

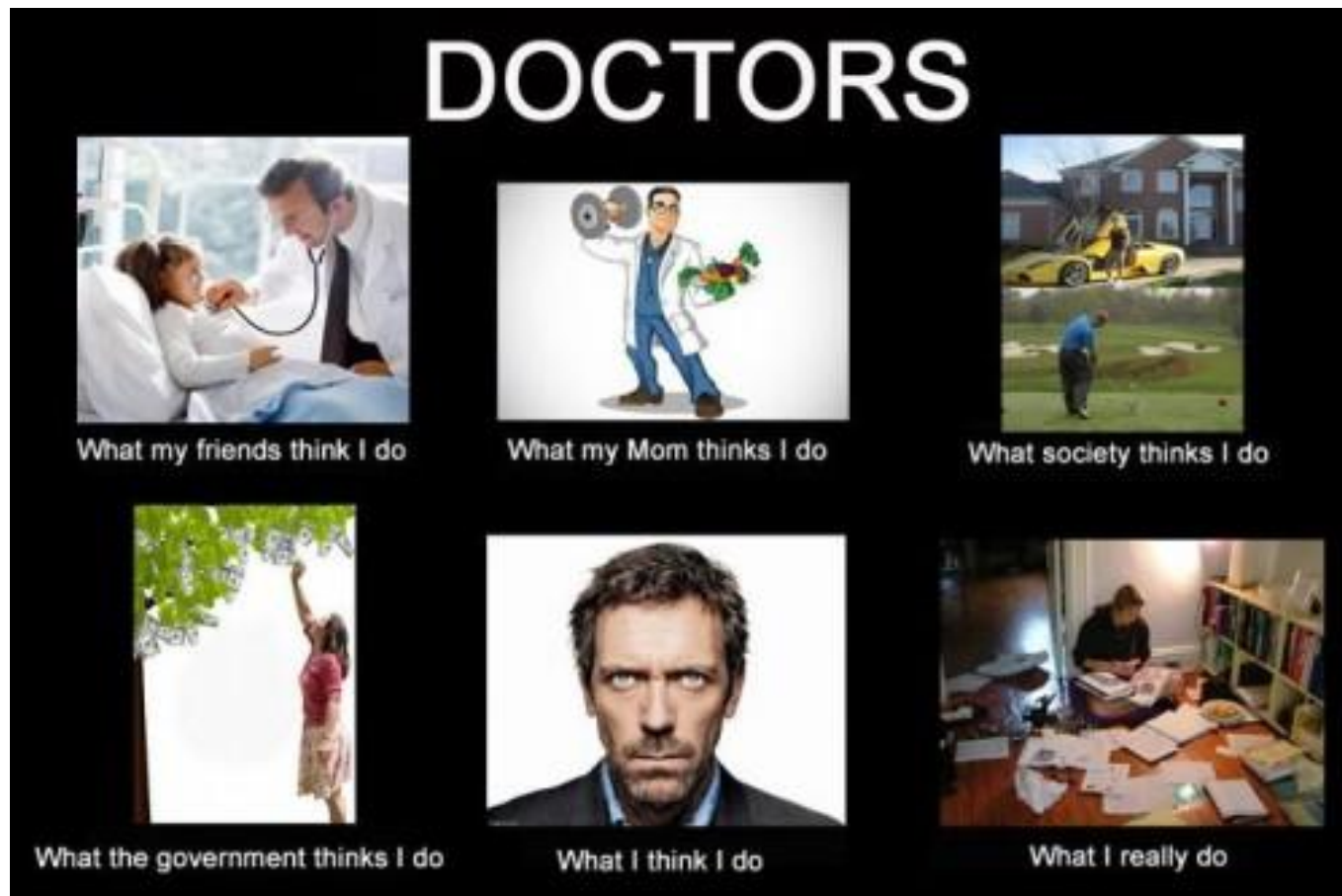
«*Le changement de rôle entre médecin et éthicien*»

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«*Le changement de rôle entre médecin et éthicien*»



CEC in a regional hospital in Switzerland

- Outline

- Where do I work? What I'm supposed to do...
- Clinical Ethics activity
 - Clinical ethics committee activity
 - Summary after 30 months
 - Main difficulties
 - Future steps

