

# Proposal to form a Trust Clinical Ethics Committee

## 7 April 2020

Three wavy lines in blue, green, and pink/magenta colors that sweep across the bottom of the page.

Agenda Item No: 6.6

## Trust Board Report

<b>Meeting Date:</b>	<b>7 April 2020</b>
<b>Title:</b>	<b>Proposal to form a Trust Clinical Ethics Committee</b>
<b>Action Requested:</b>	<b>Approve</b>
<b>For the attention of the Board</b>	
<b>Assure</b>	<ul style="list-style-type: none"> <li>A Clinical ethics Committee has the potential to further contribute to the good governance of the Trust and support for clinicians with ethical issues and dilemmas</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>There are a number of options and models for the formation and details of a Clinical Ethics Committee. These are outlined in the proposal paper.</li> </ul>
<b>Alert</b>	<ul style="list-style-type: none"> <li>An Ethics Committee is an advisory body.</li> </ul>
<b>Author + Contact Details:</b>	Tel 01902 69      Email @nhs.net
<b>Links to Trust Strategic Objectives</b>	<ol style="list-style-type: none"> <li>Create a culture of compassion, safety and quality</li> <li>Proactively seek opportunities to develop our services</li> <li>Attract, retain and develop our staff, and improve employee engagement</li> </ol>
<b>Resource Implications:</b>	Time from Company Secretary's Office and staff involved.
<b>CQC Domains</b>	<b>Safe: Effective: Caring: Responsive: Well-led:</b>
<b>Equality and Diversity Impact</b>	None at present
<b>Risks: BAF/ TRR</b>	None at present
<b>Public or Private:</b>	Public
<b>References</b>	See Proposal Paper
<b>NHS Constitution:</b>	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> <li>Equality of treatment and access to services</li> <li>High standards of excellence and professionalism</li> <li>Service user preferences</li> <li>Cross community working</li> <li>Best Value</li> <li>Accountability through local influence and scrutiny</li> </ul>

### Brief/Executive Report Details

<b>Executive Summary Title:</b>	<b>Proposal for formation of a Clinical Ethics Committee</b>
<b>1.0</b>	<p>The <b>Proposal</b> comprises:</p> <p>Section 1 – Summary Outline Proposal</p> <p><b>Reference Pack</b></p> <p>Section 2 – Options/areas for clarification</p> <p>Section 3 – Draft Terms of Reference for a Clinical Ethics Committee</p> <p>Section 4 – Process Algorithm</p> <p>Section 5 – Referral Pro-forma</p> <p>Section 6 – Reference sources of information</p>

# Clinical Ethics Committee – proposal

March 2020

## Section 1 – Outline proposal

### Introduction

The Trust (RWT) does not currently have a Clinical Ethics Forum, Group or Committee. In the emerging Coronavirus COVID-19 situation, the requirement for an Clinical Ethics Committee (CEC) and a Rapid Response Ethics Group have been identified. These will support clinicians with ethical dilemmas and difficult ethical situations.

### Outline proposal

That the Trust Board approves the formation of a Clinical Ethics Committee (CEC) with a Rapid Response Clinical Ethics Group as outlined in this paper.

### Outline timescale

That an initial CEC is formed within the next 3 months to recruit to the future CEC in line with the agreed Terms of Reference.

### Outline Proposal;

### Aims of the CEC

- To support clinicians in decision-making based on ethical principles and reasoning.
- To provide an ethical input into policy making, management and governance e.g. Advance Direction, DNAR or similar, End of life care et al.
- To promote clinical ethics education within and beyond the Trust.

### Typical membership

- Chair (typically Lay member or healthcare professional)
- Deputy Chair (typically Lay member or healthcare professional)
- Representative(s) from Medical Director's office
- Representative(s) from Trust Governance structures
- Ethicist(s) from relevant University department
- Interested healthcare professionals – e.g. doctors, nurses and allied health professionals
- Chaplaincy 'Multi-faith' representative or other means of co-opting input
- Lay members and/or Non-executive Directors

### Formation process

- Members chosen by the Chair and Deputy Chair on the basis of interest, clinical engagement and specific expertise, with reference to guidance from the UK Clinical Ethics Network (UKCEN).
- Any non-Trust employees require an honorary contract to attend discussions involving individual patient details.
- Membership is for 3 years, which may be renewed. Total maximum membership is expected to be 12-15, with a minimum of 4 members (including Chair, Deputy Chair or nominated representative) constituting a quorum for discussion.
- Scheduled meetings of up to 2 hours every 2 months, within working hours but minimising impact on clinical care. Additional ad hoc meetings may be convened if required and feasible including the Rapid Response Ethics Group (RREG).

