



UPDATE

from the National Center for Ethics in Health Care

Fall 2004

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The National Center for Ethics in Health Care is VHA's primary office for addressing the complex ethical issues that arise in patient care, health care management, and research.

Our mission is to clarify and promote ethical health care practices throughout VHA and nationwide. The Center supports clinical, organizational, and research ethics by:

- providing ethics consultation to VHA leaders and field-based ethics programs on request
- developing and interpreting VHA national policies concerning health care ethics
- developing and delivering educational programs
- creating and administering tools to evaluate the quality of ethics programs and practices across VHA
- publishing ethics-related news, events, best practices, cases, and feature articles



National Center for
ETHICS
in Health Care

FEATURED — *Electronic Support for Patient Decisions*

Empowering patients and promoting shared decision making are central values in ethical health care, and informed consent for treatments and procedures is one of the most important ways in which those values are implemented. Yet we know that consent practices often fall short—consent discussions with patients are too often cursory; conversations aren't documented; and documents are incomplete, illegible, or cannot be located when they are needed.

To improve the quality of informed consent in VHA, the *National Center for Ethics in Health Care* (Ethics Center) is leading a new initiative, *Electronic Support for Patient Decisions* (ESPD), which deploys computer technology to support a comprehensive, standardized approach to informed consent and related patient decision-making processes.

Reviewing, Customizing & Testing Software

In 2003, at the direction of VHA's National Leadership Board, the Ethics Center conducted a comprehensive review of available software products to support informed consent. Ultimately, *iMedConsent* from Atlanta-based Dialog Medical was identified as the most appropriate product for VHA. Once *iMedConsent* had been selected, the Ethics Center worked closely with the vendor to customize the product. The software was enhanced to facilitate the process as well as the documentation of informed consent, and was modified to assure that it aligned with VHA national policy on informed consent for treatments and procedures and complied with JCAHO requirements.

Between November 2003 and January 2004 the Ethics Center tested *iMedConsent* in 5 facilities (Atlanta, Greater LA, Hines, Wilkes-Barre, and Tucson) in 4 specialties selected for their high volume of treatments or procedures that require signature consent under VHA policy (gastroenterology, general surgery, ophthalmology, and urology). Data collected by the Ethics Center from patients, practitioners, service chiefs, clinical applications coordinators, and medical records led to further enhancements of the product over the test period. At the same time, the National Center for Patient Safety carried out an in-depth usability study. Testing demonstrated the value of *iMedConsent*. For example, compliance with VHA policy regarding documentation of consent increased dramatically in facilities where the program was introduced.

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STAFF NEWS

Ethics Center staff regularly participate in conferences and programs in VHA and with outside audiences. Below are highlights of recent activities.

Since March, Ethics Center Director Ellen Fox, MD, has been serving as a member of the technical advisory panel in a project undertaken by the National Quality Forum, a public-private collaboration to improve health care in the United States. “Improving Patient Safety through Informed Consent in Limited English Proficiency (LEP) / Low-Literacy Populations” seeks to identify barriers to best practice in informed consent for these populations and develop consensus about how to overcome them.



Ken Berkowitz, MD, Chief of the Ethics Consultation Service, spoke about the Center and its work in separate presentations to VHA home care clinicians (August) and to ethics committee members from the New York City Health & Hospitals Corporation (October). Dr. Berkowitz discussed the tensions facing health care providers in balancing the goals of expanding access, improving quality, and reducing cost, and addressed the need for integrated ethics programs that move beyond traditional ethics committees.



FROM THE DIRECTOR

At the *National Center for Ethics in Health Care* we are committed to providing timely, practical information and tools for VHA leaders, clinicians, and policymakers. An important focus of our work is fostering systems-level responses to the ethical challenges of contemporary health care, an approach we call “preventive ethics.”

In this era of keen interest in quality improvement and patient safety, reactive responses to ethical concerns are no longer adequate. Instead, health care organizations need to apply systems thinking to ethics—by identifying the underlying causes of serious or recurrent ethical issues and developing upstream solutions that improve ethical practice, thereby improving the quality of patient care.

