

UK CLINICAL ETHICS NETWORK NEWSLETTER

Issue 14, Spring 2005



Welcome to the Spring Edition of the UK Clinical Ethics Network Newsletter

The next few months will be an active time for the Network. In May we have our AGM and annual conference, both to be held in Newcastle and hosted by the Newcastle Clinical Ethics Advisory Group. Further information about both of these events can be found in this newsletter. We are particularly interested in having poster presentations from individual clinical ethics committees at the conference so please consider this for your committee. The Network is planning to register a formal constitution with the Charities Commission, thus formalising its status. This will be discussed at the AGM.

In June the Royal College of Physicians are launching their Report of a working party on ethical issues in medicine, which will make recommendations about the provision of ethics support in NHS trusts. On an international front, at a recent international conference on clinical ethics case consultation, held in Basle, the seeds of a European Network of clinical ethics case consultation have been sown. There is a report on the Basle conference on page 6.

The Nottingham ethics of clinical practice committee hosted a regional meeting of all CECs in the Trent and North Anglia regions in late 2004, and Alan Watson reports on the meeting on page 3. Perhaps this will precipitate further regional meetings throughout the Network.

The team at Ethox have been busy co-ordinating enquiries to the Network on a range of issues, and we would like to thank all committees who have responded to our 'round robins'. We are currently endeavouring to identify further funding to continue the support that Ethox offers the Network, before current funding terminates in August this year.

Some of you may have been contacted by a BBC Science Editor, Beth Eastwood. She is planning a series of programmes on how ethical decisions are made in UK hospitals. On page 7 we have printed a request from her for identification of possible cases to discuss, together with more information about the series. It is clear that she would like cases in which all those involved are prepared to talk about the case. Clearly appropriate consideration of consent and anonymity will be required.

We hope that you enjoy the newsletter, and look forward to seeing many of you in Newcastle in May.

Anne Slowther and Jane Goodall

Editors: Anne Slowther & Jane Goodall,
The Ethox Centre, Department of Public Health and Primary Care, University of Oxford, Old Road
Campus, Headington, Oxford OX3 7LF. Tel: 01865 226936. Fax: 01865 226938.
E-mail: admin@ethics-network.org.uk Web Site: www.ethics-network.org.uk



UK CLINICAL ETHICS NETWORK
5TH ANNUAL CONFERENCE

FRIDAY 20TH MAY 2005

CENTRE FOR LIFE, TIMES SQUARE, NEWCASTLE UPON
TYNE.

This year the conference will be themed around the ethical issues of resource allocation.

The talks being given are:

Resource allocation decision-making: reasons and process.

Professor Tony Hope, Director of The Ethox Centre and Professor of Medical Ethics at the University of Oxford.

CECs and resource allocation: what are the issues and should we be considering them?

Dr Neil Snowden, Co-Chair, Pennine Acute Clinical Ethics (PACE) Committee

The views of primary care physicians on ethical issues in resource allocation. A European comparison.

Dr Samia Hurst, Maitre Assistante of the University of Geneva

The lunch session will be extended to allow for viewing of posters being displayed. The poster presentations will be themed towards the activities of clinical ethics committees. Anyone wishing to submit a poster should send the Network an abstract of their poster which you can submit your abstract online at

<http://www.ethics-network.org.uk/Course/poster05.htm>

The afternoon session will consist of a panel discussion chaired by Dr Tom Shakespeare of the Policy Ethics and Life Research Institute (PEALS). The day's speakers will be joined by Dr Simon Woods, also of PEALS, Professor Sir Michael Rawlins of the Royal Victoria Infirmary, and Dr Alan Watson, Chair of the UK Clinical Ethics Network Committee.

There will be an opportunity for delegates to submit questions for the panel both on the day and at registration. If you already have a question you would like to be asked, please complete the appropriate form and send it with your registration form for the Conference. There will be another opportunity to submit questions on the day.

