UKCEN NEWSLETTER

Volume 2, Issue 29, Autumn 2014

THIS ISSUE:

Date Announced: 17th June 2015 for the 15th Annual Conference in Newcastle Upon Tyne

Report on the 14th UKCEN Annual Conference in Guernsey

East of England & North West Regional Workshops

Publicity Drive at St George’s CEC

Imperial College Awarded First UKCEN Educational Grant
Welcome to the Autumn newsletter of UKCEN. This is my first newsletter as chair so the most important item is to thank Anne Slowther for her three years of extremely able and efficient chairmanship. Clearly I have a very hard act to follow.

We enjoyed an extremely successful and thought provoking conference hosted by Guernsey ethics committee in June and thanks must also go to Tracey McClean and Graham Beck for their hard work and huge team effort that went into producing such an outstanding event. It was very gratifying to see such interest in the conference from the local community and extremely interesting and a privilege to be party to specific discussions which uniquely affect the population of the island. Please see Pages 3-5 for a more detailed report of the conference.

Trustees are currently busy helping to raise the profile of the network with national groups and also we have contacted all UK trusts with our UKCEN leaflet to help raise the profile of the organisation and encourage their support of local committees. This, we are pleased to report has generated some interest.

We are currently planning some more regional workshops in Norwich and Liverpool following on from a successful and well received pilot last year and will be letting members know more details as soon as these are finalised. Any committee who would be interested in organising such an event locally (perhaps in collaboration with neighbouring committees) next year please let me know.

Members of clinical ethics committees many wish to consider attending a two day workshop which will be running at Warwick Medical School called ‘Ethics in Clinical Practice’ on Monday 24th and Tuesday 25th November 2014. The venue is the Arden Conference Centre at the University of Warwick in Coventry. Please visit the UKCEN website for a preliminary programme, together with registration form and details of local accommodation.

We are now also looking forward to our next National event: Ethical Foundations of The Francis Report – clinicians and managers on shared ground. This will be held in Newcastle on Wednesday 17th June 2015. Please put this in your diary as I am sure having seen the provisional programme it will promise to be an extremely thought provoking and relevant day.

Karen Le Ball, Chair UKCEN
Firstly a big welcome to Karen Le Ball who writes her first introductory piece as the new Chair of the UK Clinical Ethics Network (UKCEN) in this newsletter. I wish her the best of luck for her tenure over the next three years and I would also like to reiterate her thanks to Anne Slowther for all her hard work as Chair of the UKCEN over the last 3 years.

In September Anne forwarded a link to Daniel Sokol’s article in the BMJ, Renewing the Call for Clinical Ethicists (1) by to all members of the UKCEN - many of whom are not doctors and would not otherwise have seen this article.

Dr Richard Clarkson, CEC Chairman at Yeovil Hospital felt strongly that this article devalued the work of hospital CECs and addressed a letter entitled ‘In defence of Clinical Ethics Committees’ to the UKCEN. Daniel Sokol was offered and accepted the opportunity to respond and both letters are published in this Newsletter.

There is feedback from the Clinical Ethics Open Day, held at Hammersmith Hospital and organised by the Imperial College Healthcare NHS Trust Clinical Ethics Committee in association with the UK Clinical CEN.

We also have an article about St George’s Clinical Ethics Committee.

Franco Moscuzza

Other features in this Autumn Newsletter include a report and pictures from this year’s 14th Annual UKCEN Conference on the theme of ‘Communication Technology and Social Media: Ethical Challenges for Health and Social Care’ held in Guernsey.

As always feedback, suggestions or any articles for inclusion in the next Newsletter by email either to myself (franco.moscuzza@gstt.nhs.uk) or to Louise (S.L.Hutton@warwick.ac.uk)
While it was alarming to hear the many negative impacts of gaming, social media and online pornography on children as young as primary school age, it was reassuring to hear Tracey describe a community safety organisation in Guernsey providing support for children needing to talk about what they see on-line. Similarly, Ruari’s disturbing account of the many opportunities for maleficence provided by peer-to-peer, live-streaming and ‘dark web’ technologies was tempered by his optimism about developments in national and international law enforcement collaboration. Given current political debates, it was also interesting to hear a detective’s emphasis on the importance in this area of the European Convention on Human Rights and the Human Rights Act.

