of the health care team and limiting exposure to litigation.

Membership:

The MCEC consists of an advisory group appointed by the Medical Board upon the recommendation of the Chief of Staff and Steering Committee.

Membership in the Committee is multidisciplinary. In general, the size and composition of an MCEC varies from an institution to another depending on diverse institutional needs. However,
there is a general agreement that membership of the Committee should consist of 30% MDs; 30% RNs; 40% other (Chief of Staff and/or his delegate, legal counsel, Hospital Director, Hospital Bioethicist).

The members of the MCEC at AUBMC include physicians, nurses, the Hospital’s Bioethicist, a non-MD faculty member, social workers, the AUBMC legal counsel, and a community representative. Members of the clergy and an independent lawyer may be invited to attend the Committee’s meetings in specific situations.

Generally, and when possible, members are chosen on a rotational basis, serving a minimum of 2 years and a maximum of 6 years.

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<tr>
<th>Responsibilities/Functions:</th>
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<tr>
<td>1. <strong>Education:</strong> the field of biomedical ethics is a rapidly evolving one. Henceforth, one of the primary roles of the MCEC is education.</td>
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<td>a. Self education: in order to increase ethical sensitivity and to enhance the ethical aspect of patient care, self education is an important responsibility of the MCEC. The Committee will hold small study group sessions that looks into biomedical ethics. In order to maintain an appropriate level of expertise, the Committee will develop means of providing members information about clinical ethics and access to literature in this field. To orient new members, methods may include specific reading assignments, seminars, policy review exercises and the like.</td>
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<td>b. The MCEC will also play an active role in helping the AUBMC faculty and staff in understanding bio-ethical issues through grand rounds, hospital publications, consultations, lectures, seminars, courses and workshops.</td>
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<td>c. The MCEC can also assist various departments in incorporating material about the Committee and the field of biomedical ethics into existing programs, by providing them with access to the language, concepts, principles and body of knowledge to address complex ethical questions.</td>
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<td>d. Guests from AUBMC may attend the MCEC educational meetings for educational purposes, unless confidential matters such as a case review are being discussed. Faculty or staff members who wish to attend should contact the Chairperson of the MCEC.</td>
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<td>2. <strong>Policy Formulation:</strong></td>
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| a. The MCEC is not a policy making committee. However, it will assist the Chief of Staff in the writing and reviewing of policies and procedures on matters pertaining to biomedical ethics. Other policies that have bearing
on ethics at AUBMC should also be reviewed by the MCEC (Appendix 1 to 10).

b. If the Committee feels that there a need for policy development or for any modification or revision of existing policies, it will submit a written recommendation to the Chief of Staff and request permission to develop a policy statement or initiate a policy revision.

c. Policies should follow the AUBMC policy format and be circulated to all faculty and personnel involved.

3. **Case Consultation or Review:**

   a. Case consultation with the MCEC is optional. The Committee will attempt to provide support and counsel to those responsible for treatment decisions. Patients, families of patients, members of the healthcare team involved in the care of patients have the right to request case consultation from the MCEC. A means of educating the public to the existence of the MCMCEC will have to be developed. Physicians and staff play a key role in informing patients about the MCEC, in addition to the written information about the committee in the patient’s handbook, which he/she receives upon admission.

   b. There are three specific categories of decision making for case consultation:

      i. To clarify issues pertaining to informed consent, patient’s decisional capacity, etc.,
      ii. To provide recommendation regarding DNR orders, withholding of treatments, etc.,
      iii. To assist in the solving of ethical conflict that might arise between patient or family on the one hand and members of the healthcare team on the other hand.

   Meetings:

   The MCEC meets once every month, as the need arises, in addition to meetings called for case consultation or review. An agenda will be prepared by the Chairperson or Secretary of the MCEC and circulated to members a week prior to the meeting, or as soon as possible for urgent ad hoc meetings.
Recommendations of the MCEC shall be made based on the votes of the majority of the members who are attending the meeting. Failure to attend five consecutive regularly scheduled meetings, will be considered as a resignation and the vacancy shall be filled by appointment of a new member.

