

PREAMBLE TO CASE REVIEW (Sample opening)

“Ethical case consultation creates a time and space for reflection and discussion.”

Deborah Whisnand

We are meeting today at the request of _____
To discuss _____

Before we introduce ourselves, it is important that we remember that everyone comes with the resident’s best interest at heart and with a deep respect for the resident’s confidentiality.

Introduce committee members and those who have been invited due to their involvement in the case or invited as outside consultants. Introductions include a brief statement of position in the facility or relation to patient. **If family members are present, introduce them first!**

If family members are not present, determine if they have been informed of the review.

It is important to understand that the Ethics Committee does not sit in judgment, and does not make decisions for physicians, residents and families.

The purpose of the Ethics Committee is to provide an open forum to discuss differing opinions in an open and nonjudgmental way; to assure through this process that the highest level of decision making is accomplished. All input is desired. We all respect the right of others to have different opinions and different values.

Ethics Committee deliberations are moved out of the strictly medical areas and into the realm of process, values and decision making. The Committee defines an ethical issue as a conflict of values. Through this process we will attempt to identify the relevant values, the conflicts around these values, and the options available to the resident, resident’s family and the physician.

The Committee process attempts to achieve a consensus which will permit resolution of the conflict. A written summary of the Ethics Committee consultation and recommendation will be given to the primary physician and will be placed in the resident’s medical record.

The process of ethical consultation includes a medical summary, psychosocial input, nursing input, family input (if present) and other.

We will list actual options possible and list both positive and negative values/outcomes achieved for resident/family/staff and identify where any conflicts lie.

We will attempt to achieve consensus on an acceptable option, with the understanding that the success of our discussion does not depend on consensus, which may not always be possible, or necessarily desirable. Rather, success will depend on the richness of the perspectives provided.

The process is important in that it is to be an open forum where conflicting options may be aired.

The results of the consultation are advisory and the primary decision makers remain the resident, physician and the family.