

	CORAZON LOCSIN MONTELIBANO MEMORIAL REGIONAL HOSPITAL		Page No.	1 of 5
	Hospital Ethics Committee		Issue No.	001
	Policy In Ethics Consultations and Referral		Issue Date:	
	Document Code	CLMMRH-HEC.POL.004		

1.0 Purpose

This policy on Ethics Consultation and Referral provides a guideline when a referral for ethics consultation may be called, and to provide guidelines on how to facilitate / conduct an ethics consult and to provide ethics education in moral questions for its members and hospital community.

2.0 Scope

This policy shall involve all CLMMRH Medical and Nursing Staff, Consultants, Hospital Ethics Committee and Discipline Review Committee

3.0 References

N/A

4.0 Definition of Terms

Terms	Definition
Clinical Ethics	Moral reflection on ethical issues that arise from clinical practice.
Informed Consent	Is a process of decision making by a competent patient who understands and willingly accepts an intervention or treatment after adequate disclosure by the health care giver and affixes his signature in a formal document.
Mental Competence	Is not a legal concept. However, courts declare a person as mentally incompetent on the basis of the evaluation conducted by appropriate medical fields such as the psychiatrist or psychologist. The courts are not expert nor trained to assess the mental competence of a person.
Mental Capacity	Is the clinical concept of understanding. Its standard varies according to the extent of ability to deliberate the probability of risk or benefits and whether the patient consents or refuses.
Substituted Judgment	A decision made by a surrogate decision maker in cases where the patient had prior mental capacity and now is mentally incapacitated but whose decision are known or can be known.
Best Interest	Is the standard of substituted judgment when the decision of the patient is not known or could not be made known.
Advance Directives	Legal documents that contain instructions on medical care in case of incapacitation.

	CORAZON LOCSIN MONTELIBANO MEMORIAL REGIONAL HOSPITAL		Page No.	2 of 5
	Hospital Ethics Committee		Issue No.	001
	Policy In Ethics Consultations and Referral		Issue Date:	
	Document Code	CLMMRH-HEC.POL.004		

Natural Death Acts	Affirms a person's right to make decisions regarding terminal care and provide directions on how it is to be affected after loss of decision making. It may include withholding/ withdrawing treatment /care that lead to natural death.
Hospice Care	Patient centered holistic care focusing on quality of life and extending support to family and care providers.
Palliative Care	Is total active care of patients whose disease is not responsive to curative treatment to achieve the best quality of life until they die. It includes the control of pain and other symptoms, psychological, social and spiritual support for the patient and the family. It may be initiated early in the course of the disease.
Durable Power of Attorney	In health care, it authorizes the patient to name the person (s) who shall be the surrogate decision maker for the patient.
Living Will	An informal document that instructs the physician on acceptable or unacceptable modes of terminal care.
Competent Refusal	Refers to refusal of treatment, refusal based on unusual belief, enigmatic refusal or refusal of information.
Medical Futility	Is the decision to forgo medical intervention when the intervention is incapable of achieving the desired goals in moribund patients who are terminally ill, When prolongation of treatment will not reverse the course of the disease but merely postpone death causing superfluous pain and suffering to the patient.
Proportionate Care	When the intervention is not too burdensome to the patient in relation to the benefits involved, it should offer reasonable hope of benefit that can be obtained without excessive expense, pain or inconveniences.
Euthanasia	Deliberate action with the intention of killing the patient at his/her request.

5.0 Responsibilities

Designate	Responsibilities
Hospital Ethics Committee	It is the responsibility of the committee to provide a climate of dialogue and discussion of ethical issues to facilitate a resolution of the case.

	CORAZON LOCSIN MONTELIBANO MEMORIAL REGIONAL HOSPITAL		Page No.	3 of 5
	Hospital Ethics Committee		Issue No.	001
	Policy In Ethics Consultations and Referral		Issue Date:	
	Document Code	CLMMRH-HEC.POL.004		

6.0 Policies

6.1 General policy and procedure for ethics consultation

6.1.1 All cases where ethical issues regarding informed consent, capacity to give consent, DNR, maternal fetal conflict, allocation of resources, quality of life and palliative care, beginning of life and newborn care, patient care in prolonged illness and end of life may be referred to the Hospital Ethics Committee.

6.1.2 The following may initiate an ethical consultation: medical and nursing staff, the patient and family members of the patient.

6.1.3 Protocols for referral, development of flowcharts for decision making, and (Clinical Practice Guidelines (CPGs) shall be made available and implemented.)

