



Pennsylvania Hospital  
& Surgery Center

**ADMINISTRATIVE POLICY MANUAL**

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Effective: 0808

**SUBJECT: MANAGEMENT OF ETHICAL ISSUES**

**POLICY NUMBER: RE7**

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October 1996

Attachment(s):

Related Policies:

## **POLICY STATEMENT**

For purposes of this policy, Pennsylvania Hospital includes all off campus licensed facilities, including but not limited to the Surgery Center of Pennsylvania Hospital.

Pennsylvania Hospital will facilitate resolution of ethical issues confronting patients and their families, physicians and patient care personnel.

Ethical issues that may be appropriate for resolution pursuant to this policy include, but are not limited to:

- Patients rights to know about their care, informed consent and refusal of treatment;
- Confidentiality;
- Rights of children;
- Rights of the elderly;
- Allocation of limited resources;
- Access to care;
- Guardianship issues;
- Access to protective services (e.g., client advocacy services, child or protective services); and,
- Appropriateness of treatment plan.

## **PROCEDURE**

1. When questions or conflicts about situations or decisions with perceived ethical implications arise, efforts should be made to resolve them through informal communication and candid discussions among the patient and/or the patient's family or representative, the physicians and hospital personnel involved in the patient's care, including, when appropriate, Social Work Services and Patient and Guest Relations.
2. When questions or conflicts with ethical implications cannot be resolved through such informal discussion, a case consultation may be requested by the patient or, in the case of an incapacitated patient, the patient's family, through the Nurse Manager or Patient Care Coordinator; any physician involved in the care of the patient; any other member of the treatment team involved in the care of the patient, and/or through Nurse Manager or Patient Care Coordinator.
3. Such consultation will be arranged by the Ethics Committee or a designee in consultation with the attending physician and may include, but is not limited to:
  - Representative from Hospital Administration (i.e. Clinical Director);
  - the Chair or Chief of the appropriate Department or Section;
  - a representative of Pastoral Care;
  - a Representative from Patient and Guest Relations;
  - one or more representatives of the Ethics Committee;
  - a representative of Social Work Services; and,
  - a representative of the Office of the General Counsel.

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4. The consultation team, either individually or collectively, will meet with the patient and/or patient's family, attending physician and other physicians and hospital personnel involved in the care of the patient; review the medical record, and review other resources and consult other individuals as appropriate for clarification of the patient's clinical condition and the ethical analysis of the case.
5. Upon the conclusion of the case consultation process outlined above, the consultation team will convey its recommendations to the individual(s) requesting the consultation and the ethical analysis of the case.
6. Case consultation is performed on an advisory basis only, and no one is required to request a consultation or be bound by the resulting opinion or recommendations.
7. Upon conclusion of the consultation, the team will prepare a report containing the following information: Date of consultation; reason for consultation; notification of the attending physician (if attending is not the requestor); members of the consultation team; and, recommendation. These reports will be maintained in the confidential files of the Ethics Committee housed in Performance Improvement Department.
8. If a consultation presents issues not previously addressed by the Ethics Committee or suggests the need for adoption or revision of Hospital policies, the consultative team may recommend to the Chair of the Ethics Committee that a hypothetical situation based upon the facts of the case be presented to the full Ethics Committee. Neither patients, physicians nor Hospital personnel will be identified in the course of the presentations.

/s/Kathleen Kinslow  
 Kathleen Kinslow, CRNA, EdD, MBA  
 Executive Director

09/08/08  
 Date

/s/R. Michael Buckley, M.D.  
 R. Michael Buckley, MD  
 Chief Medical Officer

09/11/08  
 Date

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