



Health Care Ethics Committees: Opportunities for Excellence

The Joint Commission recently and inexplicably eliminated the requirement for ethics committees from its standards for accreditation by striking the following statement: “The hospital follows a process that allows staff, patients, and families to address ethical issues or issues prone to conflict.”¹ This was the only passage addressing the resolution of ethics issues in the standards for accreditation. The change comes in spite of the notable bioethical challenges confronting clinicians and health care institutions precipitated by COVID-19 and important emerging trends in health care technologies such as Artificial Intelligence.

The National Catholic Bioethics Center (NCBC) objects to this omission and reaffirms the critical importance of well-formed and active ethics committees in modern health care facilities.

The COVID-19 pandemic confronted health care organizations with new challenges, evidence of existing weaknesses, and opportunities for growth in numerous ethical issues. Among these, patient and family rights (especially related to visitation), the lack of patient support and representation, distribution of scarce resources, obtaining consent, equity of care and distribution of resources, access to care, staffing challenges, and increasingly strained professional-patient relationships, were most notable. Well-formed ethics committees (also referred to as bioethics or health care ethics committees) should help address these challenges, become sources of excellence in patient care, family relations, and staff collaboration, and play a proactive role in conflict resolution and prevention.

Ethics committee members should be specifically trained and commissioned to focus on the dignity of the human person in facing difficult clinical questions. In addition to responding to ethical questions, they often serve as mediators between health care professionals, patients, family members, and surrogates. The goal of an ethics committee is not only to respond to emergent situations, but also to be proactive, setting up an environment where leaders have the necessary tools to address emergent clinical situations in real time.

Ethical challenges arise on a daily basis in today’s health care facilities. They encompass a range of issues extending from publicized ethical controversies to more common issues related to basic access to health care. For example, vulnerable persons who are unrepresented, including those who are homeless, mentally ill, intellectually disabled, or elderly, pose a significant ethical challenge to health care organizations. Opinion 2.1.2 of the American Medical Association’s *Code of Medical Ethics* states that a physician has an ethical responsibility to

¹ “Select Retired and Revised Accreditation Requirements,” *The Joint Commission* (December 20, 2022), Standard LD.04.02.03, EP 1, https://www.jointcommission.org/-/media/tjc/documents/standards/prepublications/retired-2023/ome_standards_simplification_prepub_feb2023.pdf

consult an ethics committee or other institutional resource when decisions need to be made for adults who lack capacity when a designated surrogate is not available.²

The United States Conference of Catholic Bishops, in its *Ethical and Religious Directives for Catholic Health Care Services*, stipulates the need for an ethics consultation apparatus in Catholic healthcare facilities: “An ethics committee or some alternate form of ethical consultation should be available to assist by advising on particular ethical situations, by offering educational opportunities, and by reviewing and recommending policies.”³

Various practical challenges affect the operation and organizational status of ethics committees. For example, ethics committee members may feel ill-equipped for assessing and resolving bioethical dilemmas, possessing neither the language nor the fundamental knowledge to engage in ethics evaluations and conversations. Some ethics committees have a mandate that is too limited, such as only reacting to emergent ethics crises, rather than having a proactive and formational role within a facility. Finally, ethics committees may not have a strong and clear mission with well-delineated goals, which should include promoting the safety of patients, supporting professional-patient relationships, protecting human rights, reviewing policies, and providing basic and ongoing bioethics education to health care workers. The Joint Commission’s elimination of an important, nationwide standard supporting ethics committees exacerbates all these challenges and will likely result in many additional difficulties for facilities, patients, and health care professionals.

Additional Support and Resources for Ethics Committees from the NCBC

EDUCATION

National Catholic Certification Program in Health Care Ethics (9 months). This largely online educational program provides a more thorough formation in bioethics, both theoretical and practical, and provides a foundation for more advanced, Master’s-level graduate bioethics work, through active collaborative educational arrangements with three other institutions of higher learning.

PUBLICATIONS

- Resources are available to assist ethics committees accomplish their mission and provide formation to their members.
- 1. [Health Care Ethics Committees: Purpose, Functions, Structure](#)
- 2. [Ethics Education of Medical Staff and Associates](#)
- 3. [Essential Goals of Ethics Committees and the Role of Professional Ethicists](#)
- 4. [A System Approach to Proactive Ethics Integration](#)

CONSULTATION SERVICES

² <https://code-medical-ethics.ama-assn.org/ethics-opinions/decisions-adult-patients-who-lack-capacity#:~:text=Physicians%20should%20engage%20patients%20whose,on%20his%20or%20her%20behalf>.

³ US Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, 6th ed. (Washington, DC: USCCB, 2019), 37.

1. A 24/7 personal consultation service is available to individuals (emergency and nonemergency) via email and telephone. These personal consultations assist anyone involved in care situations or ethics committee meetings: patients, families, pastoral care workers, chaplains, physicians, nurses, pharmacists, and even other health care ethicists.
2. The Institutional Consultations department provides assessments of ethics committee policies and operations (both in its Catholic Identity and Ethics Review program and separately) as well as educational presentations on how to improve the performance and accountability of ethics committees.

MEMBERSHIP

- NCBC Individual, parish, and institutional memberships are available. Membership provides access to a number of benefits, such as recurring publications that address contemporary ethical issues, as well as access to other resources.

The Ethicists of The National Catholic Bioethics Center