

TREC

Tri-County Regional Ethics Committee

Case Consultation Request Form

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How to use this form

Please complete this form by providing as much information as possible. Adequate data assures prompt resolution.

Return pages 2 and 3 of this *Case Consultation Request Form* via mail or fax to TREC (Tri-County Regional Ethics Committee):

Darlene R. Nice, MSW, LCSW, *for Burlington County*, Lutheran Care at Moorestown, 255 E. Main Street, Moorestown, NJ 08057; fax: 856-727-4974 phone: 856-235-1214, ext. 5809

Maria Ciocca, CALA, *for Gloucester County*, Juniper Village at Williamstown, 1640 So. Black Horse Pike, Williamstown, NJ 08094; fax: 856-740-4445 phone: 856-740-4444

Pat McEvoy, CSW, *for Camden County*, Haddonfield Home, 132 Warwick Rd., Haddonfield, NJ 08033; fax: 856-429-1097 phone: 856-429-5500

Some things to Remember When Requesting a Case Consultation:

- Confidentiality is important in this process. Please refer to the resident and resident's family by initials only.
- A committee representative will contact you in a timely manner regarding this request to clarify any data, discuss the case and, if appropriate, set up a case consultation.
- The committee reserves the right to decline a request for a consultation or to suggest alternative interventions.
- This *Case Consultation Request Form* is geared toward ethical issues regarding treatment decisions/plans of care. If you wish to request a case consultation for a different concern, please mark "NA" in those parts of the form that are not pertinent to your case and add other categories that you feel are necessary.

Some things to Remember if a Case Consultation is scheduled:

- Provide a conference room for the team to provide privacy and confidentiality.
- Provide a telephone (speaker phone if possible) during the consult.
- The resident's plan of care and current medical chart should be available during consult.
- Notify the resident's family and significant others of the consult.
- Notify the physicians involved of the consult and request that they attend or in the least be available by telephone.

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Date of Request _____

Facility and Address _____

Facility Phone (____) _____ Fax: (____) _____

Facility Contact Person _____ Title _____

Resident's Initials _____ Resident's Age _____ Resident's Gender _____

Date of Admission to Facility _____

Statement of Ethical Dilemma or Ethical Conflict

1. Pertinent Medical Information and Overview of Resident's Daily Life (Include Pain/Discomfort.) Principal Diagnosis and Prognosis.

2. Resident's Capacity to Express/Make Health Care Decisions

Instruction Directive/Living Will _____ Yes _____ No

Legal Guardian _____ Yes _____ No If Yes, Person Named _____

Health Care Proxy _____ Yes _____ No If Yes, Person Named _____

Other Evidence of Resident's Wishes _____

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3. Applicable Ethical Principals and Resident/Family Values, Support Systems

Religious Affiliation _____

Circumstances contributing to unresolved dilemma or conflict _____

4. Staff/Facility Values _____

5. Dispute Resolution Interventions Attempted Thus Far

The Regional Long Term Care Ethics Committee Use Only

Consultation Request Reviewed By _____

Action Taken _____

Sample Opening for Case Consultations

“Ethical Case Consultation creates a time and space for reflections and discussion.”

PREAMBLE TO CASE REVIEW

We are here today for.....

1. Meeting at the request of _____
To discuss: _____
2. Case of _____

Before we introduce ourselves, it is important that we remember that everyone comes with the RESIDENT'S best interest at heart and with deep respect for RESIDENT confidentiality.

3. Introductions of the committee members and of those invited due to their involvement in the case or invited as outside consultants. Introductions here include a brief statement of position in the institution or relation to the patient.
Note: indicate before these introductions if family members are present and introduce them FIRST!
4. If family are not present, determine if they have been informed of the review.

It is important to understand that the Ethics Committee does not sit in judgment, and does not make decisions for physicians, residents and families.

The purpose of the Ethics Committee is to provide an open forum to discuss differing opinions in an open and nonjudgmental way; to assure through this process that the highest level of decision making is accomplished. All input is desired. We all respect the right of others to have different opinions and different values.

Ethics Committee deliberations are moved out of the strictly medical areas and into the realm of process, values and decision making.

The Ethics Committee defines an ethical issue as a conflict of values. Through this process we will attempt to identify the relevant values, the conflicts around these values, and the options available to the resident, resident's family and the physician.

The committee process attempts to achieve a consensus which will permit resolution of the conflict. A written summary of the Ethics Committee consultation and recommendation will be given to the Guardian/ Facility/ primary physician and will be placed in the resident's medical record.

5. The process of ethical consultation includes a medical summary, psychosocial input, nursing input, family input - if present - and other.
6. We'll list actual options possible and both positive and negative values/outcomes achieved for resident/family/staff, and identify where any conflicts lie.
7. We'll attempt to achieve consensus on an acceptable option, with the understanding that the success of our discussion does not depend on consensus, which may not always be possible, or necessarily desirable. Rather, success will depend on the richness of perspectives provided.
8. The process is important in that it is to be an open forum where conflicting options may be aired.
9. The results of the consultation are advisory, and the primary decision makers remain the resident, physician and the family.