## **Consultation process**

- Any Trust employee can seek ethical advice from the CEC by contacting a member of the committee and completing a brief written referral.
- The administrator of the meeting (the Trust Company Secretary) can be contacted via email: [ethics@rwt.nhs.uk](mailto:ethics@rwt.nhs.uk).
- Normally the person referring the case would attend the meeting to discuss the case in detail and hear the discussion, while other members of the clinical team would be invited to attend if they would like to.
- Where advice involves consideration of individual clinical cases, the cases should be anonymised as far as is practical to preserve patient confidentiality.
- Clinicians referring cases will be advised to inform their line manager, departmental governance team or Clinical Director. Where cases involve legal questions, clinicians will be advised to seek separate legal advice from the Trust legal team.
- Patients/carers can seek ethical advice via the patient advisory and liaison service (PALS).
- Issues referred should relate to patient care, whether at management or clinical level. Issues relating solely to staff issues, such as employment disputes, are not appropriate for this group.
- The Chair may decide to invite a patient/carer, or an advisor with particular expertise (e.g. lawyer) to attend the meeting.
- The Committee performs an advisory rather than an executive, legal or clinical role. The referring person/team, or whoever is the relevant person retains clinical responsibility for the final decision.
- Any members who have a specific clinical or other interest relevant to a case being discussed will declare their interest at the start of a meeting. Declarations of interests will be recorded in the documentation of the discussion.
- The discussion and any specific advice which emerges will be documented as an email to the referring clinician. Where the discussion relates to a particular patient, this will usually be expected to form part of the patient record.

## **Educational and engagement activities**

The CEC aims to foster an awareness and engagement with clinical ethics in the Trust. It recognizes the variety of ethics education, discussion and support mechanisms that already exist in the Trust. CEC members will support those activities, and may attend case conferences, departmental morbidity and mortality meetings, SI forums, Grand Rounds, CPD sessions etc. to promote ethical reflection, and to provide communication between CEC and the broader activities of the Trust.

## **Governance**

CEC will prospectively collect data on the activities of the committee, case referrals and feedback from clinicians. Governance and reporting will be agreed with the Quality Governance Assurance Committee (QGAC) regarding case outcomes and by an Annual Report of summary activity to the Trust Board. The Committee is accountable to the Trust Board. The Committee will be supported by the Trust Company Secretary's office.

## **Rapid Clinical Ethics Group consultation**

Where a clinician or clinical team is seeking urgent input into an ethical dilemma in clinical care, the chair or deputy chair can convene a 'subgroup' of the CEC to meet with the clinical team. The Rapid Clinical Ethics Group (RCEG) must be comprised of at least three members of CEC (including chair or deputy chair) with specific ethics expertise, and aim to meet with referring clinicians within 48 hours.

This subgroup will provide an email summarising the discussion to the clinical team, (as above), and will feedback to the full CEC at the next meeting. Any additional reflections or advice after review of the case at CEC will be forwarded to the clinical team.

# Clinical Ethics Committee – proposal

March 2020

## Section 1 – Outline proposal

### Introduction

The Trust (RWT) does not currently have a Clinical Ethics Forum, Group or Committee. In the emerging Coronavirus COVID-19 situation, the requirement for an Clinical Ethics Committee (CEC) and a Rapid Response Ethics Group have been identified. These will support clinicians with ethical dilemmas and difficult ethical situations.

### Outline proposal

That the Trust Board approves the formation of a Clinical Ethics Committee (CEC) with a Rapid Response Clinical Ethics Group as outlined in this paper.

### Outline timescale

That an initial CEC is formed within the next 3 months to recruit to the future CEC in line with the agreed Terms of Reference.

### Outline Proposal;

### Aims of the CEC

- To support clinicians in decision-making based on ethical principles and reasoning.
- To provide an ethical input into policy making, management and governance e.g. Advance Direction, DNAR or similar, End of life care et al.
- To promote clinical ethics education within and beyond the Trust.