CEC in a regional hospital in Switzerland

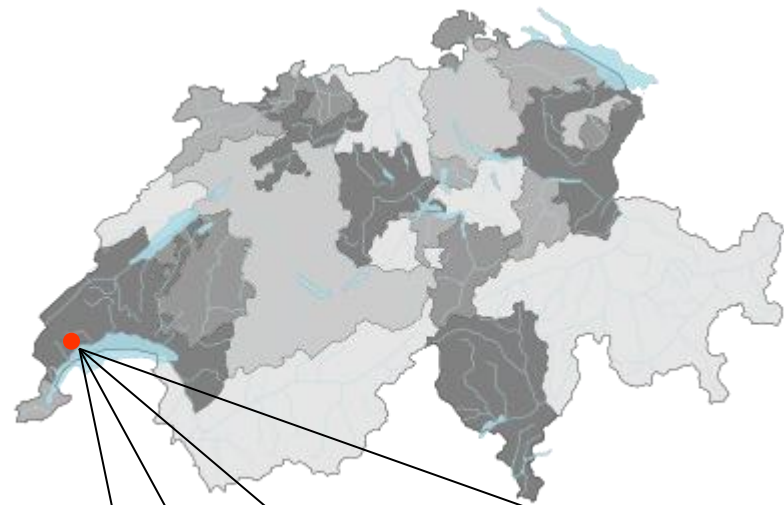
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CEC in a regional hospital in Switzerland

What I am supposed to do:

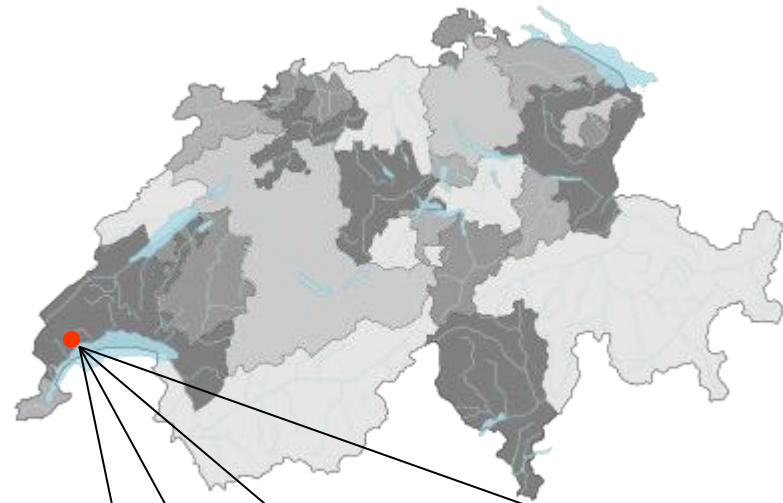
- Patient care (ER, ICU, Ward)
- Resident's training
- Service management and administration
- Pre- and post-graduate teaching in medicine
- Dealing with health insurances....
- ... and a little beat of clinical ethics after having finishing my previous activities.



CEC in a regional hospital in Switzerland

2011 activity:

- 7'299 Hospitalizations
- 44'600 Hospitalization days
- 19'300 ER patients
- 92% bed occupancy
- 5.6 days mean length of stay
- 79 million CHF budget
- + 3% activity increase / year



CEC in a regional hospital in Switzerland

- Outline

- Where do I work? What I'm supposed to do...

- Clinical Ethics activity

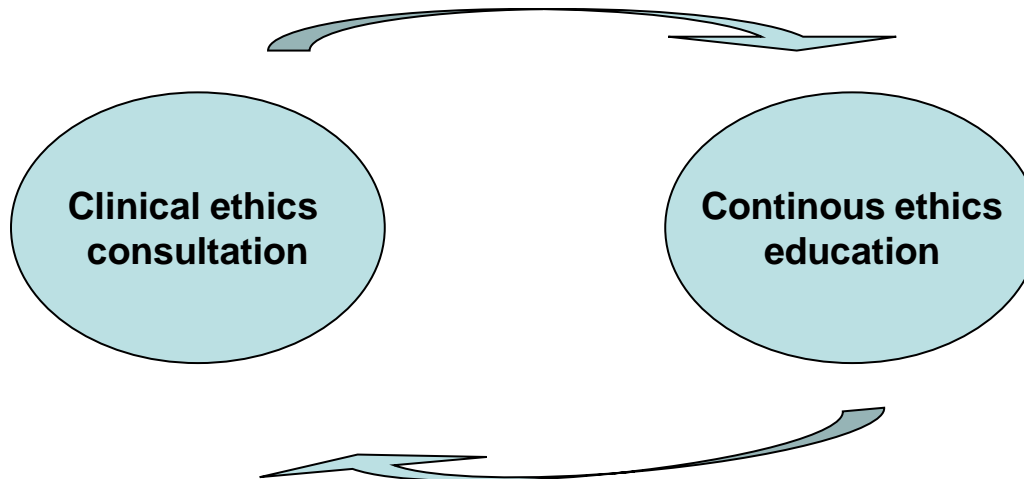
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CEC in a regional hospital in Switzerland

