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Bioethics Consultation

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*(John La Puma, M.D., from the Department of Medicine at Lutheran General Hospital in Chicago, contacted the National Reference Center for Bioethics Literature and suggested bioethics consultation as a topic for the Scope Note Series. He provided an extensive list of citations about ethics consultations collected by him and by David Schiedermayer, M.D., for their new book **Ethics Consultation: A Practical Guide.**)*

In **Ethics Consultation in Health Care**, editors John Fletcher, Norman Quist, and Albert R. Jonsen (I, 1989) define ethics consultation as “the provision of specialized help in identifying, analyzing, and resolving ethical problems that arise in clinical care. In medical ethics the area of consultation has grown rapidly since 1978 when Edmund D. Pellegrino (II, 1978) noted, “we cannot separate technical-moral decisions from the philosophic principles we use to justify them. Medicine and ethics must be engaged with each other at every level.”

In 1980 Albert Jonsen raised the question of whether an ethicist could be a consultant and said that the ethicist as consultant is a casuist, one whose moral reasoning is based on a system of reasoning that is applied to particular cases. He describes historical casuistry in Western culture, comparing it to modern moral philosophy, and suggests that a “new casuistry seems timely” for ethics consultation (II, Jonsen 1980). By 1984 ethicist Ruth Purtilo recorded her thoughts following an ethics consultation. She raised questions about the ethicist’s place on a hospital staff and how to make that role appropriate and beneficial to all concerned, saying that “the ethicist retreats after the consultation; under no circumstances would the outcome of an ethics consultation be that the ethicist became the primary care giver or assumed ongoing responsibility for the clinical management of a case” (II, Purtilo 1984). Nevertheless in 1992 two physician-ethicists who had been called as ethics consultants for a patient who had requested that he be removed from his ventilator reported that they became the persons who turned off the ventilator and administered the drugs that eased his dying (II, Edwards and Tolle 1992).

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In recognition of the growing number of persons identifying themselves as consultants, the Society for Bioethics Consultation was founded in October 1985 as a professional society of persons engaged in bioethics consultation. It encourages and supports consultation, assists in establishing clinical education programs, and raises funds for consultation education. Although the Society has no permanent office, the president (currently, George Kanoti in the Cleveland Clinic Foundation's Bioethics Department) conducts its work and plans an annual meeting.

The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) established new criteria concerning ethics in its 1992 Manual (III, JCAHO 1992) and in a special issue of *QRB* devoted to ethics consultation (I, Defining Quality 1992). These publications undoubtedly have contributed to the increased use of experts in medical ethics. The Manual notes that all organizations seeking accreditation should have some sort of "mechanism for the consideration of ethical issues arising in the care of patients and to provide education to care givers and patients on ethical issues in health care." A health care institution's eligibility for JCAHO accreditation, which is required for federal reimbursement, requires adherence to this specification (III, JCAHO 1992).

The new **INTERNATIONAL DIRECTORY OF BIOETHICS ORGANIZATIONS** provides an index of 129 different groups that indicated to the authors that they offer bioethics consultations. Of these, 83 are in the United States and 46 are in other countries. The ethics consultants included in the directory encompass a broad group of professionals who will assist patients, families, and primary care medical staff in finding solutions to ethical dilemmas resulting from use of new technologies or new treatments in health care. Consul-

tants often come from the health fields: physicians, nurses, and other health personnel, but other professionals are also active as ethics consultants. Lawyers, pastoral counselors, philosophers, and social workers also offer bioethics consultation services (III, Nolen and Coutts 1993).

Drs. Siegler, Pellegrino, and Singer wrote in 1990 that "Physician-ethicists and professional ethicists will continue to work side by side in the future. One is not likely to replace the other, nor is this desirable, because each brings a different perspective and different capabilities to the situation. Physician-ethicists and professional ethicists must understand each others' potential contributions. Rather than competing, they must complement and supplement each other to promote the high quality of ethical decision making now required and desired by patients" (II, Siegler, Pellegrino, and Singer 1990).

To educate this varied group of professionals, all of whom bring different skills to the task, dozens of training programs have been established in colleges, universities, medical schools, and hospitals across the United States, and many offer undergraduate and graduate degrees, or certification programs, in bioethics. The oldest program operating is that of the Kennedy Institute of Ethics at Georgetown University, which awards a masters and a doctorate in bioethics. Its professors, many of whom are jointly appointed in the University philosophy department, have authored many texts in medical ethics. The University of Chicago established the first program in a clinical setting. The Center for Clinical Medical Ethics, part of the Pritzker School of Medicine, provides clinical ethics fellowships to train ethicists to lead programs in medical schools, to conduct clinical ethics research, and to study health policy.

Many institutions offer professional continuing education credits for short courses on the philosophical foundations of bioethics. Such training provides a process on which to base medical decisions for the very sick or perhaps in areas of genetic or reproductive health. Many bioethics consultation groups offer regular educational seminars or courses, training programs for hospital ethics committee development, formal education in ethical decision making, and other ethics programs (III, Nolen and Coutts 1993).

The *Journal of Clinical Ethics*, which began publication in 1990, reports on activities and provides information for the growing field of bioethics consultation. Two other journals, *HEC Forum* and the *Cambridge Quarterly of Healthcare Ethics*, also carry a large number of relevant articles. General medical journals, such as the *Journal of the American Medical Association*, the *New England Journal of Medicine*, and the *Annals of Internal Medicine*, often publish articles about bioethics. BIOETHICSLINE, an online database that is part of the MEDLARS system at the National Library of Medicine, National Institutes of Health, indexes material relevant to the area, and computerized searches will produce citations about ethics consultations.

I. BOOKS/SPECIAL ISSUES

Ackerman, Terrence F.; Graber, Glenn C.; Reynolds, Charles H.; and Thomasma, David C., eds. **CLINICAL MEDICAL ETHICS: EXPLORATION AND ASSESSMENT**. Lanham, MD: University Press of America, 1987. 179 p.

Ten essays by noted bioethicists are divided into sections on: (1) teaching medical ethics in the clinical setting (objectives, strategies, qualifications, models, and training); (2) medical ethicists as consultants in the clinical setting (the patient's agent, rights and duties, and legitimate and illegitimate roles); (3) the relationship between moral theory and clinical medical ethics; and (4) a critical review of consultative, pedagogical, and investigative methods.

