Evaluation of Ethics Consultation

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Can meaningful evaluation be done?

• Can critical evaluation of the ethics consultation process and outcome be accurately evaluated and if so how?
• Who would be the ‘evaluator’.... Patient, family members, physician, other staff (nursing, social work, chaplain…) or all of the above?
• Which outcome(s) would be considered a success and which ones a failure?
Early Studies:

- 1992, LaPuma et al “Community Hospital Ethics Consultation: Evaluation and Comparison With a University Hospital Service”

- Objective: To examine three aspects of ethics consultation: the clinical questions asked; the helpfulness of the consultation to requesting physicians; and the difference between consultations performed at community teaching hospital and those performed at a university hospital.


LaPuma, et al continued

- Subjects for this study were physicians who formally requested ethics consultation as well as the patients for whom they requested them.

- Methods: Over a 2 year period (1988-1989) prospective evaluation - physician and ethics consultant completed a questionnaire after completion of the consultation
Main take-home items:

- Physicians found that the consult was very helpful or helpful in one or more aspects of patient care and ethics education.

- No information on the costs incurred as a result of consultation, changes in the clinical decision making process, and patients' and families' satisfaction with ethics consultation.
Effectiveness of an ethics consultation service, 1993

• Orr and Moon study from 1990 data at Loma Linda University (J Fam Pract, 1993, Jan;36(1):49-53)

• Ethics consult service was new, to evaluate the service, a questionnaire was sent to the attending physicians for their evaluation of the service.

• 46 patients from 5 clinical department were studied

• Results: The attending physicians found the consultations to be important in clarifying ethical issues, educating the team, increasing confidence in decisions, and in patient management in more than 90% of cases.

• However, consultations resulted in significant changes in patient management only 36% of the time.

1996 – Big Year for Consult Evaluation Research

• Several articles were published in 1996 that looked at the evaluation of ethics consult services, including the Summer 1996;7(2) issue of Journal of Clinical Ethics mostly devoted to the topic from a work group that included E. Fox & J. Tulsky.

• “Evaluation of a medical Ethics Consultation Service: patient and Family Perspective”, Dr. Orr et al expanded on their 1993 study.
Survey of patients and families

• The purpose of this study was to determine whether patients and family members found ethics consultations to be helpful and if they were satisfied with treatment decisions made
• Telephone interview “a few weeks after hospital discharge”
• N= 86 with 56 interviews completed (65%)

Results:

• 57% found ethics consultation to have been helpful
• 4% found them to have been detrimental
• Interviewees were more likely to have found the consultation helpful when they perceived that it had resulted in a significant change in treatment, and were less likely to have found it helpful when the patients were more seriously ill
• This may reflect the resignation that with a very poor prognosis, there is not much that anyone can do to change the course of events.
McClung, et al, Evaluation of a Medical Ethics Consultation Service: Opinions of Patients and Health Care Providers

• This study surveyed both professional staff and patient/family re the perceived effectiveness of bioethics consultation
• 20 case consults were reviewed with 96% physicians, 95% nurses and 65% patient/family responses (small n…)
• Conclusions: Patient or family members and professional staff have different perceptions regarding the value of bioethics consultation

• Patient/family members cited lack of communication with professional staff as their primary reason for responding negatively
• “There is clearly a large gap between the perceptions of physicians and those of patients or family members regarding what constitutes adequate communication” (460).
Study participants rating of ethics consult:

Interestingly…

- In those cases in which the outcome was seen as unsatisfactory, the family member's opinion of the value of the consult remained negative whether or not the consult team had supported and advocated for the course of action recommended by the family.
- It is possible that anger about perceived communication lapses between families, patients, and the health care team may in some instances have been transferred to the ethics consultants.
Concept in evaluation applied to ethics consultation (E. Fox)

Dr. Fox (Journal of Clinical Ethics, Summer 1996;7(2):116-121) gave some very insightful and essential tasks for the planning of evaluative research for clinical ethics consultation:

1) It is important to consider the underlying purpose of the evaluation
2) Research questions must be carefully defined (i.e. quality, structure, process, outcomes, access, efficiency)
3) Enumeration of variables of interest
4) The selection of appropriate data collection techniques
5) The creation of reliable and valid instruments
6) The study’s research design should suit the goals of the intervention

“The tasks outlined in this conceptual framework are all prerequisite to rigorous evaluative research”


Objective of this study was to determine:

- whether ethics consultations in the ICU setting reduce non-beneficial treatments, defined as days in the ICU and treatments delivered to those patient’s who ultimately fail to survive to hospital discharge, and;
- whether physicians, nurses, social workers, and patients/families agree that ethics consultations in the ICU are beneficial in addressing treatment conflicts.

(Critical Care Medicine 2000 Vol 28, No.12: 3920-3924)
• Prospective, randomized, controlled trial of ethics consultations
• Set in the medical and pediatric ICU’s in a university medical center
• 74 patients in whom value-based treatment conflicts arose during the course of treatment
• Patients were randomly assigned to an intervention (ethics consultation offered) or nonintervention (consult not offered) arm of the trial

Outcome Measures:

• Medical data and ICU hospital days were compared between the intervention and control groups before and after the randomization. (non-beneficial treatment, namely days of ICU and life-sustaining treatments in patients who die before discharge)
• Likert scale and commentary responses were recorded to structure and open-ended interviews with the responsible physicians, nurses, social workers and families of patients assigned to the intervention arm within 1 month after the patient’s death or hospital discharge.
Survey Questions:

Interviewees were asked whether ethics consultations helped with the following:
1) To identify ethical issues;
2) To analyze ethical issues;
3) To resolve ethical issues;
4) To educate about ethical issues;
5) to present personal views

Main Results:

• There were no differences in overall mortality between the control patients and patient receiving ethics consultations

• **However, ethics consultations were associated with reductions in ICU hospital days and life-sustaining treatments in those patients who ultimately failed to survive to discharge.**

• Ethics consultations were regarded favorably by most participants.
Conclusion:

- Ethics consultations seem to be useful in resolving conflicts that may be inappropriately prolonging futile or unwanted treatments and are perceived to be beneficial.

* Might this also save money?

Is Evaluating Ethics Consultation on the Basis of Cost a Good idea?

- Evaluation of ethics consultation should focus on quality outcomes rather than a cost/savings approach.
- With a cost savings goal, consultation may change from voluntary to being required in situations where savings can be realized (facilitating may turn into urging…)
- **However, the authors provide no guidance on evaluating quality or process…**
2008: “Evaluating ethics consultation: randomized controlled trial is not the right tool”

- The authors reviewed all articles with the design of randomized controlled trials (RCT) to evaluate the effectiveness of ethics consultation.
- **CONCLUSION:** RCT to evaluate effectiveness of ethics consultation is extremely difficult as long as two issues are not resolved:
  1) The standardization of ethics consultation process;
  2) A placebo for ethics consultation to eliminate the placebo effect

*What other group / clinical process might ethics consultation evaluation be compared to in real life?*
American Society for Bioethics and Humanities (ASBH)

- So Far…. No guidelines/process for consultation evaluation

VA System

- Integrated Ethics
- Only available via the VA system
- Electronic
- System wide
UIC Evaluation Process:

- Online survey
- Providers only
- Mostly positive feedback, but limited in that no data from patient / family

What’s Next?

- Discussion........
- Next Steps?
- IL HEC FORUM research project?