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ABSTRACT

During the second half of the 20th century, the idea of establishing hospital ethics committees emerged as a result of technological developments in the medical field, of new approaches towards patients’ rights, and of facts which were unacceptable from medical, judicial and moral perspectives.

Among the goals of hospital ethics committees which begun to be established after the 1970’s are consulting, educating hospital personnel, patients and patients’ relatives, as well as building a health policy for the health institution. It is important to note, however, that the decisions of such committees are only in the nature of recommendations.

In Turkey, there is a need for functionally serving ethics committees which the doctors can consult if they are seeking solutions for ethical dilemmas they face during medical practice. Ethics committees established at university hospitals with such a purpose in mind could not go beyond Pharmaceutical Research Ethics Committees.

In our study we will briefly review the history of Hospital Ethics Committees in Turkey and will present the work done in this area. While emphasizing the place of Ege University Hospital’s Hospital Ethics Committee established in Turkey in 1999 for this purpose and the experience of this committee, we will present two current case studies with ethical dilemmas and the ethical decisions taken in these two cases.

KEY WORDS: Hospital Ethics Committee, Turkey, Ege University Hospital.
1. INTRODUCTION

The idea of establishing pharmaceutical research committees and well-organized professional hospital ethics committees emerged during the second half of the 20th century as a result of great technological advances in the medical field, of new approaches towards patients’ rights and as a solution to ethical problems that had been experienced. (1)

Hospital ethics committees were known as committees consisting of doctors only who were inspecting sterilization cases during 1920s and abortion (abortus) cases during 1950s. The establishment of hospital ethics committees in a modern sense emerged as a result of controversial medical cases. (2)

Advancements in the bioethics field in the United States during the end of 1960’s and beginning of 1970’s, are a result of fast developments in the field of emergency care and organ transplantation. (3)

In 1971 in Canada the bishops in the Manual for Medical Ethics suggested that there should be ethics committees at the hospitals. In the introduction section of the manual, there was a proposal about the establishment of a Medicine Ethics Committee in each Catholic health center. This manual suggested solutions for the committee’s goals, establishment, working methods, membership, and for difficulties which the committee may come across. This committee would foresee a medical ethics education for all the hospital staff for effective health care and aimed at the integration of moral and religious directives for Catholic health centers. (2, 6)

Ethics committees in health care institutions should be voluntary, educational, and advisory in purpose so as not to interfere with the primary responsibility and relationship between physicians and their patients. (4)

In the present day, there is a higher need for ethics committees as a result of cases which are unacceptable from medical, judicial and moral perspectives. In the case of Karen Ann Quinlan the establishment of an ethics committee was suggested with doctors from various fields in order to be able to decide for a consultation and to withdraw the life support units. (6, 7, 9)

In 1982 in Indiana, United States, a baby was born with Down’s syndrome and with a narrow esophagus. The family who did not give permission for the amelioration of this defect decided for the baby to die rather than letting the baby live with mental retardation. In another case in New York in 1983 Baby John Doe was born with a central nervous system problem and his father refused any surgical intervention. After such cases the dilemma of deciding on treatments for babies who are born with deficiencies increased. In 1985 regulations published by United States Department of Health and Human Services suggested the establishment of ethics committees in hospital with newborn care units for solving such problems. (2, 3)

Hospital ethics boards are the interdisciplinary consulting organs who solve the ethical problems that arise in the process of applications, constituted by the representatives of employees, employing consultants or visiting instructors according to the subject they handle, providing education on forming sensitivity in order to solve communication problems, making recommendations in determining the ethical principles, policies and limited resource use in relation with use of organizational principles. We can briefly summarize the goals of hospital ethics committees as consulting, as educating hospital personnel, patients and patients’ relatives and as forming health policies for the health institution. Enhancing doctors’ and health personnel’s’ decision-making skills for ethical issues when faced with situations
which cause difficulties in decision making is also among the responsibilities of the ethics committee. These doctors and health personnel in hospitals and clinics work with daily case analyses, such as usage of limited resources, stopping life support, or telling the patient the truth. Discussing the moral responsibility of a decision in all its dimensions for conflicting cases among members from different areas of specialization is also among the duties of the ethics committee. Another important function of Hospital Ethics Committees is to provide education in medical ethics for those who work in health institutions following their graduation. (5, 8, 9, 14, 27)

Not only the characteristic of the committee members’ specialization areas, but also the structure of the society plays a role in determining the ethics committees’ decisions. (15)

