

This section also includes a chapter on policies and procedures that offers a sampling of both clinical and organizational policies. Sharing policies models institutional collaboration and is a valuable step toward creating community standards. The authors generally acknowledge that policies will vary because of state-specific legal precedents and statutory requirements and the need to adopt policies that comport with institutions' missions and values. Unfortunately, the authors do not identify or further summarize which portions of the model policies are most likely to vary by jurisdiction and mission-related requirements, which would help committees in policy creation.

The reader will not find moral theology in this handbook. While the authors are careful not to offend religious sensibilities, Catholic health systems will need to supplement

education with Catholicism's specific values and directives relating to personhood, conscience, the marital relationship, protections for vulnerable persons, cooperation, and scandal. The text is an excellent resource for a health system cohort that may participate in consultation in partnership with experienced and trained ethics consultants, and it is also useful to ethics committees as a source of case studies and essential references.

KELLY STUART, MD

Kelly Stuart, MD, is the vice president of mission and ethics at Bon Secours Richmond Health System in Richmond, Virginia, and a mission leader at St. Francis Medical Center in Midlothian, Virginia.

1. Jeffrey Bluestein, lecture, University of Virginia, Charlottesville, VA, September 23, 2017.

***Ethics by Committee:
A Textbook on Consultation, Organization, and Education
for Hospital Ethics Committees***
edited by D. Micah Hester

Rowman and Littlefield, 2008, paperback, \$45
322 pages, bibliographic references and index, ISBN 978-0-268-03897-7

Ethics by Committee was specifically written with the goal of educating the members of hospital ethics committees, who are called on daily to help care providers, patients, families, and organizations navigate extremely difficult health care decision making. Experts in bioethics, clinical and organizational consultation, health care law, and social psychology contributed to this book, which focuses on an ethics consultation service, ethics education, and the development of organizational policies. Some readers may argue that this approach disrupts the flow of content, while others will appreciate its broader range of viewpoints.

Although this book was published almost ten years ago, many of the ethical issues brought before hospital ethics committees in

2008 are still relevant today. Ongoing technological advances and their subsequent clinical applications continue to create an obligation to develop and critically evaluate moral responses. These include but are not limited to promoting a just and ethical organization, promoting a sense of cultural humility, and preparing, developing, and nurturing a robust bioethics program.

Micah Hester starts the first chapter with in-depth discussions pertaining to ethical reasoning and then sets the tone for its practical application in specific clinical situations. He points out the basic facets of moral reflection in a clear and easily recognized approach—a scientific method in which the identification of the problem or issue is imperative as one begins the process of moral reasoning and

clarifies possible ethical responses. It is a road map for both new and seasoned committee members.

This book is not only a very useful introduction for those who may be interested in joining a hospital ethics committee but a valuable resource for those who are already immersed in the work of clinical and organizational ethics. Each chapter provides an array of learning opportunities for committee members to enhance and build on core competencies. This is accomplished by providing clinical case discussions at the beginning of the chapter and additional questions for further reflection at the conclusion of each chapter topic.

It is not surprising that, historically, ethics committees have comprised diverse medical professionals, some of whom may not have had any formal training in ethical theory. More recently, we have also seen the importance of including community members and local academic philosophers, who have little or no experience in a clinical environment. Each committee member, including community members, comes to the table with his or her own acquired skill sets and areas of expertise. This illustrates the importance of developing a comprehensive educational curriculum that will support the growing needs of committee members. Collectively, the authors who contributed to this textbook appropriately emphasize the importance of ongoing education for all committee members. They also agree that providing this education is not the sole obligation of the ethics chair but the responsibility of each member, who must identify his or her own developmental needs and take the necessary steps to build on his or her ability to critically analyze ethical dilemmas. At the end of each chapter, the authors provide a list of additional reading resources that members can access.

Hester notes that “ethics ... is not simply learned experientially. ... It is not as easy as following standards of practice or being a good person. It is a body of considered concepts that ... settle nothing by themselves ... [but require] the use of deliberative methods

to think through the unique features ... [of] each case, policy, and issue” (viii). Education for ethics committees in a Catholic health care ministry must also integrate moral principles that are rooted in Church teachings found in the *Ethical and Religious Directives for Catholic Health Care Services (ERDs)*. Toby Schonfeld introduces this reference tool in the chapter titled “Religious Values and Medical Decision Making,” which focuses on end-of-life issues. Ethics committees may understand that each patient has his or her own set of specific values and beliefs. Although not exhaustive, Schonfeld’s explanation helps the reader appreciate the places where health care decision making most commonly intersects with religious values. Meaningful conversations with patients and their surrogates, who may or may not be family members, are very important to avoid conflicts that can arise from misunderstandings or the misrepresentation of the values of a particular faith tradition. Schonfeld attempts to present the teachings of the Catholic Church found in the *ERDs* in a general discussion, but it is imperative that the epistemology of the teachings be further investigated to distinguish moral theology from secular opinion. The same is true for understanding the tenets of other faith traditions. When an ethics consult is either recommended or called for, it is important to know how these understandings influence health care decision making.

In chapter 4, Wayne Shelton and Dyrleif Bjarnadottir remind us that practical participation in ethics consultations is a key responsibility of ethics committees. Potential conflicts arise from the fast pace of technological advancements and from the increased awareness of patients and their families of the need to have shared physician–patient decision making that is based on the value system of each individual patient. This may be a new concept for medical professionals who have practiced for some time in places where patients do not necessarily participate in developing their own treatment plans. Therefore, it is not surprising that ethical conflicts may arise when tension exists among

the various voices in complex situations and between possibly competing value positions. *Ethics by Committee* addresses this by providing a case-study approach to help committee members identify the types of clinical situations that may be referred for an ethics consultation. Similarly, the book offers several consultation processes and techniques for resolving ethical conflicts. I found these to be thought provoking, and even well-trained consultants will gain practical knowledge from them. The authors also point to the importance of documenting the ethics consult in the patient's medical record to ensure communication among the members of the treatment team.