Further information and application forms are enclosed with this newsletter and can be found on the UK Clinical Ethics Network web site at

<http://www.ethics-network.org.uk/Course/conference.htm>



UK CLINICAL ETHICS NETWORK ANNUAL GENERAL MEETING

THURSDAY 19TH MAY 2005

ROYAL VICTORIA INFIRMARY, NEWCASTLE UPON TYNE

Enclosed are the agenda and registration forms for the UK Clinical Ethics Network Annual General Meeting, to be held at the Royal Victoria Infirmary, Newcastle upon Tyne on Thursday 19th May 2005 from 2.45pm.

All Chairs of Clinical Ethics Committees are invited to attend.

The agenda includes:

- Constitution and funding issues
- Membership of the UK Clinical Ethics Network Committee
- Regional initiatives to promote clinical ethics committees
- Report of the Royal College of Physicians on clinical ethics development
- Competencies for clinical ethics committee members

For those that are interested we will be organising a meal at The Copthorne Hotel, Newcastle upon Tyne, at 8 - 8.30pm. The approximate cost will be £25 per head. If you wish to attend please indicate on the AGM registration form.



A REGIONAL INITIATIVE TO SUPPORT THE DEVELOPMENT OF CLINICAL ETHICS COMMITTEES

The Ethox Centre in Oxford and UK Clinical Ethics Network (UKCEN) continue to monitor and support the development of clinical ethics committees (CECs) which have increased in number from 20 in 2000 to over 70 at the present time. Many individuals and hospital Trusts have also shown interest in developing a CEC but lack the necessary momentum and expertise.

The Nottingham Ethics of Clinical Practice Committee has been in existence since 1994 and expanded in 1999 to represent both City and University hospitals with continued representation from public health and primary care trusts. Locally we have shared information with, and had visits from, other developing CECs.

After informal discussion at the UKCEN annual general meeting in London in May 2004 we contacted most of the acute hospital trusts in Trent and the North Anglia region to propose a half day workshop in October to share experiences and discuss developments. The letter of invitation was sent to the Medical Director and Chief Executive of Trusts without a known CEC.

15 trusts replied positively, although 7 were unable to attend (4 with an established CEC). Of the 8 trusts represented 4 had an established clinical ethics group/forum, 3 described a clinical ethics committee and one Trust was considering the matter. The groups have been in existence from 10 years to 1 month, with 5 being in existence for over 2 years.

Topics discussed included topics such as the place of the CEC (forum) in the clinical governance arrangements to terms of reference and selection of CEC members including advertising for lay representatives. Publicising the role of the CEC was felt to be an important task and had been done successfully in one trust by a leaflet and in others by visiting directorates and using the hospital website. All saw the role of CECs to include policies, education and patient consultations. In some Trusts patients had asked to present at the CEC.

In clinical medicine we recognise the value of both peer support for patients and the “wisdom of others” to resolve our ethical dilemmas. This first meeting of a ‘regional’ network brought together CEC/forum members with variable experience of clinical ethics support. All participants felt that discussing the issues face-to-face was very worthwhile and helped to supplement a lot of the practical advice and literature available from UKCEN.

An annual meeting was agreed to review practical issues and for 2 groups to bring cases for discussion. It is hoped that this initiative will help to maintain and develop CECs on a regional basis and will be taken up in other parts of the country where the map shows large areas devoid of a CEC/forum.

Alan R Watson
Ethics of Clinical Practice Committee
Nottingham



There is a wide geographical distribution of CECs throughout the UK.

Each black dot represents the location of a CEC.

There are 14 CECs in London



CONFERENCE REPORTS

Ethics in Common

Joint Conference of the Association of Research Ethics Committees and the UK Clinical Ethics Network.