Closing the session, Glenn provided a further insight into vulnerability, as he explained how learning disability can affect people’s understanding of information and communication, generating a corresponding duty on the part of health and social care professionals to understand the risks of social media to people with learning disabilities while also supporting them to live...
2014 Conference Report

independently and autonomously online.

For the second part of the morning session, delegates participated in one of three workshops, on the ethics of supporting the ‘social patient’ in their use of social media, using twitter as a tool for professional development and considering the ethical challenge of managing sensitive information in a social world.

During the afternoon, legal and regulatory issues arising from use of social media were considered. Sara Mallett (Partner at Randell & Loveridge) provided a legal perspective, discussing data protection and Article 8 rights to privacy and family life and concluding that, while care must be taken in a time of continuing change, social media can have a positive impact. Representatives of three regulators (the GMC, the HCPC and the RCN) provided sage advice based both on regulatory guidance and on registrants’ mishaps and misdemeanours in the use of social media.

The day finished with Paul Sadler describing the development of an electronic health and social care record on Guernsey, complemented by Psychiatrist Cecilia Moyes’ thoughts on her team’s use of paperless records and social media in an adolescent mental health service. While Cecilia acknowledged potential shortcomings, she identified several advantages of social media in this context including therapeutic engagement, containment of risk, and its particular efficacy in reaching young people with autistic spectrum conditions.

The traditional conference dinner, also at Les Cotils on the evening of Day One, was typically enjoyable. The dinner is an important part of the conference programme to be recommended to any future delegates planning to attend a UKCEN conference. These are reliably convivial occasions providing an ideal opportunity to meet fellow delegates in a more relaxing way than can easily be achieved in momentary encounters between conference sessions.

Day Two began with Victoria Betton’s interesting comparison of contemporary alarm about social media with the suppression of coffee houses in the eighteenth century. Just as the latter provided an important opportunity for social interaction and debate, so too Victoria recommended that health and social care providers should seek to understand and embrace the possibilities that communication technologies generate. As she put it, a positive view of social media might lead providers to ask themselves, ‘What would a sociable organisation acting in an ethical manner do?’ and conclude that ‘sociable organisations’ are those that plan ahead, that engage their senior people in social media management and that link their

Victoria recommended that health and social care providers should seek to understand and embrace the possibilities that communication technologies generate.

*Image courtesy of VisitGuernsey*
Sirfraz based his argument on his eighteen months’ experience of providing Skype consultations, and suggested that they are a valuable supplementary tool for good medical practice, subject to appropriate protocols, safeguards and risk analyses. He argued that patients were the strongest advocates of video consultation and that it can enhance the medical assessment and experience of selected patients who feel more at ease at home than in the clinical setting.

A very successful conference on an imaginatively conceived theme was closed with a summary by Tracey McClean of some of the key outcomes of the two days’ discussions, and her account in verse of her own experiences of organising the event.

Anne Slowther thanked the organising committee for their support in organising and hosting the conference and looked forward to seeing many of the delegates again at the 15th UKCEN Annual Conference next year in Newcastle.
UKCEN Regional Workshop
‘Advancing competence in clinical ethics support’
12th December 2014, 10:00 to 15:20
Education Centre, Broadgreen Hospital, Liverpool

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<tr>
<th>Time</th>
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<tr>
<td>09:30-10:00</td>
<td>Registration and coffee</td>
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<td>10:00-10:10</td>
<td>Welcome and introductions; outline of the day</td>
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<td>10:10-11:10</td>
<td>‘Two steps forward: building and sustaining clinical ethics support’ Dr Richard Hain</td>
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<td>11:15-12:15</td>
<td>‘Competencies and credibility: the governance of clinical ethics’ Mr John Bridson</td>
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<td>12:15-13:00</td>
<td>Lunch</td>
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<td>13:00-14:00</td>
<td>‘Is ethics lawful?’ Prof Michael Jones</td>
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<td>14:05-15:05</td>
<td>Seminar</td>
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<td>Summary of outcomes and completion of feedback</td>
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In addition to the above Regional workshop there will also be an East of England Regional Study Day on the 27th March 2015
Venue: Newmarket Racecourse
Programme will soon be confirmed - keep checking the courses and conferences page of www.ukcen.net for further details

If you are a member of a CEC with paid UKCEN subscription for last year attendance is free! If you are a member of a CEC that did not pay it's UKCEN subscription for 2013 attendance is just £30 per member!