Baylis, Françoise, guest editor. **Standards and Practices Relevant to Health Care Ethics Consultation**. Special Issue. *HEC Forum* 5(3): 141-204, May 1993.

Authors comment on ethics consultation practices in Canada. (See Section II: Burgess, Coughlin, Downie, and Freedman.)

Culver, Charles, ed. **ETHICS AT THE BEDSIDE**. Hanover, NH: University of New England Press, 1990. 214 p.

Twelve bioethicists describe individual ethical dilemmas in the medical setting. The writers include physicians, philosophers, theologians, and a legal expert.

Defining Quality in Ethics Consultation: First Steps. Special Issue. *QRB* 18(1): 4-32, January 1992.

Troyen Brennan in the foreword to this special issue says that quality improvement in medical care and clinical ethics consultation are current concerns in almost every hospital, and he sees an interrelationship between the two areas. (See Section II: Anzia, Brennan, La Puma, Scofield, and Siegler.)

Ethics Consultants and Ethics Consultations. Special Section. *Cambridge Quarterly of Healthcare Ethics* 2(4): 397-518, Fall 1993.

Saying that bioethics has "come of age", the editors' introduction to this issue notes that questions of standards and professionalization "help determine what it means to be a bona fide bioethicist, who qualifies and who does not, and the role played in contributing to the resolution of cases." Fourteen essays are included. (See Section II: Fletcher, Fry-Revere, Jonsen, Lilje, Ross, Scheirton, Schiedermayer, Scofield, Self, Skeel, Spielman, Weeks, Yeo, and Young.)

Fletcher, John C.; Quist, Norman; and Jonsen, Albert R., eds. **ETHICS CONSULTATION IN HEALTH CARE**. Ann Arbor, MI: Health Administration Press, 1989. 209 p.

The editors' introduction provides a rationale for and a brief history of ethics consultation in health care. The book has four sections — the role of the ethics consultant, the ethics consultant in the hospital, values, and legal implications and standards — with 11 essays by different ethicists.

Fry-Revere, Sigrid. **THE ACCOUNTABILITY OF BIOETHICS COMMITTEES AND CONSULTANTS**. Frederick, MD: University Publishing Group, 1992. 145 p.

The author examines why and how bioethics committees and consultants should be held accountable for their advice. Fry-Revere says mechanisms that ensure accountability and uniform fairness are needed.

Jonsen, Albert R.; Siegler, Mark; and Winslade, William J. **CLINICAL ETHICS: A PRACTICAL APPROACH TO ETHICAL DECISIONS IN CLINICAL MEDICINE**. 3d ed. New York: McGraw Hill, 1992. 202 p.

Written for physicians, nurses, and medical students, the work not only discusses and analyzes the ethical problems, but also offers counsel about decisions. Dozens of individual cases are presented in this pocket-size book organized with a locator index.

La Puma, John, and Schiedermayer, David. **ETHICS CONSULTATION: A PRACTICAL GUIDE**. Boston: Jones and Bartlett, 1994.

Drawing upon their combined experience with approximately 700 formal ethics consultations, the authors provide practical information about how ethics consultations are performed in the clinical setting. They include professional, institutional, personal, and financial issues, and address consultants' relationships with institutional committees. A lengthy appendix contains many illustrative cases.

McCullough, Laurence B., ed. **Issues in Clinical Ethics**. Special Issue. *Journal of Medicine and Philosophy* 18(1): 1-98, February 1993.

Bioethicists present the views of both medicine and philosophy in writing about the debate in clinical ethics on "attempts to close clinical ethics and bioethics more generally either to medicine and physicians, on the one hand, or to philosophy and academic philosophers, on the other." (See Section II: McCullough, Wildes, and Zaner.)

Skeel, Joy D., ed. **Issues in Clinical Ethics Consultation**. Special Issue. *Theoretical Medicine* 13(1), March 1992.

Five essays on ethics consultation are included in this special issue. (See Section II: Barnard, Doukas, Edinger, Frader, and Skeel.)

Weinstein, Bruce D. **THE POSSIBILITY OF ETHICAL EXPERTISE**. Ann Arbor, MI: University Microfilms International, 1989. 177 p.

Weinstein's doctoral thesis offers arguments about the nature of the term "expertise" in the area of ethics. He holds that "the distinguishing characteristic of expert claims in ethics is strong justification, not truth, while performative ethical expertise is distinguished by the realization of moral virtues."

Young, Ernlé W.D. **ALPHA AND OMEGA: ETHICS AT THE FRONTIERS OF LIFE**

AND DEATH. Reading, PA: Addison-Wesley, 1989. 209 p.

A clinically-oriented university chaplain uses cases dealing with issues at the beginning and end of life to discuss approaches for dealing with ethical dilemmas.

II. ARTICLES/CHAPTERS

Agich, George J. **Clinical Ethics: A Role Theoretic Look**. *Social Science and Medicine* 30(4): 389-399, 1990.

The author analyzes clinical ethics by looking at "consulting, teaching, watching, and witnessingThe problem of legitimation of clinical ethics is discussed in terms of legal, professional and social accountability and authorization."

Anzia, Daniel J., and La Puma, John. **Cultivating Ethics Consultation**. Commentary on **The Development of a Clinical Ethics Consultation Service in a Community Hospital** by Kenneth M. Simpson. *Journal of Clinical Ethics* 3(2): 131-132, Summer 1992.

Physicians Anzia and La Puma say that the "clinical ethics consultant must be both clinician and ethicist" and urge "a certification process based on licensure, training, fund of knowledge, and demonstrated skill. . . ."

Anzia, Daniel J., and La Puma, John. **Quality Care and Clinical Ethics**. *QRB* 18(1): 21-23, January 1992.

The authors discuss seven steps in the consultation process: study the case details, see the patient, interview family or others associated with the patient, assess and analyze data, identify achievable goals, meet with patient or surrogates and health care providers about how to achieve goals, and finally, document the process and recommendations in the medical record.

Arnold, Robert M., and Forrow, Lachlan. **Assessing Competence in Clinical Ethics: Are We Measuring the Right Behaviors?** Editorial. *Journal of General Internal Medicine* 8(1): 52-54, January 1993.

In assessing teaching programs in medical schools concerned with medical ethics, the authors think that it is unclear how students'

“ethics” case presentations will integrate ethics skills in routine clinical practice. They urge study of the knowledge, attitudes, and skills that constitute competence in ethics so that consultation methods can be measured.

Barnard, David. **Reflections of a Reluctant Clinical Ethicist: Ethics Consultation and the Collapse of Critical Distance.** *Theoretical Medicine* 13(1): 15-22, March 1992.

Using medical sociology for comparison, Barnard says that sociologists have found they can function as students and critics of medical practices or as participants, but rarely as both. He suggests that ethicists may be most effective when not acting as “insiders,” but as questioners of basic assumptions and values.

Baylis, Françoise E. **Bioethics Consultations at the Hospital for Sick Children: Initiative [and] Guidelines.** *HEC Forum* 3(5): 285-297, 1991.

Pointing out that ethics consultants are not moral police, Baylis describes her hospital’s ethics policies. She explains why she thinks that ethics committees are inappropriate consultants and describes: who should be a consultant, when they would be utilized, and how a consultation would be documented. The five-page guidelines developed by her Toronto hospital are included.

Brennan, Troyen A. **Quality of Clinical Ethics Consultation.** *QRB* 18(1): 4-5, January 1992.

In his foreword to this special issue of *QRB* on consultation, Brennan notes the emerging prominence of ethics consultants. He raises questions about the possibility of future litigation involving ethics consultants and asks how standards will be defined.

Burgess, Michael M.; Flagler, Elizabeth A.; and Dalla-Longa, Veronica. **Point and Counterpoint: Should HECs Involved In Case Review Have a Healthcare Ethics Consultant?** *HEC Forum* 5(3): 196-204, March 1993.

The authors present pros and cons in the use of ethics consultants, as well as discussing whether there is a requisite level of bioethics expertise to ensure that ethics consultations are relevant to community values and legal issues.

Coughlin, Michael, and Watts, John. **A**

Descriptive Study of Healthcare Ethics Consultants in Canada: Results of a National Survey. *HEC Forum* 5(3): 144-164, March 1993.

The authors surveyed 253 individuals and institutions involved in ethics consultation in Canada, looking at demographics, educational background, time spent on ethics, institutional affiliations, consultation roles, research issues, and attitudes toward certification.

Cranford, Ronald E. **The Neurologist as Ethics Consultant and as a Member of the Institutional Ethics Committee: The Neuroethicist.** *Neurology Clinics* 7(4): 697-713, November 1989.

Cranford thinks that neurologists are well-suited to become ethics consultants since they can clarify diagnostic data and show others how to integrate such information through ethical analysis.

Dagi, Teo Forcht. **Role Responsibilities in Clinical Bioethics: The Dialectic of Consultation.** Comments on the case presented by Barbara Springer Edwards. *Journal of Clinical Ethics* 1(1): 79-82, Spring 1990.

Calling the role responsibilities of ethics consultants “complex,” Dagi says that physicians may act as ethics consultants whether or not they consider themselves professional ethicists or philosophers. He says two sets of standards must be met: (1) philosophic sophistication and validity of the analytic method; and (2) criteria for the consultant: define, explain, respond, resolve, and teach.

DeRenzo, Evan G., and Wichman, Alison. **A Pilot Project Bioethics Consultants as Non-Voting Members of IRBs at the National Institutes of Health.** *IRB* 12(6): 6-8, November-December 1990.

Eight persons from different backgrounds were chosen as ethics consultants on 11 NIH clinical research subpanels. The authors report results of a survey of most of the panel chairpersons, who answered various questions about the effectiveness of the project, which generally was thought to be helpful and useful.

Doukas, David J. **The Design and Use of the Bioethics Consultation Form.** *Theoretical*

Medicine 13(1): 5-14, March 1992.

Doukas developed a Bioethics Consultation Form with questions about a patient's values and priorities, which is included with the article. He has found it a useful asset for ethics committee discussions, committee record keeping, and contemplation of issues.

Downie, Jocelyn, and Sherwin, Susan. **Feminist Healthcare Ethics Consultation.** *HEC Forum* 5(3): 165-175, March 1993.

The authors think that new approaches, new techniques, new goals, and new questions will all become part of ethics consultation when feminist ethics and feminist healthcare ethics are introduced.

Drane, James F. **Should a Hospital Ethicist Have Clinical Experience?** *Health Progress* 66(6): 60-63, August 1985.

Drane notes the need for trained medical ethicists whom he says should be "an inside aide" not an "outside expert." He recommends "interdisciplinary cooperation" and says institutional ethicists should focus on "concrete cases" not "abstract philosophizing." Staff ethicists could serve on policymaking committees and help physicians and nurses explain certain decisions and policies to patients and families.

Edens, Myra J.; Eyler, Fonda D.; Wagner, James T.; and Eitzman, Donald V. **Neonatal Ethics: Development of a Consultative Group.** *Pediatrics* 86(6): 944-949, December 1990.

The authors describe a group whose consultation services were voluntary and whose goals were to "develop trust, encourage collaboration and consensus, and facilitate ethical decision making" for infants. Over a period of four years, 31 consultations were requested.

Edinger, Walter. **Which Opinion Should a Clinical Ethicist Give: Personal Viewpoint or Professional Consensus?** *Theoretical Medicine* 13(1): 23-29, March 1992.

The author suggests that consultants should give the consensus view, their own dissenting view, if it differs, and the arguments supporting each view.

Edwards, Miles J., and Tolle, Susan W. **Disconnecting a Ventilator at the Request of a Patient Who Knows He Will Then Die: The Doctor's Anguish.** *Annals of Internal Medicine* 117(3): 254-256, 1 August 1992. **More on the Doctor's Anguish.** Letters. *Annals of Internal Medicine* 119(3): 252-253, 1 August 1993.

Two physician ethics consultants describe their actions and their "anguish" in helping a patient die. They write that it is not the role of the ethics consultant to "actually perform ventilator withdrawal" as they did.

Fichtner, Christopher G., and McKenny, Gerald P. **Values Interpretation: A New Model for Hospital Ministry.** *Journal of Religion and Health* 30(2): 109-118, Summer 1991.

The authors develop a model drawn from pastoral care and moral theology, making the chaplain an interpreter of patient values in clinical consultation situations.

