

Reference

Gaudine, Alice; Thorne, Linda; LeFort, Sandra; Lamb, Marianne. (2010). **Evolution of hospital clinical ethics committees in Canada.** *Journal of Medical Ethics*, 36, 132-137.

Summary

In this article, Gaudine, Thorne, LeFort and Lamb report the findings from their 2008 survey of Canadian acute care hospital clinical ethics committees (CECs). The purpose of the study was to examine the current status of the committees and how they have evolved over the past 20 years, compared to surveys conducted in 1984 and 1989.

The article begins with a review of the findings of the two previous surveys, in which 18% of hospitals surveyed in 1984 had CECs, increasing to 59% in 1989. The 2008 survey was issued to every acute care hospital in Canada with more than 100 beds; 126 completed surveys were included in the findings. The study considered committee membership and size, their procedures, practices and functions, the perceived effectiveness and impact of the committees, as well as what issues CECs should be addressing.

The study found an increase in CECs, with 85% of hospitals indicating that they had a committee in 2008. As in the previous studies, a wide variation was found in the size and composition of membership; fewer administrators and board members, yet more bioethicists and lawyers, are currently sitting on CECs than reported previously. While the vast majority of respondents expressed a need for a community representative on the committee, only 28% had a community member.

The key function of CECs reported was ethics education for committee members and health professionals, followed by counseling and support to health care personnel. The 2008 study found less of an emphasis on functions related to the review of policies and procedures than reported in 1984 and 1989. Consistent with the previous studies, the majority of CECs (88%) reported that their role was primarily advisory, with 94% indicating that their decisions were not binding. One quarter of CECs reported addressing resource allocation issues and 17% addressed human resources issues, though 83% thought they *should* be involved with organizational ethics issues, 59% with resource allocation issues and 29% with human resources

Respondents expressed a need for special training for committee members, with almost 75% reporting the need but less than half actually receiving it. Committees perceived themselves to be most effective in education, counseling and support, and policy review. Over half of CECs reported being ineffective in evaluating their outcomes. They viewed their greatest impact as a committee as providing a forum to discuss ethical issues; the area identified as having the least impact was providing legal protection for the organization and staff.

The authors concluded by inviting more research on how best to define the scope of activities of CECs and on outcomes of the committees' work on patients, families, health professionals and organizations.

The views expressed in this article are not necessarily those of, or endorsed by, the Provincial Health Ethics Network.