**Date:** 6/20/18

**Location:** RAOM – Founders Room

**Attendees:** Don, Beth, Chris, Margaret, Daniel, Rich, Pat, Margie, Marc

**Agenda Item:** Opening

**Discussion:** Margie opened the meeting with a welcome to the RAOM and a round of introductions occurred. Margie laid out the broad agenda of the meeting; invite individuals that lead or are heavily involved in ethics related responsibilities at their ‘home’ organization to share their perspective on the field of ethics, their current work, changes that have been occurring and their thoughts on forming an Ethics Consortium to serve the larger community and if so, what would be the vision Margie mentioned that a member of the Academy has put some seed money towards this initiative given the belief that there is such a need for the larger community.

**Decision:** N/A

**Action Item:** N/A

**Agenda Item:** Perspectives from attendees.

**Discussion:**

**Don –** Highland – Chairman of the Ethics Committee. shared that Mike Sullivan has been the lead in this area and essentially handled all ethics related issues and is stepping down from his role. The committee has been in existence a very long time with Mike at the helm. Don shared that what was very much on his mind was the developing young professionals in all aspects of ethics as he sees there is a large gap developing in this regard.

**Margaret/Beth –** Thompson – very strong social, professional and community relationship exists with patients and staff which helps facilitate solid interactions on ethical issues. Very strong culture of commitment to asking the right questions at the right time. However, at the same time, noticed that the ethical consults have been decreasing and they are attempting to understand why. At Highland, that is similar, and the belief was that the palliative team might be solving the issue before it gets to the ethics group. Or, perhaps being solved at the Nursing Home or the fact that the nature of acute care is changing and where the ethical issues arise are different that the near past. Topics for the consortium to discuss was mentioned and that is how to avoid being judgmental in the process of an ethical consult. Beth noticed this was happening more and more. Topic on communications would be useful.

**Chris** – RGH – 3 main areas; Ethics, Policy and Education. Very strong process across each area. Ethics Grand Rounds are conducted (4th Tuesday of each month), focus on ethics may range from one-off issues to philosophical to bio-ethical related issues. Try to keep as current as possible.

Question came up on whether the patient contacted the ethics team directly or someone on the health care team. Seems to be a shift to consulting someone on the health care team requiring increased communication to the ethics group. It has promoted the need for improved inter-staff relationships or the thought of expanding the health care team.

Question came to any legal ramifications in the shifting of how ethical issues are brought the fore and resolved vis-a-vie at a consortium or another forum. Although not a lot of case law here, didn’t seem to be too much of a concern if the issue was being solved. Case law does exist MRDD and End of Life. Brought someone to comment that having a Mental Hygiene expert be part of the consortium. That led to recommending that Dr. Wilson, Dr. Chen and Dr. Gregory and Dr. Lee be invited (some of whom were invited to this meeting but couldn’t make it).

Chris commented that he wondered if the changes in the ethics field would require a change in the aegis of the current committee at RGH. The team from Thompson shared that making ethics a board level responsibility and/or decision was key to keeping everyone in the loop and aware of the decisions being made and opened the opportunity to give and take input. RGH – currently sits with medical staff.

**Rich –** Strong. 8-member team meets Monday am. Larger ethics committee meets once a month to review most relevant cases. Strong uses the larger group to reach out to other institutions for collaboration purposes. Ethics consult services are very active. Ethics rounds occur, and a lot of teaching happens on each floor. Preventative consults occur, and they may turn into real consults. Interdisciplinary rounds occur as well. Not perfectly attended. Area of opportunity. Unit Rounds occur, and attendance is expected (documentable requirement). Strong also has connections at the national level for access to certifications etc.

# Questions were posed as to why ‘ethic efforts’ are done differently in each location? Content is different, process and procedures are different. To solve some of the educational issues being faced today, consulted Beauchamp and Childress and Jonsen (4 Quadrants/4 Principles), Siegler and Winslade (Clinical Ethics). Those are useful resources.

Strong is hosting a bio-ethics conference next year. Donor interested in making an ethics center. Strong is always available to share info from literature to how rounds are conducted.

**Decision: N/A**

**Action Item:** Eventually reach out to Dr. Wilson, Dr. Chen and Dr. Gregory and Dr. Lee to potentially be part of this group.

**Agenda Item:** Consortium ideas, who else should be involved, meeting frequency, owner and next steps.

**Discussion:** Daniel suggested that a consortium might be a useful place to collect and discuss complicated cases (as previously mentioned) but could also add tremendous value in being an online resource to all providers both large and small in housing ethics related information, training literature etc. – that would be available to all. Maintaining a web-site where all this information can be stored and retrieved could be a first step. For the web-site, individuals can send to the web master their material for uploading and viewing and videos can be done through a private YTube link. Trading information amongst the group can easily happen now and into the future.

Setting up a list service for subscribers as well as a committee email distribution group can easily be done.

**Who else should be here?** Social Workers? Wegmans School of Nursing? MRDD/DDSO personnel and the individuals listed prior? What about more educators? What about the VA? More thought will be given to membership – without making the consortium too large. Outreach will happen to outlying service providers to ensure they are aware and potentially to be involved.

**Meeting frequency?** Quarterly seemed to suit everyone. **Owner?** Seemed like the RAOM made sense to won this at least to get this off the ground. More dialogue to occur here. **Next steps?** See below.

**Decision:** Group agreed in principle to the items outlined in this section.

**Action Item:**

* RAOM to prepare minutes and Margie to create email distribution group and send out the minutes for review and comment
* Margie to coordinate outreach to the “who else should be here’ group
* Chris to do some outreach to outlying hospitals
* Rich share with Don and Chris info on times to visit for rounds
* RAOM research website development and costs – Margie to follow-up w/RAOM donor
* All in the group – think through who else can be part of the consortium and what topics need to be addressed and how. Reach out to counterparts in other systems to get feedback.
* All in the group – reflect on how this consortium can be promoted such that it becomes not only effective but sustainable.
* Follow-up will occur through email including setting the date and time for next meeting using Doodle Polls.

Great meeting, conversation and dinner. Thanks everyone for attending!