# **Ethics Case Consultation Summary**

#### About the Ethics Case Consultation Summary Template

This tool is designed to help individuals who perform health care ethics consultation summarize their cases and document their work. In conjunction with the ethics consultation pocket card and the CASES approach, the print version of this template provided below can also be used as a worksheet while performing an ethics consultation. An electronic version of this template can be downloaded for local use from <u>vaww.ethics.va.gov/IntegratedEthics</u>.

The template is designed to help consultants generate a comprehensive summary at the end of the "Synthesis" step of each case consultation. This is useful not only for recordkeeping and documentation purposes, but also as a guide for communicating information to key participants, including family members when appropriate. Consultation summaries can also serve as a valuable educational resource to others involved in the patient's care when placed in the patient's health record.

The template is longer than most clinical consultation notes. However, the comprehensiveness of the form helps to ensure that the record is complete, and that steps are not overlooked in the consultation process. If a particular data field is not relevant to the case at hand, the consultant should enter "Not Applicable" to indicate to the reader that this element was considered. Since some readers will only read the final two sections (Recommendations and Plans), consultants should pay special attention to these sections and how they are phrased.

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# **Ethics Case Consultation Summary Template**

# **CLARIFY**

### **Requester Data**

\* Requester's first name: Job Title: \* Requester's last name:

\* Role in the case:

- [ ] Physician Staff
- [ ] Physician Trainee
- [] Nurse NP
- [] Nurse Other
- [ ] Social worker
- [ ] Clinical staff Other
- [ ] Management
- [ ] Patient
- [ ] Family/Significant Other
- [] Other

Phone:	Fax:				email:
* Date of request:		Time	of r	equest:	
* Is request urgent (Cheo	ck one): [	] Yes	[	] No	

\* Requester's description of the Case and ethical concern, including steps taken to resolve the concern:

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\* Type of assistance requested (Check all that apply):

- [ ] Forum for discussion
- [ ] Conflict resolution
- [ ] Explanation of options
- [ ] Values clarification
- [ ] Policy interpretation
- [ ] Recommendation for care
- [ ] Moral support
- \* Is the requester the patient's attending (or primary provider for outpatients)?

[]Yes []No

\* If not, has the attending (or primary provider for outpatients) been notified?

[]Yes []No

### **Patient Data**

\* Patient's first name:

Age: \* SSN (last 4):

\* Patient's last name:

Gender: [ ] Male [ ] Female

\* Care Setting (check one):

- [ ] Inpatient
- [ ] Outpatient
- [ ] Extended care
- [] Other:

Location (e.g., clinic, unit, room):

\* Clinical service caring for the patient (check one):

- [ ] Medical and Subspecialty Care (including Neurology)
- [ ] Geriatrics and Extended Care/Rehab Medicine
- [ ] Mental Health
- [ ] Surgical and Anesthesia
- [ ] Other:

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\* **Ethics Question** (Use one of the following formulations to enter the ethics question for this consultation):

Given [<u>uncertainty or conflict about values</u>], what decisions or actions are ethically justifiable?

- or -

Given [<u>uncertainty or conflict about values</u>], is it ethically justifiable to [decision or action]?

The ethics question in this case is:

### Consultants

Primary consultant:

Other consultants involved in this consultation:

\* Primary model for this consultation:

- [ ] Individual
- [ ] Team
- [ ] Committee

# **ASSEMBLE**

### **Information Sources**

\* Review of the health record: [ ] Yes [ ] No

If no, explain why it wasn't done. A review of the health record is very important in an ethics consultation:

# **JINTEGRATED**

### Items marked with \* are REQUIRED fields in ECWeb.

\* Face-to-face patient visit: [ ] Yes [ ] No

If no, explain why it wasn't done. A face-to-face visit is very important in an ethics consultation:

Staff (name, role in consultation):

Family/friend (name, role in consultation):

Other parties (name, role in consultation):

The following sources of ethics knowledge were reviewed or consulted:

- [ ] VA policy
- [ ] Professional codes and guidelines
- [ ] Published literature
- [ ] Precedent cases
- [ ] Outside ethics experts
- [ ] Other (Specify):

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### Capacity/Surrogate/Advance Directive

### Capacity

- \* Does patient have decision-making capacity?
  - [ ] Clearly yes
  - [ ] Clearly no
  - [ ] Partial/fluctuating/unclear

Comments:

### **Surrogate Information**

Has a surrogate been identified? [ ] Yes [ ] No If no, explain why in comment below.

Comments:

#### Surrogate's first name:

Surrogate's last name:

#### Select from VA hierarchy:

- [ ] Health Care Agent
- [ ] Legal or special guardian
- [ ] Next-of-kin (If checked, specify):
  - 1) [ ] Spouse
  - 2) [ ] Adult Child
  - 3) [ ] Parent
  - 4) [ ] Sibling
  - 5) [ ] Grandparent
  - 6) [ ] Adult Grandchild
  - 7) [ ] Close friend

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### Items marked with \* are REQUIRED fields in ECWeb.

Surrogate's phone number(s)		
Home:	Work:	Other:

Surrogate interviewed? [ ] Yes [ ] No [ ] Pending

Comments:

# **Advance Directive**

Review of advance directive? [	] Yes	[	] No	[	] Patient has no advance directive
Comments:					

# **Information Summary**

Summarize the information gathered in the following fields. Identify the source of the information when it is important.

Medical facts:

Patient's preferences and interests:



Other parties' preferences and interests:

Ethics knowledge:

\* Re-examine the ethics question

Review the ethics question that has been entered and reformulate it, if necessary.

The ethics question in this case is:

# <u>SYNTHESIZE</u>

Formal Meeting Did a formal meeting take place? [ ] Yes [ ] No

**Note**: Conclusions drawn from the meeting should be entered in the appropriate fields below. Information gathered during the meeting about medical facts, patient's or other parties' preferences or interests, and ethics knowledge should be summarized in the **ASSEMBLE** fields above.



# \* Ethical Analysis

How does the assembled ethics knowledge apply to the consultation, specific information, and the ethics question?

The ethical analysis for this case is:

# **Ethically Appropriate Decision Maker**

First name: Last name:

Explain why they are the ethically appropriate decision maker:

## **Moral Deliberation**

Describe the options considered and why they were or were not ethically justifiable:



# **RECOMMENDATIONS/PLANS**

Did the relevant parties reach agreement in the case? [ ] Yes [ ] No

\* Describe recommendations/plans:

# **EXPLAIN**

# **COMMUNICATE SYNTHESIS**

Was the synthesis communicated to key participants in this case? [ ] Yes [ ] No

Comments:

### Health Record Note

A Health Record Note can be generated once the data on this form is entered into ECWeb.

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Items marked with \* are REQUIRED fields in ECWeb.

#### **FOLLOW-UP**

At some interval after the completion of the ethics consultation, consultants should follow up with the requester and/or other key participants to find out what happened in the case.

Comments:

### **EVALUATE THE CONSULTATION**

Critical self-review of the consultation: Evaluations can take several forms. Here you should document your own review of the case.

### SELF-ASSESSMENT

Critical self-review of the consultation process:

#### SYSTEMS ISSUES

Often ethics consultation cases are symptomatic of underlying issues involving organizational structures and processes that are best addressed at the systems level. Indicate if underlying systems issues were identified. If so, to whom were they referred.

Comments:

