EthxWeb Search Results

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Document 1
Father Thomas Nairn, 
Nurturing ethicists for the future of Catholic health care. 
Health progress (Saint Louis, Mo.) 2011 Nov-Dec; 92(6): 83-5 
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Document 2
Smith, Lauren B; Barnosky, Andrew 
Physician executive 2011 Nov-Dec; 37(6): 62-4 
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Document 3
Kekewich, Michael A; Curran, Dorothyann; Cornick, Jennifer L; Foreman, Thomas C 
Mind the gap: the lack of common language in healthcare ethics. 
The Journal of clinical ethics 2011 Fall; 22(3): 261-6
Abstract: Ethics consultation services provide support to staff, patients, and family members who find themselves in morally difficult situations in healthcare settings. Not unlike other clinical consultation services, ethics consultation activities should be well documented. Good documentation allows for evaluation of the consultation process and the ability to refer back to consults when needed, and provides data for future research in healthcare ethics (HCE). In our exploration of existing HCE documentation systems, we identified two main points of interest. First, HCE information documentation systems are powerful tools for providing information on ethics consultation services. These documentation systems can be used to produce detailed reports on various HCE activities both institutionally and cross-institutionally. Second, our findings indicate greater agreement in the language and terminology of HCE needs to be established. Cultivation of such common language is needed in order to develop a standard healthcare ethicists can use to document and categorize consults. Standardization of language would allow data to be readily comparable and lead to more consistency in documentation of ethics consultations. Ultimately, standardization of documentation can also constitute a standard of practice for HCE in general. The development of such standards is essential for any developing profession, and will be required for HCE as it moves in towards professionalization in Canada. 
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Document 4
Molewijk, Bert; Slowther, Anne; Aulisio, Mark 
The practical importance of theory in clinical ethics support services. 
Bioethics 2011 Sep; 25(7): ii-iii
Document 5
Porz, Rouven; Landeweer, Elleke; Widdershoven, Guy
**Theory and practice of clinical ethics support services: narrative and hermeneutical perspectives.**
Bioethics 2011 Sep; 25(7): 354-60
**Abstract:** In this paper we introduce narrative and hermeneutical perspectives to clinical ethics support services (CESS). We propose a threefold consideration of 'theory' and show how it is interwoven with 'practice' as we go along. First, we look at theory in its foundational role: in our case 'narrative ethics' and 'philosophical hermeneutics' provide a theoretical base for clinical ethics by focusing on human identities entangled in stories and on moral understanding as a dialogical process. Second, we consider the role of theoretical notions in helping practitioners to understand their situation in clinical ethics practice, by using notions like 'story', 'responsibility', or 'vulnerability' to make explicit and explain their practical experience. Such theoretical notions help us to interpret clinical situations from an ethical perspective and to foster moral awareness of practitioners. And, thirdly, we examine how new theoretical concepts are developed by interpreting practice, using practice to form and improve our ethical theory. In this paper, we discuss this threefold use of theory in clinical ethics support services by reflecting on our own theoretical assumptions, methodological steps and practical experiences as ethicists, and by providing examples from our daily work. In doing so, we illustrate that theory and practice are interwoven, as theoretical understanding is dependent upon practical experience, and vice-versa.

Document 6
Ohnsorge, Kathrin; Widdershoven, Guy
**Monological versus dialogical consciousness: two epistemological views on the use of theory in clinical ethical practice.**
Bioethics 2011 Sep; 25(7): 361-9
**Abstract:** In this article, we argue that a critical examination of epistemological and anthropological presuppositions might lead to a more fruitful use of theory in clinical-ethical practice. We differentiate between two views of conceptualizing ethics, referring to Charles Taylors' two epistemological models: 'monological' versus 'dialogical consciousness'. We show that the conception of ethics in the model of 'dialogical consciousness' is radically different from the classical understanding of ethics in the model of 'monological consciousness'. To reach accountable moral judgments, ethics cannot be conceptualized as an individual enterprise, but has to be seen as a practical endeavor embedded in social interactions within which moral understandings are being negotiated. This view has specific implications for the nature and the role of ethical theory. Theory is not created in the individual mind of the ethicist; the use of theory is part of a joint learning process and embedded in a cultural context and social history. Theory is based upon practice, and serves practical purposes. Thus, clinical ethics support is both practical and theoretical.

Document 7
Frolic, Andrea
**Who are we when we are doing what we are doing?: the case for mindful embodiment in ethics case consultation.**
Bioethics 2011 Sep; 25(7): 370-82
**Abstract:** This paper explores the theory and practice of embodied epistemology or mindful embodiment in ethics case consultation. I argue that not only is this epistemology an ethical imperative to safeguard the integrity of this emerging profession, but that it has the potential to improve the quality of ethics consultation (EC). It also has implications for how ethics consultants are trained and how consultation services are organized. My viewpoint is informed by ethnographic research and by my experimental application of mindful embodiment to the development of an ethics consultation service. My argument proceeds in four phases. First I explore the notion of 'situatedness' in
the bioethics literature, identifying gaps in the field's theories as they apply to EC. I then describe my theoretical approach to embodiment grounded in critical-interpretive medical anthropology and autoethnography. I use embodiment to refer to a moral epistemology grounded in the body, comprised of the interplay of physical, symbolic, intersubjective and political elements. Third, I describe how mindful embodiment can inform the role of the ethics consultant and the development of effective training techniques, vocabularies and processes for EC. I also discuss the benefits of this orientation, and the potential harms of ignoring the embodied dimensions of EC. My goals are to expose the fallacy of the 'theory-practice gap', to demonstrate how my own EC practice is deeply informed by this theoretical orientation, and to argue for a wider definition of what 'counts' as relevant theory for ethics consultation.

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**Document 8**

Reiter-Theil, Stella; Mertz, Marcel; Schürmann, Jan; Stingelin Giles, Nicola; Meyer-Zehnder, Barbara

**Evidence - competence - discourse: the theoretical framework of the multi-centre clinical ethics support project METAP.**

Bioethics 2011 Sep; 25(7): 403-12

**Abstract:** In this paper we assume that 'theory' is important for Clinical Ethics Support Services (CESS). We will argue that the underlying implicit theory should be reflected. Moreover, we suggest that the theoretical components on which any clinical ethics support (CES) relies should be explicitly articulated in order to enhance the quality of CES. A theoretical framework appropriate for CES will be necessarily complex and should include ethical (both descriptive and normative), metaethical and organizational components. The various forms of CES that exist in North-America and in Europe show their underlying theory more or less explicitly, with most of them referring to some kind of theoretical components including 'how-to' questions (methodology), organizational issues (implementation), problem analysis (phenomenology or typology of problems), and related ethical issues such as end-of-life decisions (major ethical topics). In order to illustrate and explain the theoretical framework that we are suggesting for our own CES project METAP, we will outline this project which has been established in a multi-centre context in several healthcare institutions. We conceptualize three 'pillars' as the major components of our theoretical framework: (1) evidence, (2) competence, and (3) discourse. As a whole, the framework is aimed at developing a foundation of our CES project METAP. We conclude that this specific integration of theoretical components is a promising model for the fruitful further development of CES.

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**Document 9**

Finder, Stuart G; Bliton, Mark J

**Responsibility after the apparent end: 'following-up' in clinical ethics consultation.**

Bioethics 2011 Sep; 25(7): 413-24

**Abstract:** Clinical ethics literature typically presents ethics consultations as having clear beginnings and clear ends. Experience in actual clinical ethics practice, however, reflects a different characterization, particularly when the moral experiences of ethics consultants are included in the discussion. In response, this article emphasizes listening and learning about moral experience as core activities associated with clinical ethics consultation. This focus reveals that responsibility in actual clinical ethics practice is generated within the moral scope of an ethics consultant's activities as she or he encounters the unique and specific features that emerge from interactions with a specific patient, or family, or practitioner within a given situation and over time. A long-form narrative about an ethics consultant's interactions is interwoven with a more didactic discussion to highlight the theme of responsibility and to probe questions that arise regarding follow-up within the practice of clinical ethics consultation.

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**Document 10**

Dauwerse, Linda; Abma, Tineke; Molewijk, Bert; Widdershoven, Guy

**Need for ethics support in healthcare institutions: views of Dutch board members and ethics support staff.**

**Abstract:** The purpose of this article is to investigate the need for ethics support in Dutch healthcare institutions in order to understand why ethics support is often not used in practice and which factors are relevant in this context.

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**Document 11**

Schicktanz, Silke; Dusche, Michael

*The ethics of ethical expertise in science, medicine and healthcare policies.*

Indian journal of medical ethics 2011 Jul-Sep; 8(3): 142-5

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**Document 12**

Shalev, Carmel; Hashiloni-Dolev, Yael

*Bioethics governance in Israel: an expert regime.*

Indian journal of medical ethics 2011 Jul-Sep; 8(3): 157-60

**Abstract:** This paper provides an overview of bioethics governance in Israel through an analytical description of the legal framework for the interface between individuals and biomedical practices. There is no national agency with general oversight of bioethics policy and decision making, and the rules that apply to individual usage of biomedical technologies are laid down in a multitude of different statutes, regulations and administrative directives. Expert committees play a central role in this regulatory system in two capacities: as governmental advisory bodies that recommend policy; and as decision-making bodies that resolve conflicts around patients' rights or grant individual access to biomedical technologies. This decentralised system of governance through expert committees allows for adaptation to dynamic technological developments and flexibility in accommodating creative societal usage. At the same time the experts are the agents of the state's bio-power at the expense of personal autonomy and open public deliberation. The paper is part of a larger study investigating Israel's bioethics governance and its regime of experts, which includes an examination of the normative level of regulation, and an analysis of the composition of the expert committees. Our findings suggest that Israel has a decentralised system of governance with piecemeal regulation that has established a bioethics technocracy, governed by the ministry of health and dominated by the medical profession. The present paper is confined to a description and discussion of the legal framework of Israel's expert bioethics regime. Here, our major conclusion is that Israel has established a technocracy of official expert ethics committees, which controls life and death decisions.

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**Document 13**

Førde, Reidun; Pedersen, Reidar

*Clinical ethics committees in Norway: what do they do, and does it make a difference?*


**Abstract:** The first clinical ethics committees (CEC) in Norway were established in 1996. This started as an initiative from hospital clinicians, the Norwegian Medical Association, and health authorities and politicians. Norwegian hospitals are, by and large, publicly funded through taxation, and all inpatient treatment is free of charge. Today, all the 23 hospital trusts (providing specialized and hospital-based healthcare services to the Norwegian population of 4.9 million people) have established at least one committee. Center for Medical Ethics (SME), University of Oslo, receives an annual amount of US$335,000 from the Ministry of Health and Care Services to coordinate the committees and to facilitate competency building for committee members.

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**Document 14**
Conflicts of interest on pharmacy and therapeutics committees at academic medical centers.

Farmer, Brenna M; Nelson, Lewis S

Journal of medical toxicology: official journal of the American College of Medical Toxicology 2011 Jun; 7(2): 175-6

A systematic review of activities at a high-volume ethics consultation service.

Bruce, Courtenay R; Smith, Martin L; Hizlan, Sabahat; Sharp, Richard R

The Journal of clinical ethics 2011 Summer; 22(2): 151-64

Abstract: We describe the ethics consultation service (ECS) at the Cleveland Clinic and report on its activities over a 24-month period in which 478 consultations were performed. To our knowledge, this is the largest case series of ethics consultations reported to date. Established more than 25 years ago, the ECS at the Cleveland Clinic is staffed by multiple consultants with advanced training in bioethics. Several of these ethicists work closely with specialized clinical units and research departments, where they participate in multidisciplinary meetings and provide specialized assistance. This combination of historical experience, large numbers of consultation requests, and specialized clinical ethicists suggests that the experience at the Cleveland Clinic may be helpful to ethicists and others who may be considering how to structure and sustain a vibrant ECS. Our results highlight the diversity of activities performed by a high-volume ECS at a tertiary care facility. Our hope in sharing the inner workings of the ECS at the Cleveland Clinic is to promote dialogue on common practices and approaches across medical institutions that support ethics consultation.

Certifying clinical ethics consultants: who pays?

Burda, Marianne

The Journal of clinical ethics 2011 Summer; 22(2): 194-9

Abstract: The movement advocating the formal certification of clinical ethics consultants may result in major changes to the field of clinical ethics consultation by creating a new standard of care. The actual certification process is still in the development phase, but unanswered questions include: What will certification cost, and, Who will pay? Currently there is little salary support for ethics consultants and no regulation requiring healthcare institutions to offer clinical ethics consultation. Without the support of healthcare administrators and accreditation bodies, this may remain unchanged. Healthcare administrators may be unwilling to pay for certification or professional services if accreditation bodies do not require healthcare institutions to provide certified ethics consultants' services. If consultants will not be reimbursed or paid, they may not seek certification. If certified consultants are required, healthcare administrators may look for ways to cover the costs for providing this service, including insurance or third-party reimbursement and direct billing of patients for consultations, which may affect who performs and who participates in ethics consultation. However, this is less than ideal, as bioethicists believe ethics consultation should be available to all as part of providing safe, quality ethical care and support and guidance for patients, families, and healthcare staff. Going forward, bioethicists should study quality improvement, patient safety, and cost-savings resulting from certification-eligible clinical ethics consultants’ activities. Administrators and financial personnel can be surveyed regarding their support for the certification process. Bioethicists should enlist the help of patient rights and safety advocacy groups, professional medical associations, and healthcare administrators. Bioethicists should invite accreditation bodies, healthcare administrators, and financial personnel to collaborate in the development of the certification process. Without their support, certification may be of value only to the bioethics community, and may have little standing in actual clinical healthcare institution settings.

Certifying clinical ethics consultants: who pays?
Organizing moral case deliberation experiences in two Dutch nursing homes.
Nursing ethics 2011 May; 18(3): 327-40

Abstract: Moral case deliberation (MCD) is a specific form of clinical ethics, aiming to stimulate ethical reflection in daily practice in order to improve the quality of care. This article focuses on the implementation of MCD in nursing homes and the questions how and where to organize MCD. The purpose of this study was to evaluate one way of organizing MCD in two Dutch nursing homes. In both of these nursing homes the MCD groups had a heterogeneous composition and were organized apart from existing institutional communication structures. As part of a naturalistic evaluation, systematic observations, interviews and focus groups were completed. The findings indicate that the heterogeneous composition and MCD meetings separate from existing structures have benefits. However, the participants also reported negative experiences. This gives rise to the question whether a mixed MCD group which meets separately is an effective way to embed MCD as an instrument for reflection on moral issues in daily practice. We conclude that there is no single answer to that question. In the end, the two implementation strategies (i.e. within existing communication structures and a mixed MCD group) can be complementary to each other.

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Questions for debate. What is the role of moral theory in everyday nursing ethics? Is it right that Research Ethics Committees make judgements about the scientific quality of research proposals?

Nursing ethics 2011 May; 18(3): 460-3

Guidelines offer models for improving quality.

Healthcare benchmarks and quality improvement 2011 May; 18(5): 56-7

Learn the key items in new guidelines.

Healthcare benchmarks and quality improvement 2011 May; 18(5): 57-8

How to teach ethics to those who need to learn

Indian Journal of Medical Ethics 2011 April-June; 8(2): 117-119

[Ethical conflicts in the surgical intensive care setting - impact of ethics consultations]. = Ethische Grenzsituationen in der chirurgischen Intensivmedizin - Bedeutung einer ethischen Fallberatung.

Zentralblatt für Chirurgie 2011 Apr; 136(2): 113-7
Abstract: In surgical intensive care medicine an increase in ethical conflicts regarding treatment plans has been observed due to marked changes in medical possibilities and social epidemiology resulting in intensive care treatment of old and oldest patients following surgery, trauma or transplantation. Without ethical support, physicians, nurses, and families are not able to come to a decision about medical treatment when value conflicts are involved.

