RAISING THE PROFILE OF YOUR CEC IN YOUR TRUST

Seek Support by Opinion Leaders in your Trust

- Try to get Board members involved – usually there are individuals with an interest in ethics and all they need is to be invited!

- Try to interest your Medical Director and Head of Nursing – they should be *ex officio* members and should be encouraged to participate (e.g. have a 6-monthly review of ethical issues involving clinical governance, risk, resource allocation or anything that would engage them).

- Identify vocal and influential nursing and medical staff – even if they are not trained in ethics – and encourage them to attend for specific meetings that would kindle their interest.

- Engage the Trust Solicitor in issues of medico-legal interest – but beware that discussions involving lawyers tend to focus on legal and procedural issues and tend to stifle open discussions about ethics.

Find ways to maintain an awareness of your activities in the Trust

- Ask your CEC clinician members to identify cases in their clinical areas.

- Routinely send an anonymised abstract of case discussions to all the Clinical Directors in your Trust.

- Offer to attend grand rounds or MDTs in clinical services.

- Offer to teach students, trainee medical staff and nursing staff; offer a station in the OSCE for the final MB BS for students.

- Participate in Trust policy formulation groups (e.g. Adult Protection, the Resuscitation Group etc) and offer to take the penultimate policy to your CEC for in-depth discussion – invite key members of the Policy group to attend your CEC.

Provide an excellent service

- Respond rapidly to clinicians’ queries – unthreateningly (beware Sokol’s view that Ethics has become ‘a bully!’); offer the option of a rapid access consultation at the bedside (if appropriate) or a discussion in the full CEC as soon as possible (consider convening an extra meeting of the CEC if the matter is pressing).

- Ensure that your committee membership remains dynamic – rotate people, ensure you have lay people, GPs, public health experts and a suitable spread of disciplines represented; get someone from your local MCA IMCA service as a member; find trained ethicists and hang onto them!
• Upgrade the quality of your ethics discussion
  - regular in-house training sessions
  - ensure that the briefing documents are well thought through and sent out in good time prior to meetings
  - co-opt experts to specific meetings, as relevant to the topic under discussion (e.g. your Trust’s solicitor, Health Protection Agency, Public Health, an academic with relevant expertise, a leading GP Commissioner).

Accountability

• Link your CEC to a committee within your Trust’s Clinical Governance structure (preferably one chaired by the Medical Director) and submit the Minutes of every meeting to this group - this will ensure that (where relevant) the CEC’s advice regarding Policy issues will be formally received by the Trust.

• Routinely obtain feedback from individuals who have brought a clinical case to your CEC (see suggested template below) and report this to your CEC.

• Prepare an annual report for the Clinical Governance Committee.
CLINICAL ETHICS COMMITTEE
FEEDBACK

The ***TRUST*** CEC is not intended to be a self serving talk-shop, so its success is measured entirely by the value that the consulting clinicians attach to the discussion. Please could you spend a few minutes completing this form and also give ‘free comments’?

Date of meeting:

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<tr>
<th></th>
<th>Definitely</th>
<th>Somewhat</th>
<th>Not really</th>
<th>Frustrating or not useful</th>
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<tbody>
<tr>
<td>The CEC members gave me confidence that they had a full grasp of the clinical ethical problems that I wished to discuss.</td>
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<td>The discussion was sufficiently detailed in relation to each of the identified problems.</td>
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<td>The discussion caused me to reflect more deeply on some of the ethical issues I had previously thought of</td>
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<td>The discussion in the CEC identified new ethical issues that I had not previously thought of</td>
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<td>The discussion built on ethical issues I had previously thought of and ‘formalised’ my thinking</td>
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<td>As a result of the discussion in the CEC I am now more confident in dealing with the patient and their relatives.</td>
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Free Comments