Fletcher, John C.; White, Margo L.; and Foubert, Philip J. **Biomedical Ethics and an Ethics Consultation Service at the University of Virginia.** *HEC Forum* 2(2): 88-89, 1990.

Saying that ethics consultations at the University emphasize resolving ethical problems with the participation of patient, family, and physician, the authors describe different types of problems encountered in 91 consultations. They also provide an overview of the basic medical ethics course for the medical students.

Fletcher, John C. **Constructiveness Where It Counts.** Commentary on **Ethics Consultation: The Least Dangerous Profession?** by Giles R. Scofield. *Cambridge Quarterly of Healthcare Ethics* 2(4): 426-434, Fall 1993.

In his comments Fletcher includes parts of his and Howard Brody's entry on clinical ethics for the new edition of the **ENCYCLOPEDIA OF BIOETHICS**, noting that "clinical ethics is an organized effort to make such shared decision making a reality." They write that those most involved will come from multidisciplinary professions due to the nature of the field which is primarily a service activity with important teaching and research parts. Fletcher presents what he thinks is a minimal set of standards for the field.

Fletcher, John C. **Needed: A Broader View of Ethics Consultation.** *QRB* 18(1): 12-14, January 1992.

Fletcher says that ethics committees offer most ethics consultations in health care and are the “proper locus of accountability; the presence of community members on the committee can also serve as a check and balance for consultants.” He thinks that relying on individual consultants limits the pool of potential consultants; the more persons in the institution and the community involved in promoting ethical goals, the greater the chance of attaining them.

Fought, Ronald J. **Ethics Consultation Process and a Time for Decisions.** *HEC Forum* 2(4): 273-278, 1990.

Fought describes the ethics consultation process and format at St. Agnes Hospital in Fond du Lac, Wisconsin, which provides patients and families with definitions of terms that are often used in discussing ethical dilemmas in health care, including advance directives, burden/benefits principle, informed consent, and no code (DNR).

Frader, Joel E. **Political and Interpersonal Aspects of Ethics Consultation.** *Theoretical Medicine* 13(1): 31-44, March 1992.

Frader urges ethics consultants to look at hospital staff attitudes concerning consultations in addition to their own authority and conflicts of interest, the standing of their recommendations, and their communications skills.

Freedman, Benjamin; Weijer, Charles; and Bereza, Eugene. **Nota Bene: Case Notes and Charting of Bioethical Case Consultations.** *HEC Forum* 5(3): 176-195, March 1993.

The authors describe the preparation of a clinical case consultation record, presenting medical models that they call the classical, problem-oriented, and narrative methods. They suggest guidelines for constructing notes concerning the more common ethics consultations.

Fry-Revere, Sigrid. **Some Suggestions for Holding Bioethics Committees and Consultants Accountable.** *Cambridge Quarterly of Healthcare Ethics* 2(4): 449-455, Fall 1993.

Fry-Revere discusses what to regulate and not to regulate in bioethics consulting, and suggests that requirements concerning 1) access, 2) training, 3) proceedings, 4) documentation, 5) peer review, and 6) appeal procedures should be established. She thinks that the Joint Commission on Accreditation of Healthcare Organizations could be the regulating body, but notes that if it “does not act soon, some other organization or governmental body may preempt its efforts.”

Glover, Jacqueline J.; Ozar, David T.; and Thomasma, David C. **Teaching Ethics on Rounds: Ethicist as Teacher, Consultant and Decisionmaker.** *Theoretical Medicine* 7(1): 13-32, February 1986.

The authors analyze the relationship between teaching and consultation in the clinical setting and how these activities relate to clinical decision making. They identify three potential roles for the ethicist: teaching students and staff about ethical issues, advising about the ethical part of a patient’s care, and clarifying broad moral issues.

Jonsen, Albert R. **Can an Ethicist Be a Consultant?** In **FRONTIERS IN MEDICAL ETHICS: APPLICATIONS IN A MEDICAL SETTING.** Virginia Abernethy, ed., pp. 151-71. Cambridge, MA: Ballinger Press, 1980.

In this early work, Jonsen finds that ethics is a central part of medicine and that medical ethicists have a necessary role.

Jonsen, Albert R. **Casuistry as Methodology in Clinical Ethics.** *Theoretical Medicine* 12(4): 295-307, December 1991.

Jonsen argues that casuistry, which he defines as “the exercise of prudential or practical reasoning in recognition of the relationship between maxims, circumstances and topics, as well as the relationship of paradigms to analogous cases,” can become a useful technique for the clinical ethicist or ethics consultant.

Jonsen, Albert R. **Scofield as Socrates.** Commentary on **Ethics Consultation: The Least Dangerous Profession** by Giles R. Scofield. *Cambridge Quarterly of Healthcare Ethics* 2(4): 434-438, Fall 1993.

Claiming that Scofield's irony makes any defense impossible since the author says that any defense by ethics consultants is questionable, Jonsen notes that Scofield's questions are worth examining but seem to be exaggerations. Jonsen urges a Socratic dialogue with questions and answers to find the worth of ethics consultations.

Kjervik, Diane K. **Legal and Ethical Issues: Law and Ethics Consultation.** *Journal of Professional Nursing* 6(4): 193, 246, July-August 1990.

In recommending that prudent nurses use the services of an ethics consultant if deemed necessary, Kjervik says that such consultants come from a variety of backgrounds. A 1985 survey of 38 ethics consultants reported "over half held PhD degrees, three JDs, four MDs, three RNs, and eleven master's degrees. Philosophy and divinity and theology were the most frequently represented disciplines." The author describes their work.

La Puma, John; Stocking, Carol B.; Darling, Cheryl M.; and Siegler, Mark. **Community Hospital Ethics Consultation: Evaluation and Comparison with a University Hospital Service.** *American Journal of Medicine* 92(4): 346-351, 1992. Comments. *American Journal of Medicine* 92(4): 343-345, April 1992 and 94(1): 116, January 1993.

The authors examine three aspects of ethics consultation: the clinical questions asked, the consultation's helpfulness, and the differences between community and university hospitals. During the two-year study, 104 consultations were conducted at the community hospital, with 86 percent of them seen as helpful to the requesting physician.

