Hospital Bioethics Committees

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Is there a demonstrated need for Hospital Ethics Committees? Occam's Razor – attributed to the philosopher, William of Occam (c.1235-1349) – is a logical principle which states that entities should not be multiplied beyond what is necessary. One could apply this principle in an analogous way to the setting up of committees in a hospital or, indeed, in any organization. "Do not appoint more committees than what is really necessary." It is not only a matter of the poor use of staff time but it is also the wear and tear of committee members. The burden that one experiences in being a member of several or numerous committees is well expressed by the saying that "committees are today's version of the medieval hair shirt"; it is a form of penance, and it does get under one's skin.

So then one must ask, is there really a need, a necessity, for ethics committees in a hospital, Catholic or otherwise? In brief, I propose the answer to be "yes!" But then one must ask, what is the evidence for that affirmative and seemingly confident assertion?

Let me suggest a few reasons:

1. There is a general perception on part of health professionals as well as by the general public that as technological powers of medicine increase the human person – the patient – is being overshadowed by machinery and the personal touch of the physician is disappearing.

2. We have the power to perform a technological wonder but should we? Because we can, may we? It has been said, somewhat humorously but truly, that the operation was a great success but the patient died. Should the operation have been done in the first place?

• *PHILIPPINIANA SACRA*, Vol. XXXII, No. 95 (May-August, 1997) 255-263

Was a careful assessment made of the proposed procedure in light of the patient's wishes and condition?

3. In the multicultural, pluralistically-valued, and litigious society in which we live and act today, conflicts arise, perhaps with increasing frequency, between the physician and the patient (or the patient's family) with regard to a proposed procedure or the continuation of an ongoing treatment. Or, the conflict may arise between the physician and the nursing staff with regards to the management of a particular patient. Or, a conflict about patient care may arise even between two physicians, say the attending and a consultant.

4. Boards of Directors are periodically faced with the formulation of policies to meet particular situations that contain considerations which go beyond purely medical issues or economic ones but involve value issues or ethical dilemmas. Similar situations may face proportionately the hospital administrator or a department chairman.

5. In a Catholic health facility there is an additional concern that it maintain a "Catholic Identity" in the midst of a secular world, replete with some values (for example, the alleged woman's right to an abortion which in many nations is a legal right or the "right" to physician-assisted suicide) which are clearly in opposition to Catholic beliefs and values.

There is no question that Catholic hospitals and Catholic health care facilities in general face an unprecedented challenge to their survival both as an institution and as Catholic. It is not a matter of seeking to maintain a Catholic identity in a narrow or sectarian sense. Rather it is an awareness that the truths and values of the Catholic Faith are truly beneficial for all human beings. This is so because these truths and values are based on what human beings really are. The Catholic Church unhesitantly proclaims the full truth about human beings: from whence they came and where they are going; of what they are made (matter and spirit) and to whom do they owe their existence.

"God created man in his own image, in the image of God he created him, male and female he created them"[Gen 1:27]. Man occupies a unique place in creation: (I) he is "in the image of God"; (II) in his own nature he unites the spiritual and material worlds;

(III) he is created " male and female"; (IV) God established him in his friendship. (*Catechism of the Catholic Church* [hereafter, CCC],Vatican City, English Translation, United States Catholic Conference, 1994, # 355).

Of all visible creatures only man is "able to know and love his creator." (*Gaudium et Spes* [GS], 12 #3]. He is "the only creature on earth that God has willed for its own sake" [GS, 24 #3], and he alone is called to share, by knowledge and love, in God's own life. It was for this end that he was created, and this is the fundamental reason for his dignity: . . . (CCC #356)

To recognize that God is, that he is our creator and our sovereign Lord, and that "our hearts know no rest until they rest in Him." (St. Augustine, *Confessions* 1,1,1; see also CCC #30) for humans were made in the image of God (Gen. 1:27; see also CCC # 356-361) is essential if humans as patients are to be treated with appropriate respect for human dignity. These essential facts about human beings – not excluding others data – is critical if patients are to be treated rightly.

Purpose and Goals of Catholic Health Care Ethics Committee

In light of the above cited needs, the relevancy of a hospital bioethics committee becomes more evident and leads to the following statement of its purpose. The purpose of a Catholic Health Care Committee is to assist the hospital administration, the professional staff (as well as the support staff), and the Board of Directors in the delivery of high quality health care in manner which reflects a Christ-like concern for the sick and the injured. To achieve this purpose there are several goals (or functions) which the committee has to fulfill:

(1) to educate those concerned, beginning with itself, the professional staff, the support staff, Board of Directors, and the public, including the patients, with regard to Catholic ethical principles as applicable in a hospital settings;

(2) to advise those requesting assistance on appropriate ethical solutions to issues arising in particular pending cases brought to

the committee's attention (prospective review) as well as reviewing upon request the ethical aspects of decisions and actions already taken (retrospective review);

(3) to counsel the administration and specific departments of the hospital in the formulation of policy consonant with the teachings of the Catholic Church and to encourage the same to maintain a vigorous Catholic identity.