Access to the MCEC:

Referring to the MCEC is optional. It is done when members of the healthcare team and/or patients (or surrogates) want further clarifications regarding issues or cases.

The request for consultation might be submitted by medical staff, the patient (or the surrogate in case the patient is non decisional and cannot make the request), the family, hospital staff, hospital administration, the nursing staff involved in the care of the patient, through the Office of the Chief of Staff. The Committee will be available to provide advice regarding a case in both an informal and formal manner. In case of a request for informal case review, no documentation of the comments of any member will be placed in the patient’s medical record. Informal requests for case review will, however, be reported by the Chairperson to members at the next meeting.

Formal case review:

a. If the Committee receives a request for a case review or consultation, the Chief of Staff or the Chairperson will assess the urgency of the matter. In case the matter is not an urgent one, the review or consultation will take place during the next regularly scheduled meeting. If the case is an urgent one, the Chairperson or the Secretary will schedule a meeting within 24 hours by notifying all members on call.

b. If a patient or family member requests a consultation, initial contact should be made with the requester no later than 24 hours after the request has been made. A call for a meeting is announced and the agenda of the meeting sent to members. Prior to proceeding, the attending physician of the case will have to be notified of the request for consultation/review by the Chief of Staff and/or Chairperson and discuss the case with the Chief of Staff and/or Chairperson. The attending physician may be invited by the Chairperson to attend the Committee’s meeting as needed. A fact finder may be appointed by the Chairperson to gather all the facts relevant to the case prior to the meeting to offer information to the MCEC.

d. The role of the MCEC is basically advisory in that it will only give recommendations after ascertaining that all pertinent facts are obtained and that those involved have a clear understanding of the issue and the facts. A major role of the MCEC is to facilitate the discussion by clarifying the different
relevant considerations and to help all those involved reach a consensus, rather than to serve as a decision making body.
f. Recommendations will be recorded and communicated to the family or patient by the attending staff.
g. Minutes of the meetings will be sent to the members of the MCEC.

Methods of case consultation:

1. **Dealing with the request for consultation:**
   a. The Chief of Staff should consider the following questions:
      
      i. Who requested the consultation? If it was not the physician of the patient, does the physician agree with the need for the consultation?
      
      ii. What is the problem being raised? What is its nature? Is it ethical, legal, social, psychological? Does it involve staff conflict? Is it a matter of miscommunication? Does it require referral to another venue or committee?
      
      iii. What is it that is really being requested from the MCEC? To clarify the problem? To mediate between physician and patient or family? To offer a recommendation?

      Addressing such questions will help in preparing for the meeting in terms of fact finding and who to invite to the meeting.

Evaluation by the Chief of Staff:

1. **Patient (or surrogate) consent to the consultation:** In case the Chief of Staff or Chairperson of the MCEC judges that the request of the consultation is appropriate, a member of the attending health care team (physician or nurse) or bioethicist, designated by the Chief of Staff or Chairperson of the MCEC should respond in a timely manner and see the patient or surrogate who should be notified of the nature of the visit. In ideal situations, this notification should be made on behalf of the health care team and later again by the Chairperson. The patient or his/her family or surrogate decision maker should be notified that a case review will be taking place. If they refuse to participate or if they then object to the consultation, this should be documented, along with the reasons for objecting. However, this need not prevent the discussion from taking place.

2. **Patient (or surrogate) objection to the consultation:** If the patient or the surrogate objects to the consultation it should be discontinued. Refusals of
consultation must be reported to the Chairperson of the MCEC who might want to have the MCEC discuss the case in a meeting without disclosure of the patient’s name or chart.

3. **Initial evaluation:** The attending physician of the case and the nursing staff involved must be contacted in order to get complete clinical information. It will be appropriate to present information regarding the history of the patient, the present condition of the patient, the progress and any material believed to be relevant to the case review. In certain cases, members of the patient’s family might be interviewed along with other people who are involved to get a better view of the perspective of the patient and a better understanding of his/her values, preferences, etc. The chart of the patient should also be reviewed.

