An Innovative Strategy for Clinical Ethics Consultation in developing countries

<u>Abstract</u>

Clinical ethics involves identifying, analysing, and solving ethical problems that arises ongoingly in health care organization. In order to achieve above goal, different approaches are being used to resolve ethical dilemma. The traditional approach for clinical ethics consultation is through hospital ethics committees and recent approach is through individual ethics consultation i.e. Bioethicist. Both approaches are concerned with the patient related activity of clinical ethics whereby health care workers, patients, and their family are supported in identifying, analysing, and solving ethical conflicts which arise in the clinical setting.

The current model for ethics consultation is through Hospital Ethics Committee in Pakistan. The role of this committee is to provide consultation services as an adhoc basis.

The four challenges remains with their limited scope and assistance when ethical dilemma arises in patient care. Firstly lack of adequate training to deal with ethical dilemma in clinical practice. Secondly, the availability of the members remains a concern when the dilemma requires an immediate consultation. Thirdly, lack of integration, as ethics consultation services are provided in a fragmented and adhoc basis. Lastly, lack of accountability of the committee members. (MacRae,S et al 2005) These challenges remain same in developing countries. Therefore, the need to revisit the clinical ethics consultation process is of a vital consideration.

This paper aims to introduce an innovative strategy i.e. Bioethicist with Hub and Spokes Model for Clinical Ethics Consultation in health care organization. The metaphor of hub and spokes model is that the wheel i.e. bioethicist remains the core center from which spokes members of ethics committee i.e. health care professional radiate out towards an outside rim (Gibson et al 2008 & MacRae,S et al 2005)

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