Kinds of Ethics Committees

In response to the perceived need, several types of Ethics Committees have come into being. One type, known in the United States as Institutional Review Boards (IRB). In the previous lecture (on human experimentation and research) these committees were briefly discussed. In Europe this sort of Ethical Committee for Research and Experimentation has been described or defined as follows:

> an independent body, made up of medical and non-medical professionals whose task is to verify the protection of the security, integrity, and human rights of the subjects participating in a specific test and thereby provide assurance to public opinion ("Norms for Proper Clinical Practice," *The European Community*, July 1991, quoted by Corrado Viafora, "Ethics Committees at Hospitals: A Commitment to Training, "*Dolentium Hominum*, No. 29, 1995, p. 26).

The definition could be applied fairly to the Institutional Review Boards found in the United States.

Ordinarily such human research and experimentation committees are found in medical schools or hospitals affiliated with one or more medical schools and where experimental protocols are carried on in the hospitals, usually involving some of their personnel as well as the hospitals' space and facilities.

Another kind of Ethics Committee is the hospital committees which are known under any one of several titles: The *Hospital Ethics Committee*, the *Christian Identity Committee*, the *Hospital Bioethics Committee*, or the *Institutional Ethics Committee* (IEC). It is thought that the factors which spurred the development of

the Hospital Ethics Committees are three important events which occurred in the U.S., namely, ... the Karen Quinlan Case (1976), the recommendations of the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research (1983), and finally the circumstances surrounding the promulgation of the so-called Infant Doe regulations (1984-1985). (Robert P.Craig, Carl L. Middleton, Laurence J. O'Connell, *Ethics Committees*, St.Louis, MO: The Catholic Health Association of the United States, 1986, p.1).

While these events (just mentioned above) occurred in the secular field and caught the attention of the medical community and the general public, in the Catholic health care system, there was already an ethical tradition which included concern about issues in the field of medicine. For example, the principle which is known as the Principle of Ordinary and Extraordinary Means of Sustaining Life has a developmental history of more than 400 years (see the significant work by Daniel A.Cronin, [now Archbishop of Hartford, CN] "Conserving Human Life" —originally published a doctoral and doctrinal dissertation, "The Moral Law in Regard to the Ordinary and Extraordinary Means of Conserving Life" – and two accompanying commentaries, in Russell E. Smith, ed., *Conserving Human Life*, Braintree, MA: The Pope John Center, 1989, pp.3-145). Catholic authors such as Charles J. McFadden, OSA (*Medical Ethics*, 1946), Gerald Kelly, S.J (*Medico-Moral Problems*, 1949), and Edwin F. Healy, S.J. (*Medical Ethics*, 1956) were among the early writers of text books dealing specifically with ethics as it applied to medical problems.

The relatively new element which has been added to the field of medical ethics, of course, is the concept and practice of ethics committees. Heretofore, ethical and moral issues were dealt with by individuals. Now it is a group, team, or committee who is deals with issues of medical ethics, particularly in setting of health care facilities. And it is the committee which is expected to come up with the answer to an ethical conundrum. Some might be tempted to say that this is simply evidence that individuals are shirking responsibility for their actions and wish to pass on to a committee the decision-making as well as the responsibility. Rather, I would say that it bespeaks not only of the complexity of today's ethical issues but also of the pluralistic and interactive context of medical-decision

making. At the same time the committee mode of ethical discourse testifies to both the public character of the problems and the accountability which is generally now expected; an accountability, not so much to God, but to various human communities and their respective representatives, be it a private institution, a government agency, or the public media.

Principles for Ethical Analysis

In a Catholic Hospital (or other Catholic health care institution), the Church has provided a variety of moral teachings and guides. Among the more notable instructions on medical-moral matters are the various writings and addresses recent Popes, especially by Pope Pius XII, dealing with medical-moral issues. A frequent pattern, especially after WWII, was for the Pope(Pius XII) to receive one or more questions from one or other group of physicians meeting at a medical congress. In a subsequent address to the Congress the Pope would give a response to the questions. These responses, resting upon the principles rooted in the long moral tradition of the Church, would then be considered as authoritative moral directives applicable to relevant cases. Thus, Pius XII responded to questions from, for example, the Congress of Surgeons (May 20,1948), the Congress of Ophthalmology (September 30, 1947), the Congress of Genetics (September 7,1953) and the Congress on Fertility (May 19,1956). Many of these responses, and other writings of the Popes – up to May 1956 – that had relevance for medical or health matters can be found conveniently collected in *The Human Body*, selected and arranged by the Monks of Solesmes and published by the Daughters of St.Paul, Boston, MA, 1960.

