

ITEM: 15

**MEETING:** Trust Board – 21 November 2007

**TITLE:** Providing clinical ethics support at the Whittington

**SUMMARY:** progress report

**ACTION:** ongoing support

**REPORT FROM:** Clarissa Murdoch –chair of Clinical Ethics Group

**SPONSORED BY:** Celia Ingham Clark and Deborah Wheeler

**Financial Validation**

NR

Lead: Director of Finance

**Compliance with statute,  
directions, policy, guidance**

NR

Lead: All directors

**Compliance with Healthcare  
Commission Core/Developmental  
Standards**

**Reference:**

NR

Lead: Director of Nursing & Clinical  
Development

**Compliance with Auditors' Local  
Evaluation standards (ALE)**

**Reference:**

NR

Lead: Director of Finance

**Compliance with requirements of FT  
application and monitoring regime**

**Reference:**

NR

Lead: Director of Strategy & Performance

## **Providing clinical ethics support for the Whittington Hospital**

**Clarissa Murdoch**- Consultant Physician and Chair of Clinical Ethics Group

The Clinical Ethics Group was started 10 months ago to support the clinical staff within the trust in their everyday practice. It was formed in recognition of the increasingly complex decisions facing clinicians, and national recommendations about ethical support that should be available. New legislation requires robust trust procedures in reviewing difficult clinical decisions although not prescriptive in how this is provided.

Factors contribute to make clinical decision-making harder. Medical advances, a rejection of a purely medical model of healthcare, and tightened finances locally and nationally affect all practicing clinicians. And whilst the decisions become more complex, the practitioners may be becoming less experienced. Surveying clinicians here at the Whittington revealed an informal network of support from colleagues, but this by its very nature is patchy with clinicians, at every level, keen to have specialist ethics advice.

The 2005 Royal College of Physician's document 'Ethics in Practice' sets the standard of ethical support that a trust should provide. The ideal model described is of a formal group offering a wide clinical and non-clinical experience, including expertise in medical ethics and law. This is what we have done at the Whittington.

The first phase has involved recruiting a group of 8-12 broadly representative members, under the supervision of the Clinical Governance Steering Group.

We are developing three main areas: case consideration, policy and guidelines and education.

- Clinical scenarios discussed include: end-of life decisions, determining a patient's best interests, rationing of healthcare, advance directives, confidentiality, the extent of a doctor's duty of care, prenatal counseling and many other areas.
- Policy work has led to development of major trust-wide guidelines to support clinicians in ensuring consent practice is in line with the Mental Capacity Act 2005 that came into force in October this year, as well as ongoing work on advance care planning. The group has also commented on the ethical aspects of guidelines developed in other forums such as covert administration of medicines, and the use of mental health legislation in the hospital.
- Education strategy has concentrated on coordinating a programme to increase awareness in clinicians of the new consent legislation. As a member group of the UKCEN (UK Clinical Ethics Network) we have access to a wider community to share ideas and ensure we meet national standards.

Our next major challenge is to launch, early next year, our rapid case consultation service, to provide ethics support where it is needed- on the ward. We also aim to develop good practice guidelines on integrating advance care planning into the management of chronic conditions across the trust. If successful this will put the Whittington at the forefront of efforts to implement national strategy at a trust-wide level rather than relying on individual clinicians in picking up this laudable but challenging aspect of good patient care.