Please send a cheque for £30 (payable to UKCEN) with each registration to guarantee your attendance. Cheques will be returned to subscribing delegates on registration. Attendance is limited, so early registration via www.ukcen.net is advised.
7

John Bridson of the Royal Liverpool and Broadgreen University Hospitals NHS Trust tells us why he became involved in clinical ethics.

I first became interested in clinical ethics during a gap year working in a hospice and witnessing the remarkable resilience of patients and families tackling difficult end-of-life challenges. I went on to read philosophy and theology at Heythrop College, University of London where, with a student population numbering fewer than 200 in 1986, students enjoyed enviable contact with excellent lecturers. Above all, the influence of two philosophers, Gerry J Hughes and Janice Thomas (lecturers in ethics and Kant respectively) inspired in me an urge somehow to ‘do practical ethics’.

After graduating, I remained drawn to palliative care and to the closeness of the nurse-patient relationship. I trained as a nurse and worked in the Liverpool Marie Curie Hospice while studying part-time for a Masters degree in Healthcare Ethics. I picked up as much teaching experience as possible and took other initiatives such as organising debates so that, by the late 1990s, I allowed myself the thought that a career in practical ethics might be practicable.

With no clear career path in this country, the route to becoming a clinical ethicist seems no more specific than to become appropriately qualified and experienced and keep one’s nerve long enough to be in the right place at the right time. Necessary qualifications involve acquiring skills in philosophical reasoning and legal analysis, but prominent ethicists who have taken an academic route have described difficulties obtaining adequate complementary experience in clinical environments. The clinical route presents other complications: the path through medicine and postgraduate qualifications taken by many ethicists is long and circuitous if what you really want is to be a clinical ethicist; professions allied to medicine offer a shorter route, but arguably with greater obstacles to innovative career planning.

In my case, having ‘kept my nerve’, an opportunity arose to apply for a novel role developing ethics support in an angina service with scope for wider responsibility. Forward-looking senior managers supported development of the role, approving lecturing secondments and evaluating the post of clinical ethicist through ‘Agenda for Change’. With strong support from the Royal Liverpool and Broadgreen University Hospitals NHS Trust Board, we established a clinical ethics committee within the governance structure of the Trust, benefitting greatly from our membership of UKCEN. Both the CEC and my post have clear objectives to enhance our compliance with UKCEN core competencies.

Nevertheless, even in my own well-supported position, I recognise the need for greater recognition of the discipline, as amusingly illustrated by a phone call yesterday.

Me: “Hello, John Bridson, Clinical Ethicist”

Caller: “Oh ... sorry ... what did you say your job was?”

Me: “Clinical Ethicist – I advise on ethical issues in clinical practice”

Caller: “Ohhhhh! For a moment I thought you said ‘exorcist’!”

To submit your “Why I became interested in Clinical Ethics” please email: franco.moscuzza@gstt.nhs.uk
The CEC of the ICHT is one of the oldest and most active CECs in the UK. The CEC offers review of cases in an acute and elective setting and has also a strong educational portfolio; the flagship of our educational activities are the Clinical Ethics Open Days we organise twice a year aiming to raise awareness about clinical ethics in our Trust and Imperial College and also to facilitate an open and constructive debate about ethical challenges in modern clinical practice.

The CEC of ICHT invited the UKCEN to organise in collaboration a Clinical Ethics Open Day at the Hammersmith Hospital aiming to attract a broader audience in London with an interest in clinical ethics. The Open Day took place on the 20th of May 2014, it was well attended and very successful.

