

Greenwich Hospital Greenwich, Connecticut 06830		ADMINISTRATIVE POLICIES & PROCEDURES	
Title Ethics Committee Policy			Policy #: A-A: 2
Date Issued: 1/83	Date Reviewed/ Revised: 6/88, 10/92, 8/95, 9/96, 5/98, 4/01, 7/04, 4/08, 4/11, 9/15	Approved by President & CEO	Page 1 of 3
Contact: Director, Palliative Care			

PURPOSE:

To define the role of the Ethics Committee of Greenwich Hospital and describe the way to initiate consultation with the Ethics Committee

POLICY:

The Ethics Committee is a joint interdisciplinary committee of the Hospital and its Medical Staff. Its membership consists of representatives from the Hospital and Medical Staff, community members and clergy persons. The Ethics Committee addresses ethical concerns raised by members of the Hospital community. If consultations result in recommendations to the patient care team, the decision to follow them rests with the patient or legally authorized representative, the family and the physician. Specifically, the Ethics Committee functions to:

1. Provide education to the Hospital, its staff, Medical Staff and to the community served by the Hospital regarding ethics;
2. Assist with drafting and reviewing guidelines and policies on matters which have ethical dimensions, such as Patient Rights, Do Not Resuscitate Orders, Removal of Life Sustaining Treatments, and Organizational Ethics;
3. Provide case consultation as requested; and
4. Provide a supportive, responsive forum in which concerns can be raised, problems addressed, and communications made easier

The recommendations of the Ethics Committee regarding a clinical ethics case consultation are advisory only. It is the responsibility of the patient, authorized representative and physician to determine course of care.

PROCEDURE:

1. The Ethics Committee has regularly scheduled meetings to discuss germane issues.
2. The Ethics Committee can be accessed by any interested party via a physician, a hospital nurse, or the Departments of Spiritual Care, Social Services, or Patient and Guest Relations

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3. The Ethics Committee Consultations Guidelines are as follows:
- A. Consultations may be requested by the patient or legally authorized representative, a member of the patient's family, or any member of the health care team by contacting the Spiritual Care Office or Patient and Guest Relations.
 - B. When indicated, one of the two co-chairs will convene at least five members of the committee, at his/her discretion, to form the Consultation Sub-Committee (CSC) for that case. The CSC should include at least one of the co-chairs, at least one physician (including house staff when possible), one senior administrator of the hospital or his/her designee, one lay person, and representatives of other disciplines involved in the case.
 - C. The CSC will then meet with the attending physician and any appropriate members of the health care team (medical, including consultants, nursing or technical) to determine the facts of the case, including prognosis, as far as it may be known.
 - D. The CSC will then meet, at the co-chair's discretion, with any others directly involved with the patient's care, e.g., the patient or patient's authorized representative, the family, clergy to obtain a clearer understanding of the values they consider to be at stake, and to facilitate the communication of the parties involved.
 - E. The CSC will meet without others present to determine what, if any, recommendations it will make regarding the case. It may, if it chooses and time permits, bring the matter before the full Ethics Committee.
 - F. The CSC's recommendations will be transmitted to the attending physician, who is responsible for communicating the recommendations with the other involved parties, unless it is determined by CSC to communicate directly with other members of the health care team about CSC recommendations.
 - G. The CSC consult and its recommendations will be documented in the patient's chart by the co-chair who sat on the CSC.
 - H. CSC recommendations will be reported to the full Ethics Committee at its next regularly scheduled meeting.

RESPONSIBILITY:

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The Hospital Administration and the Executive Committee of the Medical Staff are responsible for the Ethics Committee.

It is the responsibility of all staff members to consider ethical issues, to assist patient's access to the Ethics Committee and to bring ethical concerns to the attention of their supervisors and/or the Ethics Committee.

REFERENCES:

The Joint Commission RI.01.01.01 (Patient Rights)

RELATED POLICIES:

Organizational Ethics Statement
Withholding and Withdrawing Life Support Systems
Code Status and End of Life Decisions
Advance Directives