On 18th March 2005 the first joint conference of the Association of Research Ethics Committees (AREC) and the UK Clinical Ethics Network (UKCEN) was held in Birmingham. The title of the conference, 'Ethics in Common', reflected the aim of the day, which was to explore the common ground between the two representative groups and the potential for reciprocal support. There were 100 delegates from across the country, and they were welcomed by Dr John Lamberty, Chairman of AREC and Dr Alan Watson, Chairman of UKCEN.

The first speaker, Lord Philip Hunt, Chair of the National Patient Safety Agency, gave a dynamic talk about the role of NPSA and the current challenges of risk in clinical practice. This was followed by a presentation by Carolyn Johnston, erstwhile Project Officer for the Network Support Project, who spoke of the current state of clinical ethics committees and their development in recent years.

Professor Michael Baum, Professor Emeritus of Surgery, UCL then spoke about his interesting work over a long period with clinical trials of treatment for breast cancer. In his talk, entitled 'Surgical Innovations and Ethical *Constraint*', he highlighted specific problems with surgical trials and the issue of informed consent and randomised clinical trials.

Professor Jane Hutton, Department of Statistics, University of Warwick, then gave a presentation entitled 'Surgical Innovation and Ethical *Restraint*' in which she discussed cluster randomised trials, that is a design in which clusters of people are allocated to treatment strategies and outcomes are measured on individuals, so patients may be randomised to surgeons not treatments. She also considered the issues of early stopping of trials and the liberty to leave such trials.

After a break delegates were allocated into workshop groups to consider the Ethics of Novel Treatments, with a facilitator to guide them through the issues raised in three case studies. This provoked lively and interesting discussion and a chance to observe how delegates from RECs and CECs approached the issues.

The afternoon session, entitled 'Where Law and Ethics Conflict' was chaired by Professor Mike Parker, University of Oxford. Professor Charles Warlow, Professor of Medical Neurology, Edinburgh and Professor Margot Brazier, Professor of Law, University of Manchester debated from a clinical and legal perspective respectively, whether the Human Tissue Act 2004 and the restrictions on access to medical records had the effect of hampering medical progress.

The final topic of the day was 'The Pretence of Informed Consent'. Professor Raymond Tallis, who has recently headed a working party on Clinical Ethics Committees for the Royal College of Physicians, gave an amusing presentation on the proposal: 'Not that informed consent is impossible, but that the requirements for informed consent are becoming impossible and may already be so'. He highlighted the trend for more demand for informed consent and for documentation, set against a

greater volume of activity requiring consent. He identified the difficulty in reconciling the need for information against the comprehension of such information and spoke about 'adequate' and 'educated' consent.

Dr Richard Nicholson, editor of the Bulletin of Medical Ethics adeptly stood in for Claire Rayner in her absence due to illness and argued the proposition 'That Informed Consent is Possible'. He cited examples of studies showing the effectiveness of providing information to patients. This prompted a lively discussion.

The day was considered a great success and thanks are due to the speakers and organisers of the event.

Carolyn Johnston, April 2005



The second international conference on ethics case consultation

Hosted by the Institute for Applied Ethics and Medical Ethics, University of Basel, The Swiss Academy of Medical Sciences and the Department of Bioethics, Cleveland Clinic foundation

As its title suggests, this was the second international conference to be held that focused on clinical ethics case consultation, the first conference being held in Cleveland USA in 2003. There were over 200 delegates from a range of countries including representatives from Europe, North America and Asia. Participants included clinicians, philosophers and bioethicists, with a common interest in developing ethics case consultation in the clinical setting within their own health care culture. Plenary sessions included a description of the 'palliative care filter' in the process of dealing with requests for euthanasia in Belgium; the experience of developing ethics case consultation in a neonatal unit in Switzerland; the importance of the family in ethical decision-making in UK primary care; ethics consultation in a surgical intensive care unit in Germany; ethics consultation in health care rationing in Canada; an analysis of the process of case consultation by Professor Reiter-Theil (Basel); and a discussion of the importance of evaluation and accountability in ethics consultation by Professor Agich (Cleveland).