La Puma, John; Stocking, Carol B.; Silverstein, Marc D.; et al. **An Ethics Consultation Service in a Teaching Hospital: Utilization and Evaluation.** *Journal of the American Medical Association* 260(6): 808-811, 12 August 1988.

The ethics consultation service received 51 requests over 12 months. The requesting physician in 36 cases (71 percent) found the consultation "very important" in patient management, in clarifying issues, or in learning about medical ethics. The authors conclude that ethics consultations performed by trained

physician-ethicists provide useful, clinically acceptable assistance in a teaching hospital.

La Puma, John, and Schiedermayer, David L. **Ethics Consultation: Skills, Roles and Training.** *Annals of Internal Medicine* 114(2): 155-160, 15 January 1991.

The authors hold that the physician-ethicist consultant's special clinical skills correlate with his or her roles as professional colleague, negotiator, patient and physician advocate, case manager, and educator. Training should include substantial patient care experience, instruction in health care law and moral reasoning, and preparation in medical humanism.

La Puma, John, and Priest, E. Rush. **Medical Staff Privileges for Ethics Consultants: An Institutional Model.** *QRB* 18(1): 17-20, January 1992.

Saying that "no advanced degree by itself (whether MD, MS, or PhD) equips participants with the roles and skills of a clinical ethics consultant," the authors offer their criteria for a clinical ethics consultant.

Lilje, Christian. **Ethics Consultation: A Dangerous, Antidemocratic Charlatry.** Commentary on **Ethics Consultation: The Least Dangerous Profession?** by Giles R. Scofield. *Cambridge Quarterly of Healthcare Ethics* 2(4): 438-442, Fall 1993.

Lilje observes that education is the function consultants engage in most often with the ultimate goal "to put themselves out of business." Persons trained in ethics may not be the only experts, but they are "undoubtedly advantaged."

Loewy, Erich H. **Ethics Consultation and Ethics Committees.** *HEC Forum* 2(6): 351-359, 1990.

Loewy thinks that conflict between patients and physicians or between members of the health care team are generally the reason that ethics consultants are called. He discusses ways in which ethics committees and consultants can relate and offers a model for reaching consensus.

Lyons-Loftus, Gregory T. **What Is a Clinical Ethicist?** *Theoretical Medicine* 7(1): 41-45, February 1986.

Dr. Lyons-Loftus sees the clinical ethicist as providing value clarifications, but no value judgments or priorities; assuming a role as a patient counselor could damage the primary physician-patient relationship.

Maciunas, Kristina, and Moss, Alvin H. **Learning the Patient's Narrative to Determine Decision-Making Capacity: The Role of Ethics Consultation.** *Journal of Clinical Ethics* 3(4): 287-289, Winter 1992.

The authors present the case of a 32-year-old man whose decision-making capacity was questioned and say that it demonstrates the need to know the patient's "narrative."

Marsh, Frank H. **Why Physicians Should Not Do Ethics Consults.** *Theoretical Medicine* 13(3): 285-292, September 1992.

Marsh thinks that the clinician's mode of thinking as a physician gives him "little room to maneuver as an objective and detached third-party ethics consultant." Habits and collegiality are important to a physician, according to Marsh, who thinks that these practices lessen objectivity. He also points out that the practice of defensive medicine, in the current litigious environment, is now central to patient management.

McCullough, Laurence B. **Laying Clinical Ethics Open.** *Journal of Medicine and Philosophy* 18(1): 1-8, February 1993.

McCullough opposes the view that physician ethicists are more effective than "professional ethicists" who have spent years in learning, teaching, and conducting research in clinical ethics. He thinks that physicians will tend to reinforce the status quo and become part of the problem instead of the solution.

Melley, Christopher D. **The Philosopher in the Health Care Setting: Objections and Replies.** *HEC Forum* 4(4): 237-254, 1992.

Melley advocates including philosophers in the health care setting and says the bioethics movement necessitates a new type of professional who is a philosopher and a scientist or medical practitioner; that those who are only one or the other are "severely limited."

Moreno, Jonathan D. **Call Me Doctor:**

Confessions of a Hospital Philosopher. *Journal of Medical Humanities* 12(4): 183-196, Winter 1991.

Writing autobiographically, Moreno raises questions about the contribution of philosophy to the clinical setting and about the implications for philosophy. He says "philosophers can occupy a certain moral high ground, the same high ground that theologians used to be able to claim before our hopelessly pluralistic value system began to undermine their claim to voice a moral consensus."

Moreno, Jonathan D. **Ethics Consultation as Moral Engagement.** *Bioethics* 5(1): 44-56, January 1991.

Moreno notes the complexity of moral decision making and says that a "substantial reconstruction of the notion of clinical ethics and of our understanding of the ethics consultant's role" is required. He recommends that the ethicist should: (1) be a skilled participant-observer, (2) understand the dynamics of small group behavior, and (3) be a competent mediator.

Orr, Robert D., and Moon, Eliot. **Effectiveness of an Ethics Consultation Service.** *Journal of Family Practice* 36(1): 49-53, January 1993.

The authors collected data from the first year of an ethics consultation service at Loma Linda University School of Medicine. Consultations were found to clarify ethical issues, educate the health care givers, and increase confidence in decisions in 90 percent of the 46 cases studied. Direct medical changes in patient management were made in 36 percent of cases.

Off, Robert D., and Moss, Robert. **The Family Physician and Ethics at the Bedside.** *Journal of the American Board of Family Practice* 6(1): 49-54, January-February 1993. Comment in: *Journal of the American Board of Family Practice* 6(1): 80-82, January-February 1993.

Family physicians who have received training in medical ethics and health care law are "uniquely qualified to serve as ethics consultants," according to Orr and Moss. They see improved physician-patient relationships and an enhanced decision making process resulting from clinical consultants in ethics.

Pellegrino, Edmund D. **Clinical Ethics: Biomedical Ethics at the Bedside.** Editorial. *Journal of the American Medical Association* 260(6): 837-839, 12 August 1988.

Saying that clinical ethics “leaves the calmer environs of ethical discourse for the urgency, uncertainties, and emotional nexus of the bedside,” Pellegrino holds that participants are morally accountable and that clinical ethics does not supplant formal ethical analysis or theoretical ethics, but complements them. He hopes that the resolution of who shall consult, either physician or nonphysician, will be decided more by the capacity to function effectively than by professional identification.