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Document 23

Pope, Thaddeus Mason

Legal briefing: Healthcare ethics committees.
The Journal of clinical ethics 2011 Spring; 22(1): 74-93

Abstract: This issue's "Legal Briefing" column covers recent legal developments involving institutional healthcare ethics committees. This topic has been the subject of recent articles in JCE. Healthcare ethics committees have also recently been the subject of significant public policy attention. Disturbingly, Bobby Schindler and others have described ethics committees as "death panels." But most of the recent attention has been positive. Over the past several months, legislatures and courts have expanded the use of ethics committees and clarified their roles concerning both end-of-life treatment and other issues. These developments are usefully grouped into the following eight categories: 1. Existence and availability. 2. Membership and composition. 3. Operating procedures. 4. Advisory roles. 5. Decision-making and gate-keeping roles. 6. Confidentiality. 7. Immunity. 8. Litigation and court cases.

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Document 24

Ekeberg, Øivind

[Clinical ethics committees--time for changes?]. = Komiteer for klinisk etikk--tid for endringer?
Tidsskrift for den Norske lægeforening : tidsskrift for praktisk medicin, ny række 2011 Jan 21; 131(2): 108

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Document 25

Kalager, Guro; Førde, Reidun; Pedersen, Reidar

Is the discussion of patient cases in clinical ethics-committees useful?
Tidsskrift for den Norske lægeforening : tidsskrift for praktisk medicin, ny række 2011 Jan 21; 131(2): 118-21

Abstract: All health enterprises in Norway today have at least one clinical ethics committee (CEC). One of the aims is to give advice and to counsel the hospital staff on ethical issues. As part of the quality assurance of this work, we wanted to find out if clinicians have benefited from these committees in individual cases.

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Document 26

Gemsenjäger, E

[Are specialists in ethics necessary in daily routine surgery?]. = Sind Ethikfachleute im chirurgischen Alltag notwendig?
Der Chirurg; Zeitschrift für alle Gebiete der operativen Medizen 2011 Jan; 82(1): 80

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* Book Document 27
Document 28

Vacarezza, Ricardo

[Clinical ethics consultation in intensive care]. = Consultoría ético clínica en cuidado intensivo.
Revista médica de Chile 2010 Dec; 138(12): 1563

Document 29

Nelson, William A; Rosenberg, Marie-Claire; Mackenzie, Todd; Weeks, William B

The presence of ethics programs in critical access hospitals.
HEC forum : an interdisciplinary journal on hospitals' ethical and legal issues 2010 Dec; 22(4): 267-74

Abstract: The purpose of this study was to assess the presence of ethics committees in rural critical access hospitals across the United States. Several studies have investigated the presence of ethics committees in rural health care facilities. The limitation of these studies is in the definition of 'rural hospital' and a regional or state focus. These limitations have created large variations in the study findings. In this nation-wide study we used the criteria of a critical access hospital (CAH), as defined by the Medicare Rural Hospital Flexibility Program (Flex Program, 2007), to bring consistency and clarity to the assessment of the presence of ethics committees in rural hospitals. The Flex Monitoring Team conducted a national telephone survey of 381 CAH administrators throughout the United States. The survey covered a wide variety of questions concerning hospitals' community benefit, impact activities, and whether the hospital had a formally established an ethics committee. About 230 (60%) of the respondents indicated they had a formally established ethics committee or ethics consultation program at their CAH. The prevalence of ethics committees declined as the CAH location became increasingly rural along a rural-urban continuum. Unlike CAHs, all rural Department of Veterans Affairs Medical Centers have ethics committees. The results of this study provide an understanding of the limited presence of ethics committee in rural America and the need to consider new approaches for providing ethics assistance. A virtual ethics committee network may be the most efficient and effective way of providing rural hospitals access to a knowledgeable ethics committee or consultant.

Document 30

McDaniel, Charlotte

Assessing physicians' roles on health care ethics committees.
HEC forum : an interdisciplinary journal on hospitals' ethical and legal issues 2010 Dec; 22(4): 275-86

Abstract: The purpose of this study was to examine the role of physicians on HEC including structural and process features. Four committees were selected from among 12 voluntering to participate with 12 sessions observed. Power analysis (0.8) confirmed an adequate number of communication exchanges, and no statistical significant difference (p < 0.05) among two prior surveys affirmed the sample. Data collection included established questionnaires and communication analyses with a tested method. Results revealed physician presence was robust and similar to prior reports on HEC structure; however, physicians rated their role effectiveness lower than other occupations and lower than overall committee effectiveness. Communication exchanges representing process revealed three positive communication types, and consistent attempts to aid committee functions through consensual processes that also were substantiated by non-physician members. Findings suggested more attention to both structural and process functions of HEC and their members.
The pre-conditions for "building capacity" in an ethics program.

HEC forum: an interdisciplinary journal on hospitals' ethical and legal issues 2010 Dec; 22(4): 287-97

Abstract: Most organizations and/or their sub-units like ethics programs want to acquire the knowledge, skills and other resources needed to achieve their goals efficiently and effectively. Thus, they want to acquire or develop needed "capacity." But there are pre-conditions to building capacity that are often overlooked or forgotten, but which nevertheless, must be in place before capacity can be developed. This essay identifies these pre-conditions and discusses why they are necessary before attempts are made to enhance the capacity of any ethics program. The essay closes by offering a series of questions that ethics program leaders/and or members can asked themselves to assess whether or not these pre-conditions exist.

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Reflections on running training workshops for research ethics committee members in Spain between 2001 and 2008.

Croatian medical journal 2010 Dec; 51(6): 552-9

Abstract: To present the experience of running workshops for members of research ethics committees (REC) in Spain from 2001-2008 by a non-profit institution.

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Two prognostic indicators of the publication rate of clinical studies were available during ethical review.

Journal of clinical epidemiology 2010 Dec; 63(12): 1342-50

Abstract: To identify prognostic indicators of the publication rate of clinical studies, available to research ethics committees (RECs) during review.

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Croatia moves away from fostering research integrity.

Lancet 2010 Nov 13; 376(9753): 1627-8

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Questioning the ethics of the ethicists.

Internal medicine journal 2010 Nov; 40(11): 799; author reply 799-800

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Document 36
Lachman, Vicki D
Clinical ethics committees: organizational support for ethical practice.
Medsurg nursing : official journal of the Academy of Medical-Surgical Nurses 2010 Nov-Dec; 19(6): 351-3
Abstract: The tripartite functions of an ethics committee are case consultation, institutional policy review and development, and ethics education. Preparation before calling an ethics consultation is critical. In addition, serving on an ethics committee provides a personally and professionally rewarding experience because of the service performed for staff, patients, and families. This author encourages nurses to volunteer for this experience, as there is no better way to understand the perplexing ethical problems in health care today. As nurses become more active on ethics committees, health care will transition from the traditional demand-initiated consult to a process that will emphasize the prevention of ethical conflicts by fostering the development of ethical practice protocols or guidelines (Nelson et al., 2008).

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Document 37
Spagnolo, Antonio G
[Hemodialysis and the birth of bioethics committees]. = L'emodialisi e la nascita dei comitati di bioetica.
Giornale italiano di nefrologia : organo ufficiale della Società italiana di nefrologia 2010 Nov-Dec; 27(6): 559-60

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Document 38
Khan, Robyna Irshad
Hospital ethics committees: time to move beyond the obvious
Indian Journal of Medical Ethics 2010 October-December; 7(4): 251-252

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Document 39
Bishop, Tara F; Federman, Alex D; Ross, Joseph S
Laboratory test ordering at physician offices with and without on-site laboratories.
Journal of general internal medicine 2010 Oct; 25(10): 1057-63
Abstract: Physician self-referral, ordering a test or procedure or referring to a facility in which a physician has a financial interest, has been associated with increased utilization of health care services.

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Document 40
Simek, Jiri; Zamykalova, Lenka; Mesanyova, Marie
Ethics Committee or Community? Examining the identity of Czech Ethics Committees in the period of transition.
Journal of medical ethics 2010 Sep; 36(9): 548-52
Abstract: Reflecting on a three year long exploratory research of ethics committees in the Czech Republic authors discuss the current role and identity of research ethics committees. The research of Czech ethics committees focused on both self-presentation and self-understanding of ECs members, and how other stakeholders (representatives of the pharmaceutical industry) view them. The exploratory research was based on formal and informal communication with the members of the ethics committees. Members of the research team took part at six regular voluntary meetings of the ethics committees' members, organised by the Forum of Czech Ethics
Committees, and at three summer schools of medical ethics. There were realised twenty-five semi-structured interviews as well as six focus group sessions and a participant observation of several regular meetings of three ethics committees. On the grounds of experience from the interviews a simple questionnaire survey was realised among the members of the ethics committees. The ethics committees comprise a community of members working voluntarily, without claims to remuneration or prestige; the unifying goal is protection of subjects of research. The principal working methods are dialogue and agreement. The members of the ethics committees thus, among other things, create an informal community, which can be to a certain extent seen as a Kantian ethical community in a weak sense. The phenomenon of ethics committees can also be described by terms of an epistemic community and a community of practice. These concepts, which are borrowed from other authors and areas, are used as a way how to think of ECs role and identity a bit differently and are meant as a contribution to the current international debate on the topic.

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**Document 41**

Pedersen, R.; Hurst, S.A.; Schildmann, J.; Schuster, S.; Molewijk, B.

**The development of a descriptive evaluation tool for clinical ethics case consultations**

Clinical Ethics 2010 September; 5(3): 136-141

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**Document 42**

Walton, Simon

**Medical ethics and medical law: can you put it into practice?**

Clinical Ethics 2010 September; 5(3): 115-117

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**Document 43**

Qaseem, Amir; Snow, Vincenza; Owens, Douglas K; Shekelle, Paul; ,

**The development of clinical practice guidelines and guidance statements of the American College of Physicians: summary of methods.**

Annals of internal medicine 2010 Aug 3; 153(3): 194-9

**Abstract:** The American College of Physicians (ACP) established its evidence-based clinical practice guidelines program in 1981. The ACP's Guidelines Committee and the staff of the Clinical Programs and Quality of Care Department develop the clinical recommendations. The ACP develops 2 different types of clinical recommendations: clinical practice guidelines and clinical guidance statements. The ACP clinical practice guidelines and guidance statements follow a multistep development process that includes a systematic review of the evidence, deliberation of the evidence by the committee, summary recommendations, and evidence and recommendation grading. All ACP clinical practice guidelines and clinical guidance statements, if not updated, are considered automatically withdrawn or invalid 5 years after publication or once an update has been issued.

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**Document 44**

Wells, Robert J.

**When is state intervention justified? An ethics consult gone bad.**

Pediatric Blood & Cancer 2010 July 1; 54(7): 1054; author reply 1055

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Document 45


Abstract: In accordance with the bylaws of the American Psychological Association (APA), the Ethics Committee reports regularly to the membership regarding the number and types of ethics complaints investigated and the major programs undertaken. This article is a summary of the talks and workshops of 2009, ethics adjudication, ethics education and consultation, and special projects among the activities of the Ethics Committee.

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Document 46

Borovecki, Ana; Makar-Ausperger, Ksenija; Francetic, Igor; Babic-Bosnac, Sanja; Gordijn, Bert; Steinkamp, Norbert; Oreskovic, Stjepan

Developing a model of healthcare ethics support in Croatia.

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Document 47

Eastwood, Beth

Inside the Ethics Committee: bringing the ethical dilemmas of modern medicine to BBC Radio 4
Clinical Ethics 2010 June; 5(2): 54-56

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Document 48

Baker, Robert

Fine-tuning the future.
The Hastings Center report 2010 May-Jun; 40(3): 6-7; author reply 8

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Document 49

Kipnis, Ken

Fine-tuning the future.
The Hastings Center report 2010 May-Jun; 40(3): 7; author reply 8

Georgetown users check Georgetown Journal Finder for access to full text

Document 50

Youngner, Stuart J

Fine-tuning the future.
The Hastings Center report 2010 May-Jun; 40(3): 7-8; author reply 8

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Document 51
Tapper, Elliot B.; Vercler, Christian J.; Cruze, Deborah; Sexson, William
Ethics consultation at a large urban public teaching hospital.
Mayo Clinic Proceedings 2010 May; 85(5): 433-438
Abstract: OBJECTIVES: To describe the population served and issues encountered by Hospital Ethics Committee consultation, to describe the incidence of consultation per hospital admission, and to describe the resource utilization per consult. PATIENTS AND METHODS: This is a retrospective review of all ethics consults at a large urban teaching hospital and level one trauma center in a metropolitan area from January 1, 2004, through December 31, 2006. The data points analyzed were patient demographics, time spent by consultants (resource utilization), and the choice to pursue a full consult, which differs from a brief consult by the number of ethics consultants involved and the formality of the deliberative process. RESULTS: A total of 285 consults were conducted or 0.16% (95% confidence interval, 0.14%-0.18%) of all hospital admissions. The highest incidence was 0.88% (95% confidence interval, 0.59%-1.3%) for the trauma intensive care unit. The average age of patients consulted on was 51 years, and 54% were in the intensive care unit. Of the consults, 90% were brief, and 52% were requested by house staff. Consultants logged 60,368 minutes, 38% of which were devoted to full consults (10% of total). Consults in obstetrics, general medicine, and surgery were the most time-consuming. Pregnancy and human immunodeficiency virus were more prevalent in full consults. The "classic" ethics cases of confidentiality (5%), patients requesting futile treatment (5%), brain death (4%), error disclosure (1%), and organ-donor rights (0.3%) were marginal in our series. CONCLUSION: Little data exist on the practice of ethics consultation services. To our knowledge, this series represents the largest to date. Specific issues, patient characteristics, and hospital services were more prevalent in the most time-consuming consults. These data can be used to target the education of residents and inform hospital quality initiatives.

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Document 52
Moore, W
Applying Applied Ethics through ethics consulting.
Abstract: Applied Ethics is frequently described as a discipline of philosophy that concerns itself with the application of moral theories such as deontology and utilitarianism to real world dilemmas. However, these applications often remain restricted to the academic world. The focus of new versions ethics consulting has since the mid-1980s shifted from what the ethicist knows to what the ethicist does or enables. This shift remodelled the ethicist's role to that of a facilitator in an inherently social process of moral inquiry. Applying these developments in the Namibian context has already proved to be of great value to the local health care industry.

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Document 53
Smith, Martin L; Sharp, Richard R; Weise, Kathryn; Kodish, Eric
Toward competency-based certification of clinical ethics consultants: a four-step process.
Abstract: While consensus exists among many practitioners of ethics consultation about the need for and identification of core competencies and standards, there has been virtually no attempt to determine how these competencies and standards are best taught and assessed. We believe that clinical ethics consultation has reached a state of sufficient maturity that expert practitioners can evaluate those who are new to the field. We will outline several steps that can facilitate the creation of a certification process for clinical ethics consultants, assuring the competency and quality of consultation for the patients, families, and healthcare professionals who utilize ECSs.

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**Document 54**

Kesselheim, Jennifer C.; Johnson, Judith; Joffe, Steven

**Ethics consultation in children's hospitals: results from a survey of pediatric clinical ethicists.**

Pediatrics 2010 April; 125(4): 742-746

**Abstract:** OBJECTIVES: Ethics consultation is a widely endorsed mechanism for resolving conflict, facilitating communication, and easing moral distress in health care. Although ethics consultation has been well characterized in the adult setting, little is known about ethics consultation or ethics programs in pediatrics. We conducted a national survey of ethicists at freestanding children's hospitals to explore the structures and processes of their ethics-consultation services and committees and to characterize their training and professional activities.

METHODS: We contacted freestanding children's hospitals from the member list of the National Association of Children's Hospitals and Related Institutions (N = 46) to identify the ethics leader at each institution. This individual was invited to complete an on-line survey instrument. The survey asked about ethicists' training to fulfill their ethics-related roles, their policies and methods for ethics consultation, and the structure and funding of their ethics committees. Thirty-three ethicists (72%) responded. RESULTS: On-the-job experience (73%) was the most frequently reported form of training; a minority of ethicists endorsed each other type of training. Although 60% of the respondents reported having a policy for ethics consultation, several elements recommended by national consensus statements were inconsistently included. In addition, respondents reported variable adherence to standard components of the consultation process, including meeting with the patient or family, following up with the clinical team, and providing a written report of the consultation. A minority of respondents reported having salary support (33%), administrative support (46%), or a budget (24%) for their work in ethics. CONCLUSIONS: Although ethics-consultation policies and practices at freestanding children's hospitals are generally well aligned with published norms, our data reveal imperfect adherence to consensus standards. Additional research is needed to determine how this practice variation, as well as the lack of salary support, budgets, and administrative assistance, affect the quality of ethics consultation at these institutions.

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**Document 55**

Czarkowski, Marek

[How can we establish hospital ethics committees?]. = Jak zakładał szpitalne komisje etyczne?

Polski merkurisz lekarski : organ Polskiego Towarzystwa Lekarskiego 2010 Mar; 28(165): 207-10

**Abstract:** The necessity of establishing hospital ethics committees (HEC) in Poland is obvious. Limitations of such initiatives are related with lack of standards, financial support, legal provisions and well trained and educated candidates on members of HECs. HECs should: protect patient's rights and their beneficence, facilitate ethics education for doctors and other health professionals and provide ethics advice in individual cases. Members of HECs should present a broad range of disciplines and backgrounds. They should provide a comprehensive and reliable opinion in which all medical, legal and ethical aspects should be mentioned. All members should have a basic knowledge of medical ethics, related legal provisions and Medical Code of Ethics. Different models of ethics support should be provided. Ethical consultation of single specialist and committee or subcommittee debates are possible choices. It is necessary to prepare operating procedures for HECs which will provide standard and unified formalities for all referred cases. Hospital management who is interested in establishing HEC should provide adequate financial support. Members of HECs should be encouraged to upgrade their skills and knowledge.

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**Document 56**

Childs, Brian H

What is it exactly that you do? An introduction.

HEC forum : an interdisciplinary journal on hospitals' ethical and legal issues 2010 Mar; 22(1): 1-4

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**Document 57**

Frolic, Andrea; Chidwick, Paula

*A pilot qualitative study of "conflicts of interests and/or conflicting interests" among Canadian bioethicists. Part 2: Defining and managing conflicts.*

**HEC forum : an interdisciplinary journal on hospitals' ethical and legal issues** 2010 Mar; 22(1): 19-29

**Abstract:** This paper examines one aspect of professional practice for bioethicists: managing conflicts of interest. Drawing from our qualitative study and descriptive analysis of the experiences of conflicts of interest and/or conflicting interests (COI) of 13 Canadian clinical bioethicists (Frolic and Chidwick 2010), this paper examines how bioethicists define their roles, the nature of COIs in their roles, how their COIs relate to conventional definitions of conflicts of interest, and how COIs can be most effectively managed.

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**Document 58**

Frolic, Andrea; Chidwick, Paula

*A pilot qualitative study of "conflicts of interests and/or conflicting interests" among Canadian bioethicists. Part 1: Five cases, experiences and lessons learned.*

**HEC forum : an interdisciplinary journal on hospitals' ethical and legal issues** 2010 Mar; 22(1): 5-17

**Abstract:** In this pilot qualitative study 13 clinical bioethicists from across Canada were interviewed about their experiences of conflicts of interest and/or conflicting interests in their professional roles. The interviews generated five composite cases. Participants reported being significantly impacted by these experiences both personally and professionally.

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**Document 59**

Swiderski, Deborah M; Ettinger, Katharine M; Webber, Mayris; Dubler, Nancy N

*The clinical ethics credentialing project: preliminary notes from a pilot project to establish quality measures for ethics consultation.*

**HEC forum : an interdisciplinary journal on hospitals' ethical and legal issues** 2010 Mar; 22(1): 65-72

**Abstract:** The Clinical Ethics Credentialing Project (CECP) was initiated in 2007 in response to the lack of uniform standards for both the training of clinical ethics consultants, and for evaluating their work as consultants. CECP participants, all practicing clinical ethics consultants, met monthly to apply a standard evaluation instrument, the "QI tool", to their consultation notes. This paper describes, from a qualitative perspective, how participants grappled with applying standards to their work. Although the process was marked by resistance and disagreement, it was also noteworthy for the sustained engagement by participants over the year of the project, and a high level of acceptance by its conclusion.

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**Document 60**

Mokwunye, Nneka O; Brown, Virginia A; Lynch, John J; DeRenzo, Evan G

*Hiring a hospital staff clinical ethicist: creating a formalized behavioral interview model.*

**HEC forum : an interdisciplinary journal on hospitals' ethical and legal issues** 2010 Mar; 22(1): 51-63

**Abstract:** This paper presents the behavioral interview model that we developed to formalize our hiring practices when we, most recently, needed to hire a new clinical ethicist to join our staff at the Center for Ethics at Washington Hospital Center.

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Edelstein, Lauren M; Lynch, John J; Mokwunye, Nneka O; DeRenzo, Evan G

Curbside consultation re-imagined: Borrowing from the conflict management toolkit.

HEC forum : an interdisciplinary journal on hospitals' ethical and legal issues 2010 Mar; 22(1): 41-9

Abstract: Curbside ethics consultations occur when an ethics consultant provides guidance to a party who seeks assistance over ethical concerns in a case, without the consultant involving other stakeholders, conducting his or her own comprehensive review of the case, or writing a chart note. Some have argued that curbside consultation is problematic because the consultant, in focusing on a single narrative offered by the party seeking advice, necessarily fails to account for the full range of moral perspectives. Their concern is that any guidance offered by the ethics consultant will privilege and empower one party's viewpoint over-and to the exclusion of other stakeholders. This could lead to serious harms, such as the ethicist being reduced to a means to an end for a clinician seeking to achieve his or her own preferred outcome, the ethicist denying the broader array of stakeholders input in the process, or the ethicist providing wrongheaded or biased advice, posing dangers to the ethical quality of decision-making. Although these concerns are important and must be addressed, we suggest that they are manageable. This paper proposes using conflict coaching, a practice developed within the discipline of conflict management, to mitigate the risks posed by curbside consultation, and thereby create new "spaces" for moral discourse in the care of patients. Thinking of curbside consultations as an opportunity for "clinical ethics conflict coaching" can more fully integrate ethics committee members into the daily ethics of patient care and reduce the frequency of ethically harmful outcomes.

Chidwick, Paula; Bell, Jennifer; Connolly, Eoin; Coughlin, Michael D; Frolic, Andrea; Hardingham, Laurie; Zlotnik Shaul, Randi;

Canadian Bioethics Society Taskforce on Working Conditions for Bioethics

Exploring a model role description for ethicists.

HEC forum : an interdisciplinary journal on hospitals' ethical and legal issues 2010 Mar; 22(1): 31-40

Abstract: This paper provides a description of the role of the clinical ethicist as it is generally experienced in Canada. It examines the activities of Canadian ethicists working in healthcare institutions and the way in which their work incorporates more than ethics case consultation. The Canadian Bioethics Society established a "Taskforce on Working Conditions for Bioethics" (hereafter referred to as the Taskforce), to make recommendations on a number of issues affecting ethicists and to develop a model role description. This essay carefully assesses this model role description.

Bishop, Jeffrey P; Fanning, Joseph B; Bliton, Mark J

Echo calling narcissus: what exceeds the gaze of clinical ethics consultation?

HEC forum : an interdisciplinary journal on hospitals' ethical and legal issues 2010 Mar; 22(1): 73-84

Abstract: Guiding our response in this essay is our view that current efforts to demarcate the role of the clinical ethicist risk reducing its complex network of authorizations to sites of power and payment. In turn, the role becomes susceptible to various ideologies-individualisms, proceduralisms, secularisms-that further divide the body from the web of significances that matter to that body, where only she, the patient, is located. The security of policy, standards, and employment will pull against and eventually sever the authorization secured by authentic moral inquiry. Instead of asking "What do I need to know?", the question animating the drive to standardize will be "What is the policy or standard?" The claims of the authors in this issue of HEC Forum confirm these suspicions.

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Document 64
Gaudine, Alice; Thorne, Linda; LeFort, Sandra M; Lamb, Marianne
Evolution of hospital clinical ethics committees in Canada.
Abstract: To investigate the current status of hospital clinical ethics committees (CEC) and how they have evolved in Canada over the past 20 years, this paper presents an overview of the findings from a 2008 survey and compares these findings with two previous Canadian surveys conducted in 1989 and 1984. All Canadian hospitals over 100 beds, of which at least some were acute care, were surveyed to determine the structure of CEC, how they function, the perceived achievements of these committees and opinions about areas with which CEC should be involved. The percentage of hospitals with CEC in our sample was found to be 85% compared with 58% and 18% in 1989 and 1984, respectively. The wide variation in the size of committees and the composition of their membership has continued. Meetings of CEC have become more regularised and formalised over time. CEC continue to be predominately advisory in their nature, and by 2008 there was a shift in the priority of the activities of CEC to meeting ethics education needs and providing counselling and support with less emphasis on advising about policy and procedures. More research is needed on how best to define what the scope of activities of CEC should be in order to meet the needs of hospitals in Canada and elsewhere. More research also is needed on the actual outcomes to patients, families, health professionals and organisations from the work of these committees in order to support the considerable time committee members devote to this endeavour.

Document 65
Smith, Martin L.; Sharp, Richard R.; Weise, Kathryn; Kodish, Eric
Toward competency-based certification of clinical ethics consultants: a four-step process.
Journal of Clinical Ethics 2010 Spring; 21(1): 14-22
Abstract: While consensus exists among many practitioners of ethics consultation about the need for and identification of core competencies and standards, there has been virtually no attempt to determine how these competencies and standards are best taught and assessed. We believe that clinical ethics consultation has reached a state of sufficient maturity that expert practitioners can evaluate those who are new to the field. We will outline several steps that can facilitate the creation of a certification process for clinical ethics consultants, assuring the competency and quality of consultation for the patients, families, and healthcare professionals who utilize ECSs.

Document 66
Glaser, John W.; McCarthy, Susan; O'Toole, Brian; Payne, Kate; Slosar, John Paul
Reflections on the role of ethicists in the Catholic health ministry

Document 67
Talone, Patricia
Virtues for an ethicist
Health Care Ethics USA [electronic] 2010 Spring; 18(2): 8-12
Document 68
O'Rourke, Kevin D.

**Bioethics as a vocation**
Health Care Ethics USA [electronic] 2010 Spring; 18(2): 2-7

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Document 69
Ramsey, David J.; Schmidt, Mary Lou; Anderson-Shaw, Lisa

**Online ethics discussion forum facilitates medical center clinical ethics case reviews**

**Abstract:** Clinical ethics consultants are increasingly called upon to give counsel in the clinical arena on issues including but not limited to withdrawal or withholding of specific medical treatments, assisting minors and mentally impaired patients with care decisions, working with difficult patients and families, identifying appropriate surrogate decision makers, and executing advance directives and end-of-life decisions. Often, the consultant may need to convene the ethics committee members to review and provide feedback for a given case. This process may be difficult to schedule in a timely way because of member's clinical and other work-related obligations. To this end, the University of Illinois Medical Center in Chicago has set up a unique Web board to facilitate ongoing case discussions via a secured, password-protected ethics committee online forum. This allows for real-time review by all ethics committee members. We will explain our online process as well as discuss our clinical case experiences.

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Document 70
Larcher, Victor; Slowther, Anne-Marie; Watson, Alan R

**Core competencies for clinical ethics committees.**

**Abstract:** Clinical ethics committees (CECs) are increasing in number in the UK and have mostly developed in response to local interest, as opposed to being mandated as in the USA. However, there is no regulatory framework for UK CECs with no defined educational requirements or specification of core competencies for their members. The UK Clinical Ethics Network has consulted extensively with its members to set out, for the first time in the UK, the core competencies necessary for the provision of clinical ethics support. Recommendations for educational and membership requirements for CECs have also been made. Given the appropriate resources the standards proposed can be appropriately evaluated and are consistent with principles of ethical governance.

Georgetown users check [Georgetown Journal Finder](http://www.chausa.org/2010_HCEUSA_Annual_Index.aspx) for access to full text

Document 71
Anderson, Jim

**Why physician assistants should consider joining the hospital ethics committee.**
JAAPA: official journal of the American Academy of Physician Assistants 2010 February; 23(2): 55-56, 58

Georgetown users check [Georgetown Journal Finder](http://www.chausa.org/2010_HCEUSA_Annual_Index.aspx) for access to full text

Document 72
Czarkowski, Marek
Abstract: The role, and even the necessity of hospital ethics committees, is not universally agreed upon. In the 2005, UNESCO advised the establishment of four types of bioethics committees at different levels: policy-making and/or advisory bioethics committees/commissions/councils at national levels (PMAs), health-professional association (HPAs) bioethics committees, health care/hospital ethics committees (HECs), and research ethics committees (RECs). Until recently in Poland, only RECs existed. The article discusses the necessity of establishing HECs nationwide. So far, only two bodies of this kind exist in two large, academic pediatric hospitals. In some other academic centers, institutional RECs try to act as HECs, but it is only a temporary solution. A nationwide discussion and formal establishment of HECs will be necessary.

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Document 73

Ramsey, David J; Schmidt, Mary Lou; Anderson-Shaw, Lisa

Online ethics discussion forum facilitates medical center clinical ethics case reviews.

JONA's healthcare law, ethics and regulation 2010 Jan-Mar; 12(1): 15-20

Abstract: Clinical ethics consultants are increasingly called upon to give counsel in the clinical arena on issues including but not limited to withdrawal or withholding of specific medical treatments, assisting minors and mentally impaired patients with care decisions, working with difficult patients and families, identifying appropriate surrogate decision makers, and executing advance directives and end-of-life decisions. Often, the consultant may need to convene the ethics committee members to review and provide feedback for a given case. This process may be difficult to schedule in a timely way because of member's clinical and other work-related obligations. To this end, the University of Illinois Medical Center in Chicago has set up a unique Web board to facilitate ongoing case discussions via a secured, password-protected ethics committee online forum. This allows for real-time review by all ethics committee members. We will explain our online process as well as discuss our clinical case experiences.

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Document 74

Heyl, Jenny; Sanders, Alan; Sujdak-Mackiewicz, Brigitta

Responses from beta group participants


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http://www.chausa.org/Pub/MainNav/News/NCEthics (link may be outdated)

Document 75

Repenshek, Mark

Attempting to establish standards in ethics consultation for Catholic health care: moving beyond a beta group


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http://www.chausa.org/Pub/MainNav/News/NCEthics (link may be outdated)

Document 76

Schildmann, Jan; Gordon, John-Stewart; and Vollmann, Jochen, eds.
Document 77

Shamov, I A

[Why ethical committees in hospitals?].
Klinicheskaia meditsina 2010; 88(5): 72-4

Georgetown users check Georgetown Journal Finder for access to full text

Document 78

Gillon, Raanan

What attributes should clinical ethics committees have?
BMJ (Clinical research ed.) 2010 340(): c2946

Georgetown users check Georgetown Journal Finder for access to full text

Document 79

Johnston, C.S.

Online survey of the perceived need for ethics support in a large National Health Service Foundation Trust
Clinical Ethics 2009 December; 5(4): 201-206

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Document 80

Agich, George J

Clinical ethics as practice.