There were numerous parallel sessions over the 2 day conference looking at various aspects of ethics case consultation, including international comparisons, case consultation in specific areas such as genetics, and organisational ethics, as well as more theoretical sessions on conceptual foundations of ethics consultation. The quality of the presentations was very high and some of the group discussions were extremely useful for sharing ideas between countries. It was particularly good, as a European, to see how strong the contributions were from European countries.

Of particular interest to the Network will be the interest among colleagues in other European countries in setting up a European network for ethics case consultation with the aim of sharing experience between ethics committees and ethicists across Europe. I hope to have more information about this before the annual conference and will report on developments to the AGM in May. Overall the conference was interesting and encouraging for the development of clinical ethics both in Europe and, I hope, in the UK. The third conference will be held in Toronto in 2007. I would strongly recommend that you try and persuade your trusts to fund one committee member to attend.



BBC RADIO 4 SCIENCE DISCUSSION SERIES ON CLINICAL ETHICS - CASE STUDIES PLEASE

We are Producers in the Science Unit at BBC Radio and are currently setting up a 3-part discussion series for transmission on Radio 4 at 8pm on Wednesday 11, 18 & 25 May.

The series will examine how ethical decisions are made in hospital settings in the UK. Each of the 40 minute programmes will put forward a particular ethical situation, that has arisen in a health setting in the past, to a panel of four individuals to discuss. The panel for each discussion would be composed of individuals who are representative of clinical ethics committee members (so, either past or current members), each approaching the chosen ethical dilemma from a different standpoint. The programmes will be pre-recorded.

To help structure each discussion, we hope to include pre-recorded interviews with the patients &/or their families and the healthcare providers who were involved in a particular ethical situation in the past. Given the likely sensitivity of the case studies the interviewees would of course be able to speak anonymously.

If you know of a clinical ethics case where the individuals involved would be willing to talk to us, please could you contact us as soon as possible.

Many thanks.

Michelle Martin
Beth Eastwood

michelle.martin@bbc.co.uk
beth.eastwood.01@bbc.co.uk

(tel) 020 7557 3888
(tel) 020 7557 2472



WITHHOLDING AND WITHDRAWING LIFE SUSTAINING TREATMENT: RECENT DEVELOPMENTS IN THE LAW

Cases involving decisions to withdraw or withhold life-sustaining treatment can cause considerable anguish for both health professionals and the patient's family. They are among the most frequent cases to be referred to a clinical ethics committee, and are the subject of several professional guidelines and legal judgements. In 2004 the GMC guidance on withholding and withdrawing life sustaining treatment was the subject of judicial review, and the judgement is currently under appeal¹. In considering its grounds for appeal, the GMC sought the views of the Network on whether, and how, the judgment would impact on clinical practice. Several members of the Network responded to this request and a summary of the Network response can be found on the Network website

<http://www.ethics-network.org.uk/comment/burke.htm>.

¹ Burke v General Medical Council. [2004]EWHC Admin 1879

In December 2004 another legal case (W Healthcare NHS Trust v KH and others)² provided further insight into the factors that the courts would consider in deciding whether artificial nutrition and hydration could be withdrawn from a patient. In the above case the Court of Appeal said that three tests should be applied. These are:

1. Is the patient capable of making an informed decision?
2. Is there sufficient evidence of an advance treatment direction applicable in the particular circumstances?
3. What is in the best interests of the patient taking account of the patient's state of consciousness, the intolerability of her condition and, likelihood of being sentient to the objectively intolerable experience of death by starvation over 2-3 weeks?³

This case, in common with many of the 'end of life cases' that come before the courts, involves a decision where the patient is incapable of expressing her wish and there is no advance directive. The Mental Capacity Bill, which is currently making its way through parliament, has provision for a person to make an advance refusal of treatment, or to nominate a proxy decision-maker to make decisions about withholding or withdrawing life sustaining treatment in certain circumstances. The Burke judgement addresses a slightly different situation, that is an advance request for treatment to continue, and it is clarification on this aspect of end of life decision-making that health professionals, patients and their families require, and that the GMC is seeking in its appeal.