### Typical membership

- Chair (typically Lay member or healthcare professional)
- Deputy Chair (typically Lay member or healthcare professional)
- Representative(s) from Medical Director's office
- Representative(s) from Trust Governance structures
- Ethicist(s) from relevant University department
- Interested healthcare professionals – e.g. doctors, nurses and allied health professionals
- Chaplaincy 'Multi-faith' representative or other means of co-opting input
- Lay members and/or Non-executive Directors

### Formation process

- Members chosen by the Chair and Deputy Chair on the basis of interest, clinical engagement and specific expertise, with reference to guidance from the UK Clinical Ethics Network (UKCEN).
- Any non-Trust employees require an honorary contract to attend discussions involving individual patient details.
- Membership is for 3 years, which may be renewed. Total maximum membership is expected to be 12-15, with a minimum of 4 members (including Chair, Deputy Chair or nominated representative) constituting a quorum for discussion.
- Scheduled meetings of up to 2 hours every 2 months, within working hours but minimising impact on clinical care. Additional ad hoc meetings may be convened if required and feasible including the Rapid Response Ethics Group (RREG).

## **Consultation process**

- Any Trust employee can seek ethical advice from the CEC by contacting a member of the committee and completing a brief written referral.
- The administrator of the meeting (the Trust Company Secretary) can be contacted via email: [ethics@rwt.nhs.uk](mailto:ethics@rwt.nhs.uk).
- Normally the person referring the case would attend the meeting to discuss the case in detail and hear the discussion, while other members of the clinical team would be invited to attend if they would like to.
- Where advice involves consideration of individual clinical cases, the cases should be anonymised as far as is practical to preserve patient confidentiality.
- Clinicians referring cases will be advised to inform their line manager, departmental governance team or Clinical Director. Where cases involve legal questions, clinicians will be advised to seek separate legal advice from the Trust legal team.
- Patients/carers can seek ethical advice via the patient advisory and liaison service (PALS).
- Issues referred should relate to patient care, whether at management or clinical level. Issues relating solely to staff issues, such as employment disputes, are not appropriate for this group.
- The Chair may decide to invite a patient/carer, or an advisor with particular expertise (e.g. lawyer) to attend the meeting.
- The Committee performs an advisory rather than an executive, legal or clinical role. The referring person/team, or whoever is the relevant person retains clinical responsibility for the final decision.
- Any members who have a specific clinical or other interest relevant to a case being discussed will declare their interest at the start of a meeting. Declarations of interests will be recorded in the documentation of the discussion.
- The discussion and any specific advice which emerges will be documented as an email to the referring clinician. Where the discussion relates to a particular patient, this will usually be expected to form part of the patient record.

## **Educational and engagement activities**

The CEC aims to foster an awareness and engagement with clinical ethics in the Trust. It recognizes the variety of ethics education, discussion and support mechanisms that already exist in the Trust. CEC members will support those activities, and may attend case conferences, departmental morbidity and mortality meetings, SI forums, Grand Rounds, CPD sessions etc. to promote ethical reflection, and to provide communication between CEC and the broader activities of the Trust.

## **Governance**

CEC will prospectively collect data on the activities of the committee, case referrals and feedback from clinicians. Governance and reporting will be agreed with the Quality Governance Assurance Committee (QGAC) regarding case outcomes and by an Annual Report of summary activity to the Trust Board. The Committee is accountable to the Trust Board. The Committee will be supported by the Trust Company Secretary's office.

## **Rapid Clinical Ethics Group consultation**

Where a clinician or clinical team is seeking urgent input into an ethical dilemma in clinical care, the chair or deputy chair can convene a 'subgroup' of the CEC to meet with the clinical team. The Rapid Clinical Ethics Group (RCEG) must be comprised of at least three members of CEC (including chair or deputy chair) with specific ethics expertise, and aim to meet with referring clinicians within 48 hours.

This subgroup will provide an email summarising the discussion to the clinical team, (as above), and will feedback to the full CEC at the next meeting. Any additional reflections or advice after review of the case at CEC will be forwarded to the clinical team.