Abstract: This paper discusses the importance of the practical turn represented by the development of clinical ethics for the field of bioethics. It discusses, first, the distinctive way that clinical ethics exhibits the practical turn in ethics. Second, it argues that primary purpose of clinical ethicists is to devise actionable approaches or "solutions" to ethical questions and issues arising in the course of patient care in addressing ethical conflicts, dilemmas, issues, and questions about cultural, personal, religious, and societal values. And, third, the paper explores the concerns about the qualifications of those who provide clinical ethics services, because the work of clinical ethics is done not only by academically trained bioethicists, but also by a broad range of health professionals on ethics consultation services and hospital ethics committees.

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Document 81

* Agich, George J.

Clinical ethics as practice = L’éthique clinique en pratique

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* * Document 82
Edelstein, Lauren M.; Derenzo, Evan G.; Waetzig, Elizabeth; Zelizer, Craig; Mokwunye, Nneka O.
**Communication and conflict management training for clinical bioethics committees.**
HEC Forum 2009 December; 21(4): 341-349
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[http://www.springerlink.com/content/102899/](http://www.springerlink.com/content/102899/) (link may be outdated)

* * Document 83
Beskow, Laura M.; Grady, Christine; Iltis, Ana S.; Sadler, John Z.; Wilfond, Benjamin S.
**Points to consider: The research ethics consultation service and the IRB.**
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* * Document 84
Smith, Martin L.
**A possible solution, but not the last word.**
Hastings Center Report 2009 November-December; 39(6): 3
Georgetown users check [Georgetown Journal Finder](#) for access to full text

[http://www.thehastingscenter.org/Publications/HCR/Default.aspx](http://www.thehastingscenter.org/Publications/HCR/Default.aspx) (link may be outdated)

* * Document 85
Dubler, Nancy Neveloff; Webber, Mayris P.; Swiderski, Deborah M.
**Charting the future. Credentialing, privileging, quality, and evaluation in clinical ethics consultation.**
**Abstract:** Clinical ethics consultation has become an important resource, but unlike other health care disciplines, it has no accreditation or accepted curriculum for training programs, no standards for practice, and no way to measure effectiveness. The Clinical Ethics Credentialing Project was launched to pilot-test approaches to train, credential, privilege, and evaluate consultants.
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[http://www.thehastingscenter.org/Publications/HCR/Default.aspx](http://www.thehastingscenter.org/Publications/HCR/Default.aspx) (link may be outdated)

* * Document 86
Sokol, Daniel K.
**The unpalatable truth about ethics committees [commentary]**
British Medical Journal 2009 October 17; 339(7726): 891
Georgetown users check [Georgetown Journal Finder](#) for access to full text

[http://www.bmj.com](http://www.bmj.com) (link may be outdated)
Barriers and challenges in clinical ethics consultations: the experiences of nine clinical ethics committees.

Abstract: Clinical ethics committees have recently been established in nearly all Norwegian hospital trusts. One important task for these committees is clinical ethics consultations. This qualitative study explores significant barriers confronting the ethics committees in providing such consultation services. The interviews with the committees indicate that there is a substantial need for clinical ethics support services and, in general, the committee members expressed a great deal of enthusiasm for the committee work. They also reported, however, that tendencies to evade moral disagreement, conflict, and 'outsiders' are common in the hospitals. Sometimes even the committees comply with some of these tendencies. The committees agree that there is a need to improve their routines and procedures, clarify the committees' profile and field of responsibility, to make the committees well-known, to secure adequate operating conditions, and to develop organizational integration and support. Various strategies to meet these challenges on a local, regional or national level are also explored in this paper.
Document 92

Is consent necessary for ethics consultation?


Document 93

Ethics case consultation in primary care: contextual challenges for clinical ethicists.


Document 94

Evaluating clinical ethics consultation: a European perspective.


Document 95

Ethical bodies: are they possible under democratic systems? The Turkish example


Document 96

Para deliberar en los comités de ética, by Francisco Montero Delgado and Morlans Molina [To deliberate on ethics committees][book review]

Bioetica and Debat 2009 September-December; 15(58): 22-23
Document 97

**Ethics consultation and quality**  
Health Care Ethics USA [electronic] 2009 Fall; 17(4): 10

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http://www.chausa.org/Pub/MainNav/News/HCEthics/ (link may be outdated)

Document 98

Rari, Eirini; Fournier, Véronique  
**Strengths and limitations of considering patients as ethics 'actors' equal to doctors: reflections on the patients' position in a French clinical ethics consultation setting**  
Clinical Ethics 2009 September; 4(3): 152­155

**Abstract:** The Clinical ethics centre in Paris offers its services equally to doctors and patients/proxies. Its primary goal is to re-equilibrate doctor–patient roles through giving greater voice to patients individually in medical decisions. Patients are present at virtually all levels, initiating consults, providing their point of view and receiving feedback. The implications of patients' involvement are threefold. At an operational level, decision-making is facilitated by repositioning the debate on ethical grounds and introducing a dynamic of decisional partnership, although contact with patients can make it difficult to deny their demands and set the limits of our role. Ethically, it reinforces patients' autonomy and grants them a place of veritable ethics 'actors', with the danger that this may become excessively autonomy oriented. Finally, at a collective level, the programme fulfils its political purpose in promoting patients' rights and the ideal of démocratie sanitaire, but complicates balancing individual demands with collective values.

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http://ce.rsmjournals.com/content/vol4/issue3/ (link may be outdated)

Document 99

Neitzke, Gerald  
**Patient involvement in clinical ethics services: from access to participation and membership**  
Clinical Ethics 2009 September; 4(3): 146-151

**Abstract:** Ethics consultation is a novel paradigm in European health-care institutions. In this paper, patient involvement in all clinical ethics activities is scrutinized. It is argued that patients should have access to case consultation services via clearly defined access paths. However, the right of both health-care professionals and patients indicates that patients should not always be notified of a consultation. Ethics education, another well-established function of an ethics committee, should equally be available for patients, lay people and hospital staff. Beyond access and utilization, lay membership on a clinical ethics service is a matter of transparency, equal participation, empowerment and democratization. Lay and patient perspectives will contribute to the quality of ethics services on all levels from case consultations to ethics education and policy development.

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http://ce.rsmjournals.com/content/vol4/issue3/ (link may be outdated)

Document 100

Newson, Ainsley  
**The role of patients in clinical ethics support: a snapshot of practices and attitudes in the United Kingdom**  
Clinical Ethics 2009 September; 4(3): 139-145

**Abstract:** Clinical ethics committees (CECs) in the United Kingdom (UK) have developed significantly over the past 15 years. The issue of access to and participation in clinical ethics consultation by patients and family members has, however, gone largely unrecognized. There are various dimensions to this kind of contact, including patient
notification, consent and participation. This study reports the first specific investigation of patient contact with UK CECs. A questionnaire study was carried out with representatives from UK CECs. Results suggest that patient participation in clinical ethics consultation is low and unlikely to change significantly in the near future. Attitudes towards patients having a role in clinical ethics consultation are mixed, with a variety of reasons put forward both for and against patient participation. These results are discussed in the light of common themes in the literature and the practical and political context of clinical ethics support in the UK.

**Document 101**

Fournier, Véronique; Rari, Eirini; Førde, Reidun; Neitzke, Gerald; Pegoraro, Renzo; Newson, Ainsley J.

**Clinical ethics consultation in Europe: a comparative and ethical review of the role of patients**

Clinical Ethics 2009 September; 4(3): 131-138

**Abstract:** Clinical ethics has developed significantly in Europe over the past 15 years and remains an evolving process. While sharing our experiences in different European settings, we were surprised to discover marked differences in our practice, especially regarding the position and role of patients. In this paper, we describe these differences, such as patient access to and participation or representation in ethics consults. We propose reasons to explain these differences, hypothesizing that they relate to the historic and sociocultural context of implementation of clinical ethics consultation services (Cecs), as well as the initial aims for which each structure was established. Then, we analyse those differences with common ethical arguments arising in patient involvement. We conclude that there is no unique model of best practice for patient involvement in clinical ethics, as far as Cecs reflect on how to deal with the challenging ethical issues raised by patient role and position.

**Document 102**

Førde, Reidun; Hansen, Thor Willy Ruud

**Involving patients and relatives in Norwegian clinical ethics committee: what have we learned?**

Clinical Ethics 2009 September; 4(3): 125-130

**Abstract:** To date, few Norwegian clinical ethics committees (CECs) have included patients or next of kin in case discussions. In 2008, Rikshospitalet's (The National Hospital's) CEC began to routinely invite patients and relatives into case discussions. In this paper, we describe seven cases discussed by this committee in 2008. Six involved life and death decision-making in collaboration with the next of kin, while one related case did not include relatives. In our opinion, representing the patient's perspective was advantageous to the discussion itself, to the conclusion made and to the next of kin's acceptance of the resolution. We believe that if the patient had been represented in the last case, the outcome might have been different. We conclude that successful patient involvement will rely on well-structured case discussions, an open atmosphere and good preparation and follow-up.

**Document 103**

Howe, Edmund G.

**Beyond the state of the art in ethics consultation.**

Journal of Clinical Ethics 2009 Fall; 20(3): 203-211
Opel, Douglas J.; Brownstein, Dena; Diekema, Douglas S.; Wilfond, Benjamin S.; Pearlman, Robert A.

**Integrating ethics and patient safety: the role of clinical ethics consultants in quality improvement.**
Journal of Clinical Ethics 2009 Fall; 20(3): 220-226

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Foreman, Thomas C.

**As prickly as a porcupine: reflections on a systems-based "experiential sculpting exercise".**
Journal of Clinical Ethics 2009 Fall; 20(3): 264-265

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Childs, Brian H.

**Credentialing clinical ethics consultants: lessons to be learned.**
HEC (HealthCare Ethics Committee) Forum 2009 September; 21(3): 231-240

[http://springerlink.metapress.com/content/102899/](http://springerlink.metapress.com/content/102899/) (link may be outdated)

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Bishop, Jeffrey P.; Fanning, Joseph B.; Bliton, Mark J.

**Of goals and goods and floundering about: a dissensus report on clinical ethics consultation.**
HEC (HealthCare Ethics Committee) Forum 2009 September; 21(3): 275-291

[http://springerlink.metapress.com/content/102899/](http://springerlink.metapress.com/content/102899/) (link may be outdated)

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Tarzian, Anita J.

**Credentials for clinical ethics consultation -- are we there yet?**
HEC (HealthCare Ethics Committee) Forum 2009 September; 21(3): 241-248

[http://springerlink.metapress.com/content/102899/](http://springerlink.metapress.com/content/102899/) (link may be outdated)

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Engelhardt, H. Tristram Jr.

**Credentialing strategically ambiguous and heterogeneous social skills: the emperor without clothes.**
HEC (HealthCare Ethics Committee) Forum 2009 September; 21(3): 293-306

[http://springerlink.metapress.com/content/102899/](http://springerlink.metapress.com/content/102899/) (link may be outdated)
* Document 110

Kipnis, Kenneth

**The certified clinical ethics consultant.**

HEC (HealthCare Ethics Committee) Forum 2009 September; 21(3): 249-261

Georgetown users check [Georgetown Journal Finder](#) for access to full text

http://springerlink.metapress.com/content/102899/ (link may be outdated)

* Document 111

Spike, Jeffrey P.

**Resolving the vexing question of credentialing: finding the Aristotelian mean.**

HEC (HealthCare Ethics Committee) Forum 2009 September; 21(3): 263-273

Georgetown users check [Georgetown Journal Finder](#) for access to full text

http://springerlink.metapress.com/content/102899/ (link may be outdated)

* Document 112

Galbraith, Kyle L.; Perry, Joshua E.

**Saturday Morning in The Clinic**

Hastings Center Report 2009 September-October 39(5): 24-26

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 113

Opel, D.J.; Wilfond, B.S.; Brownstein, D.; Diekema, D.S.; Pearlman, R.A.

**Characterisation of organisational issues in paediatric clinical ethics consultation: a qualitative study.**

Journal of Medical Ethics 2009 August; 35(8): 477-482

*Abstract*: BACKGROUND: The traditional approach to resolving ethics concerns may not address underlying organisational issues involved in the evolution of these concerns. This represents a missed opportunity to improve quality of care “upstream”. The purpose of this study was to understand better which organisational issues may contribute to ethics concerns. METHODS: Directed content analysis was used to review ethics consultation notes from an academic children's hospital from 1996 to 2006 (N = 71). The analysis utilised 18 categories of organisational issues derived and modified from published quality improvement protocols. RESULTS: Organisational issues were identified in 68 of the 71 (96%) ethics consult notes across a range of patient settings and reasons for consultation. Thirteen of the 18 categories of organisational issues were identified and there was a median of two organisational issues per consult note. The most frequently identified organisational issues were informal organisational culture (eg, collective practices and approaches to situations with ethical dimensions that are not guided by policy), policies and procedures (eg, staff knows policy and/or procedural guidelines for an ethical concern but do not follow it) and communication (eg, communication about critical information, orders, or hand-offs repeatedly does not occur among services). CONCLUSIONS: Organisational issues contribute to ethical concerns that result in clinical ethics consults. Identifying and addressing organisational issues such as informal culture and communication may help decrease the recurrence of future similar ethics concerns.

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**Document 114**


*Survey on the function, structure and operation of hospital ethics committees in Shanghai.*

Journal of Medical Ethics 2009 August; 35(8): 512-516

**Abstract:** OBJECTIVE: The objectives of this study are to understand the current functions, structure and operation of hospital ethics committees (HECs) in Shanghai and to facilitate their improvement. METHODS: (1) A questionnaire survey, (2) interviews with secretaries and (3) on-site document reviews of HECs in Shanghai were used in the study, which surveyed 33 hospitals. RESULTS: In Shanghai, 57.56% of the surveyed hospitals established HECs from 1998 to 2005. Most HECs used bioethical review of research involving human subjects as well as bioethical review or consultation regarding medical care services and administrative decision-making. Of the surveyed HECs, 14.3% did not provide any formal bioethical training to the HECs' members and many HECs had no standard operating procedures. Some HECs had no clear definition of what was "conflict of interest" that should be considered by the HECs, while 44.4% of the HECs did not perform continuing review. DISCUSSION: After the issues of related national regulations, more and more hospitals established HECs in Shanghai, but the functions of HECs need to be further developed and formal training on bioethics should be provided to HEC members. To assure the independence and good performance of HECs, the conflict of interest procedure, the standard operating procedures and bioethical review should be improved. CONCLUSION: HECs in Shanghai had developed in the preceding 10 years and they played great roles in protecting the rights and welfare of human subjects and patients; some areas need improvement.

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**Document 115**

Räikkä, Juha

*The ethical and political evaluation of biotechnology strategies*

Medicine, Health Care, and Philosophy 2009 August; 12(3): 273-280

**Abstract:** In this paper I will briefly discuss the role and function of the ethical advisory committees and other ethics bodies that are supposed to take care of the ethical dimension of the biotechnology strategies. The expert ethical advice has created colourful discussion in many contexts, but here I aim to analyze the role and relevance of ethical expertise in the context of national and regional biotechnology strategies. I will argue that it may be quite unproblematic that the work of the ethics committees and other governmental and semi-governmental ethics bodies concerns only a relatively narrow range of issues and do not directly concern all the important social and economic realignments that accompany biotechnology. Many important decisions concerning national and regional biotechnology strategies are political, and typically ethics committees can be only indirectly useful in political decision-making. The committees should be free to refrain from extending their work to the areas where they are not already involved. However, the ethics committees and other ethics bodies can promote public debate that forms the basis for political decision-making.