6.1.4 Membership

a. Members of the committee are of two types:

- The regular members chosen on the basis of representation namely:
 - Doctors (representing their departments)
 - Nurses
 - Clinical psychologist / psychiatrist
 - Social worker
 - Religious
 - Administration/ management
 - Patient representative (lay)
 - Legal (lawyers)
- And advisory members who are invited to contribute to the solution of a specific problem

6.1.5 Policy for referrals are as follows:

a. The person initiating the ethical consult writes a referral letter to the cc: Medical Center Chief stating the ethical issue and the reason for the consult.

	CORAZON LOCSIN MONTELIBANO MEMORIAL REGIONAL HOSPITAL		Page No.	4 of 5
	Hospital Ethics Committee		Issue No.	001
	Policy In Ethics Consultations and Referral		Issue Date:	
	Document Code	CLMMRH-HEC.POL.004		

- b. The case is presented to the Hospital Ethics Committee and the medical point of view presented with contemplated management of the case and supporting Clinical Practice Guidelines.
- c. The patient's point of view is presented either by the patient or family member or the social worker acting on behalf of the patient and family.
- d. A deliberation is made and the case resolved.
- e. The attending physician informs the patient and family of the results of the consultation.
- f. A copy of the report or letter of the final ethical resolution is filed and appears in the minutes of the hospital ethics committee and not necessarily incorporated in the patient's chart.

6.2 Protocol for Ethical Case Deliberations is based on Jonsen's 4 Topics Chart

<p>MEDICAL INDICATIONS (Beneficence and Non-maleficence)</p> <ol style="list-style-type: none"> 1. What is the patient's medical problem? Is it acute? Chronic? Critical? Reversible? Emergent? Terminal? 2. What are the goals of treatment? 3. In what circumstances are medical treatments not indicated? 4. What are the probabilities of success of various treatment options? 5. How can this patient be benefitted by medical and nursing care. How can harm be avoided? 	<p>PATIENT PREFERENCES (Respect for Autonomy)</p> <ol style="list-style-type: none"> 1. Has the patient been informed of benefits and risks, understood this information and given consent? 2. Is the patient mentally capable and legally competent, and is there evidence of incapacity? 3. If mentally capable, what preferences about treatment is the patient stating? 4. If the incapacitated, has the patient expressed prior preferences? 5. Who is the appropriate surrogate to make decisions for he incapacitated patient? 6. Is the patient unwilling or unable to cooperate with medical treatment? If so, why?
<p>QUALITY OF LIFE (Beneficence, Non-maleficence, Respect for Autonomy)</p> <ol style="list-style-type: none"> 1. What are the prospects, with or without treatment, for return to normal life and what physical, mental and social deficits might the patient experience even if treatment succeeds 	<p>CONTEXTUAL FEATURES (Justice and Fairness)</p> <ol style="list-style-type: none"> 1. Are there professional, inter-professional or business interests that might create conflicts of interest in the clinical treatment of patients? 2. Are there parties other than clinicians and

	CORAZON LOCSIN MONTELIBANO MEMORIAL REGIONAL HOSPITAL		Page No.	5 of 5
	Hospital Ethics Committee		Issue No.	001
	Policy In Ethics Consultations and Referral		Issue Date:	
	Document Code	CLMMRH-HEC.POL.004		

<ol style="list-style-type: none"> 2. On what grounds can anyone judge that some quality of life would be undesirable for the patient who cannot make or express such a judgment? 3. Are there biases that might prejudice the provider's evaluation of the patient's quality of life? 4. What ethical issues arise concerning improving or enhancing the patient's quality of life? 5. Do quality of life assessments raise any questions regarding changes in treatment plans, such as forgoing life sustaining treatment? 6. What are the plans and rationale to forgo life sustaining treatment? 7. What is the legal and ethical status of suicide? 	<ol style="list-style-type: none"> patients, such as family members who have an interest in clinical decisions? 3. What are the limits imposed on patient confidentiality by legitimate interests of third Parties? 4. Are there financial factors that create conflicts of interest in clinical decisions? 5. Are there problems of allocation of scarce resources that might affect clinical decisions? 6. Are there religious issues that might influence clinical decisions? 7. What are the legal issues that might affect clinical decisions? 8. Are there considerations of clinical research and educations that might affect clinical decisions? 9. Are there issues of public health and safety that affect clinical decisions? 10. Are their conflict of interests within the hospital that may affect clinical decisions and patient welfare?
--	--

7.0 Provision of amendment

This policy shall be amended anytime whenever necessary

Prepared by/Date:	Approved by/Date:
Evelyn R. Lacson Chair, HEC	Julius M. Drilon, MD MCC