


Name of Policy: <u>Institutional Ethics Committee</u> Policy Number: 3364-87-14 Approving Officer: Chief of Staff Responsible Agent: Chief Medical Officer Scope: All University of Toledo Campuses	 Effective date: 08/01/17 Initial effective date: 03/14/01
<input type="checkbox"/> New policy proposal	<input checked="" type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy

(A) Policy statement

The Institutional Ethics Committee (IEC) is a committee of the University of Toledo Medical Center (UTMC) and its Medical Staff. The IEC provides a set of services in response to questions from patients, families, surrogates, healthcare professionals, or other involved parties who seek to resolve uncertainty or conflict regarding value-laden concerns that emerge in health care at UTMC.

(B) Purpose of policy

To define the composition, purpose, principles, and processes of the Institutional Ethics Committee.

(C) Procedure

(1) Composition

The IEC shall include members sufficient to ensure the necessary expertise to solve ethical problems arising from clinical care. In addition, the committee should represent, to a reasonable extent, all parties with an interest or a stake in ethical issues in clinical care at UTMC, including a cross-section of the members of the UTMC Medical Staff as well as other healthcare providers and appropriate UTMC staff members. The committee should include at least one attending physician who is an active member of the UTMC Medical Staff. In addition, one member should be from the surrounding community and not have a current employment contract with UTMC. A UT attorney serving as counsel for UTMC shall attend the Committee meetings and provide legal advice to the Committee. The chairperson shall be an Active Member of the UTMC Medical Staff. The minimum number of committee members shall be five and there shall be no maximum number. A quorum for passing resolutions and motions shall be set at a minimum of four members. The members, including the chairperson shall be appointed annually by the Chief of Staff after review with the outgoing chairperson of the IEC.

(2) Purpose

The primary role of the IEC shall be to provide review and guidance to healthcare providers, patients, and families regarding ethical issues arising from the provision of clinical care at UTMC. Upon request in individual situations in which moral or ethical considerations are raised about clinical care, or the hospital environment, the IEC shall provide the University of Toledo Medical Center, their staffs, students, and patients or patients' families/caretakers with:

- (a) identification and clarification of ethical issues;
- (b) relevant literature regarding ethical issues, if requested;
- (c) recommendations for resolution of ethical issues.
- (d) other review or guidance regarding ethical issues as necessary.

The IEC will help educate the hospital and members of the medical staff and patients and their families, about ethical issues in decision making in relation to patient care. These issues could include, but are not limited to, such areas as patients' rights, decisions regarding the withholding or withdrawing of life-sustaining treatment, and the right to refuse treatment.

The IEC shall review, or help develop institutional policies and procedures dealing with patient care to ensure the ethical perspectives and considerations are respected.

The Institutional Ethics Committee is a peer review committee as defined by section 2305.25 of the Ohio Revised Code. As such, the committee's proceedings and records are held in confidence.

(3) Principles

The expressed wishes of the patient with decisional capacity shall be the primary consideration of the Committee. If the Committee is unable to obtain the expressed wishes of the patient directly or through a living will, the designated decision maker, according to the hierarchy designated in the Ohio Revised Code, including sections 1337 and 2133¹ the family's wishes, and recommendations of health care providers will be considered, to promote the best interests of the patient.

The committee shall be advisory in nature and shall provide recommendations to aid decision making within the provider/patient relationship.

¹ With minor variations depending on the specific decision to be made the hierarchy of decision-makers is as follows: 1) a person holding a valid durable power of attorney for healthcare executed by the patient, 2) a guardian, if any, 3) the patient's spouse, 4) an adult child of the patient or a majority of adult children if there is more than one, 5) the patient's parents, 6) an adult sibling or a majority of adult siblings if there is more than one, 7) the nearest adult relative who is available within a reasonable period of time to assist in decision-making.

(4) Meetings

The committee shall meet at least quarterly. Emergency meetings for individual case review shall be called whenever necessary by the chairperson or his/her alternate. The chairperson shall submit minutes of the meetings to the Chief of Staff.