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**Document 116**

Bosek, Marcia Sue DeWolf

*Identifying ethical issues from the perspective of the registered nurse*

JONA's Healthcare Law, Ethics, and Regulation 2009 July-September; 11(3): 91-101

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Mazeres, Jean-Edgard

[Contribution to the qualification of hospital ethics bodies in the cancer centers] = Contribution à la qualification des démarches éthiques hospitalières dans les centres de lutte contre le cancer.
Bulletin du cancer 2009 July-August; 96(7): 757-762

Georgetown users check Georgetown Journal Finder for access to full text

Greenberg, Robert D.
The American Academy of Dermatology Ethics Committee: how it works and what you need to know.
Clinics in Dermatology 2009 July-August; 27(4): 331-335

Georgetown users check Georgetown Journal Finder for access to full text

Romano, Megan E.; Wahlander, Staffan B.; Lang, Barbara H.; Li, Guohua; Prager, Kenneth M
Mandatory ethics consultation policy.
Mayo Clinic Proceedings 2009 July; 84(7): 581-585

Georgetown users check Georgetown Journal Finder for access to full text

DeWolf Bosek, Marcia Sue

Identifying ethical issues from the perspective of the registered nurse.
JONA'S Healthcare Law, Ethics and Regulation 2009 July-September; 11(3): 91-101

Abstract: A review of the formal ethics consultations performed at a rural academic medical center during 2006 revealed that only 5 of 72 consultations were initiated by nurses. A descriptive exploratory convenience study used a 3-item survey to collect information from registered nurses who provide direct patient care at the rural academic medical center. The purpose of this study was to (1) identify and describe the ethical issues perceived by registered nurses employed at a rural academic medical center and (2) analyze the variables influencing the registered nurses' ethical decision making and the process used by these registered nurses when resolving ethical issues. The 17 registered nurses who completed the survey identified a total of 21 ethical issues that they had experienced during the last year. The ethical issues that nurses recalled were significantly more likely to be relationship issues, whereas issues documented within the ethics consultation service were significantly more likely to involve limiting treatment. Communication was a major variable influencing nurse's ethical decision making. Nurses felt the ethical issue resolved satisfactorily when the patient's needs were met, communication occurred with the patient and/or family, the entire healthcare team was involved and in agreement, and there was sufficient time available to make a decision. The nurses did not feel that the ethical situation was resolved satisfactorily when not handled from the patient's perspective; the patient suffered; there was a lack of teamwork, agreement, and/or support; and the process took too long. The nurses' recommendations for resources needed to assist with the resolution of ethical issues included accessible ethics mechanisms, education, improved interprofessional relationships and collaboration, and unbiased support for patient and family decision making. Implications for nurse managers are discussed and future research questions are identified.

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Crowell, Philip
Document 127
Rutecki, Gregory W.
Clinical ethics case consultation: what is the role of the ethics consultant in peer review?
Today's Christian Doctor 2009 Summer; 40(2): 32-33

Document 128
Rangel, Erica K.
Clinical ethics and the dynamics of group decision-making: applying the psychological data to decisions made by ethics committees.
HEC(Healthcare Ethics Committee) Forum 2009 June; 21(2): 207-228

Document 129
Frith, Lucy
Use or ornament? Clinical ethics committees in infertility units: a qualitative study
Clinical Ethics 2009 June; 4(2): 91-97
Abstract: This paper examines the role of clinical ethics committees (CECs) in infertility clinics in the UK, focusing on whether they usefully support infertility clinicians’ ethical decision-making. The overall aim of the study reported here was to investigate how infertility clinicians approached and handled ethical problems in their everyday practice and this paper reports on one aspect of these data – what they thought about the use of CECs. This paper gives an overview of what arrangements there are for such committees in infertility clinics; considers why the clinicians used CECs; and examines how these committees provided a useful function in the infertility setting and contributed to making 'good' ethical decisions. Finally, the paper examines how the form of ethics support can be developed and strengthened, and concludes with recommendations for a particular model of CECs in infertility units – a designated CEC for each infertility unit.

Document 130
Newson, Ainsley J.
Clinical Ethics Committee case 6: our patient wishes to take an unlisted drug even though we're not sure of his diagnosis
Clinical Ethics 2009 June; 4(2): 59-63

Document 131
Zylstra, Bob
Medical ethics: promise vs. practice.
* Document 132
Heimburger, Richard A.
The ethical benefits of small community hospitals.
Southern Medical Journal 2009 May; 102(5): 454
Georgetown users check Georgetown Journal Finder for access to full text

* Document 133
Jackson, Erin W.; Olive, Kenneth E.
Ethics committees in small, rural hospitals in East Tennessee.
Southern Medical Journal 2009 May; 102(5): 481-485
Georgetown users check Georgetown Journal Finder for access to full text

* Document 134
Buchalter, Maurice
Committee for Ethical Issues in Medicine.
Clinical medicine (London, England) 2009 Apr; 9(2): 195; author reply 195-6
Georgetown users check Georgetown Journal Finder for access to full text

* Document 135
Ladd, Rosalind Ekman
Roles and responsibilities of ethics committees
American Journal of Bioethics 2009 April; 9(4): 41-42
Georgetown users check Georgetown Journal Finder for access to full text

http://www.bioethics.net/journal/ (link may be outdated)

* Document 136
Sokol, Daniel K.
Rethinking ward rounds
BMJ:British Medical Journal 2009 March 7; 338(7694): 571
Georgetown users check Georgetown Journal Finder for access to full text

http://www.bmj.com (link may be outdated)

* Document 137
Fahr, Uwe
Die Dokumentation klinischer Ethikberatung
Document 138

Hamel, Ron

A critical juncture. Surveys of ethicists and mission leaders indicate concerns about the future of ethics in the Catholic health ministry.

Health Progress 2009 March-April; 90(2): 12-22

http://www.chausa.org (link may be outdated)

Document 139

Talone, Patricia A.

Standing at the crossroads.

Health Progress 2009 March-April; 90(2): 23-24

http://www.chausa.org (link may be outdated)

Document 140

Repenshek, Mark

Reflections on the ethicist's role. Assessing core competencies.

Health Progress 2009 March-April; 90(2): 25-27

http://www.chausa.org (link may be outdated)

Document 141

Lysaught, M. Therese

Reflections on the ethicist's role. Reclaiming our identities.

Health Progress 2009 March-April; 90(2): 27-29

http://www.chausa.org (link may be outdated)

Document 142

Kopfensteiner, Thomas

Reflections on the ethicist's role. Future ethicists?

Health Progress 2009 March-April; 90(2): 29-30

http://www.chausa.org (link may be outdated)
Document 143
Eck, Patricia A.; Wallenhorst, John F.
The emerging role of ethics: a sponsorship view. Implementation of ethics throughout Catholic health care promotes values-based actions.
Health Progress 2009 March-April; 90(2): 31-36

Document 144
McGuire, Maureen; O'Brien, Dan
At the table together: mission and ethics as partners. Dynamic and effective teamwork between ethicists and mission leaders at Ascension Health helps strengthen the system's ministry.
Health Progress 2009 March-April; 90(2): 37-41

Document 145
Kuczewski, Mark; Parsi, Kayhan
The making of a clinical ethicist: reviewing the big questions. In era of lay leadership, Catholic moral tradition must be protected.
Health Progress 2009 March-April; 90(2): 42-48

Document 146
O'Rourke, Kevin
'Ethics is central to Catholic health care.' Fr. Kevin O'Rourke shaes his thoughts on the role of today's ethicists and the future of the profession
Health Progress 2009 March-April; 90(2): 72-74

Document 147
Adams, David M.
Ethics consultation and "facilitated" consensus.
Document 148

Jansen, Lynn A.

**Consensus and independent judgment in clinical ethics: or what can an eighteenth-century French mathematician teach us about ethics consultation?**


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Document 149

Orr, Robert D; Shelton, Wayne

**A process and format for clinical ethics consultation.**


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Document 150

Ellenchild Pinch, Winifred J.

**Honoring American nurse ethicists.**

Nursing Ethics 2009 March; 16(2): 238-247

**Abstract:** A project featuring scholars in nursing ethics was planned in 2005. The goal was to document the contributions of some 24 selected American nurse ethicists to bioethics, and to discuss and explore the future trajectory of that work through a two-day working seminar. This article outlines the beginnings of bioethics in the USA and the specific contribution of nurse scholars to the debate, the preparation for the seminar, the results of the project, and the possible application of such a model for teaching and archiving in the future. Documentation of the work carried out at the seminar resulted in the publication of a book. Short biographies of the participants at the seminar are included in Appendix 1.

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Document 151

Gonsoulin, Thomas P

**A survey of Louisiana hospital ethics committees.**


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Document 152

Strech, Daniel; Borovecki, Ana; Kovács, László


Medicine, Health Care, and Philosophy 2009 February; 12(1): 109-110

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[http://www.springerlink.com/content/102960/](http://www.springerlink.com/content/102960/) (link may be outdated)
Document 153

Sokol, Daniel K.
"But you're not a doctor!" Ethicists are valuable additions to the medical community, not despite but because of their distance from the nitty-gritty of clinical practice. [commentary]
BMJ: British Medical Journal 2009 January 3; 338(7685): 17

Georgetown users check Georgetown Journal Finder for access to full text

http://www.bmj.com/archive/ (link may be outdated)

Document 154

Bramstedt, Katrina A.; Jonsen, A.R.; Andereck, W.S.; McGaughey, J.W.; Neidich, A.B.
Optimising the documentation practices of an Ethics Consultation Service.
Journal of Medical Ethics 2009 January; 35(1): 47-50

Abstract: A formal Ethics Consultation Service (ECS) can provide significant help to patients, families and hospital staff. As with any other form of clinical consultation, documentation of the process and the advice rendered is very important. Upon review of the published consult documentation practices of other ECSs, we judged that none of them were sufficiently detailed or structured to meet the needs and purposes of a clinical ethics consultation. Thus, we decided to share our method in order to advance the practice of ethics consultation. Here, we describe a method of ECS documentation practice, including use of a formal consult report template, as well as a log for maintaining a chronological record of the consultations performed. These two documents facilitate order and organisation of the ECS. They also enable the ECS to keep an account of professional time and experience, enable quick consult trend assessments (by consult theme or ward, for example) and establish a potential registry of consults for future research study. This method of documentation, we believe, not only contributes significantly to the primary purpose of the consultation-namely, the evincing and sharing of ethical opinion about a case-but also enables consultants to improve their practice and to pursue research on clinical ethics consultation.

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http://www.jmedethics.com (link may be outdated)

Document 155

Kohlen, Helen
CONFLICTS OF CARE: HOSPITAL ETHICS COMMITTEES IN THE USA AND GERMANY
Frankfurt am Main/New York: Campus Verlag, 2009. 251 p.

Call number: R725.3.K64 2009

Document 156

Pope, Thaddeus Mason
Multi-institutional healthcare ethics committees: the procedurally fair internal dispute resolution mechanism
Campbell Law Review 2009 Symposium; 31(2): 257-332

Georgetown users check Georgetown Journal Finder for access to full text

Document 157

Moreno, Jonathan D.
Ethics committees and ethics consultants
Document 158

McCartney, James J.

**Hospital ethics committees and ethics consultants**


Call number: R724 .C616 2009

Document 159

Elliott, Carl

**Industry-funded bioethics and the limits of disclosure**


Call number: R724 .E821115 2009

Document 160

American Society for Bioethics and Humanities [ASBH]

**Improving Competencies in Clinical Ethics Consultation: An Education Guide**


Document 161

Monagle, John F.; West, Michael P.

**Hospital ethics committees: roles, memberships, structure, and difficulties**


Call number: R724 .M66 2009

Document 162

Laris, Michael

**A city looks to its moral compass in lean times; Alexandria hires an ethicist to help decide budget cuts**

Washington Post 2008 December 14; p. C1, C4

[http://www.washingtonpost.com](http://www.washingtonpost.com) (link may be outdated)

Document 163

Horn, Peter

**Psychiatric ethics consultation in the light of DSM-V.**

HEC(Healthcare Ethics Committee)Forum 2008 December; 20(4): 315-324

Georgetown users check [Georgetown Journal Finder](http://www.wkap.nl/jrnltoc.htm) for access to full text

[http://www.wkap.nl/jrnltoc.htm](http://www.wkap.nl/jrnltoc.htm) (link may be outdated)

Document 164

Ford, Paul J.
Document 165
Tolich, Martin
Guidelines for community-based ethics review of children's science fair projects
Abstract: Low-level community based ethics committees staffed by teachers, parents and community representatives can readily review children's science fair projects subject to the revision of two core assumptions currently governing children's Science Fairs. The first part of the paper recasts the New Zealand Royal Society guidelines from its primary emphasis on risk to a new assumption, without benefit there can be no risk. Equally, this revision gives more prominence to the participant information sheet, allowing it to act as a quasi application form which provides ethical transparency between student researchers, participants and a community based ethics committee. A second core assumption, more accurately labeled a cult of originality, produces a random, open-ended array of student topics taking ethics review beyond the confidence level of most community based ethics review committees. This paper reins in Science Fair coordinators recommending they make community level ethics review more manageable by providing a list of preapproved topics for those students wanting to conduct research involving human participants. These revised assumptions create a workable division of labour. Teachers' preapproved topics involving human participants are more likely to be low risk, permitting community level ethics review to focus primarily on two aspects of the minimization of harm: first, for all participants, especially those with diminished autonomy, and second, for the child researchers themselves, as some participants may be unknown to the student. These revised assumptions make science and ethics more accessible to public education thus demonstrating how Science Fairs can lead students and the community into better understanding the role and function that ethics has in all scientific research human participants.

Document 166
Steinkamp, Norbert L.; Gordijn, Bert; ten Have, Henk A.J.M.
Ethical expertise revisited: reply to Giles Scofield
Kennedy Institute of Ethics Journal 2008 December; 18(4): 385-392
Abstract: This reply to Giles Scofield's critique of the authors' article in the June 2008 issue of the Kennedy Institute of Ethics Journal highlights two main topics. First, contrary to what Scofield suggests, using the terms "ethics" and "morality" interchangeably constitutes an oversimplification that blurs important distinctions. Second, in a representative democracy, ethical expertise and consultation need not generate a "tragic choice" of the kind Scofield has in mind.

Document 167
Scofield, Giles R.
Speaking of ethical expertise...
Kennedy Institute of Ethics Journal 2008 December; 18(4): 369-384
Abstract: In a recent article, Steinkamp, Gordijn, and ten Have discussed a new way of thinking about the ethics consultant's ethical expertise. After critiquing their model of ethical expertise, along with the notion that discourse can and will enable ethicists to consult without over-reaching, this essay suggests that the debate about ethical expertise is intractable because it constitutes a 'tragic choice'.
A report on small team clinical ethics consultation programmes in Japan.

Abstract: Clinical ethics support, including ethics consultation, has become established in the field of medical practice throughout the world. This practice has been regarded as useful, most notably in the UK and the USA, in solving ethical problems encountered by both medical practitioners and those who receive medical treatment. In Japan, however, few services are available to respond to everyday clinical ethical issues, although a variety of difficult ethical problems arise daily in the medical field: termination of life support, euthanasia and questions about patient autonomy. In light of these conditions, a group of 17 volunteer educators and researchers from the area of biomedical ethics, including the authors, have formed the Clinical Ethics Support and Education Project, and began providing Japan's first small team clinical ethics consultation service in October, 2006. Members include scholars of biomedical ethics, scholars of philosophy and ethics, legal professionals and legal scholars, nurses and doctors, consisting of five women and 12 men. Consultation teams, made up of a small number of members, were organised each time a request for consultation was received. Over approximately 15 months (October 2006-December 2007), the programme received 22 consultation requests from medical practitioners and medical institutions, and three from the families of patients. In this paper, we will discuss the status of our consultation service and examples of consultation cases we have handled. In addition, we will examine the process of evaluating small team clinical ethics consultation services, as well as the strengths and weakness of such programmes.