## RWT Clinical Ethics Committee

(including details of the membership and Modus Operandi)

### Draft Terms of reference

<b>Trust Strategic Objectives</b>	<ol style="list-style-type: none"> <li>1. Effective and well integrated health and care system that operates efficiently.</li> <li>2. Proactively seek opportunities to develop our services.</li> <li>3. Create a culture of compassion, safety and quality.</li> <li>4. Attract, retain and develop our staff and improve employee engagement.</li> </ol>
<b>BAF/Risks</b>	Not directly related to any current BAF Risks
<b>Meeting Purpose/ Remit</b>	<p>Purpose; the purpose of the CEC is to:</p> <ol style="list-style-type: none"> <li>a) Provide a forum for discussion on clinical ethical issues</li> <li>b) Raise the general awareness of clinical ethical problems</li> <li>c) Provide advice and guidance to the Trust Board and Trust on ethical issues to facilitate the development of standards and policies, and improve the quality of care.</li> <li>d) Provide 'real time support to individual clinicians/practitioners.</li> <li>e) Assist the education of staff (including Committee members) in Ethical matters</li> </ol> <p>It will not:</p> <ul style="list-style-type: none"> <li>• Provide legal advice</li> <li>• Undertake risk management</li> <li>• Provide advice on research matters or the remit of the Research Ethics Committee.</li> <li>• Consider any issue not primarily of an ethical nature</li> </ul> <p>The CEC is advisory, not executive.</p>
<b>Responsibilities</b>	<p><b>Consultation process</b></p> <ol style="list-style-type: none"> <li>1. Any Trust employee can seek ethical advice from the CEC by contacting a member of the committee and completing a brief written referral.</li> <li>2. The administrator of the meeting (the Trust Company Secretary) can be contacted via email: <a href="mailto:tr-rwh.ethicscom.nhs.uk">tr-rwh.ethicscom.nhs.uk</a> .</li> <li>3. Normally the person referring the case would attend the meeting to discuss the case in detail and hear the discussion, while other members of the clinical team would be invited to attend if they would like to.</li> <li>4. Where advice involves consideration of individual clinical cases, the cases should be anonymised as far as is practical to preserve patient confidentiality.</li> <li>5. Clinicians referring cases will be advised to inform their line manager, departmental governance team or Clinical Director. Where cases involve legal questions, clinicians will be advised to seek separate legal advice from the Trust legal team.</li> <li>6. Patients/carers can seek ethical advice via the patient advisory and liaison service (PALS).</li> <li>7. Issues referred should relate to patient care, whether at management or clinical level. Issues</li> <li>8. relating solely to staff issues, such as employment disputes, are not appropriate for this group.</li> <li>9. The Chair may decide to invite a patient/carer, or an advisor with particular expertise (e.g. lawyer) to attend the meeting.</li> <li>10. The Committee performs an advisory rather than an executive, legal or clinical role. The referring person/team, or whoever is the relevant person retains clinical responsibility for the final decision.</li> <li>11. Any members who have a specific clinical or other interest relevant to a case being discussed will declare their interest at the start of a meeting. Declarations of interests will be recorded in the documentation of the discussion.</li> <li>12. The discussion and any specific advice which emerges will be documented as an email to the referring clinician. Where the discussion relates to a particular patient, this will usually be expected to form part of the patient record.</li> </ol>