In Göttingen, Germany an underage Turkish patient who was raped applied to the hospital ethics committee and requested that her hymen be restored as virginity played an important role in her own culture. The committee decided that the girl’s life was part of two cultures and that her conflicting expectations and the problem of violence could not be resolved. The committee suggested treatment alternatives to her, and gave her information about places where she could receive counseling services. (20)

Hospital ethics committees, unlike pharmaceutical ethics committees are not created as a result of legal obligations. For this reason they provide consultation services with decisions in the nature of a recommendation. As a result of the consultation service the final decision is made by the doctor, patient and patient’s relatives. (5)

For problems which can be experienced in relation to the authority and responsibility of Hospital Ethics Committees, AMA (American Medical Association, 1997) presented some suggestions. There it was emphasized that the Ethics committees need to operate on a voluntary basis, directed towards educating and advising, that they should not deal with doctor-patient relations and should not influence the doctor’s responsibilities. (21)

Ethics committees which started being established in the 1970’s caused an interference with the doctor-patient communication; it was thought that the committees reduced the doctor’s responsibilities and that they were inefficient; committee members did not have enough experience with ethics; some places did not have an ethics expert who would be a significant part of the committee. As a result of all this, there have been delays in their formation process in the hospitals. (3)

In the United States the percentage of ethics committees in 602 hospitals increased from 3% in 1982 to 50% in 1984. (6, 7)

Many hospitals in Northern America now have ethical consultants who provide patients and families with individual services. The clinical ethical support is less common in continental Europe. The development of committees in United Kingdom mostly have been realized by clinicians. Committees are based on the definition of the clinicians the times when they need ethic support and recommendations. Nearly all large hospitals in Norway are obliged to employ an ethical committee while in the Netherlands, hospitals and maintenance houses do have organizational ethical committees. (16)

In Germany, on the other hand, ethics committees have been under discussion since 1997. In 1997 the Catholic and Jewish church hospital alliances announced a general proposal for the establishment of ethics committees and as a result of this proposal many hospitals established commissions. According to the data from the year 2003 there are at least 50 hospital ethics committees in Germany. The number of members of these committees varies between 5 and 20 people, consisting on average of 10 people. The distribution of these members is as follows: one representative from the medical field, one representative from hospital care personnel, one representative from the hospital administration, a medical ethics expert, a judicial expert, a social counselor, a public representative and a religious representative. (17, 18, 19)
2. TURKEY AND HOSPITAL ETHICS COMMITTEES

In Turkey in 1928 the first detailed regulation related to the supervision of professional rules was succeeded by means of the Law of Practicing Medicine and Medical Sciences. This law defined local medical organizations’ honor committees, the establishment and functioning of high honor committees and was the basic foundation for the first ethics committees. In 1953 the Law of Turkish Doctors’ Association, Article No. 6032, defined the doctors’ association honor committees’ establishment and function more clearly. In 1960 the Medical Deontology Bylaws clarified professional rules.

In university hospitals in Turkey ethics committees exist. However, these committees have not yet gone beyond Pharmaceutical Research Ethics committees. In Turkey, the need for hospital ethics committees from which doctors and, if necessary, patients could ask advice from whenever they face ethical dilemmas in medical applications is a known fact. (23)

With this purpose in mind, on the 13th November 2000 Kocaeli University Medical Faculty established a Hospital Ethics Committee with the University Senate’s decision and approval and which is recognized as an institution. (24)

Marmara University Practice and Research Hospital published a proposal in their 11 October 1995 bylaws regarding the establishment of a Hospital Ethics Committee. However, this was not yet put into practice. (25)

3. A TURKISH EXPERIENCE: EGE UNIVERSITY HOSPITAL ETHICS COMMITTEE

Ege University Hospital’s Hospital Ethics Committee has an important role in Turkey both in terms of its experience and in terms of establishing its work methods in a functional way in parallel with its goals. It was established in 1999 through Ege University Senate’s Article No. 10/16, July 20, 1999. The Committee’s guidelines were published in 1999 as a small information booklet for the hospital personnel.

The list of members for Ege University Hospital’s Hospital Ethics Committee are: one member from Surgical Medical Sciences, one member from General Medical Sciences, one member from Scientific Research Committee, one Medical Ethics expert member and one member who is a graduate of Law School. The members are appointed for Committee membership by the Dean of the Faculty of Medicine for 3 years. There is a president and a vice-president elected by the members of the group. The Committee meets once a month or any time if there is a request. The decisions are made by majority of votes and it is not possible to have an abstaining vote. In case of an equal number of votes, the president’s recommendation is the basis for decision.