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http://jme.bmj.com/content/vol34/issue12/ (link may be outdated)
Abma, Tineke A.; Widdershoven, Guy A.M.; Frederiks, Brenda J.M.; van Hooren, Rob H.; van Wijmen, Frans; Curfs, Paul L.M.G.

**Dialogical nursing ethics: the quality of freedom restrictions**
Nursing Ethics 2008 November; 15(6): 789-802

**Abstract:** This article deals with the question of how ethicists respond to practical moral problems emerging in health care practices. Do they remain distanced, taking on the role of an expert, or do they become engaged with nurses and other participants in practice and jointly develop contextualized insights about good care? A basic assumption of dialogical ethics entails that the definition of good care and what it means to be a good nurse is a collaborative product of ongoing dialogues among various stakeholders engaged in the practice. This article discusses the value of a dialogical approach to ethics by drawing on the work of various nursing scholars. We present a case example concerning the quality of freedom restrictions for intellectually disabled people. Issues for discussion include the role and required competences of the ethicist and dealing with asymmetrical relationships between stakeholders.

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Pauley, Mathew D.

**Conflict, Communication, and Process Bibliography**

[http://kie.georgetown.edu/nrcbl/documents/pauley-conflictresbib.pdf](http://kie.georgetown.edu/nrcbl/documents/pauley-conflictresbib.pdf) (link may be outdated)

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Couceiro, Azucena

**Comités de ética o consultores de ética: ¿qué es lo mejor para las instituciones canitarias?** [Ethics committees or ethics consultants: which is best for healthcare institutions?]
Bioética and Debat 2008 September-December; 14(54): 16-20

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Delgado, Francisco Montero

**Comités de Ética Asistencial: ¿Procedimiento versus actitud?** [Healthcare ethics committees: procedure versus attitudes]
Bioética and Debat 2008 September-December; 14(54): 10-15

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Robles, Pablo Hernando; Ortín, Germán Diestre

**La situación actual de los comités de ética asistencial** [The current situation of healthcare ethics committees]
Bioética and Debat 2008 September-December; 14(54): 6-9

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Beca, Juan Pablo

**Consultores de ética clínica: razones, ventajas y limitaciones [Clinical ethics consultants: rational, advantages and limitations]**
Bioética and Debat 2008 September-December; 14(54): 1, 3-5

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Maitland, Lynn

**Narrative and ethics consultation**
Health Care Ethics USA [electronic] 2008 Fall; 16(4): 2-5

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[http://www.chausa.org/Pub/MainNav/News/HCEthics/](http://www.chausa.org/Pub/MainNav/News/HCEthics/) (link may be outdated)

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Nilson, Elizabeth G.; Acres, Cathleen A.; Tamerin, Naomi G.; Fins, Joseph J.

**Clinical ethics and the quality initiative: a pilot study for the empirical evaluation of ethics case consultation.**
American Journal of Medical Quality 2008 September-October; 23(5): 356-364

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---

Childers, Julie W.; Demme, Richard; Greenlaw, Jane; King, Deborah A.; Quill, Timothy

**A qualitative report of dual palliative care/ethics consultations: intersecting dilemmas and paradigmatic cases**
Journal of Clinical Ethics 2008 Fall; 19(3): 204-213

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---

Aulisio, Mark P.; Arnold, Robert M.

**Role of the ethics committee: helping to address value conflicts or uncertainties.**
Chest 2008 August; 134(2): 417-424

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Chen, Y-Y; Chen, Y-C

**Evaluating ethics consultation: randomised controlled trial is not the right tool**
Journal of Medical Ethics 2008 August; 34(8): 594-597

**Abstract:** Background: Although ethics consultation has been introduced to clinical practice for many years, the results of empirical studies to evaluate the effectiveness of ethics consultation are still controversial. The design of randomised controlled trials is considered the best research design to evaluate the effect of a clinical practice on the
outcomes of interests. In order to understand the effects of ethics consultation, we conducted this search for studies with the design of randomised controlled trials to evaluate ethics consultation. Objective: To provide an integrated review of studies with the design of randomised controlled trials to evaluate the effectiveness of ethics consultation. Methods: PubMed was used to search for studies using the randomised controlled trial design to evaluate the effectiveness of ethics consultation. The search term used was "ethics consultation". The selection criterion was limited to "randomised controlled trial". Results: Four articles that met both search criteria were retrieved. One of these articles reported a study that did not actually use the design of a randomised controlled trial and is excluded from the following discussion. Conclusions: To apply randomised controlled trials to evaluate the effectiveness of ethics consultation is extremely difficult as long as two issues are not resolved: the standardisation of ethics consultation and a placebo for ethics consultation to eliminate the placebo effect. Thus, the results generated by the design of randomised controlled trials are always problematic. Furthermore, as long as the two issues exist, the results generated by the design of quantitative research methods always pose problems.

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http://www.jmedethics.com (link may be outdated)

*  Article  Document 183
Chambers, Tod
Good guys don't wear white
American Journal of Bioethics 2008 July; 8(7): 8-9
Georgetown users check Georgetown Journal Finder for access to full text

http://bioethics.net (link may be outdated)

*  Article  Document 184
Jezuit, Deborah
Ethical obligations and concerns when trying to achieve a patient's wishes: Response from the perspective of nursing administration
JONA's Healthcare Law, Ethics, and Regulation 2008 July-September; 10(3): 79-80
Georgetown users check Georgetown Journal Finder for access to full text

*  Article  Document 185
McClure, Maura; DeWolf Bosek, Marcia Sue
Ethical obligations and concerns when trying to achieve a patient's wishes: palliative care clinical nurse specialist
JONA's Healthcare Law, Ethics, and Regulation 2008 July-September; 10(3): 77-79
Georgetown users check Georgetown Journal Finder for access to full text

*  Article  Document 186
DeWolf Bosek, Marcia Sue; Cashman, Gail S.
Ethical obligations and concerns when trying to achieve a patient's wishes: ethics consultation
JONA's Healthcare Law, Ethics, and Regulation 2008 July-September; 10(3): 76-77
Georgetown users check Georgetown Journal Finder for access to full text
But I want to go home: ethical obligations and concerns when trying to achieve a patient's wishes: the case
JONA's Healthcare Law, Ethics, and Regulation 2008 July-September; 10(3): 75

The social psychology of amateur ethicists: blood product recall notification and the value of reflexivity
Journal of Medical Ethics 2008 July; 34(7): 530-533

Abstract: The purpose of this article is to highlight ways in which institutional policymakers tend to insufficiently conceptualise their role as ethics practitioners. We use the case of blood product recall notification as a means of raising questions about the way in which, as we have observed it, discourse for those who make institutional ethics policies is constrained by routine balancing of simplified principles to the exclusion of reflexive practices - those that turn ethics reasoning back on itself. The latter allows ethics practitioners with comparatively little formal training to take ownership of traditional parameters, which define their discussions and ultimately ought to make them more insightful when doing ethics. Thus, in the midst of calls for more training to increase the competency of ethics committees, we suggest that an additional problem of how these lay ethicists conceive of their roles also needs to be addressed.

Medical inappropriateness review: appropriately performed by a medical committee.
Health matrix (Cleveland, Ohio : 1991) 2008 Summer; 18(2): 237-44

Der klinische Ethik-Beratungsdienst im Evangelischen Krankenhaus Bielefeld
Ethik in der Medizin 2008 June; 20(2): 122-133
Document 192
Williams, R. Henry

Ethics Consultation: from Theory to Practice edited by Mark P. Alusio, Robert M. Arnold, and Stuart J. Youngner [book review]
Ethics and Medicine 2008 Summer; 24(2): 122

Georgetown users check Georgetown Journal Finder for access to full text

Document 193
Having, Karen M.; Hale, Dena; Lautar, Charla J.

Ethics committees in the rural midwest: exploring the impact of HIPAA.
Journal of Rural Health 2008 Summer; 24(3): 316-320

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Document 194
Heyl, Jennifer

Early indicators for ethics reviews
Health Care Ethics USA [electronic] 2008 Summer; 16(3): 2-4

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http://www.chausa.org/Pub/MainNav/News/HCEthics/ (link may be outdated)

Document 195
Varelius, Jukka

Is ethical expertise possible?
Medicine, Health Care and Philosophy 2008 June; 11(2): 127-132

Abstract: Services of ethics committees are nowadays commonly used in such various spheres of life as health care, public administration, business, law, engineering, and scientific research. It is taken that as their members have expertise in ethics, these committees can have valuable contributions to make in solving practical moral problems. It has, however, also been maintained that it is simply absurd to claim that one has some special knowledge and skills in moral matters; in connection with moral questions there is no expertise to be had. In this paper, I assess this criticism of the use of ethics committees and ethics consultants. I argue that there is no sufficient reason to reject the possibility of ethical expertise.

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Document 196
McDonald, Fiona; Simpson, Christy; O'Brien, Fran

Including organizational ethics in policy review processes in healthcare institutions: a view from Canada
HEC(Healthcare Ethics Committee Forum) 2008 June; 20(2): 137-153

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http://www.wkap.nl/jrnltoc.htm/0956-2737 (link may be outdated)
Document 197
Tarzian, Anita J.; Marco, Catherine A.
**Responding to abusive patients: a primer for ethics committee members**
HEC(Healthcare Ethics Committee Forum) 2008 June; 20(2): 127-136

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http://www.wkap.nl/jrnltoc.htm/0956-2737 (link may be outdated)

Document 198
Mino, Jean-Christophe; Copel, Laure; Zucker, Jean-Michel
**A French perspective on hospital ethics committees**
CQ: Cambridge Quarterly of Healthcare Ethics 2008 Summer; 17(3): 300-307

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Document 199
McLean, Sheila A.M.
**Clinical ethics committees: a due process wasteland?**
Clinical Ethics 2008 June; 3(2): 99-104

**Abstract:** The development of clinical ethic support in the UK arguably brings with it a series of legal questions, which need to be addressed. Most particularly, these concern questions of due process and formal justice, which I argue are central to the provision of appropriate ethical advice. In this article, I will compare the UK position with the more developed system in the USA, which often provides a template for development in the UK. While it is not argued that the provision of clinical ethics support in the UK will necessarily follow the path mapped in the USA, there are lessons that can be learned from the US experience – particularly in terms of attention to process – from which UK clinical ethics support service might well benefit.

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Document 200
Sheather, Julian
**The Medical Ethics Committee of the British Medical Association -- principles and pragmatism**
Clinical Ethics 2008 June; 3(2): 91-94

**Abstract:** This article gives an overview of the development, remit, structure and working of the British Medical Association's Medical Ethics Committee. It situates it within a brief history of the Association and gives examples of current work.

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Document 201
Steinkamp, Norbert L.; Gordijn, Bert; ten Have, Henk A.M.J.
**Debating ethical expertise**

**Abstract:** This paper explores the relevance of the debate about ethical expertise for the practice of clinical ethics. We present definitions, explain three theories of ethical expertise, and identify arguments that have been brought up to either support the concept of ethical expertise or call it into question. Finally, we discuss four theses: the debate is relevant for the practice of clinical ethics in that it (1) improves and specifies clinical ethicists' perception of their expertise; (2) contributes to improving the perception of moral competence of non-ethicists; (3) gives insight into
complementary styles of argumentation of ethicists and non-ethicists; and (4) contributes to the awareness of the problem of profession-building of (clinical) ethicists.

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* Document 202

Williamson, Laura

The quality of bioethics debate: implications for clinical ethics committees
Journal of Medical Ethics 2008 May; 34(5): 357-360

Abstract: Bioethicists have recently expressed concern over a lack of quality control within the field. This apprehension focuses on bioethics expanding in ways that obscure its distinctive ethical remit and the specialist reasoning skills it requires. This thesis about the quality and conduct of bioethics may have particular relevance for clinical ethics. As one of the youngest offshoots of bioethics, the field focuses on the ethical issues that arise specifically in a clinical context. However, non-ethics specialists are increasingly involved in this field. This means that clinical ethics could be especially vulnerable to the quality control concerns articulated within bioethics. The growing public profile of clinical ethics means that concerns over quality in this area warrant specific attention by those concerned with declining standards in bioethics and those working in clinical ethics.

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http://www.jmedethics.com (link may be outdated)

* Document 203

Silva, D.S.; Gibson, J.L.; Sibbald, R.; Connolly, E.; Singer, P.A.

Clinical ethicists' perspectives on organizational ethics in healthcare organisations
Journal of Medical Ethics 2008 May; 34(5): 320-323

Abstract: BACKGROUND: Demand for organisational ethics capacity is growing in health organisations, particularly among managers. The role of clinical ethicists in, and perspective on, organisational ethics has not been well described or documented in the literature. OBJECTIVE: To describe clinical ethicists' perspectives on organisational ethics issues in their hospitals, their institutional role in relation to organisational ethics, and their perceived effectiveness in helping to address organisational ethics issues. DESIGN AND SETTING: Qualitative case study involving semi-structured interviews with 18 clinical ethicists across 13 health organisations in Toronto, Canada. RESULTS: From the clinical ethicists' perspective, the most pressing organisational ethics issues in their organisations are: resource allocation, staff moral distress linked to the organisation's moral climate, conflicts of interest, and clinical issues with a significant organisational dimension. Clinical ethicists were consulted in particular on issues related to staff moral distress and clinical issues with an organisational dimension. Some ethicists described being increasingly consulted on resource allocation, conflicts of interest, and other corporate decisions. Many clinical ethicists felt they lacked sufficient knowledge and understanding of organisational decision-making processes, training in organisational ethics, and access to organisational ethics tools to deal effectively with the increasing demand for organisational ethics support. CONCLUSION: Growing demand for organisational ethics expertise in healthcare institutions is reshaping the role of clinical ethicists. Effectiveness in organisational ethics entails a re-evaluation of clinical ethics training to include capacity building in organisational ethics and organisational decision-making processes as a complement to traditional clinical ethics education.

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http://www.jmedethics.com (link may be outdated)

Document 204

Mettner, Jeanne

Tough calls: hospital ethics committees help patients, family, and staff wrestle with medical decisions. But that's only part of their job
Minnesota Medicine 2008 April; 91(4): 12-14
Document 205
Antommario, Armand H. Matheny

[book review]

Document 206
Pope, Thaddeus Mason; Cook, Ann Freeman; Hoas, Helena

Multi-institutional ethics committees: for rural hospitals, and urban ones too

Document 207
Goldim, Josté Roberto; Raymundo, Márcia M.; Fernandes, Márcia Santana; Lopes, Maria Helena Itaqui; Kipper, Délio José; Francisconi, Carlos Fernando

Clinical Bioethics Committees: a Brazilian experience.

Abstract: Since its beginning, Bioethics has been related to medical decision making. In health settings, difficult dilemmas, critical situations, controversial decisions are problems that clinical Bioethics reflects on. Institutional Ethics Committees is a general and ambiguous denomination to many different activities. In Brazilian hospitals, we have three different kinds of ethics and bioethics committees: Medical Ethics Committees, Research Ethics Committees and Clinical Bioethics Committees. The first implemented committees were the Medical Ethics Committees, whose objective is to evaluate professional ethics conflicts. These committees were proposed by the Conselho Federal de Medicina (Brazilian Medicine Council). In 1988, the Brazilian government, through the Conselho Nacional de Saude (Brazilian National Health Council) proposed the first research guidelines: Resolucao 01/88, updated in 1996 by Resolucao 196/96. One of these guidelines created the Research Ethics Committees. The first one was created in the Hospital Sao Lucas and the second in the Hospital de Clinicas de Porto Alegre, both in Porto Alegre, Rio Grande do Sul. In 1993, the Hospital de Clinicas de Porto Alegre created the first Brazilian Clinical Bioethics Committee. A Clinical Bioethics Committee can be defined as an interdisciplinary group of health professionals and other persons, whose objective is to provide consultancy on ethical questions and suggest institutional ethical guidelines, in a transdisciplinary perspective. In healthcare institutions, especially in hospitals, Clinical Bioethics Committees can help different segments in critical decision-making that involves ethical, moral, legal or social issues. The activities of a Clinical Bioethics Committee can be reactive or proactive. Consultancy is the typical reactive activity. Clinical Bioethics rounds are the example of proactive activity. In this study, we will present two different Brazilian experiences in Clinical Bioethics Committees: Hospital Sao Lucas and Hospital de Clinicas de Porto Alegre.