Pellegrino, Edmund D. **Ethics and the Moment of Clinical Truth.** Editorial. *Journal of the American Medical Association* 239(10): 960-961, 6 March 1978.

In this early essay Pellegrino notes a “recent resuscitation” of ethics and suggests that “a certain constructive tension between ethicist and clinician is essential as an antidote to the complaisance of too easy agreement.”

Pellegrino, Edmund D.; Siegler, Mark; and Singer, Peter A. **Future Directions in Clinical Ethics.** *Journal of Clinical Ethics* 2(1): 5-9, 1991.

The physician authors offer their predictions for the next 20 years in the field of clinical ethics. Raising questions about genetic research, they think that new ethical responses will become necessary. Some standardization of educational credentials and some certification of ethicists will be necessary, probably in the form of a degree or training certificate in bioethics. Counseling and negotiation skills will also be required, and bioethicists will become as active in public health and preventive medicine as in cases involving individual patients.

Perkins, Henry S. **Another Ethics Consultant Looks at Mr. B’s Case: Commentary on “An Ethical Dilemma.”** *Journal of Clinical Ethics* 1(2): 126-132, Summer 1990.

Perkins favors the concept of a fiduciary consultant-patient relationship. He analyses informed consent and competency from this viewpoint.

Perkins, Henry S. **Clinical Ethics Consultations:**

Reasons for Optimism, But Problems Exist. *Journal of Clinical Ethics* 3(2): 133-137, Summer 1992.

Perkins discusses problems that can affect clinical ethics cases in the hospital, urging consultants to recognize that difficult cases abound and that thorough involvement in them is time consuming but worthwhile.

Perkins, Henry S., and Saathoff, Bonnie S. **Impact of Medical Ethics Consultations on Physicians: An Exploratory Study.** *American Journal of Medicine* 85(6): 761-765, December 1988.

The authors report on a survey of physician-requesters for ethics consultations and review patients’ medical records, evaluating 44 consultations. Fourteen consultations identified previously unrecognized ethical issues, and 18 consultations changed patient management.

Phillips, Donald M. **Ethics Research: Ethics Consultations and Changes in Bioethics Come Under Scrutiny.** *Hospital Ethics* 8(5): 1-4, September-October 1992.

Phillips reports on a July 1992 health law and ethics meeting in Toronto where Dr. Mark Siegler predicted changes for biomedical ethics including the development of an empirical research base, and the acquisition of counseling and negotiation skills that will enhance the decision-making process. The article also calls attention to a fee-for-service ethics consultation/education service headed by an attorney specializing in medical ethics.

Purtilo, Ruth B. **Ethics Consultations in the Hospital.** *New England Journal of Medicine* 311(15): 983-986, 11 October 1984.

Purtilo questions the term ‘consultant’ and holds that “under no circumstances would the outcome of an ethics consultation be that the ethicist became the primary care giver or assumed ongoing responsibility for the clinical management of a case.” She also raises questions about legal implications, remuneration, obtaining pertinent case information (including access to patient records), and staff privileges.

Rodeheffer, Jane Kelley. **Practical Reasoning in Medicine and the Rise of Clinical Ethics.**

Journal of Clinical Ethics 1(3): 187-192, 1990.

Philosopher Rodeheffer writes that medical students are trained in moral virtues, a “habituation into the virtues,” as well as Aristotelian practical rationality, “means-end reasoning.” She says that to be effective, an ethicist must be able to clarify the issues for physician, patient, and family. She concludes that “where there is no shared agreement on goods, there can be no practically rational deliberation in clinical medicine.”

Ross, Judith Wilson. **Case Consultation: The Committee or the Clinical Consultant?** *HEC Forum* 2(5): 289-298, 1990.

Ross thinks that ethics committees, not consultants, should be responsible for case consultations. While consultation with an individual consultant may be efficient and thus economic, she states that “ethics and moral discussion lie within the community” and that committees are part of the hospital community, being “responsive to multidimensional/interdisciplinary understanding.” She thinks the consultant has a more limited and narrow role.

Ross, Judith Wilson. **Why Clinical Ethics Consultants Might Not Want to Be Educators.** Commentary on **Ethics Consultation: The Least Dangerous Profession?** *Cambridge Quarterly of Healthcare Ethics* 2(4): 445-448, Fall 1993.

Ross says that clinical ethics consultants who are university professors already have professional status, but that she sees difficulties in educating professionals of “equal status and often greater authority” in the hospital setting, which is not an environment well suited to talking as opposed to doing.

Scheirton, Linda S. **Measuring Hospital Ethics Committee Success.** *Cambridge Quarterly of Healthcare Ethics* 2(4): 495-504, Fall 1993.

A survey of 75 questions was sent to ethics committees at 208 hospitals with a medical school affiliation and with over 100 medical residents. Most chairpersons were positive about the acceptance of ethics committee roles; the authors review the work of the committees and offer suggestions.

Schiedermayer, David L., and La Puma, John.

The Ethics Consultant and Ethics Committees, and Their Acronyms: IRBs, HECs, RM, QA, UM, PROs, IPCs, and HREAPs. *Cambridge Quarterly of Healthcare Ethics* 2(4): 469-475, Fall 1993.

The authors say that “ethicists will have new responsibilities and relationships in the coming regulation of healthcare,” and urge that ethicists develop close relationships with patient care-oriented ethics committees, mission-oriented ethics committees, and other groups set up as regulatory bodies.

Schiedermayer, David L.; La Puma, John; and Miles, Steven H. **Ethics Consultations Masking Economic Dilemmas in Patient Care.** *Archives of Internal Medicine* 149(6): 1303-1305, June 1989.

Ethics consultants who are asked to analyze and help resolve economic problems in a patient’s care should attempt to do so, according to the authors. Ethics and economics overlap, and consultants can act as patient advocates.

Scofield, Giles R. **Ethics Consultation: The Least Dangerous Profession?** *Cambridge Quarterly of Healthcare Ethics* 2(4): 417-426, Fall 1993.

Scofield questions whether ethics consultants are “the professional experts they claim to be.” He observes that claims to moral objectivity depend on subjective considerations and says that ethics is “everybody’s business”; the role of the ethicist “should be to teach and thereby help and allow others to think for themselves.” (See commentary, Section II, Fletcher, Jonsen, Lilje, Ross, and Self).