One opportunity for improvement is in the area of informed consent. In VHA and throughout the U.S. health care system, reports and published studies reveal widespread deficiencies in the informed consent process. The Electronic Support for Patient Decisions (ESPD) initiative, featured in this *Update*, is designed to promote a consistent, high quality approach to informed consent throughout VHA. By supporting patient decisions on a systems level, the ESPD initiative helps prevent problems before they arise. And that’s the approach of practical, preventive ethics.

CONSULTATION NOTES

The Ethics Consultation Service of the National Center for Ethics in Health Care responds to inquiries from VHA staff. To request a consultation send an email to vhaethics@va.gov.

The Center’s Ethics Consultation Service manages an active case load. Between October 1, 2003 and September 30 2004 the service responded to more than 100 requests from VA ethics committees and leadership in VACO and the field.

More than any other domain, inquiries to the consultation service in FY 2004 sought guidance on matters of shared decision making (27%), including questions on decision-making capacity, informed consent, surrogate decision makers, and advance directives. Seventeen percent of requests concerned end-of-life care—do-not-resuscitate (DNR) orders, withholding or withdrawing life-sustaining treatment, etc. Another 15% dealt with questions about professionalism in health care, such as conflicts of interest, truth telling, and respect for patients.

A further 15% of inquiries focused on concerns about

27%	shared decision making
17%	end-of-life care
15%	ethics environment
15%	professionalism
11%	resource allocation
9%	human subjects research
6%	privacy & confidentiality

STAFF NEWS – cont'd



In September Bob Pearlman, MD, MPH, Chief of the Ethics Evaluation Service, spoke with the Executive Leadership Board of VISN 20 about the ethical aspects of geographic variation across VHA in access to care. Dr. Pearlman explored fairness and stewardship as the central ethical values that VISN leaders must balance in deciding how to meet the needs of veterans in remote areas. For example, should they provide timely access by contracting with local non-VHA service providers? If so, at what cost, and with what potential compromises in other VHA services?

Also this fall Dr. Pearlman gave two presentations on advance care planning, one for staff at Cedars-Sinai Medical Center in Los Angeles, the other for residents and fellows at VA Puget Sound Health Care System.

Bette Crigger, PhD, Chief of the Ethics Communications Service, spoke on conflict of interest in research with human subjects at a spring workshop for VHA IRB chairs sponsored by the Office of Research and



Development's Program on Research Integrity Development and Education (PRIDE). In July, Dr. Crigger was a guest of the Health Law Program at the University of Tokyo, where she joined Japanese health lawyers in a symposium on health care privacy.

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CONSULTATION NOTES – cont'd

the overall “ethics environment” of a facility—e.g., ethics committee structure and functions. Eleven percent of inquiries were prompted by concerns about micro or macro allocation. Another 9% of consults dealt with ethics in research with human subjects. Finally, 6% of our consults in FY 2004 concerned matters of privacy and confidentiality.

We evaluate our service for consultations that meet pre-defined criteria. In FY 2004, evaluations were completed on nearly all eligible consultations; 97% of respondents said the consultation was timely; all found the service helpful and said they would use it again.

It has given me reassurance that there [are] guidance and resources available when questions arise that are not easily answered on the local level – Consult requester

“Electronic Support for Patient Decisions”– cont'd

Computer-Supported Informed Consent

Improved documentation is only one of the benefits of using the program, however. Importantly, by helping to assure consistency in both the information provided to patients and the consent process itself, *iMedConsent* enhances the quality of informed consent.

iMedConsent, now in the early stages of nationwide roll out, walks clinicians and patients through the informed consent process, helping to assure that important steps aren't missed along the way. Launched through the “Tools” menu of the com-

You go through the steps with the patient sitting there, putting the consent together, sort of as a reminder – Service chief, iMedConsent test site

puterized patient record system (CPRS), the program provides clear, complete, and accurate information about the treatment or procedure the patient is about to undergo. *iMedConsent* enables clinicians to prepopulate consent forms, capture signatures electronically, and save the signed form directly into the medical record. And the program automatically generates a progress note outlining important aspects of the specific consent discussion, such as the patient's decision-making capacity or refusal of blood products.

iMedConsent includes an extensive library of patient education materials (including illustrations and drug information) to enable clinicians to communicate more effectively with patients about their specific conditions, prescriptions, and treatments, and their general health. Review by the offices of Patient Care Services, Nursing Services, and Patient Education helps assure quality of content.

