Ethics Committee Contacts

To request advice, ethics help, or for consultation assistance, contact the House Supervisor.

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Vice President, Medical Affairs–Iowa
Vacant
Mary Arnold, Spiritual Care–Iowa
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Maureen Beckman, Patient Care Manager, Sartori Emergency Room
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Traci Brown, Clinical Development Coordinator
Angela Conrad, Patient/Family Experience Coordinator, Covenant Clinic
Dana Derflinger, Public Relations and Marketing Coordinator
Terri Derflinger, Site Administrator, Mercy Hospital
Dee Fox, Risk Management Coordinator
Suzanne Frank, Director, Revenue Cycle–Iowa
Edward Harasim, Vice President, Mission Services–All Saints
Denise Lindemann, Spiritual Care–Iowa
Kris Marmie, Human Resources Representative–Iowa

To access information on the intranet go to [RESOURCES](#) and click on Ethics Committee.
Functions of the Ethics Committee

The Ethics Committee assists patients, families, physicians, nurses, social workers, and other caregivers in negotiating some of the difficult ethical, interpersonal and communicative dilemmas which arise in health care situations. Just as patient care is at the heart of our Mission as an institution, so too clinical consultation, as that which most directly touches patient care, is at the heart of our work as a committee. Further, as a cross-disciplinary body, the ethics committee is tasked with the goal of listening to issues and concerns raised within the Wheaton Community and to consider ways in which this information can be used to improve patient care. Members of the ethics committee are available to assist with:

1. **Clinical Consultation**
   a. Analyzing and understanding ethical issues.
   b. Providing confirmation and support for difficult choices.
   c. Providing recommendations where appropriate.
   d. Conflict resolution.
   e. Assisting communication with patients and families.
   f. Post-case review for quality improvement or policy issues.

2. **Continuing Education**
   For care givers, patients, families, and the community.

3. **Policy Development**
   To address issues and concerns raised by hospital personnel as related to ethical issues. (For example, the ethics committee helped advance an initiative clarifying the attending/consultant policy for patient care.)

4. **Organizational/System Focus**
   a. To examine the delivery of health care throughout the organization.
   b. To review processes impacting care delivery.
   c. To promote integration of Wheaton Franciscan Healthcare System Mission, Vision and Values with policies and practices throughout the institution.
   d. And to promote the alignment of policies and practices with the Ethical and Religious Directives for Catholic Healthcare Institutions.
Ethics Synopsis

In its simplest form, the primary question which directs most of our ethical deliberations could be asked as follows:

*Given the patient’s medical condition and prognosis, and the range of acceptable medical, societal, and institutional practices, what would the patient want?*

Given a decisional patient or reasonable surrogate, with appropriate informed consent, the answers are usually pretty straightforward. But, particularly in hospital settings, situations arise which cannot be resolved so easily. Circumstances may require additional resources, more nuanced communication, and special skills. The ethics committee is a resource for such skills. While unusual issues can arise in any setting, they show up most often in the areas of greatest stress.

Areas of such stress can refer to specific units i.e., the ICU, the NICU, the ER; or specific issues i.e., the end or the beginning of life, DNRs, discharge planning, futility.

Difficult Choices, Ethical Questions

Ethical choices are based on beliefs and values about life, health, suffering and death. When there are conflicts in such beliefs, be they between:

- Patients and families
- Patients and care givers
- Within families
- Families and care givers
- Care givers

The ethics committee can often help. There are also policies which assist us in resolving these conflicts over medical treatments. These include:

- Futile Treatment
- End of Life Issues
- Conflicts Related to Treatment
- Conflicts within Families
- Conflicts Between Providers
Related Ethics Policies

Other policies include:

1. Ethical Framework for Wheaton Franciscan Healthcare–Iowa
2. Ethics
3. Ethics Committee
4. Health Care Ethics Committee
5. Health Care Ethics Committee Case Consultation Services

To locate these polices on the intranet, click on the Ethics and Patient Rights category under Policies. You will see a list of all policy titles that apply.

Ethics Alerts Triggers

*Developed by Marianjoy Rehabilitation Hospital, Wheaton, Illinois*

**Decisional Capacity**

Is the patient’s decisional capacity in question? Is the patient’s determination of decisional capacity (by the physician) being challenged by patient or family, or is there a disagreement among team members?