Scofield, Giles R. **The Problems of the Impaired Clinical Ethicist.** *QRB* 18(1): 26-32, January 1992.

Maintaining that clinical ethicists “usually operate without the sort of supervision or accountability imposed on other health care workers,” Scofield says impairment may be indicated by missed meetings and assignments. Consultants who have conflicts of interest — duty to the institution and to the patient — may be unable to make independent judgments. He discusses how an institution may respond.

Self, Donnie J. **Is Ethics Consultation**

Dangerous? Commentary on Ethics Consultation: The Least Dangerous Profession? *Cambridge Quarterly of Healthcare Ethics* 2(4): 442-445, Fall 1993.

Calling Scofield's paper "philosophically wrong," Self says that his views undermine the possibility of ethics since Scofield holds that one cannot get value judgments right or wrong. She says that "although each person is morally equal each person is not equal to every other person in terms of their moral knowledge or moral decision-making skills."

Self, Donnie J., and Skeel, Joy D. **Legal Liability and Clinical Ethics Consultations: Practical and Philosophical Considerations.** In **MEDICAL ETHICS: A GUIDE FOR HEALTH PROFESSIONALS.** John F. Monagle and David C. Thomasma, eds., pp. 408-416. Rockville, MD: Aspen Publishers, 1988.

Self and Skeel discuss general clinical conditions for medical malpractice by an ethicist in a litigious society. They indicate that they think the danger of risk is real, recommending that all ethics consultants obtain professional liability insurance.

Self, Donnie J., and Skeel, Joy D. **A Study of the Foundations of Ethical Decisionmaking of Clinical Medical Ethicists.** *Theoretical Medicine* 12(2): 117-127, June 1991.

The authors report a study of 52 clinical medical ethicists indicating that most believe value judgments are capable of being true or false and are "expressions of moral requirements . . . emanating from an external value structure or moral order in the world."

Siegler, Mark. **Defining the Goals of Ethics Consultations: A Necessary Step for Improving Quality.** *QRB* 18(1): 15-16, January 1992.

Saying that "ethics consultants, like all other consultants, should assist the patient, family, and primary physician by offering suggestions that improve the processes and outcomes of patient care," Siegler urges the publication of more reports on the evaluation and outcome of ethics consultation.

Siegler, Mark; Pellegrino, Edmund D.; and Singer, Peter A. **Clinical Medical Ethics.** *Journal of Clinical Ethics* 1(1): 5-9, Spring 1990.

The authors assess the past and future of the field of clinical medical ethics, saying that the central focus of clinical ethics is "individual patient-physician decision making."

Simpson, Kenneth H. **The Development of a Clinical Ethics Consultation Service in a Community Hospital.** *Journal of Clinical Ethics* 3(2): 124-130, Summer 1992.

Simpson describes both his training as an ethicist and the ethics consultation model that he developed working with his hospital's legal counsel. Ethical issues raised in 59 consultations are presented.

Singer, Peter A.; Pellegrino, Edmund D.; and Siegler, Mark. **Ethics Committees and Consultants.** *Journal of Clinical Ethics* 1(4): 263-267, Winter 1990.

The authors say that ethics committees and consultants offer different approaches to the goal of improving both care and outcomes. They discuss education, policy development, and case consultation, going on to say that a consultant should be both ethically and clinically competent. Finally, they present the advantages and disadvantages of committees and consultants, an evaluation of their services, and questions concerning their future roles.

Skeel, Joy D. **Issues in Clinical Ethics Consultation: An Introduction.** *Theoretical Medicine* 13(1): 1-3, March 1992.

Noting the rapid growth of bioethics consultation, Skeel recommends reflection on and examination of the possible pitfalls that lie ahead, since the issues raised are complex.

Skeel, Joy D., and Self, Donnie J. **An Analysis of Ethics Consultation in the Clinical Setting.** *Theoretical Medicine* 10(4): 289-299, December 1989.

The authors look at issues related to aggressiveness of treatment, informed consent, alternative treatment, and communication with the patient. They discuss the role of the consultant, including the risks and benefits of formal ethics consultations.

Skeel, Joy D.; Self, Donnie J.; and Skeel, Roland T. **A Description of Humanist Scholars Functioning as Ethicists.** *Cambridge Quarterly*

of *Healthcare Ethics* 2(4): 485-494, Fall 1993.

In an effort to learn who is functioning as a medical ethicist and in what roles, the authors sent questionnaires to all nonclinical members of the Society for Health and Human Values as well as to physicians, medical ethicists, and chaplains in hospitals with over 200 beds. From the 3,100 questionnaires they received 1,021 responses; 325 from clinical bioethicists, 200 of whom were not physicians but held religion or philosophy degrees or both. The authors raise questions of legal liability and cost effectiveness.

Spicker, Stuart F., and Kushner, Thomasine. **HECs and Consultation.** Editorial. *HEC Forum* 2(2): 71-73, 1990.

Spicker and Kushner use the term 'consultation' to describe case analyses where an ethics committee has appointed a representative "to determine the nature of the ethical problem or conflict beyond the purview of the entire committee." They find that such consultations are increasing and can be more useful than discussions of an entire ethics committee.

Spielman, Bethany. **Invoking the Law In Ethics Consultation.** *Cambridge Quarterly of Healthcare Ethics* 2(4): 457-467, Fall 1993.

The author thinks that the law can be used in ethics discussions to enrich ethical reasoning, to delineate duties, to debunk legal myths, to anticipate litigation behavior, to demonstrate the correctness of a proposed solution, to show which options could be easily implemented, to advocate for the patient, and to offer legal advice. She goes on to discuss fully each of these points.

Stoddard, James. **The Future of Ethics Consultation in the Kansas City Area.** *Midwest Medical Ethics Newsletter* 7(2 & 3): 12-16, Spring-Summer 1991.

Stoddard reviews the literature and indicates that the future of consultants in his geographic area is uncertain, based on a survey he conducted. Ethics committee members were more receptive to using consultants than were hospital CEOs, but expressed concerns about the consultant taking over the decision-making process and interfering with the physician-patient relationship.