Document 208
Saunders, John
Institutional ethics committees: lessons from the Royal College of Physicians
Clinical Ethics 2008 March; 3(1): 46-49

Abstract: Some health-care institutions have ethics committees. The experience of the Ethical Issues Committee at the Royal College of Physicians is described. Ethics committees in institutions may be reactive or creative, must determine an agenda and must deal with dissent.

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* Article Document 209
Update, E.
The ethics of the everyday: problems the professors are too posh to ponder?
Clinical Ethics 2008 March; 3(1): 34-36

Abstract: Ethics committees and academics tend to concentrate on unusual and exciting cases. Should they pay more attention to less glamorous issues which are neglected because they are so familiar? Is there a definable point at which practical problems become ethical concerns?

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* Article Document 210
Molewijk, Bert; Verkerk, Maarten; Milius, Henk; Widdershoven, Guy
Implementing moral case deliberation in a psychiatric hospital: process and outcome
Medicine, Health Care and Philosophy 2008 March; 11(1): 43-56

Abstract: Background: Clinical moral case deliberation consists of the systematic reflection on a concrete moral case by health care professionals. This paper presents the study of a 4-year moral deliberation project. Objectives: The objectives of this paper are to: (a) describe the practice and the theoretical background of moral deliberation, (b) describe the moral deliberation project, (c) present the outcomes of the evaluation of the moral case deliberation sessions, and (d) present the implementation process. Methods: The implementation process is both monitored and supported by an interactive responsive evaluation design with: (a) in-depth interviews, (b) Maastricht evaluation questionnaires, (c) evaluation survey, and (d) ethnographic participant observation. In accordance with the theory of responsive evaluation, researchers acted both as evaluators and moderators (i.e. ethicists). Results: Both qualitative and quantitative results showed that the moral case deliberations, the role of the ethics facilitator, and the train-the-facilitator program were regarded as useful and were evaluated as (very) positive. Health care professionals reported that they improved their moral competencies (i.e. knowledge, attitude and skills). However, the new trained facilitators lacked a clear organisational structure and felt overburdened with the implementation process. The paper ends with both practical and research suggestions for future moral deliberation projects.

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* Article Document 211
Aleksandrova, Silviya
Survey on the experience in ethical decision-making and attitude of Pleven University Hospital physicians towards ethics consultation
Medicine, Health Care and Philosophy 2008 March; 11(1): 35-42

Abstract: Background: Contemporary medical practice is complicated by many dilemmas requiring ethical sensitivity and moral reasoning. Objective: To investigate physicians' experience in ethical decision-making and their attitude towards ethics consultation. Methods: In a cross-sectional survey 126 physicians representing the main clinics of Pleven University hospital were investigated by a self-administered questionnaire. The following variables were measured: occurrence, nature and ways of resolving ethical problems; physicians' attitudes towards ethics consultation; physicians' opinions on qualities and skills of an ethics consultant, and socio-demographic characteristics. Data analysis included descriptive statistics, ? 2 and t-test. Results: Response rate was 88.9% (n = 112). Men and women were equally represented (48.2%-51.8%). The sample consisted of experienced physicians: 42.9% had 11-20 years experience, and 33% had 21-30 years. According to 84.8% of respondents, ethical problems have been discussed in their specialty. Predominant dilemmas included relationships with patients and relatives
(76.8%) and team work (67.6%). Over ¾ of physicians needed an advice in solving ethical problems. Ninety six percent responded positively to ethics consultation. They would mainly request it for resolving conflicts (72.5%), in case of concern for the rightness of their decisions (52.7%). The image of an ethics consultant was built of clinical competence (70.9%), ability to deal with conflicts (59.1%), communication skills (58.2%), tolerance for different views (55.4%), and a special qualification in ethics (52.7%). Conclusions: The study underlined that Pleven University hospital physicians face similar ethical dilemmas as their colleagues in other countries do. The expressed positive attitudes to ethics consultation should serve as a basis for further research and development of ethics consultation services.

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* Document 212

Danis, Marion; Farrar, Adrienne; Grady, Christine; Taylor, Carol; O'Donnell, Patricia; Soeken, Karen; Ulrich, Connie

**Does fear of retaliation deter requests for ethics consultation?**

Medicine, Health Care and Philosophy 2008 March; 11(1): 27-34

**Abstract:** Background: Reports suggest that some health care personnel fear retaliation from seeking ethics consultation. We therefore examined the prevalence and determinants of fear of retaliation and determined whether this fear is associated with diminished likelihood of consulting an ethics committee. Methods: We surveyed registered nurses (RNs) and social workers (SWs) in four US states to identify ethical problems they encounter. We developed a retaliation index (1-7 point range) with higher scores indicating a higher perceived likelihood of retaliation. Linear regression analysis was performed to identify socio-demographic and job characteristics associated with fear of retaliation. Logistic regression analysis was performed to determine whether fear of retaliation was associated with less likelihood of seeking consultation. Results: Our sample (N = 1215) was primarily female (85%) and Caucasian (83%) with a mean age of 46 years and 17 years of practice. Among the sample, 293 (48.7%) RNs and 309 (51.3%) SWs reported access to an ethics consultation service. Amongst those with access, 2.8% (n = 17) personally experienced retaliation, 9.1% (n = 55) observed colleagues experience retaliation, 30.2% (n = 182) reported no experience with retaliation but considered it a realistic fear, and 50.8% (n = 305) did not perceive retaliation to be a problem. In logistic regression modeling, fear of retaliation was not associated with the likelihood (OR = 0.64; 95% CI = 0.22-1.89) or frequency of requesting ethics consultation (OR = 0.81; 95% CI = 0.27-2.38). Conclusion: Fear of retaliation from seeking ethics consultation is common among nurses and social workers, nonetheless this fear is not associated with reduced requests for ethics consultation.

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* Document 213

Førde, Reidun; Pederson, Reidar; Akre, Victoria

**Clinicians' evaluation of clinical ethics consultations in Norway: a qualitative study**

Medicine, Health Care and Philosophy 2008 March; 11(1): 17-25

**Abstract:** Clinical ethics committees have existed in Norway since 1996. By now all hospital trusts have one. An evaluation of these committees' work was started in 2004. This paper presents results from an interview study of eight clinicians who evaluated six committees' deliberations on 10 clinical cases. The study indicates that the clinicians found the clinical ethics consultations useful and worth while doing. However, a systematic approach to case consultations is vital. Procedures and mandate of the committees should be known to clinicians in advance to ensure that they know what to expect. Equally important is bringing all relevant facts, medical as well as psychosocial, into the discussion. A written report from the deliberation is also important for the committees to be taken seriously by the clinicians. This study indicates that the clinicians want to be included in the deliberation, and not only in the preparation or follow-up. Obstacles for referring a case to the committee are the medical culture's conflict aversion and its anxiety of being judged by outsiders. The committees were described as a court by some of the clinicians. This is a challenge for the committees in their attempt to balance support and critique in their consultation services.

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**Document 214**  
Reiter-Theil, Stella; Agich, George J.  
*Research on clinical ethics and consultation. Introduction to the theme*  
Medicine, Health Care and Philosophy 2008 March; 11(1): 3-5  
**Abstract:** Clinical ethics consultation has developed from local pioneer projects into a field of growing interest among both clinicians and ethicists. What is needed are more systematic studies on the ethical challenges faced in clinical practice and problem solving through ethics consultation from interdisciplinary perspectives. The Thematic Issue covers a range of topics and includes five recent studies from various European countries and the USA, focusing on issues such as the ethical difficulties of end of life decisions, experiences with newly developed or well established ethics consultation services, and the expectations of physicians in various clinical fields who are still unfamiliar with clinical ethics consultation. The papers included illustrate the interface between different socio-cultural contexts and their ways of dealing with clinical ethics consultation. They deepen the dialogue on clinical ethics consultation that has emerged at the European and International level.

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**Document 215**  
Akabayashi, Akira; Slingsby, Brian Taylor; Nagao, Noriko; Kai, Ichiro; Sato, Hajime  
*A five year follow-up national study of ethics committees in medical organizations in Japan*  
HEC(Healthcare Ethics Committee)Forum 2008 March; 20(1): 49-60

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**Document 216**  
Nelson, William A.; Neily, Julia; Mills, Peter; Weeks, William B.  
*Collaboration of ethics and patient safety programs: opportunities to promote quality care*  

Georgetown users check [Georgetown Journal Finder](http://www.wkap.nl/jrnltoc.htm/0956-2737) for access to full text.

**Document 217**  
Perkins, Henry S.  
*Culture as a useful conceptual tool in clinical ethics consultation*  
CQ: Cambridge Quarterly of Healthcare Ethics 2008 Spring; 17(2): 164-172

Georgetown users check [Georgetown Journal Finder](http://www.wkap.nl/jrnltoc.htm/0956-2737) for access to full text.

**Document 218**  
Varelius, Jukka  
*Ethics consultation and autonomy*  
Science and Engineering Ethics 2008 March; 14(1): 65-76

Georgetown users check [Georgetown Journal Finder](http://www.wkap.nl/jrnltoc.htm/0956-2737) for access to full text.
Document 219

McLean, Sheila A.M.

Clinical ethics committees, due process and the right to a fair hearing.

Georgetown users check [Georgetown Journal Finder](http://www.biomedcentral.com/bmcmedethics/1472-6939/9/2) for access to full text

Document 220

Nagao, Noriko; Aulisio, Mark P.; Nukaga, Yoshio; Fujita, Misao; Kosugi, Shinji; Youngner, Stuart; Akabayashi, Akira

Clinical ethics consultation: examining how American and Japanese experts analyze an Alzheimer's case

Abstract: Background: Few comparative studies of clinical ethics consultation practices have been reported. The objective of this study was to explore how American and Japanese experts analyze an Alzheimer's case regarding ethics consultation. Methods: We presented the case to physicians and ethicists from the US and Japan (one expert from each field from both countries; total = 4) and obtained their responses through a questionnaire and in-depth interviews. Results: Establishing a consensus was a common goal among American and Japanese participants. In attempting to achieve consensus, the most significant similarity between Japanese and American ethics consultants was that they both appeared to adopt an "ethics facilitation" approach. Differences were found in recommendation and assessment between the American and Japanese participants. In selecting a surrogate, the American participants chose to contact the grandson before designating the daughter-in-law as the surrogate decision-maker. Conversely the Japanese experts assumed that the daughter-in-law was the surrogate. Conclusion: Our findings suggest that consensus building through an "ethics facilitation" approach may be a commonality to the practice of ethics consultation in the US and Japan, while differences emerged in terms of recommendations, surrogate assessment, and assessing treatments. Further research is needed to appreciate differences not only among different nations including, but not limited to, countries in Europe, Asia and the Americas, but also within each country.

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Document 221

Sexson, Sandra B.; Sexson, William R.

The role of the child and adolescent psychiatrist on health care institutional ethics committees

Georgetown users check [Georgetown Journal Finder](http://www.biomedcentral.com/bmcmedethics/1472-6939/9/2) for access to full text

Document 222

Sondheimer, Adrian N.; Klykylo, William M.

The Ethics Committees of the American Academy of Child and Adolescent Psychiatry and the American Psychiatric Association: history, process, education, and advocacy

Georgetown users check [Georgetown Journal Finder](http://www.biomedcentral.com/bmcmedethics/1472-6939/9/2) for access to full text

Document 223

Sharp, R.R.
Teaching rounds and the experience of death as a medical ethicist
Journal of Medical Ethics 2008 January; 34(1): 60-62

Georgetown users check Georgetown Journal Finder for access to full text

http://www.jmedethics.com (link may be outdated)

* Article Document 224
Heeley, Gerry; Bergman, Myra
Next generation model of ethics—one ministry’s experience
Health Care Ethics USA [electronic] 2008 Winter; 16(1): 8-10

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http://www.chausa.org/Pub/MainNav/News/HCEthics/ (link may be outdated)

* Article Document 225
Boyle, Philip J.
The next generation of ethics mechanisms: developing ethics mechanisms that add demonstrable value
Health Care Ethics USA [electronic] 2008 Winter; 16(1): 5-7

Georgetown users check Georgetown Journal Finder for access to full text

http://www.chausa.org/Pub/MainNav/News/HCEthics/ (link may be outdated)

* AV Document 226
Provincial Health Ethics Network (PHEN)
Abstract: Dr. Michael Burgess "explores the objectives of clinical consultations and the role of ethics committees in this capacity." [description from PHEN site]

http://www.phen.ca/publications/ (link may be outdated)

* Book Document 227
Hester, D. Micah, ed.
ETHICS BY COMMITTEE: A TEXTBOOK ON CONSULTATION, ORGANIZATION, AND EDUCATION FOR HOSPITAL ETHICS COMMITTEES
Call number: R725.3 .E89 2008

* Chapter Document 228
Nassehi, Armin; Saake, Irmhild; Mayr, Katharina
Healthcare ethics committees without function? Locations and forms of ethical speech in a 'society of presents'
Call number: QH332 .B48 2008
Kohlen, Helen
"What are we really doing here?" Journeys into hospital ethics committees in Germany: nurses' participation and the(ir) marginalization of care
Call number: QH332.B48 2008

Boissy, Adrienne R.; Ford, Paul J.; Edgell, Randall C.; Furlan, Anthony J.
Ethics consultations in stroke and neurological disease: a 7-year retrospective review.
Neurocritical Care 2008; 9(3): 394-399
Georgetown users check Georgetown Journal Finder for access to full text

Montori, A.; Onorato, M.
Why there is a need of an ethics committee in scientific medical societies.
Georgetown users check Georgetown Journal Finder for access to full text

Lagerspetz, Eerik
Ethical expertise in democratic societies
Call number: QH438.7.G4117 2008

Racine, Eric
Enriching our values on clinical ethics: results of a qualitative study of the moral psychology of healthcare ethics committee members
Abstract: The contribution of healthcare ethics committee (HEC) members to HECs is fundamental. However, little is known about how HEC members view clinical ethics. We report results from a qualitative study of the moral psychology of HEC members. We found that contrary to the existing Kohlberg-based studies, HEC members hold a pragmatic non-expert view of clinical ethics based mainly on respect for persons and a commitment to the patient's good. In general, HEC members hold deflationary views regarding moral theory. Ethical principles are not abstract foundations but the expression of moral commitments to patients that pre-exist awareness of moral theory. Emotions and proximity to patient sufferance fundamentally shape the views of HEC members on clinical ethics. Further work at the intersection of clinical ethics and qualitative research could bring to the foreground lay perspectives on moral problems that may differ from bioethics expert views.
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Innovative strategies to improve effectiveness in clinical ethics
Call number: QH332 .C36 2008

The role and legal status of health care ethics committees in the United States
Call number: KF3821 .L445 2008

Empirical assessments of clinical ethics services: implications for clinical ethics committees
Clinical Ethics 2007 December; 2(4): 187-192
Abstract: The need to evaluate the performance of clinical ethics services is widely acknowledged although work in this area is more developed in the United States. In the USA many studies that assess clinical ethics services have utilized empirical methods and assessment criteria. The value of these approaches is thought to rest on their ability to measure the value of services in a demonstrable fashion. However, empirical measures tend to lack ethical content, making their contribution to developments in ethical governance unclear. The steady increase of clinical ethics committees in the UK must be accompanied by efforts to evaluate their performance. As part of this evaluative work it is important to examine how the practice of clinical ethics committees can be informed by empirical measures.