The responsibility and authority of the Hospital Ethics Committee can be summarized as follows:

- Problems related to patients’ rights
- Miscommunication between the hospital personnel and the patient and patient’s relatives
- Problems related to the equal and organized distribution of medical opportunities provided to the patients at the hospital
- Problems of medical students in relation to hospital personnel, patients and patients’ relatives
• Circumstances which damage the hospital’s reputation regardless of the person causing it
• Problems related to patients with difficult prognoses refusing treatment or leaving the treatment
• Malpractice towards the patient caused by the medical team
• Circumstances in which the Scientific Research Ethics Committee requests consultation
• Organizing educational programs related to medical ethics for the hospital personnel

The Hospital Ethics Committee aims at resolving the applications in accordance with medical ethics principles. The number of applications to the Committee during the period of 1999-2006 November is presented in the diagram. (Figure 1-2)

4. TWO SIGNIFICANT CASE EXAMPLES OF HOSPITAL ETHICS COMMITTEE APPLICATIONS

CASE 1:
Particularly since the year 2001 there has been an increase in number of patients suffering from liver or kidney failure as a result of a chronic illness who apply to Ege University Hospital Organ Transplantation Center. These patients ask for transplants from live donors who are long-time neighbors or friends who are not blood-related.

For this reason, Ege University Hospital Organ Transplant Center asked our Committee’s advice on this. The Committee, in parallel with the Turkish Republic law made an important ethical decision. According to this decision such patients sent by the Organ Transplantation Center are to be investigated by the Ethics Committee to decide whether they are in an unethical agreement with the donor or not. We are publishing the following text of ethical principles’ decisions as it is a first in Turkey.

November 5, 2001, Act No. 60/1
1) If the doctor behaves in parallel with the Body of Current Law in respect of Organ Transplants, the doctor does not have a judicial or penal responsibility.
2) The intervention to the patient (receiver), although approved by the Judicial Body of Current Law, should not be objectionable from a medical ethics perspective, given that the patient’s and the donor’s health is priority and that it serves a higher purpose.
3) The donor has to be older than 18 years and capable of making independent decisions.
4) The donor’s approval is necessary. This approval has to be given in the presence of two witnesses, while conscious and under no external influences. The approval has to be in a written form.
5) The donor has to be informed in a written form of the dangers caused by the removal of organs and tissues and the medical, psychological, familial and social consequences of these by the doctors who will remove the organ and the tissues.
6) One has to be extremely careful not to remove organs or tissues which will absolutely end or endanger the donor’s life.

7) An organ or tissue cannot be sold for a price or any other self-interest. This is at the same time an unethical activity. However, the legal regulations do not consider this situation a restriction on asking for compensation.

CASE 2:
A male patient born in 2000 was hospitalized at various hospitals as a result of gastrointestinal complaints (vomiting, diarrhea, weight loss) when he was one month old. The condition of the patient who was pre-diagnosed with malnutrition, metabolic disease and mental retardation worsened and he was hospitalized at Ege University Hospital in 2002. As the patient developed sepsis and an indication of septic shock his treatment continued at the emergency care unit. After a while the patient developed refractory status epilepticus and the patient started with intubation and mechanical ventilation. The parents of the patient applied to the Committee with a petition on February 11, 2002 and suggested that their child’s condition could be considered for euthanasia and asked for such a decision.

Hospital Ethics Committee who met to discuss this case considered extensively the wish of the parents wanting to end their child’s treatment and to leave the hospital. The result was that in Turkey the judicial body of the current law does not permit euthanasia as openly stated in Patient Rights Bylaws, paragraph 13 and that there is nothing much that can be done about this from an ethical perspective. As the family was insistent on their child’s release from the hospital the committee recommended that this would be possible by written permission and that the family would have to continue the treatment at home.

5. DISCUSSION AND CONCLUSION

The purpose of an Hospital Ethics Committees (HEC) is to improve health care delivery and outcomes by helping to identify, analyze and resolve ethical dilemmas as they emerge-predominantly through consultation, education and policy development.

In this article we have briefly presented the place of Hospital Ethics Committees in the international medical field and their development in Turkey. We have discussed the establishment of Ege University Hospital’s Hospital Ethics Committee in 1999, its working methods and experiences and presented two interesting and conflicting case studies from among the applications made to the Committee between 1999 and 2006, as well as presenting ethics principle decisions. Through examining the characteristics of these decisions it is possible to realize what an important role ethics plays in the field of medicine.

It is certain that in the future the need for such private ethics committees will be higher than in the present.
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