The first session focused on the role of the media in the overall clinical ethical debate. Professor Deborah Bowman (Professor of Bioethics, Clinical Ethics and Medical Law, St. George’s University, London) and Ms Beth Eastwood (Producer, BBC 4 Radio, “Inside the Ethics Committee”) set a very interactive session where, following a comprehensive introduction of the topic, the audience was able to listen and progressively discuss and analyse a case that has been previously presented in the “Inside the Ethics Committee” programme. The case offered a great opportunity for all “hot potatoes” in clinical ethics (autonomy, risk, consent, allocation of resources) to be debated. It was highlighted that the “Inside the Ethics Committee” programme is a brilliant example of a positive involvement of modern media in ethical debates in clinical practice.

The day continued with a session focusing on ethical
issues related to health economics. Professor Elias Mossialos (Professor of Health Policy, London School of Economics, Director LSE Health) gave a well-rounded presentation regarding the challenges faced by healthcare systems around the world when it comes to providing quality of healthcare in tough financial climate. The debate focused on the great issue of just allocation of resources aiming to maximize the potential benefit but also help those in need regardless of the rarity of their condition.

The last session of the day focused on ethical issues related to organ donation from neonates. and it was presented by Professor Vassilios Papalois (Chair ICHT CEC) and Dr Gareth Tudor-Williams (Vice-Chair ICHT CEC) in collaboration with the team of the Neonatal Unit of Queen Charlotte’s Hospital, ICHT. The discussion was inspired by the fact that the first retrieval of organs from a neonate in the UK took place successfully at the ICHT a few days before the Open Day. The paramount importance of developing a sound clinical pathway and have dedicated staff who will offer strong support to the family before and after donation was discussed in the context of the real life case that took place at ICHT.

The CEC of ICHT will continue its open days building collaboration with the UK CEN and other CECs in the UK.

Last but most certainly not least we wish to express our gratitude to Dr Anne Slowther and Dr Franco Moscuzza who were the UKCEN Faculty at the Open Day as well as to the UKCEN Board for the support of the event with an educational grant of £500.

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**UKCEN Small Grants Scheme:**

If your CEC would like to apply for an award of up to £500 to support education activities for staff including ethics seminars, profile raising events or one day conferences and raise ethics awareness within your Trust, please email: info@ukcen.net requesting an application form. Applications will need to be completed on a proforma for consideration by a sub-group of the UKCEN Board. Please note that only CECs who have paid their UKCEN subscription for the previous calendar year will be eligible for these awards.
In defence of Clinical Ethics Committees

Daniel Sokol, a clinical negligence lawyer, recently wrote an article for the BMJ (349 doi: http://dx.doi.org/10.1136/bmj.g5342 (Published 05 September 2014) Cite: BMJ 2014;349:g5342) promoting the need for every trust to employ a full time clinical ethicist. This he does whilst openly devaluing the excellent work of CECs. His arguments are flawed on many levels but my main concerns are these:

Firstly, that whilst a clinical ethicist will always be an extremely valued contributor to a local CEC, anyone who feels that “…it remains (their) view that clinical ethicists are better suited to the task of providing support to clinicians than the often intimidating, impersonal CECs” cannot have a great deal of understanding of the workings of most CECs. To have a paid employee in each trust as he suggests would not only remove the will and desire of local staff to create and run a CEC but also significantly disenfranchises those Clinicians and volunteer members who also have ethical and legal qualifications who give their time and expertise freely.

Secondly, one of the strengths of CECs is very much their committee nature, with it’s breadth of experience and knowledge and the discussions that ensue. Having a number of members from many backgrounds also enables the message of the CECs work to disseminate around the departments and far from being intimidated having fellow clinicians and other “coal face” staff makes the whole structure far more approachable than someone such as a trust employed clinical negligence lawyer. So the statement that “An individual can build trust and form relationships with the medical team in a way that a committee cannot” is simply not true.