	<p><b>Educational and engagement activities</b></p> <p>13. The CEC aims to foster an awareness and engagement with clinical ethics in the Trust. It recognizes the variety of ethics education, discussion and support mechanisms that already exist in the Trust. CEC members will support those activities, and may attend case conferences, departmental morbidity and mortality meetings, SI forums, Grand Rounds, CPD sessions etc. to promote ethical reflection, and to provide communication between CEC and the broader activities of the Trust.</p> <p><b>Governance</b></p> <p>1. CEC will prospectively collect data on the activities of the committee, case referrals and feedback from clinicians. Governance and reporting will be agreed with the Quality Governance Assurance Committee (QGAC) regarding case outcomes and by an Annual Report of summary activity to the Trust Board. The Committee is accountable to the Trust Board. The Committee will be supported by the Trust Company Secretary's office.</p> <p><b>Rapid Clinical Ethics Group consultation</b></p> <p>1. Where a clinician or clinical team is seeking urgent input into an ethical dilemma in clinical care, the chair or deputy chair can convene a 'subgroup' of the CEC to meet with the clinical team. The Rapid Clinical Ethics Group (RCEG) must be comprised of at least three members of CEC (including chair or deputy chair) with specific ethics expertise, and aim to meet with referring clinicians within 48 hours.</p> <p>2. This subgroup will provide an email summarising the discussion to the clinical team, (as above), and will feedback to the full CEC at the next meeting. Any additional reflections or advice after review of the case at CEC will be forwarded to the clinical team.</p>
<p><b>Authority &amp; Accountabilities, Reporting Arrangements</b></p>	<p>CEC is a formally constituted Committee of the Trust Board, ratified by the Trust Board.</p> <p>The CEC will prepare a summary report on the activities of the Group on an annual basis and will submit the report to the Trust Board.</p> <p>CEC deliberation summaries will be shared with QGAC for consideration alongside other sources of data and information for Governance and Quality Improvement purposes.</p>
<p><b>Membership</b></p>	<p>Membership principles</p> <p>Members will serve for a period of three years, renewable. Places shall be made available to new members where members retire from the group. Where no new members are ready to join the group, periods of service may be renewed. NB: care will be taken to ensure that periods of service are staggered to avoid significant problems of retirement from the group</p> <p>These Terms of Reference to be reviewed at least every three years.</p>
<p><b>Quoracy, Members</b></p>	<p>The CEC will be quorate, when either the Chair or Vice Chair and 5 members are present</p> <ul style="list-style-type: none"> <li>• Membership will be limited to 12 – 15 and be broadly acceptable to clinicians/practitioners.</li> <li>• Members should be 'recruited' on the basis of reputation, performance, skill and knowledge.</li> <li>• Lay representation is necessary, but specific pressure group representation avoided.</li> <li>• Members should be clear that they are present for their personal attributes and not as representatives of any given body, group, profession or organisation.</li> <li>• Co-option of members in addition to a core membership for specific issues will take place as required by Chairs decision.</li> <li>• Members will be willing to participate in ethical educational activities, including links with other Ethics Groups and the UK Clinical Ethics Network</li> </ul>

<b>Members commitment</b>	<p>To be effective, members of the Committee will need to develop ethical expertise in a comparable fashion to members of the Research Ethics Committee by:</p> <ul style="list-style-type: none"> <li>• Becoming more familiar with principles, concepts and theory.</li> <li>• Studying relevant cases, legislation and policies.</li> <li>• Having, input from invited individuals with appropriate expertise.</li> <li>• Attending conferences etc. on health care ethics.</li> <li>• Having access to and discussing relevant literature.</li> </ul> <p>The Committee has an important wider role in teaching and training on ethical issues within the Trust. It will do so in co-operation with the Research Ethics Committee, in the areas of teaching and training..</p>
<b>Chairs role</b>	<p>The chair is appointed by and from the Committee members. If they are an employee then due care needs to be applied to identifying and declaring any potential or actual conflicts of interest. As the chair is likely to become the ‘public face’ of the committee the Chair and CEO need to ensure they have broad acceptability to clinicians bringing cases. The chairs focusses on the skills and experience to;</p> <ul style="list-style-type: none"> <li>• To summarise ethicaldebate</li> <li>• To clarify strands ofargument</li> <li>• To separate administration/managerial discussion from clinical discussion</li> <li>• To ensure the discussion’s primary focus is on ethical considerations</li> <li>• To frame conclusions in a way which is helpful to clinicians</li> </ul> <p>The chair has the right to co-opt additional members to provide specialist expertise</p>
<b>Meeting order</b>	<p>Meetings</p> <p>a) There will be a formal agenda, issued not later than seven working days before each meeting. Agenda items / papers to be submitted to the Chair not less than ten working days before each meeting. Items of urgent business arising after this time will be accommodated with the agreement of the meeting.</p> <p>b) Notes of the meeting will be taken, recording key discussion points, actions agreed and any advice / guidance agreed by the group. Notes will be issued to members not later than 14 working days following meetings.</p> <p>c) Meetings will take place initially at a frequency of every six weeks (to be reviewed in the light of experience).</p>
<b>Code of Conduct</b>	<p><b>Members of the Committee are expected to:</b></p> <ul style="list-style-type: none"> <li>• <b>Respect patient confidentiality.</b> They are expected to act responsibly in handling oral or written communication about individual patients, and to take all reasonable precautions to protect patient confidentiality.</li> <li>• <b>Respect the rights of patients to be involved in decisions about their care.</b> They should take account of the competence of patients to be involved in such decisions, and of the position of those close to the patient.</li> <li>• <b>Be honest and act with integrity.</b> The best interests of individual patients should be their first concern, though they may also need to consider wider interests. If the individual responsibilities of committee members result in conflicts of interest, these should be acknowledged and taken into account in the work of the committee.</li> <li>• <b>Respect the views of other committee members, and colleagues.</b> The committee will seek to achieve agreement, but differences of opinion should be acknowledged and recorded.</li> <li>• <b>Refer matters beyond the scope of the committee to the appropriate body.</b> This may include medico-legal questions, and matters concerning the quality of clinical care, and appropriate advice should then be sought.</li> <li>• <b>Maintain awareness and understanding of clinical ethical issues.</b> This should involve the pursuit of appropriate educational opportunities, with the encouragement and support of the Trust.</li> <li>• <b>Promote the awareness of ethical issues involved in the work of the Trust.</b> This should include the sharing and mutual understanding of specific professional guidance on the ethical standards of clinical practice.</li> <li>• <b>Promote the fair and equitable treatment of patients and their carers.</b> The committee should encourage the Trust and its staff to treat patients and their carers in a fair and equitable manner.</li> </ul>