The Network will continue to provide information on these developments on the website as it becomes available.



ENQUIRIES TO THE NETWORK

Since the last newsletter we have received five round robin enquiries on issues including:

- Refusal of treatment
- Patient request for treatment
- Handcuffing of patients
- Patient referrals to CECs

Currently we are not reporting on case specific queries in the newsletter due to issues of confidentiality.

One recent query was around membership policies of clinical ethics committees and the results of this are summarised below.

Membership Policies of Clinical Ethics Committees

Following the email round robin enquiry asking for details of any policies on membership, we received responses from 19 clinical ethics committees. The policies on membership were usually part of the CECs terms of reference.

² 2004] EWCA Civ 1324 Times 9 December 2004

³ This is taken from Legal update 67, an information sheet for NHS trusts provided by Weightmans solicitors. Nottingham Author Liz Mulvaney

1. Membership policy

A small number of CECs had no policy regarding membership, however most had policies on terms of office, professional representation on the CEC, recruitment and dismissal.

The majority of CECs required the Chair and Vice Chair to serve a minimum of 3 years, with the option to be re-elected by the committee members for further terms. Members are drawn from a wide variety of professional backgrounds to ensure a balance of views, although the Chair is usually a senior person within the Trust.

Some CECs have specific policies relating to the range of professional backgrounds and number of members. One CEC requires half the members to have a current contract with the Trust and the other half to be lay members independent of the Trust, while another required one third of members to be independent of the hospital.

Members usually volunteered to join the CEC and an official invitation to be a member was agreed by a consensus of the CEC, although members for one CEC are approved by the Trust Board.

Amongst the CECs that have a policy on the dismissal of members there is a general agreement that a member who persistently fails to turn up to meetings will be replaced. One CEC also has the policy that if more than 50% of the CEC supports a no confidence vote the member will be dismissed.

2. How many members are needed to be quorate?

Where a policy exists for the numbers required to be quorate the figure varies from one third to one half of the CEC membership. One CEC requires that, of this figure, two have to be lay members.

3. Are any particular members or groups always required to be present?

Some CECs did not have a written policy on how many members were necessary for a meeting to be quorate, but did have requirements for specific CEC members to be present at a meeting. This usually involves the Chair or Vice Chair, a lay member, a member with ethics training, and the CEC secretary.

Other members required to be present can be a representative of the medical and nursing staff, legal member, and a senior member of hospital staff.

Further reading

A practical guide to clinical ethics support. The Ethox Centre, 2004.

- Section A Clinical Ethics Support.
- Appendix A9 Setting up a mental health trust clinical ethics committee. Graham Behr, Jon Ruddock, Central and North West London Mental Health NHS Trust
- Appendix A12 Issues to consider when appointing lay members. Paul Gerrish, Sheffield Teaching Hospitals

In May 2005 the Royal College of Physicians will publish a report on clinical ethics committees soon. Sections of this report will contain recommendations on membership.



ISSUES OF INTEREST

A practical guide to clinical ethics support

The Ethox Centre has recently published A practical guide to clinical ethics support. The guide is intended to assist members of established CECs and those thinking of setting up a committee. A key feature of the Guide is the range of appendices providing first hand experience and examples of work from existing CECs and individuals.

The Guide has been distributed, free of charge, to the Chairs of all CECs currently registered with the Network. Further copies are available from the Ethox Centre at a cost of £37.00, to cover postage and printing. The Guide is also available, in full, on the Network website and can be downloaded as pdf documents.