Thirdly, Mr Sokol states “…the appointment of a full time clinical ethicist would send a positive message to patients, relatives, and hospital staff that ethics is not an abstract buzzword but lies at the heart of high quality care and that immediate, personal, and professional support is only a bleep away”. In hospitals with a CEC that’s exactly what there is already. At a time of extreme austerity a full time clinical ethicist at every NHS trust cannot provide value for money above and beyond the great service provided by local CECs?

I believe any investment by trusts should be in supporting/establishing CECs and the great value they can provide.

Dr Richard Clarkson

Consultant Radiologist, Local Negotiating Committee Chairman and CEC Chairman of Yeovil Hospital
... And in Response

I am grateful to Dr Clarkson for his views on my BMJ article.

I stress at the outset that I do not advocate getting rid of CECs. In many hospitals in North America, they are used in conjunction with clinical ethicists. The one supplements the other.

Dr Clarkson suggests I cannot have a great deal of understanding of the workings of most CECs. I have only been a member of two, which is a very small proportion of the total number of CECs. No doubt different CECs work in different ways. There are, however, several studies conducted on CECs which suggest that they are rarely used. In my opinion, it is worth exploring the reasons for this. From my own experience of lecturing in hospital departments, it is not for lack of ethical problems in clinical practice. It may be – and it would be foolish to shy away from this possibility – that, in the UK context at least, the problem lies with the single committee model itself.

I am not persuaded by Dr Clarkson’s argument that a committee is more approachable than an individual, even if this individual is a clinical negligence lawyer (if one looks closely, many such lawyers are human, but in any event a clinical ethicist need not be a lawyer). If in my capacity as a barrister I need ethical advice on a case, I would much prefer to consult an accessible legal ethicist (there is indeed a field of legal ethics) in my Chambers or my Inn than presenting the case to a committee of mostly unknown people. You can visit the local coffee shop to discuss the matter with a person; not so with a committee. It is also important to remember that the clinical ethicist, like the on-call specialist, would be a colleague who works at the coal face.

Is investing money in CECs preferable to investing it in full time clinical ethicists? This is a difficult question to answer. One advantage of clinical ethicists who are permanently on the shop floor is that they can anticipate ethical problems before they arise (for example, by taking part in ward rounds and multi-disciplinary meetings), whereas committees tend to get involved when a problem has already developed. They are reactive. If a clinical ethicist prevents even a single lawsuit from emerging, he would probably have paid for himself. It is also easier for an individual to look at the patient notes, a key source of objective information seldom used by CECs.

There is little doubt that many CECs provide an excellent and valuable service to clinicians in the Trust but the reality is that the evidence for this is thin. If such evidence exists, then let us publish it in journals so that others may use it to obtain proper funding.

Daniel Sokol
Barrister
12 King’s Bench Walk
Temple
London
Our CEC has been in existence for about 14 years, but only since a concerted publicity drive in the last year or so have there been a decent number of referrals.
Dates for your Diary

24th & 25th November 2014
Ethics in Clinical Practice Workshop
Arden Conference Centre, University of Warwick, Coventry

12th December 2014
Northwest Regional Workshop
Education Centre, Broadgreen Hospital, Thomas Drive, Liverpool, L14 3LB

Friday 6 March 2015
9th IME Education Conference
‘Ethics in a Digital Age’
Woburn House Conference Centre, London

27th March 2015
East of England Regional Workshop
Newmarket Racecourse

Thursday 18 June 2015
IME Research Conference
Newcastle

17th June 2015
UKCEN Annual Conference
Centre for Life, Newcastle

This includes a Pre-Conference Workshop on the 16th June 2015

16th June 2015
IME Research Conference
Newcastle

Lesley Bowker of the Norfolk and Norwich University Hospital NHS Trust CEC will be running a Clinical Ethics Regional Workshop on the 27th March 2015 (programme to be confirmed).
Area List of Clinical Ethics Committees

Scotland
Grampian NHS Board
Royal Hospital for Sick Children

North East
City Hospitals Sunderland NHS FT Medical (Clinical) Ethics Group
Newcastle Hospitals Clinical Ethics Advisory Group
Northumbria Healthcare Clinical Ethics Advisory Group