There are those hospitals that do not use an interdisciplinary ethics committee but rather an individual who is designated as the "ethics person." There is disagreement over who that person ought to be, what competencies he or she would need to have, and who would determine these competencies. This approach has been debated for many years. To help resolve this issue, the American Society for Bioethics and Humanities published *Core Competencies for Healthcare Ethics Consultation* as well as a revised report outlining a broad range of academic knowledge and professionally sanctioned guidelines for determining competencies in ethics consultation. The Catholic Health Association published *Striving for Excellence in Ethics* to articulate a specifically Catholic vision of ethics consultation. This is an impressive tool for members of ethics committees in a Catholic ministry. Both *Core Competencies* and *Excellence in Ethics* are exceptional documents with their own strengths and ought to be used in conjunction with each other to build on the clinical, professional, and organizational expertise that is found throughout Catholic health care ethics committees today. *Excellence in Ethics* also is a wonderful resource for committees that take on a greater leadership role in defining what a robust ethics program looks like.

Stuart Finder and Mark Bliton write on the key point of respect for patient autonomy and informed consent in patient care contexts. Although medical professionals have an

obligation to provide full information to patients and their surrogates when it involves certain tests, exams, and procedures, the authors question whether this should be the case when it comes to requesting an ethics consultation. The question of who ought to participate in an ethics consult is examined through the lens of three clinical scenarios, which suggests the need for different configurations that may, in fact, determine who those people ought to be and what is morally relevant for the different participants.

Ethical conflicts arise from many causes and clinical situations. Chapters 6 to 8 emphasize the importance of recognizing that individual patient values often are embedded in cultural norms and influence complex ethical landscapes. Ethics committee members are called on to honor the inherent dignity of each person. This means being willing to embrace the precepts of cultural humility and cultural sensitivity. Given the complexities of multiculturalism, the meaning of "culture" may not be as clear as one might think. It takes into account so many facets of one's life that it is unrealistic to expect committee members become "competent" in any culture beside their own. One of the key attributes all committee members must acquire is the art of listening. They ought to strive to recognize that their own beliefs and practices may be different from those of the patient and that it is the patient's values and beliefs that are important. We know that truth telling, personal autonomy in decision making, and advance health care planning may be held in high regard from a Western perspective, but this may not be the case in other parts of the world. The authors ask readers to consider how their own institutions can increase the level of cultural humility among all care providers to foster a culture of ethics excellence. Ethics committees may also take the lead in educating others in their institutions on this subject.

Some ethics committees also have the task of overseeing human research programs. Chapter 11 provides information on evaluating their relationship with institutional review boards and on the distinction between clinical innovation and advancements and more

formal clinical research projects, which may include others in the organization.

While the other chapters focus on methodology, principles, practical clinical application, and policy, the final chapter, "A Management Guide for the Committee," points readers' attention to the important role that group dynamics play in the survival of the committee. Awareness of the basic principles of group dynamics sets the stage for the success or failure of the group to work together.

Ethics by Committee lives up to its goal of being a fundamental resource for both novice committee members and those who are more

advanced in clinical consultations. The reader is strongly encouraged to use the information, case studies, and suggested areas for further reflection in each chapter as a springboard to further his or her knowledge. By doing this, committee members will develop skill sets and increase their confidence in critically analyzing the many moral conflicts that occur in health care today.

KAREN PAVIC-ZABINSKI

Karen Pavic-Zabinski, PhD, is the regional director of ethics at Providence Health and Services, Southern California.

*A Practical Guide to Developing and Sustaining
a Clinical Ethics Consultation Service*

**by Courtenay R. Bruce, Mary A. Majumder, Trevor Bibler,
Laurence McCullough, Jennifer Blumenthal-Barby, Nathan Allen,
Adam Pena, and Amy L. McGuire**

Baylor College of Medicine, 2015, paperback, \$120
172 pages, bibliography and index, ISBN 978-1-514809181

A Practical Guide to Developing and Sustaining a Clinical Ethics Consultation Service is a comprehensive resource that hones in on the nitty-gritty details of how to build a reputable clinical ethics consultation service. Of the materials available, this manual offers the best comprehensive guidance for developing, expanding, and reinvigorating any CEC service. The authors collaborated for countless hours to create this manual as a resource for anyone who wants to know what leading experts in clinical ethics have considered in building successful programs and how to train the next generation of ethics consultants.

This guide is divided into three major sections, which cover the planning, implementation, and monitoring phases of building a CEC service. The most valuable contribution of this book is in the area of CEC planning.

For those with expertise in consultation and program development, the information covered in part 1, "Planning Phase," is not revolutionary. However, the specifics of what

is or should be required for building institutional support for a CEC service, how to choose a compatible model for the institution, and how to create an infrastructure for and an awareness of the existence of the CEC as a resource for health care professionals is a new contribution to the literature. The authors' summary of these details is invaluable to professionals who are either building a new consultation service or looking to reinvigorate or expand an existing program. The authors generously include examples of the tools they use at Houston Methodist Hospital and Baylor College of Medicine. These include a sample template from their ethics database, which offers an extensive list of fields for gathering information and tracking consultations. They also provide excerpts from their brochures that describe the purpose and process of ethics consultation, which could be helpful for those who are in the process of identifying the best ways to foster understanding of the CEC service in their institutions.