<http://www.ethics-network.org.uk/reading/Guide/guide.htm>

Guide to the Human Tissue Act 2004

A useful guide to the Human Tissue Act 2004 is now available on the UK Clinical Ethics Network website at <http://www.ethics-network.org.uk/comment/kaye.htm>

The guide has been written by Dr Jane Kaye, a lawyer working with the Oxford Genetics Knowledge Park and is provided for information purposes only, it does not constitute legal advice.

Ethics Teaching Materials Available Online

The Ethox Centre has placed the handouts for the core undergraduate seminars in medical ethics at the University of Oxford on their web site at

<http://www.ethox.org.uk/education/teach/edmaterials.htm>

The topics covered include consent, confidentiality and end of life. The documents are available to view online and can be downloaded, as Word files, for use in your own teaching and education. Further topics will be added soon.

Nuffield Council on Bioethics Public Consultation

The Nuffield Council on Bioethics is currently holding a public consultation on the ethical issues that arise from the prolonging of life in foetuses and newborns. This consultation is a continuation of the activities of the Working Party, created in October 2004 to consider the ethical, social, legal and economic issues involved in this issue. The deadline for responses is 9 June 2005, with a report planned to be published towards the end of 2006.

Responses can be submitted online at

http://www.nuffieldbioethics.org/go/ourwork/prolonginglife/page_245.html,

via email bioethics@nuffieldbioethics.org,

or by post to Dr Catherine Moody, Nuffield Council on Bioethics, 28 Bedford Square, London WC1B 3JS.

BMA Manifesto – A Vote to Improve Health

In the run up to a potential general election in the UK the BMA has published a challenge to all UK political parties to respond to the BMA Manifesto. The manifesto contains five key questions the BMA says must be answered in order to improve the NHS. The questions ask each party how they will

- improve public health, helping people to lead healthier lives
- make patient choice meaningful and relevant to patients

- recognise limits to the role the private sector can play, and strengthen the NHS
- involve doctors, patients and the public in the formulation of policy and reform initiatives
- invest in doctors to enable them to lead improvement across the NHS

The full document is available at <http://www.bma.org.uk/ap.nsf/content/BMAmanifesto>

Good Medical Practice Review Working Group

The General Medical Council, GMC, has set up a working group to review the core guidance document, Good Medical Practice. The initial consultation is seeking the views of a wide range of medical organisations and patient bodies.

The review covers the audience, level of detail, use of good or bad medical practice examples, duties of a doctor, the seven headings of Good Medical Practice, and the sharing of principles. So far the majority of respondents agree that Good Medical Practice

- should be addressed to doctors, while being accessible to the wider public
- should be concise while linking to additional supporting guidance in the form of FAQs, case studies etc.
- should remain divided into “the seven headings”
- and that the list of duties of a doctor should be reviewed and modernised.

The structured feedback form is available on the GMC website at http://www.gmc-uk.org/forms/gmp_feedback.htm

Restrictions on genetics testing and insurance extended to 2011

The Health Secretary, John Reid, announced on 14 March that predictive genetic testing results would not be used to deny people insurance until November 2011. This is an extension of the current agreement with the Association of British Insurers. The agreement also includes restrictions on the types of information insurance companies can ask for, principally genetic tests which form part of research projects do not have to be disclosed.

The full document is available on the Department of Health website http://www.dh.gov.uk/PublicationsAndStatistics/PressReleases/PressReleasesNotices/fs/en?CONTENT_ID=4106051&chk=2CNwmM

Science & Technology Committee Inquiry “Human Reproductive Technologies and the Law” report

The House of Commons has published the report of its inquiry into human reproductive technologies and the law. The report forms a part of the review of the Human Fertilisation and Embryology Act 1990. The report is available online at <http://www.parliament.uk/s&tcom>

Royal College of Physicians Working Party report

A Report of the Royal College of Physicians Committee of Ethical Issues in Medicine is due to be launched in June 2005.