(5) IEC Review:

The IEC may be contacted in situations of ethical issues about individual patient clinical care (case consultations) or other types of healthcare ethics consultations (non-case consultations), such as ethical practices in resource allocation or ethical practices in business management.

(a) Case Consultations by the Institutional Ethics Committee or Designated Individual or Consultation Team.

(i) Anyone, i.e. patient and/or family, guardian or caretaker, any UTMC health care professional, or any other concerned individual, may request a case review by referring a case or issue to the IEC.

(ii) Access to the IEC may be obtained by calling the UTMC operator and asking for the IEC chair or designee. Access may also be obtained by contacting any member of the IEC who will then contact the Chair. The request for case review is confidential, and the identity of the caller will be kept confidential if requested.

(iii) Once the call is received, the IEC chair or designee will decide:

a. Whether additional information is necessary.

b. Whether the issue could be resolved or addressed by an alternative staff, or hospital resource, if not a clinical ethics issue.

c. Whether the matter requires an urgent meeting of the IEC, or could feasibly be reviewed at the next regularly scheduled meeting of the IEC.

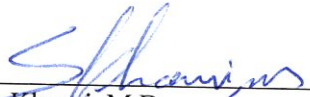

d. Whether the ethical issue can be appropriately dealt with by the designated individual or if it is necessary to call an urgent meeting of the team or the entire IEC or a subgroup thereof, appointed by the Chair.

(iv) The committee will meet at the earliest feasible time if an urgent meeting of the IEC is required. A minimum of 4 members need to be present, at least one of whom is a member of the Active Medical Staff. The Chair or his/her designee will assure adequate representative membership for this meeting.

- (v) The patient, if an adult with decision-making capacity, should be informed if the case will be discussed by the IEC. The attending physician must also be informed. The attending physician, and if appropriate, other health care professionals, family and significant others may be present at the case presentation and discussion.
- (vi) The format of the review by the committee will be flexible and will generally consist of one or two persons assigned by the Chair/designee to present the case and the issues to the IEC followed by discussion, a consensus development and recommendations.
- (vii) All case consultations that will have a material impact on the patient's care should be documented in the patient's medical record except under rare circumstances in order to communicate relevant information to involved staff and to promote accountability and transparency for legal purposes.
- (viii) Both case and non-case specific consultations will be documented in the consultation service's internal records.
- (ix) At the conclusion of the case presentation and discussion, the IEC members may meet in closed session for deliberation.
- (x) Recommendations will be made by consensus if possible. If necessary, recommendations may be made by the majority with inclusion of a minority opinion.
- (xi) The recommendations of the IEC are advisory in nature. An attending physician may not refuse to allow the IEC to address ethical issues raised by the patient, family, or other caregivers.
- (xii) Recommendations of the IEC have no legally binding authority and do not necessarily provide legal protection.
- (xiii) The recommendations of the IEC will be signed by the Chair or designee, and communicated to the appropriate individuals, including the attending physician, and presented at the next IEC meeting for review.

(b) Non-Case Consultations by the Institutional Ethics Committee.

In general, consultations about ethics issues that do not involve specific cases will be deferred to the next scheduled meeting of the IEC where relevant facts, discussions and recommendations can involve all members of the committee. For urgent issues, the Chair may call a special meeting of the IEC to discuss the ethical concerns and issues. These consultations and the committee recommendations will be documented in the consultation service's internal records.

<p>Approved by:</p> <p> _____ Samer Khouri, M.D. Chief of Staff</p> <p><u>8-22-17</u> _____ Date</p> <p> _____ Michael Ellis, M.D. Chief Medical Officer</p> <p><u>14 AUG 2017</u> _____ Date</p> <p><i>Review/Revision Completed by: Institutional Ethics Committee Medical Executive Committee</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none">• <i>MS-014 Institutional Ethics Committee</i> <p>Review/Revision Date: 03/13/02 11/19/03 09/14/05 06/25/08 02/24/10 02/27/13 05/28/14 08/01/2017</p> <p>Next review date: 08/01/2020</p>
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