A very important response of Pope Pius XII, unfortunately not contained in the above mentioned collection, is his address to the International Congress of Anesthesiologists (November 24, 1957) in which he made explicit – that which part of the Church's moral tradition for centuries – the limits of our general and primary obligation to preserve life and health and the conditions in which life preservation becomes optional. The same document discusses the question of "when does death occur" and points out the responsibility of the physician in such determination. In part because of certain unclarity with regard to the obligation to

preserve life, the Church later published the document, *Declaration on Euthanasia* (Congregation for the Doctrine of the Faith, May 5, 1980).

In our own time other documents issued by the Church relevant to ethical issues in Medical practice and research are the following:

- *Declaration on Procured Abortion* (Congregation for the Doctrine of the Faith [CDF]), 18 November 1974.

- *Humanae Vitae* (Encyclical of Pope Paul VI), 1968.

- *Reply Regarding [contraceptive] Sterilization in Catholic Hospitals* (CDF, March 13, 1975.

- *Donum vitae* ["Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation"] (CDF) February 22, 1987.

- *Veritatis Splendor* [The Splendor of Truth] (Encyclical of Pope John Paul II), August 6, 1993.

- *Evangelium vitae* [The Gospel of Life] (Encyclical of Pope John Paul II) March 25, 1995.

- *Charter for Health Care Workers* (Pontifical Council for Pastoral Assistance to Health Care Workers) Boston, MA, Pauline Books and Media, 1994.

Membership of Hospital Ethics Committees

The composition of an Hospital Ethics Committee should reflect its function in general and its special circumstances (e.g., acute hospital, hospice, psychiatric hospital, childrens' hospital, etc.) in particular. In selecting the members an implicit question needs to be answered: Is everybody an Ethicist? While it can be admitted that every competent human being has an innate ethical sense, a general sense of right and wrong. But each (except possibly a genuine psychopath) also a sense of what is morally right and what is morally wrong in normal and common circumstances of everyday life in a their own culture. Although such persons may be able to judge rightly – with a kind of native intuition – about

a concrete situation, they often would not be able to state why an action was morally wrong (or right). Furthermore, in more complex situations, and particularly where technical information is required, the intuitive judgment would not be sufficient. Hence, an individual with special training (that is, an ethicist) would be required to properly make an ethical analysis and provide a valid solution.

If an ethics committee is going to be involved in dealing, say, with research protocols, then individuals with relevant knowledge and experience would be important to have as members. If, for example. an experimental protocol involves some aspect of cardiac transplantation, then a surgeon, especially a cardiac surgeon would be most helpful to have on the committee. Yet, in most instances it is not possible to have every speciality represented on the Ethics Committees. A compromise must be made: at least a general surgeon or a thoracic surgeon would generally be adequate. Consultants can always be brought in on an ad hoc basis to meet a special need of the committee.

However, recognizing the difficulties which will arise and knowing that a perfect solution most likely will not be found, the hospital administrator, who ultimately and generally is the one who makes, after due consultation, the final selection and assignments of the members who are to serve on the hospital ethics committee, must decide who to place on the Committee. First, the administrator needs to determine what categories of specialties need to be represented, for example, general surgery, general medicine, pharmacology, obstetrics and gynecology, infectious diseases, nursing service, administration, social work, law, pastoral care, and medical ethics. Some of these positions could be combined, such as having a pastoral care person (assuming that the individual selected would have some special qualifications over and beyond their pastoral care credentials) taken on the responsibility of the medical ethicist. The selection of the chair person is very important. It must be a person who commands the respect of the hospital staff since he will have to work with them, sometimes involving very delicate issues of hospital or public policy. The individual should have some knowledge of medical ethics as well as general appreciation of medicine, although that individual need not be a physician. It could be a nurse, a medical social worker, an experience minister

or a professional medical ethicist. In addition, the chairperson must know how to conduct a meeting in an organized, smooth, and effective manner. And at times that person may have to deal with the wrath of one or other parties to a conflict.

Conclusion

Today, faced with many and varied pressures, Catholic hospitals have an urgent need to maintain a Catholic identity. This is not to be done in a narrow sectarian sense, but rather with the realization that Catholic moral principles are founded on a true understanding what man is (or, humans are), his origins, nature and destiny. Without that knowledge which is based in part on revelation, it is easy to be beguiled by the various voices which claim to know man. To yield to secular pressure which, no matter how well intentioned, do not grasp what is truly for the well-being of the individual person and of the human community, will lead to the ultimate injury of persons. Consequently, it is vital for the Catholic hospital – its administration, its staff, and its Board of Directors – to know what is the hospital's Catholic identity and to practice it faithfully. The purpose of an ethics committee, after all, is to assist the hospital in developing and maintaining a strong Catholic identity. Heretofore, the presence of Sisters who owned and operated the Catholic hospital helped in the past to insure a Catholic identity. The attendance of Sisters in their habits in the halls, offices, and wards, while not been constitutive of the hospital's Catholic identity helped to maintain the awareness of that special identity. Now it is in large measure the role of the hospital's ethics committee to help build, maintain, and proclaim the Catholic identity of the hospital. ❑

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