BMJ Editorial

On the first of April the BMJ had an editorial suggesting the introduction of clinical ethicists in NHS Trust throughout the UK. Members may be interested in reading this article which is available online at

<http://bmj.bmjournals.com/cgi/content/full/330/7494/741>







USEFUL WEBSITES

-  UK Clinical Ethics Network <http://www.ethics-network.org.uk>
-  Journal of Medical Ethics: <http://jme.bmjournals.com/>
-  Journal of Medical Ethics pre-published papers:
<http://jme.bmjournals.com/misc/ecurrent.shtml>
-  British Medical Journal: <http://bmj.com/>
-  British Medical Association: <http://www.bma.org.uk>
-  General Medical Council: <http://www.gmc-uk.org/>
-  Cardiff Centre for Ethics, Law and Society: <http://www.ccels.cardiff.ac.uk/>



DATES FOR YOUR DIARY

-  **UK Clinical Ethics Network Annual General Meeting**
Thursday 19th May 2005
Open to Chairs of Clinical Ethics Committees. The AGM will be held at the Royal Victoria Infirmary, Newcastle upon Tyne. Registration forms are available from admin@ethics-network.org.uk
-  **UK Clinical Ethics Network Annual Conference**
Friday 20th May 2005
Themed around Ethics and Resource Allocation this conference will be hosted by the Newcastle upon Tyne Clinical Ethics Advisory Group and held at the Centre for Life, Newcastle upon Tyne. Full details of the agenda and a registration form are available on the Network website or from admin@ethics-network.org.uk
-  **Ethical Issues and their Management in Primary Care: The Ethox Centre Conference**
Thursday 23rd June 2005
Held at St Hugh's College, Oxford. Full agenda and registration forms are available from The Ethox Centre website at <http://www.ethox.org.uk/services/sconf/ethoxconf.htm> or admin@ethox.ox.ac.uk
-  For details of other courses go to the Courses and Conferences page on the website. If you would like to advertise an event with us please contact Jane Goodall.



CONTACT DETAILS

With the success of the UK Clinical Ethics Network, and the increase in the number of clinical ethics committees over the past few years, the list of contacts has become too large for the newsletter. As all the details are now available online we have decided to alter the way they are presented. So we will show the names of the CEC and group them into their geographical area in the UK.

If you do not have access to the website, and would like the contact details of any clinical ethics committee, please contact the Network.

We would like to take this opportunity to update our records. We have enclosed a form with the newsletter for each CEC Chair to complete and would appreciate it if this could be returned by the end of April. Alternatively I can supply an electronic version of this form or you can complete the online committee registration form which is available at

http://www.ethics-network.org.uk/Committee/reg_cec.htm

As well as your contact details, we would like to know your CEC name, i.e. Oxford Radcliffe Hospitals NHS Trust Clinical Ethics Committee.

We would also like to know of any policies that you may have developed, or have had input into developing. This will not only help us to identify the kind of areas which policies are being developed for, but also facilitate the sharing of information and best practice.

By providing details of issues you have discussed will help us to identify areas for future support and education.

Thank you for taking the time to complete this form.

CONTACT DETAILS

Name of your CEC:	
Name of Chair person:	
Name of contact person:	
Contact address:	
Contact telephone number:	
Contact fax number:	
Contact email address:	

Best method of contact: Email: Telephone: Fax: Post:

Which of the following issues has your committee discussed?