Swenson, Michael D., and Miller, Ronald B. **Ethics Case Review in Health Care Institutions: Committees, Consultants, or Teams?** *Archives of Internal Medicine* 152(4): 694-697, April 1992.

Saying that the need for consultations will increase and that consultants will be an important resource for physicians, patients, families, and other members of the health care team, the authors present three models for consultation and indicate the advantages and disadvantages of each. Swenson and Miller prefer the use of a small team of physicians from the ethics committee who have clinical expertise and experience with moral discourse in the clinical setting.

Thomasma, David C. **Hospitals and Moral Imperatives: Ethics Consults at a University Medical Center.** *Cambridge Quarterly of Healthcare Ethics* 1(3): 217-222, Summer 1992.

Thomasma's first university consulting service began in 1973 to provide a "presence of philosophers in the clinical context." He discusses the role of ethics consultation services in institutional education, mission, conscience, and benefit to research design; concluding that consultants should develop standards for the field.

Thomasma, David C. **Why Philosophers Should Offer Ethics Consultations.** *Theoretical Medicine* 12(2): 129-140, June 1991.

Arguing that philosophers ought to offer ethics consultations, Thomasma says the position requires a view of clinical medical ethics arising from medical practice, not just a general ethical application. He notes that all consultations take the form of recommendations that can be accepted or rejected; philosophers do not make decisions in the clinical setting.

Tulsky, James A., and Lo, Bernard. **Ethics Consultation: Time to Focus on Patients.** Editorial. *American Journal of Medicine* 92(4): 343-345, April 1992. Comments. *American Journal of Medicine* 92(4): 346-351, April 1992, and 94(1): 116, January 1993.

The authors ask whether ethics consultations are beneficial and whether the patient is "lost in the process." They think that it is "premature to promote widespread dissemination [of

consultations]” until they are “subjected to rigorous evaluation” regarding safety and effectiveness.

Walker, Margaret Urban. **Keeping Moral Space Open: New Images of Ethics Consulting.** *Hastings Center Report* 23(2): 33-40, March-April 1993.

Saying that the ethicist is “neither a virtuoso of moral theory nor a moral virtuoso, but is one among other participants in a process,” Walker thinks of consultations as negotiations, not as puzzle solutions or answers. She asks that one think of a consulting ethicist as both an architect with tools and training who has a sense of “moral space” and as a mediator who helps achieve fruitful resolution.

Weeks, William B., and Nelson, William A. **The Ethical Role of the Consultant.** *Cambridge Quarterly of Healthcare Ethics* 2(4): 477-483, Fall 1993.

The authors discuss the physician-patient-consultant relationship offering three cases to illustrate common ethical dilemmas.

Wildes, Kevin Wm. **The Priesthood of Bioethics and the Return of Casuistry.** *Journal of Medicine and Philosophy* 18(1): 33-49, February 1993.

Wildes opposes casuistry as a model for moral reasoning in clinical ethics since it requires shared moral values and structures for moral authority. Without common values and rankings “there will be many casuistries.”

Yeo, Michael. **Prolegomena to Any Future Code of Ethics for Bioethicists.** *Cambridge Quarterly for Healthcare Ethics* 2(4): 403-415, Fall 1993.

Yeo discusses the authority of the bioethicist and his or her role as educator and as intervenor. In the latter role, the author holds that while bioethicists make moral judgments and “fight for their values and beliefs in the arena of public policy,” they do not have moral authority.

Young, Ernlé W.D.; Corby, James C.; and Johnson, Rodney. **Does Depression Invalidate Competence? Consultants’ Ethical,**

Psychiatric, and Legal Consideration. *Cambridge Quarterly of Healthcare Ethics* 2(4): 505-515, Fall 1993.

The authors discuss four cases and offer possible different responses by persons from the disciplines of ethics, psychiatry, and the law.

Zaner, Richard M. **Voices and Time: The Venture of Clinical Ethics.** *Journal of Medicine and Philosophy* 18(1): 9-31, February 1993.

Zaner describes different kinds of ethical consultants. He holds that all relationships concern the ethicist, who suggests a basic moral decisionmaking framework in an effort to help patients, physicians, and families. The consultant facilitates decisions, but does not make them.

III. REFERENCES/ADDITIONAL READINGS

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Fowler, Marsha D. **The Role of the Clinical Ethicist.** *Heart and Lung* 15(3): 318-19, 1986.

Gramelspacher, Gregory P. **Institutional Ethics Committees and Case Consultation: Is There a Role?** *Issues in Law and Medicine* 7(1): 72-82, Summer 1991.

Grunfeld, Gerson B. **Non-MD Ethics Consultants?** Letter. *Journal of Clinical Ethics* 1(4): 325-26, Winter 1990.

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Literature, Kennedy Institute of Ethics, 1993. 371 p.

O'Connell, Laurence J. **An Emerging Field Examines Itself.** [Book review of *Ethics Consultation in Health Care* edited by John C. Fletcher, Norman Quist, and Albert R. Jonsen.] *Medical Humanities Review* 5(1): 68-71, January 1991.

Pyeritz, Reed E. **Must Ethics Consultants See Patients?** Letter. *Journal of Clinical Ethics* 1(2): 168-69, Summer 1990.

Pruzinsky, T. **Definition and Evaluation of Biomedical Ethics Consultations: An Annotated Bibliography.** *BioLaw* 2(29) Special Sections: S:221-S:229, August 1989.

Self, Donnie J., and Skeel, Joy D. **Potential Roles of the Medical Ethicist in the Clinical Setting.** *Theoretical Medicine* 7(1): 33-39, February 1986.

Self, Donnie J., and Skeel, Joy D. **Professional Liability (Malpractice) Coverage of Humanist Scholars Functioning as Clinical Medical Ethicists.** *Journal of Medical Humanities and Bioethics* 9(2): 101-109, 1988.

Skeel, Joy D. **Varieties of Ethics Consultation.** Book review of *Ethics at the Bedside* edited by Charles Culver. *Medical Humanities Review* 6(1): 27-30, January 1992.

Siegler, Mark, and Singer, Peter A. **Clinical Ethics Consultation: Godsend or "God Squad".** *American Journal of Medicine* 85(6): 759-760, December 1988.

Scope Note 23 was prepared by Pat Milmoie McCarrick, a reference librarian at the National Reference Center for Bioethics Literature.