<b>Frequency of meetings</b>	Six times a year
<b>Administrative support</b>	Trust Company Secretary Office.
<b>Standards</b>	Standing Orders and Scheme of Delegation
<b>Self-Assessment</b>	Every 2 years.
<b>Standard agenda</b>	Yes
<b>Subgroups</b>	<ul style="list-style-type: none"> <li>• Rapid Clinical Ethics Group</li> </ul>
<b>Date Approved</b>	7 April 2020
<b>Date Review</b>	6 April 2022

### **Protocol for emergency referrals to a clinical ethics committee Rapid Clinical Ethics Group Consultation**

<b>Process</b>	<ol style="list-style-type: none"> <li>1. Establishment of each group to be in response to a request for advice about an individual clinical case or cases within the Trust.</li> <li>2. Requests for such advice to be made to the chair of the Committee, who will be responsible for co-coordinating the response.</li> <li>3. If a full Committee meeting is imminent, then requests for advice may be presented to the full Committee, but more urgent requests may require a response before the next meeting.</li> <li>4. The establishment of a Rapid Clinical Ethics Group will depend on the complexity of the presenting problem, the time required to establish the group and the agreement and participation of the referring clinician.</li> <li>5. Requests for urgent clinical ethical advice may need to involve the early participation of individual members of the Committee, at the discretion of the chair of the Committee. Whenever a Rapid Clinical Ethics Group is established, the group should include the following participants, depending on the availability of Committee members: <ol style="list-style-type: none"> <li>5.1 Chair, or member nominated to chair the group</li> <li>5.2 Clinician involved in Clinical Risk management</li> <li>5.3 Lay or Academic member of the Committee</li> <li>5.4 Where possible, CEC member from relevant medical specialty</li> <li>5.5 Where possible, CEC member from unrelated medical specialty</li> </ol> </li> <li>6. The work of each Rapid Clinical Ethics Group p will be reported to the next meeting of the full Committee.</li> <li>7. The Rapid Clinical Ethics Group will be responsible directly to the Clinical Ethics Committee, and therefore to the Trust Board.</li> <li>8. In all cases it is expected that the official guidance has been examined, applied and exhausted before referral.</li> <li>9. The Rapid Clinical Ethics Group remains advisory.</li> </ol>
----------------	---

## Section 4 – Process Algorithm

### Clinical Ethics Committee Case Consultations Algorithm



## Section 5 – Referral Pro-forma

### Pro Forma Referrals Form for the Clinical Ethics Committee

#### Proforma for Clinical Ethics Committee Records

*Note these records are being kept solely for the purpose of statistical recording and audit of the committee's work*