Withholding Treatment:	<input type="checkbox"/>	DNR Orders:	<input type="checkbox"/>	Refusal of Treatment:	<input type="checkbox"/>
Withdrawing Treatment:	<input type="checkbox"/>	Consent:	<input type="checkbox"/>	Restraint of Patients:	<input type="checkbox"/>
Advance Directives:	<input type="checkbox"/>	Capacity:	<input type="checkbox"/>	Genetic Testing:	<input type="checkbox"/>
Resource Allocation:	<input type="checkbox"/>	Confidentiality:	<input type="checkbox"/>		

What other issues has your CEC discussed?	
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How long has the CEC been active?	
How many members are there?	
Has your CEC contributed to any policies?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, what are they?	
------------------------	--

Thank you for taking the time to complete this form. Please return your completed forms to Jane Goodall, The Ethox Centre, DPHPC, University of Oxford, Old Road Campus, Headington, Oxford OX3 7LF. Fax: 01865 226938

Scotland

Grampian NHS Board

North East

Newcastle Upon Tyne NHS Trust
Northgate and Prudhoe NHS Trust

North West

Calderstones NHS Trust
Pennine Acute Clinical Ethics Committee
Royal Manchester Children's Hospital
Wythenshawe Hospital
Cheshire and Wirral Partnership NHS Trust
Wirral Hospital NHS Trust

Yorkshire and Humberside

Doncaster Royal Infirmary
Hull and East Yorkshire Hospitals NHS Trust
Leeds Teaching Hospitals
Mid Yorkshire Hospitals NHS Trust
South Tees Hospitals NHS Trust

Northern Ireland

Royal Hospitals

Wales

Cardiff and Vale NHS Trust

West Midlands

Birmingham Children's Hospital
Birmingham Heartlands and Solihull NHS Trust
Mid Staffs General Hospitals NHS Trust
Shelton Hospitals
University Hospitals Coventry and Warwickshire NHS Trust

East Midlands

Derbyshire Mental Health Services NHS Trust
Highbury Hospital
Nottingham City and University Hospitals
Sheffield Childrens Hospital NHS Trust
Sheffield Teaching Hospitals Trust
Sherwood Forest Hospitals NHS Trust
St Andrews Hospital
Southern Derbyshire Acute Hospitals NHS Trust
University Hospitals of Leicester NHS Trust

Eastern

Addenbrooke's Hospital
East Anglian Ambulance NHS Trust
King's Lynn and Wisbech Hospitals NHS Trust
James Paget Healthcare NHS Trust
Norfolk and Norwich University Hospital
Princess Alexandra Hospital NHS Trust
Peterborough Hospitals NHS Trust
Queen Elizabeth II Hospital

RAF Lakenheath
Southend Acute Hospital Trust
St Johns Hospital

London

Barts and the London NHS Trust
Central and North West London Mental Health NHS Trust
Cromwell Hospital
Great Ormond Street Hospital for Children NHS Trust
Homerton University Hospital NHS Trust
King Edward VII Hospital
Kingston Hospital NHS Trust
Northwick Park Hospital
Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of Nurses
Royal College of Obstetrics and Gynaecology
Royal College of Ophthalmologists
Royal College of Paediatrics and Child Health
Royal College of Pathologists
Royal College of Physicians
Royal College of Psychiatrists
Royal College of Surgeons of England
Royal Free Hospital
St Christophers Hospice
St Georges Hospital
St Marys Hospital
The London Clinic
UCLH NHS Trust

South East

Brighton and Sussex University Hospitals NHS Trust
Dartford, Gravesham and Swanley PCT
Hastings and Rother NHS Trust
West Kent NHS and Social Care Trust

South

British Association of Paediatric Surgeons
High Wycombe General Hospital
Oxford Radcliffe Hospitals NHS Trust
Poole Hospital NHS Trust
Portsmouth Hospitals NHS Trust
Royal Berkshire Hospital
Southampton University Hospitals Trust
UK Genethics Club

South West

Plymouth Primary Care Trust
Royal Devon and Exeter Hospital
Royal United Hospital NHS Trust
Taunton and Somerset Hospital



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Editors: Anne Slowther & Jane Goodall,
The Ethox Centre, Department of Public Health and Primary Care, University of
Oxford, Old Road Campus, Headington, Oxford OX3 7LF.
Tel: 01865 226936. Fax: 01865 226938.
E-mail: admin@ethics-network.org.uk Web Site: www.ethics-network.org.uk