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Abstract Submission

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ABSTRACT

Title: *Relationship between the Clinical Ethicists and Hospital Ethics Committee: an Italian Experience*

Clinical Ethics Consultation Services in Italy are still underdeveloped: with services remaining scarce. In Italy, Local Ethics Committees have a dual function in that they analyse both clinical trials (research ethics) and clinical cases. This situation unfortunately tends to undermine opportunities for thorough case analysis, as the main activity of an Ethics Committee inevitably becomes dominated by the evaluation of experimetnal protocols.

In the Veneto Region in North-East Italy (which has a population of 5 million people), a Regional Law was issued at the end of 2004 to mandate the creation of two different types of Ethics Committees in each local health care institution (i) Research Ethics Committees (or Institutional Review Boards) for reviewing protocols involving human experimentation: and (ii) Hospital-Clinical Ethics Committes (HEC) for ethics consultation, ethical guidelines, and education in bioethics.
The HEC structure appears to be working well, with a straighforward legal statute dictating standard composition, functions, and full institutionalization within the National Health Care System.

Padua provided an exception to the combined ethics committee approach. A Bioethics Service, a clinical ethics consultation and education service, was established by the General Director of the *Azienda Ospedaliera di Padova* on February 1996.
The initial experiences of consultation were with an indipendent, regular Service provided by an individual consultant (clinical ethicist) in the clinical setting. This approach was rare in Italy at that time even today there are very few similar services. Following the enactment of the Regional Law, a Hospital Ethics Committee was also formed and it started three years ago.

The Service maintains a regular presence within the Institution and remains autonomous and impartial. Since the formation of the Hospital Ethics Committee the Committee and Service have established integrated, sound mechanisms of cooperation, which comprises:

a) the first point of contact for clinical ethics consultation is the Bioethics Service, where one or two-three individuals manage the request: the clinical ethicist and one or two members of the HEC; these people organise meetings for urgent cases and refer the case for the whole HEC.

b) Where time and conditions allow, it is possible to urgently involve the whole HEC in consultation or evaluation. All cases already dealt with and resolved are then presented and discussed at full HEC meetings. The Bioethics Service therefore , with the Clinical Ethicists, operates as the Secretariat of the HEC, is oriented towards urgent clinical consultation "at the bedside", and acts as a support for the HEC.

In our experience, clinicians and nurses show some difficulties to present an ethical dilemma or conflict concerning a case, immediately to the HEC because of: the HEC is perceived as a kind of "court"; "Shame" to recognize to have ethical dilemmas, difficulty in evaluating the real ethical question, sensation that the HEC is far from the clinical situation, fear of loss of secrecy .
So, they prefer to contact the clinical ethicists with a consultation similar to which is offered by other health care professionals; this first approach it is useful to define the ethical problem and prepare for a discussion in the HEC.
We're trying to develop in Padova a good cooperation between the role of the Clinical ethicists in the Bioethics Service and the HEC, with a clear distinction of integrated tasks. We have good results , but we need to improve some organizative aspects, to define better some responsabilities and to elaborate continuing training for both the Service and the HEC.