North West
Alder Hey Children’s NHS Foundation Trust CEC
Royal Liverpool & Broadgreen University Hospitals
NHS Trust Clinical Ethics Committee
Wirral Hospital NHS Trust

Yorkshire and Humberside
Mid Yorkshire Hospitals NHS Trust Healthcare Ethics Group
Sheffield Children’s Hospital NHS Trust
Trust Ethics Advisory Committee (Doncaster & Bassetlaw Hospitals)
York Hospitals NHS Foundation Trust Clinical Ethics Group

Northern Ireland
Altnagelvin Area Hospital
Belfast Health & Social Care Trust

Wales
Abertawe Bro Mogannwg University Local Health Board
Betsi Cadwaladr University Local Health Board
Cardiff and Vale University Health Board

West Midlands
Birmingham Children’s Hospital Ethics Advisory Group
Coventry Clinical Ethics Forum, University Hospitals Coventry & Warwickshire NHS Trust
Heart of England NHS Foundation Trust
University Hospital of North Staffordshire Clinical Ethics Advisory Forum
University Hospitals Birmingham NHS Foundation Trust

East Midlands
Derby City Hospitals
Nottingham University Hospitals Ethics of Clinical Practice Committee
Sherwood Forest Hospitals NHS Foundation Trust
United Lincolnshire Hospitals Trust Clinical Ethics Committee
University Hospitals of Leicester NHS Trust

Eastern
Cambridge University Hospitals FT Clinical Ethics Group
East & North Hertfordshire NHS Trust
East Anglia Ambulance NHS Trust
James Paget University Hospital NHS Foundation Trust
Norfolk and Norwich University Hospital
Queen Elizabeth II Hospital Joint Clinical Ethics Committee
Area List of Clinical Ethics Committees

**London**
- Barts Health NHS Trust
- Central and North West London NHS Foundation Trust
- Great Ormond Street Hospital for Children NHS Trust
- Guy’s and St Thomas’ Foundation Trust Clinical Ethics Advisory Group
- Imperial College Healthcare Clinical Ethics Committee
- King Edward VII’s Hospital
- Kings College Hospital Clinics Abu Dhabi - Ethics Committee
- Kingston Hospital NHS Trust
- Lewisham and Greenwich NHS Trust, Oxleas Foundation NHS Trust & Greenwich Commissioning Group (Joint Clinical Ethics Committee)
- London Clinic
- Northwick Park Hospital
- Royal Free Hospital
- Princess Alexandra NHS Trust Harlow
- Royal Hospital for Neurodisability
- Royal Surrey County Hospital NHS FT Clinical Ethics Forum
- St Christopher’s Hospice
- St Georges Hospital
- Whittington NHS Trust Clinical Ethics Group

**South**
- Guernsey Health & Social Services Department Ethics Committee
- Poole Hospital NHS Foundation Trust
- Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust
- Southampton University Hospitals Trust

**South West**
- Bristol Acute Trust Clinical Advisory Group
- Gloucestershire Hospitals
- Plymouth Health Community Clinical Ethics Group
- Royal Devon & Exeter Hospital Clinical Ethics Reference Group Committee
- Royal United Hospital NHS Trust
- Taunton & Somerset Foundation Hospital

*For Full contact details visit: [http://www.ukcen.net/index.php/committees/member_list](http://www.ukcen.net/index.php/committees/member_list)*
The Law and Ethics of Dementia

Hart Publishing have recently published ‘The Law and Ethics of Dementia’ edited by Charles Foster, Jonathan Herring and Israel Doron. The book brings together contributions from clinicians, lawyers and ethicists - all of them world leaders in the field of dementia - and is a comprehensive, scholarly, yet accessible library of all the main perspectives on the law and ethics surrounding dementia. Full details about the book can be found at http://www.hartpub.co.uk/BookDetails.aspx?ISBN=9781849464178.

How to Order

ONLINE

If you would like to place an order you can do so through the Hart Publishing website (link below). To receive the discount please quote the reference AZ8 in the voucher code field and click ‘apply’.


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