- CEC members
 - 8 members (one external):
 - One physician with formal training in ethics
 - Heads of departments (MD and nursing)
 - Lawyer, psychiatrist, outpatient clinic physician
 - Once a month “mandatory” meeting
 - Meetings during work-time
 - No payment for members

CEC in a regional hospital in Switzerland

- Main Objectives
 1. Clinical ethics consultation
 2. Continuous ethics education



CEC in a regional hospital in Switzerland

- Main Objectives
 - Clinical Ethics Consultation (CEC)
 - Prospective and retrospective
 - “Urgent” consultation
 - Open to all hospital employees
 - Continuous ethics education
 - CEC members
 - Hospital employees

CEC in a regional hospital in Switzerland

1. Clinical Ethics Consultation

- Prospective and retrospective case deliberation with the HCT coordinated by a member of the CEC
- All cases are analyzed in the CEC
- Consultation model could be redefined according to the service, needs, and characteristics of the presented case
- Advice is CONSULTATIVE, and does not generate any obligation nor responsibility (at least legal) to the person who asked for the consultation

CEC in a regional hospital in Switzerland

1. Clinical Ethics Consultation

- Publicity in every service: mails, conferences...
- “Open” organization according to each service
- Regular teaching activity to HCP
- Consultations request only by HCT members (patients in a second time)
- “Urgent” consultation is possible

CEC in a regional hospital in Switzerland

- Main Objectives
 - Clinical Ethics Consultation (CEC)
 - Prospective and retrospective
 - “Urgent” consultation
 - Open to all hospital employees
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 - CEC members
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CEC in a regional hospital in Switzerland

2. Continuous Ethics Education

- Education to the health-care professionals through interactive teaching on ethics:
 - Theoretical background
 - Clinical case discussion
 - Cases proposed by the team

Some HCT members' opinion

- While presenting the ethics consultation to a gynaecologist practicing IVF:

“I had to deal with ethical questions since I started my medical practice. I did that by myself, and I presume that I did it well.”

“It is great to know that for my last years of practice I could share my moral discomfort with someone else...”

Some HCT members' opinion

- After presenting the result of a moral deliberation about the withholding of a life-sustaining treatment to an ICU physician:

“The ICU organization it is not the one of a participative democracy. As a chief, I will listen all the opinions of my team, but the final decision is only mine, because I have the legal and medical responsibility of this unit”

Some HCT members' opinion

- Nurse opinion after a moral deliberation about the “futility” of a treatment and demand for withdrawing LST:

“What we did is great. We could share our views, express our discomfort, and realize that all the nurses have the same opinion. However, nothing will change for the patient, because the physician in charge has a different opinion”

CEC in a regional hospital in Switzerland

- Activity after 30 months
 - Variable number of consultations (from 4/week to 1 in 4 months...)
 - Majority of cases coming from ICU
 - Withholding and withdrawing LST
 - Futility of treatment (nurses)
 - Regular case deliberation in some services with physicians and nurses (not together)

CEC in a regional hospital in Switzerland

- Activity after 30 months
 - Persistent and repetitive CEC consultation:
 - “We do not feel comfortable with the way that this patient died”
 - “We do not feel comfortable with the way that this patient is being treated by the medical team”
 - “We do not feel comfortable prescribing morphine and sedating this patient”
 - “We do not feel comfortable because this patient has not been sedated...”

Psychological or ethics consultation???

CEC in a regional hospital in Switzerland

- Some difficulties about our activity
 - Should we increase the number of consultations?
 - How to increase the number?
 - How to maintain motivation in the CEC members?
 - Perception of many potential cases by the CEC members but not consultation requested
 - What to do?
 - Self-consultation?

CEC in a regional hospital in Switzerland

- Some difficulties about our activity
 - Are we valuable / useful for the HCP or just “selfish” people making amateurs’ philosophy?
 - Are we doing a good job?
 - Who controls us?
 - It’s is possible to make good CEC with a part-time activity, without quality controls, and in a small structure?

CEC in a regional hospital in Switzerland

- Future steps
 - Continuous ethics education to hospital employees and CEC members
 - Increasing number of consultations by augmenting educational activities and creating ethical reflection among the hospital employees
 - Role for patients in CEC

Thanks for your attention!!!!



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