Greater patient, family and surrogate involvement in clinical ethics consultation: the model of clinical ethics liaison service as a measure for preventive ethics
HEC (Healthcare Ethics Committee) Forum 2007 December; 19(4): 327-340

Conflict between a patient's family and the medical team
HEC (Healthcare Ethics Committee) Forum 2007 December; 19(4): 381-388

Greater patient, family and surrogate involvement in clinical ethics consultation: the model of clinical ethics liaison service as a measure for preventive ethics
HEC (Healthcare Ethics Committee) Forum 2007 December; 19(4): 327-340
Document 240
Säfken, Christian; Frewer, Andreas
The duty to warn and clinical ethics: legal and ethical aspects of confidentiality and HIV/AIDS
HEC (Healthcare Ethics Committee) Forum 2007 December; 19(4): 313-326
http://www.wkap.nl/jrnltoc.htm/0956-2737 (link may be outdated)

Document 241
Gordijn, Bert
Genetic diagnosis, confidentiality and counseling: an ethics committee's potential deliberations about the do's and don'ts
HEC (Healthcare Ethics Committee) Forum 2007 December; 19(4): 303-312
http://www.wkap.nl/jrnltoc.htm/0956-2737 (link may be outdated)

Document 242
Neitzke, Gerald
Confidentiality, secrecy, and privacy in ethics consultation
HEC (Healthcare Ethics Committee) Forum 2007 December; 19(4): 293-302
http://www.wkap.nl/jrnltoc.htm/0956-2737 (link may be outdated)

Document 243
Frewer, Andreas; Fahr, Uwe
Clinical ethics and confidentiality: opinions of experts and ethics committees
http://www.wkap.nl/jrnltoc.htm/0956-2737 (link may be outdated)

Document 244
Schmidt, Kurt W.; Frewer, Andreas
Current problems of clinical ethics: confidentiality and end-of-life decisions – is silence always golden?
Introduction
HEC (Healthcare Ethics Committee) Forum 2007 December; 19(4): 273-276
http://www.wkap.nl/jrnltoc.htm/0956-2737 (link may be outdated)
* Article Document 245
Quist, Norman
* Hope, uncertainty, and lacking mechanisms
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 246
Fiester, Autumn
* Mediation and moral aporia
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 247
Arnold, Robert; Aulisio, Mark; Begler, Ann; Seltzer, Deborah
* A commentary on Caplan and Bergman: ethics mediation -- questions for the future
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 248
Bockenheimer-Lucius, Gisela; May, Arnd T.
Ethik in der Medizin 2007 December; 19(4): 331-339
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 249
Bockenheimer-Lucius, Gisela
* Ethikberatung und Ethik-Komitee im Altenpflegeheim (EKA) - Herausforderung und Chance für eine ethische Entscheidungskultur = Ethics committee in a long-term care facility - a challenge and a chance for an ethical decision-making culture
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 250
Hurst, Samia A.; Reiter-Theil, Stella; Perrier, Arnaud; Forde, Reidun; Slowther, Anne-Marie; Pegoraro, Renzo; Danis, Marion
* Physicians' access to ethics support services in four European countries
Abstract: Clinical ethics support services are developing in Europe. They will be most useful if they are designed to match the ethical concerns of clinicians. We conducted a cross-sectional mailed survey on random samples of general physicians in Norway, Switzerland, Italy, and the UK, to assess their access to different types of ethics support services, and to describe what makes them more likely to have used available ethics support. Respondents reported access to formal ethics support services such as clinical ethics committees (23%), consultation in individual cases (17.6%), and individual ethicists (8.8%), but also to other kinds of less formal ethics support (23.6%). Access to formal ethics support services was associated with work in urban hospitals. Informal ethics resources were more evenly distributed. Although most respondents (81%) reported that they would find help useful in facing ethical difficulties, they reported having used the available services infrequently (14%). Physicians with greater confidence in their knowledge of ethics (P=0.001), or who had had ethics courses in medical school (P=0.006), were more likely to have used available services. Access to help in facing ethical difficulties among general physicians in the surveyed countries is provided by a mix of official ethics support services and other resources. Developing ethics support services may benefit from integration of informal services. Development of ethics education in medical school curricula could lead to improved physicians sensitivity to ethical difficulties and greater use of ethics support services. Such support services may also need to be more proactive in making their help available.

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* Article Document 251
Lyren, Anne; Ford, Paul J.
Special considerations for clinical ethics consultation in pediatrics: pediatric care provider as advocate.
Clinical Pediatrics 2007 November; 46(9): 771-776
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* Article Document 252
Nelson, William A.
Ethics programs in small rural hospitals. Ethics committees are essential all healthcare facilities, not just large ones.
Healthcare Executive 2007 November-December; 22(6): 30, 32-33
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 253
Worsley, Steve; Duchene, Pam
Extending an ethics program with information technology
Health Progress 2007 November-December; 88(6): 74-76
Georgetown users check Georgetown Journal Finder for access to full text

http://www.chausa.org (link may be outdated)

* Article Document 254
Sokol, Daniel K.
No patient is an island
BMJ: British Medical Journal 2007 September 15; 335(7619): 568
Georgetown users check Georgetown Journal Finder for access to full text
Document 255
Heeley, Gerry
A system's transition to next generation model of ethics
Health Care Ethics USA 2007 Fall; 15(4): 2-4
Georgetown users check Georgetown Journal Finder for access to full text

Document 256
Mashour, George A.
From LSD to the IRB: Henry Beecher's psychedelic research and the foundations of clinical ethics
International Anesthesiology Clinics 2007 Fall; 45(4): 105-111
Georgetown users check Georgetown Journal Finder for access to full text

Document 257
Spike, Jeffrey P.
Memory identity and capacity
Journal of Clinical Ethics 2007 Fall; 18(3): 252-255
Georgetown users check Georgetown Journal Finder for access to full text

Document 258
Otto, Sheila
Memento . . . life imitates art: the request for an ethics consultation
Journal of Clinical Ethics 2007 Fall; 18(3): 247-251
Georgetown users check Georgetown Journal Finder for access to full text

Document 259
Ford, Paul J.
Professional clinical ethicist: knowing why and limits
Journal of Clinical Ethics 2007 Fall; 18(3): 243-246
Georgetown users check Georgetown Journal Finder for access to full text

Document 260
Russell, Barbara J.; Pape, Deborah A.
Ethics consultation: continuing its analysis
Journal of Clinical Ethics 2007 Fall; 18(3): 235-242
Georgetown users check Georgetown Journal Finder for access to full text
**Document 261**

Diekema, Douglas S.
**The armchair ethicist: it's all about location**
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**Document 262**

Fleming, David A.
**Responding to ethical dilemmas in nursing homes: do we always need an “ethicist”?**
HEC (Healthcare Ethics Committee) Forum 2007 September; 19(3): 245-259
[Link](http://www/wkap.nl/jrnltoc.htm/0956-2737) (link may be outdated)

**Document 263**

Racine, Eric
**HEC member perspectives on the case analysis process: a qualitative multi-site study**
HEC (Healthcare Ethics Committee) Forum 2007 September; 19(3): 185-206
[Link](http://www/wkap.nl/jrnltoc.htm/0956-2737) (link may be outdated)

**Document 264**

Thompson, Richard E.
**Is God happy with the ethics committee?**
Physician Executive 2007 July-August; 33(4): 70-71
[Link](#) for access to full text

**Document 265**

[Link](#) for access to full text

**Document 266**

Cheng-tek Tai, Michael
**Clinical ethics consultation — a checklist approach from Asian perspective**
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Document 267
Mielke, Jens
Clinical ethics in the developing world: a case in point: in Zimbabwe
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Document 268
Johnson, Larry W.
Practice pointers for the nurse leader: lessons in conducting an ethics consult
JONA's Healthcare Law, Ethics, and Regulation 2007 July-September; 9(3): 97-99
Georgetown users check Georgetown Journal Finder for access to full text

Document 269
Swetz, Keith M.; Crowley, Mary Eliot; Hook, Christopher; Mueller, Paul S.
Report of 255 clinical ethics consultations and review of the literature
Georgetown users check Georgetown Journal Finder for access to full text

Document 270
Bosk, Charles L.
Disinterested commitment as moral heroism
Atrium 2007 Summer; 4: 1-4
Georgetown users check Georgetown Journal Finder for access to full text

http://www.medschool.northwestern.edu/mhb/atrium/index.html (link may be outdated)

Document 271
Dörries, Andrea; Hespe-Jungesblut, Katharina
Die Implementierung klinischer Ethikberatung in Deutschland – Ergebnisse einer bundesweiten Umfrage bei Krankenhäusern [The implementation of clinical ethics consultation in Germany – results of a nationwide survey in hospitals]
Georgetown users check Georgetown Journal Finder for access to full text

Document 272
Chwang, Eric; Landy, David C.; Sharp, Richard R.
Views regarding the training of ethics consultants: a survey of physicians caring for patients in ICU
Journal of Medical Ethics 2007 June; 33(6): 320-324
Abstract:BACKGROUND: Despite the expansion of ethics consultation services, questions remain about the aims of clinical ethics consultation, its methods and the expertise of those who provide such services. OBJECTIVE: To describe physicians' expectations regarding the training and skills necessary for ethics consultants to contribute
effectively to the care of patients in intensive care unit (ICU). DESIGN: Mailed survey. PARTICIPANTS: Physicians responsible for the care of at least 10 patients in ICU over a 6-month period at a 921-bed private teaching hospital with an established ethics consultation service. 69 of 92 (75%) eligible physicians responded. Measurements: Importance of specialised knowledge and skills for ethics consultants contributing to the care of patients in ICU; need for advanced disciplinary training; expectations regarding formal-training programmes for ethics consultants. RESULTS: Expertise in ethics was described most often as important for ethics consultants taking part in the care of patients in ICU, compared with expertise in law (p<0.03), religious traditions (p<0.001), medicine (p<0.001) and conflict-mediation techniques (p<0.001). When asked about the formal training consultants should possess, however, physicians involved in the care of patients in ICU most often identified advanced medical training as important. CONCLUSIONS: Although many physicians caring for patients in ICU believe ethics consultants must possess non-medical expertise in ethics and law if they are to contribute effectively to patient care, these physicians place a very high value on medical training as well, suggesting a "medicine plus one" view of the training of an ideal ethics consultant. As ethics consultation services expand, clear expectations regarding the training of ethics consultants should be established.

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Document 273
Agich, George J.

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Document 274
Cohn, Felicia; Goodman-Crews, Paula; Rudman, William; Schneiderman, Lawrence J.; Waldman, Ellen
Proactive ethics consultation in the ICU: a comparison of value perceived by healthcare professionals and recipients
Journal of Clinical Ethics 2007 Summer; 18(2): 140-147

Document 275
Kirby, Jeff; Simpson, Christy
An innovative, inclusive process for meso-level health policy development

Document 276
McDaniel, Charlotte
Melding or meddリング: compliance and ethics programs
Seeking and giving consultation
American College of Obstetricians and Gynecologists [ACOG]. Committee on Ethics
Obstetrics and Gynecology 2007 May; 109(5): 1255-1260

A legally sanctioned process for resolving conflicts about treatment considered medically inappropriate.
Luce, John M.
Critical Care Medicine 2007 May; 35(5): 1419-1420

Clinical ethics committees: a practical response to ethical problems in clinical practice.
Edwards, Steven D.; Street, Eddy

Schiavo: the road not taken
Coombs, Mary
University of Miami Law Review 2007 April; 61(3): 539-593

A call for creation of medical ethics task force.
Hadeli, Khaled O
The Libyan journal of medicine 2007 March 1; 2(1): 15

L'éthique en comités. = Ethics in committees
Hottois, Gilbert

Abstract: The management of techno-scientific and multicultural societies, open and evolving, can neither be conceived nor carried out on the basis of fundamentalist, essentialist rules that are characteristic of closed, immobile societies. Within a global civilisation, fundamentalisms are only acceptable as individual or community beliefs. Against the background of our civilisation on the chaotic road to globalisation described here, what are the methodological rules for bioethics committees? A first rule concerns the composition of the committees: it must be multidisciplinary and pluralist. The second rule concerns the distinction of types, which is less evident at a time which cultivates postmodernism. The "types" which absolutely must be distinguished are: science, ethics, morals,
law, politics. The third rule concerns the concluding procedures. A majority vote procedure after information and limited discussion makes it possible to conclude easily and rapidly. But it generally seems not to be very ethical, especially if it does not allow minorities to have their divergent opinions appear among the conclusions in an explicit argued manner. The "lazy dissensus" must, however also be avoided: it consists in not really engaging the interdisciplinary, pluralist discussion, simply exposing and explaining each position, on the pretext that pluralism is respecting diversity, the freedom to believe, to think and to express oneself either for himself or in the name of one's community or tradition. This sort of "postmodern" methodology, individualistic and communitarian to an extreme, is precariously balanced in relation to the committee's ethical vocation. It is therefore very important that an ethics committee really engages in discussion and expresses, let's say, a preference for consensus. This preference is the expression of its "ethical" nature: in this word (as in the word "moral", in fact), there is a reference to what is common, to what unites and makes social life possible. The aim of consensus, the idea that it is better to get on than to ignore each other or oppose each other; is methodologically prevalent in ethics. But on the express condition that the agreement is freely and consciously accepted. The symmetrical danger to that of "lazy dissensus" which loses sight of the aim of agreement, is "forced consensus". Pragmatic consensuses are extremely precious and even indispensable in our complex societies if we want to set up common operating rules while preserving the freedom to think and the diversity of beliefs. They also ensure that it is possible to re-open the debate: a pragmatic agreement is on a different scale from an essentialist dogma or a fundamentalist norm, which try to regulate not only behaviour but also thought.
Abstract: Although ethics committees in Latin America have become an essential element in the development and appropriation of bioethics on the continent, the experience of the reality of the working of the diverse existing committees nevertheless shows a certain structural weakness due in particular to the lack of involvement of the health and research institutions, the doctors themselves and the lack of training and methodology in the committees' work. Consequently it is especially necessary to develop strategies to allow the committees and their members to fulfil the missions for which they have been set up.

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* Document 286
Banerjee, Dipanjan; Kuschner, Ware G.
Principles and procedures of medical ethics case consultation.
British Journal of Hospital Medicine 2007 March; 68(3): 140-144
Georgetown users check Georgetown Journal Finder for access to full text

* Document 287
Meyers, Christopher
Clinical ethics consulting and conflict of interest structurally intertwined
Abstract: Clinical ethical consultants are subject to an unavoidable conflict of interest. Their work requires that they be independent, but incentives attached to their role chip relentlessly at independence. This is a problem without any solution, but it can at least be ameliorated through careful management.
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* Document 288
Malus, Michael
Ethical consultation.
Georgetown users check Georgetown Journal Finder for access to full text

* Document 289
Spike, Jeffrey P.
Who's guarding the henhouse? Ramifications of the Fox study
http://bioethics.net (link may be outdated)

* Document 290
Klitzman, Robert
Additional implications of a national survey on ethics consultation in United States hospitals
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Parsi, Kayhan; Kuczewski, Mark G.
Failure to thrive: can education save the life of ethics consultation?
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http://bioethics.net (link may be outdated)

* Document 297
Dubler, Nancy Neveloff; Blustein, Jeffrey
Credentialing ethics consultants: an invitation to collaboration
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http://bioethics.net (link may be outdated)

* Document 298
Silberman, Jordan; Morrison, Wynne; Feudtner, