



## 6th International Conference on Clinical Ethics Consultation

May 11-14, 2010 ♦ Portland Art Museum ♦ Portland, Oregon, USA

[www.ethics2010.org](http://www.ethics2010.org)



### Abstract Submission Form – Papers

Please contact John Tuohey at [ethics@providence.org](mailto:ethics@providence.org) with any questions.

Name: Kim Garchar

Title/Degree: PhD

Institution: Kent State University

Country: U.S.

Email: kgarchar@kent.edu

Phone including country code (<http://www.countrycallingcodes.com>): 1-330-244-3457

---

Proposed title of paper: 100 Ethics Consults: Trends in Reasons for Consult Requests, Recommendations, and Outcomes

Abstract with 3 clearly stated objectives in 250 words:

Background: Established in 1997, Summa's Medical Ethics Committee (EC) serves as an educational, supportive, and consultative resource to patients, families, and providers, intended to analyze, clarify, and ameliorate dilemmas as they arise in clinical care. To date the EC has conducted 100 clinical consults.

Objectives: This study describes 1) EC consults: types, response time, recommendations and their utilization, 2) EC recommended policy changes and their impact on consults, 3) the impact of the Palliative Care Consult Service (PCCS) on reasons for consults and the EC's recommendations.

Methods: Descriptive data from the EC database were retrospectively analyzed to identify trends and changes over time.

Results: The majority of consults are formal (44%), all consults are completed within 4 days, and 88% of the EC's recommendations are followed. Pre-PCCS the most common reasons for consults were clinician-surrogate disagreements regarding the use of life-sustaining treatments and patient decisional capacity, accounting for 46% of consults. Post-PCCS these reasons comprised 34% of consults. Pre-PCCS, the EC most frequently recommended providing emotional support for the patient/family and initiating a DNR order, suggested in 68% and 44% of consults respectively. Post-PCCS these recommendations were suggested less frequently (6% and 20% respectively). Changes reflecting the effects of newly established policies (i.e. Non-Beneficial Treatment and Patient Decisional Capacity) were also observed.

Conclusions: Over time, new policies implemented at the suggestion of the EC and the development of a PCCS have reduced the number of ethical conflicts that arise from the uses and limitations of life-sustaining treatment at our institution.

If you have or will publish on this topic, please cite reference:

\_\_\_\_\_

Are you planning to or will you be willing to submit a poster along with your paper?

Yes     No