4. **Decide whether full MCEC meeting should be called:**
   a. If the problem is not complicated and occurs frequently, and if the reaction of the MCEC can be anticipated, the Chief of Staff or the Chairperson of the MCEC may solve it without a full MCEC meeting. However, the contact and resolution should be reported to the entire MCEC at its next regular meeting.
   b. If the problem is unusual, emergent and delicate, a full MCEC meeting will have to be called.
   c. Consulting with the Hospital Bioethicist in these issues will be made as needed.

### Full MCEC consultations:

In case of full MCEC consultations:

1. The Committee’s Secretary will call for a meeting notifying members of the time and place of the meeting.
2. Other person’s invited may include the following:
   a. The patient or his/her designated representative
   b. Nurses caring for the patient in question
   c. Social workers caring for the patient
   d. Attending physician caring for the patient
   e. Other physicians whose special expertise is required for deliberation about the present clinical problem
   f. Clerics or professionals whose opinion is required.
3. Members should be reminded of the importance of strict confidentiality of the MCEC deliberations.
**Reporting:**

1. Following these discussions, the MCEC issues **recommendations** to the Chief of Staff. The Chairperson or his/her designee will record the results of the ethics case review in the patient’s medical charts. The Secretary of the MCEC will record the recommendations.

2. A full report of the consultation will be minuted for education and legal purposes. However, special care will be taken to ensure confidentiality.

**Documentation:**

The MCEC should keep minutes of all its meetings. Minutes should include summaries of all case reviews and the recommendations. Minutes should also be submitted to the Chairperson and the members of the MCEC for approval and sent to the Chief of Staff.

The records should not include identifying information regarding patients, family members, persons who requested the case review, members of the health care team involved in the care of the patient or professionals involved in the case review.

These records follow the same laws of confidentiality that govern the AUBMC patients’ records.
| **MEDICAL CENTER ETHICS COMMITTEE**  
| **REVIEW FORM**  
| **Patient initials:** |  
| **MPI#:** |  
| **Attending Physician ___________________** |  
| **Date: _______________** |  

| **Consultation initiated by:** |  
| **Reason for consultation:** |  

| **Attending physician informed?** | **Yes** | **No** |  
| **Relevant medical information:** |  

| **Is the patient capable of making medical decision?** | **Yes** | **No** |  
| **If not, who is the authorized decision maker on behalf of the patient?** |  
| **Description of the surrogate’s decisions and his/her justifications** |  

| **Patient’s quality of life:** | **According to pt** | **According to Physician** |  
| **Contextual features (social, cultural, religious, financial):** |  
| **Material legal constraints:** |  
| **Discussion centered around the following points:** |  

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1 This form must be sent to the Office of the Chief of Staff.
Appendix:

1. Care of vulnerable patients 3rd ed. COP-mul-016 (COP) I
2. Complaints and complaints Guidelines 3rd ed. GLD-ADM-003 (GLD) II
3. End of Life Care 2nd ed. COP-mul-014 (COP) I
4. Organ and Tissue Donation Protocol PFR-mul004 (PFR) I
5. Confidentiality, Security, Privacy & Release of patient information 2nd ed. MCI-mul-002 (MCI) II
6. Patient Consent 4th ed. PFR-mul001 (PFR) I
7. Patient Safety and Risk Management 3rd ed. (interim) QPS-mul-001 (QPS) II
8. Patients Enrollment in Clinical Research 2nd ed. PFR-mul003 (PFR) I
9. Patients Rights and Responsibilities 2nd ed. PFR-mul002 (PFR) I
10. Release of information to Mass media 2nd ed. GLD-ADM-009 (GLD) II

References:

Pertinent Lebanese Laws

1- Lebanese Law on Medical Ethics

2- Lebanese Law on Patient rights and Informed Consent

AUBMC Medical staff bylaws handout

References that might help:


General References for the Committee:


Department of Bioethics & The Ethics Committee (1998). What do they mean by "Organizational Ethics." *Contemporary Issues*. Cleveland, OH: The Cleveland Clinic Foundation.


JCAHO (1996). Standards for Organizational Ethics. In the section "Patient Rights and Organizational Ethics, "Comprehensive Accreditation Manual for Hospitals (pp. 95-97). Oakbrook Terrace Ill.: JCAHO.