_____ will now present the case.

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Tri-county Regional Ethics Committee
Case Consultation Worksheet #1

Information Gathering

Medical Information

Resident Preferences

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Family Systems

Community Involvement

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Staff Input

Social/Economic Consideration

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Daily Life

The Ideal Picture/Outcome

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Case Consultation Worksheet #2

Charting Options with Benefits/Burdens and Principals

Action Option

Benefits/Burdens

Ethic Principles/Values

Option #1

Option #2

Option #3

COMING TO CONSENSUS:

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Case Consultation Worksheet #3

Ethical Principals Reference Sheet

Autonomy - Self-determination, self-rule, self-definition, self-direction.

Beneficence - Doing good for another, maximize benefits for the patient.

Nonmaleficence - Refrain from doing harm.

Paternalism - The responsibility of those with resources to protect and help.

Common Good - Conditions necessary for the well-being and good functioning of society.

Personal Responsibility - Duty to care for your own well-being.

Justice - Commitment to fairness, that people in the same circumstance are treated similarly.

Stewardship - Closely related to Justice, prudent use of shared resources.

Subsidiarity - That decisions and actions be made as close to the situation as possible.

Veracity / Truth telling - Trust that health care providers will provide accurate, complete information.

Confidentiality - An extension of autonomy. An exclusive right to information about yourself.

Fidelity - The responsibility not to abandon a patient once an initial commitment to provide services is made.



Office of the Ombudsman for the Institutionalized Elderly

Toll Free Hotline: 1-877-582-6995

POLICY STATEMENT FOR THE WITHHOLDING OR WITHDRAWING OF LIFE-SUSTAINING MEDICAL TREATMENT (LSMT)

The right to decline medical treatment is not absolute. In promulgating the NJ Advance Directive for Health Care Act (NJADHCA), the legislature listed seven specific circumstances where LSMT could be withheld or withdrawn. Although specifically applicable only when decision-making is effected pursuant to the terms of an advance directive, we suggest that the list appropriately details the universe of situations where forgoing LSMT would ordinarily be acceptable. Accordingly, the Board would anticipate that decisions to forgo LSMT could appropriately be effected in the following circumstances:

1. The proposed LSMT is likely to be ineffective or futile in prolonging life.
2. The proposed LSMT is likely to merely prolong an imminent dying process.
3. The patient is permanently unconscious, as determined by the attending physician and confirmed by a second qualified physician.
4. The patient is in a terminal condition, as determined by the attending physician and confirmed by a second qualified physician.
5. The patient has a serious irreversible illness or condition, and the likely risks and burdens associated with the medical intervention to be withheld or withdrawn may reasonably be judged to outweigh the likely benefits to the patient from such intervention.
6. The patient has a serious irreversible illness or condition, and imposition of the medical intervention on an unwilling patient would be inhumane.
7. The proposed LSMT is experimental, unproven therapy.

A decision to forgo LSMT for an incompetent individual, pursuant to a living will, may only be made if one of the seven situations listed is determined to exist. Theoretically, decisions to forgo LSMT in other situations may be made by competent patients, or even by surrogate decision-makers acting on behalf of an incompetent patient without a living will. We urge that physicians approach any such situations with extreme caution, and seek judicial intervention if any question concerning the reasonableness or appropriateness of the proposed actions exists.

Excerpted from the revised Policy Statement of the New Jersey State Board of Medical Examiners, Division of Consumer Affairs, NJ Department of Law and Public Safety, promulgated by Fred M. Jacobs, M.D., J.D., President.

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Case Consultation Summary Report

Note: One person on the consult team should complete this form during or immediately following the consultation to clarify issues and team recommendations. This form should be kept as a record for the committee and in the medical chart.

Date of Consult _____ Summary Report Completed By _____
Facility and Address _____

Resident's Initials _____ Resident's Age _____ Resident's Gender _____

Date of Admission to Facility _____

Case Consultation Team Members Present:

_____	_____
_____	_____
_____	_____

Statement of Ethical Dilemma or Ethical Conflict

1. Pertinent Medical Information and Overview of Resident's Daily Life (Include pain/Discomfort), Principal Diagnosis and Prognosis.

2. Resident's Capacity to Express/Make Health Care Decisions

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Instruction Directive / Living Will _____ Yes _____ No

Legal Guardian _____ Yes _____ No If Yes, Person Named _____

Health Care Proxy _____ Yes _____ No If yes, Person Named _____

Other Evidence of Resident's Wishes

3. Applicable Ethical Principals and Resident / Family Values, Support Systems

Religious Affiliation _____

4. Staff / Facility Values _____

5. Ideal Picture / Outcome Values _____

6. Burdens Versus Benefits

(Summarize treatment options and risks/ benefits of each to parties involved)

7. Recommended Medical Treatment Goals, Actions, and Follow-ups. (Recommendations should be described as Principled Resolution)