**Communicating Important Information**

Do team members/family/patient feel that they are not receiving adequate information about treatment alternatives, risks, foreseen suffering or probably functional outcome?

**Decision Making**

Is patient/family being influenced or pressured to make a decision or is patient’s or family’s choice being disregarded or overridden?

**Life Sustaining Treatment/Artificial Nutrition or Hydration**

Do concerns exist between patient/family in regard to foregoing life sustaining treatment or artificial nutrition or hydration?
**Surrogacy/Durable Power of Attorney for Health Care (DPOA)**

Is a patient/family member or team member challenging the Surrogacy or DPOA designation? Are the decisions made by the DPOA on behalf of the patient being questioned?

**Advance Directive**

Is a patient’s Advance Directive not being honored?

**Futile/Medically Inappropriate Treatment**

Is patient/family/surrogate asking team to provide treatment not medically indicated?

**Justice Issues**

Does patient/family/team feel that decisions about treatment are not being made in the best interest of the patient?

**Professional Conduct**

Is there a question about possible professional misconduct?

**Stewardship**

Is there a question about the appropriate use of resources?
Sample Consultation Requests:

1. **End of Life/DNR/Futility Issues:**

   Your patient is a 78 y/o male with COPD and multiple other medical problems. The patient, who is alert and decisional, realizes that this is likely to be a terminal admission and requests a DNR. The patient’s family objects vehemently, demanding that everything be done. The patient is now in his fourth day in the ICU and a DNR is still not in place. You are concerned that the patient’s wishes, while appropriate, are being ignored.

   Your patient is a 58 y/o male admitted for late stage prostate cancer. He has a history of alcoholism. His physician tells him that he has to stop drinking. The patient asks if this will save or extend his life. Due to the cancer, the physician replies that it will not. The patient then asks, “What’s the point in stopping?” You wonder if we should allow the patient a limited quantity of alcohol (to avoid DTs) as a palliative care measure.

   Your patient is on hospice and is a DNR, but is scheduled to undergo a palliative procedure to remove a bowel obstruction. The physician insists that the DNR be suspended during the procedure. Is this appropriate, and why?

   Your patient is an elderly male on 5 liters of O2. His lungs are nearly gone. Along with other Attendings (the patient has been here for about 3 months), you believe that a code would be medically futile. The patient is alert and decisional. Despite the patient’s medical background, you are unable to convince him to accept a DNR. Can you assign the DNR on the basis of medical futility? If so, under what conditions can it be assigned? And are there other ways to communicate with the patient which have not been fully explored?
2. **Beginning of Life Issues:**
   Your patient is a woman who is 36 weeks pregnant and in active labor. She has been diagnosed with a complete placenta previa. She is also a Jehovah's Witness. She has informed you and her physician that if she hemorrhages during labor or after her delivery, you are not to give her any blood products regardless of the risk it places upon her or her unborn child.

3. **Cultural and Religious Issues:**
   Your patient is a 36 y/o woman of Bosnian descent who is being tested for ovarian cancer. Her husband and brother both beg you not to tell her the results, as they believe it would “take away her hope.” This request is consistent with the norms of their culture. Our culture and law states that the patient has the right to know their condition. How do you decide whether and what to tell the patient?

4. **Staff and Patient Communication Issues:**
   Your patient is non-decisional and not expected to recover. The patient’s primary care physician, after an extensive conversation with the family, makes the patient a DNR. The next morning, the surgeon, who had performed a procedure on the patient just two days before, objects, calls the family, and insists that the DNR be rescinded. To which physician do you listen?
Wheaton Franciscan Healthcare is committed to living out the healing ministry of the Judeo-Christian tradition by providing exceptional and compassionate health care services that promote the dignity and well being of the people we serve.

The Wheaton Franciscan Healthcare values guide the integration of ethics into operations.

- **Respect**
  We value each person’s human dignity and promote ethics structures, processes, and decision making that support achieving this.

- **Integrity**
  We seek to support in speech and actions our organizational beliefs as a ministry of the Catholic Church.

- **Development**
  We understand how Mission, Vision and Values apply to the role of the ethics committee and ethical decision-making.

- **Excellence**
  We strive to continuously improve the integration of values into organizational processes and decision-making, including the resolution of difficult ethical dilemmas.

- **Stewardship**
  We recognize our responsibility to use limited resources for the common good.

Wheaton Franciscan Healthcare

*In Partnership with Schoitz Health Resources*