As implementation proceeds, the Ethics Center is exploring new functionalities to benefit patients and providers, including modules to support the informed consent process for HIV testing and the preparation of advance directives.

For more information about *iMedConsent* and the ESPD initiative, see the [ESPD](#) page on the Center's website.

LOOKING AHEAD

National Ethics Teleconferences

The Ethics Center regularly sponsors hour-long *National Ethics Teleconferences* (NET calls) to link participants in the field with content experts from the Ethics Center, VACO, and elsewhere in addressing timely issues in health care ethics. Each midday NET call features a faculty presentation on a topic chosen for its relevance to VHA practitioners, followed by a moderated discussion, and concludes with an open forum for questions from the field on other topics.

[Topics and faculty](#) are announced on the Ethics Center website 2–3 weeks in advance of each call.

CE credit is available.

Upcoming NET calls:

Wed, Jan 26, 1:00 pm ET
Tue, Feb 22, 12:00 pm ET
Wed, Mar 30, 1:00 pm ET

Guidance for Ethics Consultation

The Ethics Center is in the process of finalizing guidance for ethics consultation. Developed with feedback from ethics consultants and experts within and outside VHA, *Ethics Consultation: Responding to Ethical Concerns in Health Care* is designed to improve the practice of ethics consultation across VHA. Stay tuned for release of the final document!

The National Center for Ethics in Health Care welcomes your feedback on **Update**. Let us hear from you—[send your comments](#) to vhaethics@va.gov.

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NEWS FROM THE NATIONAL ETHICS COMMITTEE

Under the auspices of the National Center for Ethics in Health Care, VHA's National Ethics Committee provides ethical analysis and practical guidance on controversial issues affecting VHA patients, providers, and health care policymakers. To learn more, visit the NEC page on our website at <http://www.va.gov/vhaethics> (Internet) or at <http://vawww.va.gov/vhaethics> (VA intranet).

Guidance for online patient-clinician messaging in VHA

In August the National Ethics Committee released its report, [Online Patient-Clinician Messaging: Fundamentals of Ethical Practice](#). The report examines key ethical issues raised when patients and clinicians communicate online. Those include privacy and confidentiality, access to online communication, and the implications of online communication for patient-clinician relationships and clinicians' professional practice. The report offers recommendations for best practices as VHA prepares to implement patient-clinician messaging through the My Health₂Vet initiative.

New NEC members appointed by VHA's National Leadership Board

The Executive Committee of the National Leadership Board has appointed six new members to the NEC, who will join the committee at its February 2005 meeting:

Lawrence Biro, EdD – Network Director, VISN 19

Susan P. Bowers, MBA – Director, Indianapolis VAMC
Gwendolyn Gillespie, MSN, RN, APN – Gerontology, Cincinnati VAMC

Ware G. Kuschner, MD – Pulmonary Medicine, Palo Alto Health Care System

Richard A. Mularski, MD – Pulmonary/Critical Care Medicine, Greater Los Angeles Health Care System

Jeffrey Oak, PhD – Director, Office of Compliance and Business Integrity

Heather J. Ort, MD – Radiology, Iowa City VAMC

Michael McCoy, MDiv – Associate Director, National VA Chaplain Center

NEC chair to lead professional bioethics society

Arthur R. Derse, MD, JD, chair of VHA's National Ethics Committee and co-chair of the ethics committee at the Clement J. Zablocki VAMC (Milwaukee) took over as president of the American Society of Bioethics and Humanities (ASBH) at the society's annual meeting in October. Dr. Derse, who is also Director of Medical and Legal Affairs of the Center for Bioethics at the Medical College of Wisconsin, has chaired the NEC since 2001. As president of ASBH, the most prominent professional bioethics organization in the United States, he will lead the society's efforts to foster scholarship, teaching, and the exchange of ideas in clinical ethics, health policy, and academic bioethics.