**Name of Committee Member/Company Secretary staff completing**

**Date and time of contact(s):**

**Source of Enquiry: (e.g. doctor (grade), nurse (grade), other health professional (position, grade), patient)**

**Relationship (if any) of enquirer to patient:**

**Nature of problem: (Note enquirer may remain anonymous)**

**Names of other members of Committee contacted:**

**Referral:**

**If enquiry referred elsewhere (with permission of enquirer) state to whom, what outcome when known**

**Outcome(s) with date(s):**

**Was enquirer happy with outcome?:**

**Other comments:**

**Please make 2 copies of this form, one to be retained by you and one forwarded to the Company Secretary.**

## Section 6 – Sources of information used

### References;

- Aulisio MP, Arnold RM, Younger SJ (eds) *Ethics consultation: From theory to practice*. Baltimore: Johns Hopkins University Press (2003).
- Beauchamp T, Childress J. 2001. Principles of Biomedical Ethics. 5 edition Oxford University Press ISBN 0-19-514332-9
- Blackburn, S. 2001. Ethics: a very short introduction. Oxford University Press
- Boyd, K.M., Higgs, R., Pinching, A.J., (1997) The New Dictionary of Medical Ethics BMJ Publishing Group, London
- BMA: COVID-19 FAQ's about Ethics, retrieved 27.03.2020
- BMA, CPA, CQC, RCGP's. Joint statement on advance care planning, access March 30 2020.
- Ehleben C M, Childs B H, Saltzman S L. What is it exactly that you do? A "snapshot" of an ethicist at work. *HEC Forum*. 1998;**10**(1):71-4.
- Ethical framework for utilisation of critical care in response to exceptional demand v4.0 October 2015: North of England Critical Care Network
- Fair Allocation of Scarce Medical Resources in the Time of Covid-19, New England Journal of Medicine, March 2020  
<https://www.nejm.org/doi/full/10.1056/NEJMs2005114>
- General Medical Council; Good medical practice guide, March 2013 (Revised April 2019)
- Guy's and St Thomas NHS Foundation Trust, Clinical Ethics Advisory Group Terms of Reference Adapted During Covid 19 Pandemic, March 2020
- Hain, Dr Richard; Annual report of the Clinical Ethics Committee, Cardiff and Vale Health Board, October 2010.
- Hajibabae, F.; et al: Hospital/clinical ethics committees notion: an overview, *Journal of medical ethics and the history of medicine*, 9:17, December 2016.
- Jiwani B. An introduction to health ethics committees. Provisional Health Ethics Network (2001).  
*Journal of Medical Ethics – Clinical Ethics Committees Supplement* 2001, April, Vol 27, Supplement 1.
- Komatsu G I, Goodman-Crews P, Cohn F, Young E W. Effect of ethics consultations on non beneficial life-sustaining treatments in the intensive care setting: a randomised controlled trial. *Journal of the American Medical Association*. 2003;**290**(9):1166-72.
- Larcher V, Lask B. McCarthy J. M. Paediatrics at the cutting edge: Do we need ethics committees? *JME*1997;**23**:245-9.
- NICE: COVID-19 rapid guideline: critical care NG159, 20 March 2020
- NICE: Critical care admission algorithm NG159, March 2020.
- NICE: Information to support decision making NG159, March 2020
- Oxford University Hospitals NHS Foundation Trust; Clinical ethics advisory group Terms of reference, v2.0 January 2018.
- Sheffield Teaching Hospitals NHS Trust; STH Clinical Ethics Group Terms of reference, (no date).
- Slowther, A.; et al: The Ethox Centre – A practical guide for clinical ethics support, University of Oxford, 2004.
- Slowther A, Bunch C, Woolnough B, Hope T. Clinical Ethics Support in the UK: A review of the current position and likely development. 2001; London; The Nuffield Trust
- Slowther A, Hope T. Clinical ethics committees: They can change clinical practice but need evaluation. *BMJ* 2000;**321**:649-650
- Szeremeta, M.; et al: Snapshots of five clinical ethics committees in the UK, *Journal of Medical Ethics*, 2001: 27 suppl I:i9-i17, 2001.
- The Dudley Group NHS Foundation Trust, Clinical Ethics Forum, Terms of Reference, undated.
- The report of the American Society for Bioethics and Humanities, *Core Competencies for Health Care Ethics Consultation*, 1998
- The Royal Wolverhampton NHS Trust, Finance and Performance Committee Terms of Reference, March 2020.
- The Toughest Triage — Allocating Ventilators in a Pandemic, New England Journal of Medicine, March 2020  
<https://www.nejm.org/doi/full/10.1056/NEJMp2005689>
- University Hospitals Coventry and Warwickshire NHS Trust; Clinical Ethics Forum Terms of Reference, 2020.
- Watson AR. An ethics if clinical practice committee: should every hospital have one? *Proc Roy Coll Phys Edin* 1999;**29**:335-337
- Williamson, L.; et al: Clinical ethics committees in the United Kingdom: towards evaluation, *Medical Law International* February 9; 8(3): 221-238, February 2007.