

Session: The Voice of the Patients in Clinical Ethics Consultation (CEC)

Why is it important, but remains a challenge, to involve patients and relatives in Clinical Ethics Consultation (CEC)?

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Background

This presentation will serve - after the audio-visual case-based opening of the session - as a conceptual introduction into the topic giving a focused overview on the recent debate, esp. in Europe. Here, the involvement of patients/relatives has been handled with some reservation - maybe a stronger one than in the U.S. - for some time, apart from some pioneer work (1).

Approach

A short review of recent literature will be used as a background for analyzing difficulties that may contribute to the observed reservation to include those personally affected in CEC (2).

Paradigm cases of CEC with actively involved patients or relatives will serve to illustrate the strengths and opportunities of this practice. Arguments pro and con including patients or relatives in CEC will be compared and weighed for conclusions.

Results

The question of whether patients or relatives may be included in CEC can be answered by a clear "yes!" But it is argued that the procedure requires thorough preparation and competent handling. Joint sessions carried out in a poorly reflected way may lead to burdensome experiences, esp. for emotionally unstable patients or relatives, but may also challenge professional satisfaction. A set of criteria, such as the distinction between competent and incompetent (or children) patients, is suggested for practice as well as procedural recommendations.

Conclusions

The inclusion of patients or relatives in CEC is supported on the prerequisite that at the same time their safety and comfort in such demanding situations is a primary goal to reach.

References

1. Reiter-Theil S (2003) Balancing the Perspectives. The Patient's Role in Clinical Ethics Consultation. *Medicine, Health Care and Philosophy* 6: 247-254
2. Newson AJ, Neitzke G, Reiter-Theil S (2009) The role of patients in European clinical ethics consultation. *Editorial. Clinical Ethics* 4: 109-100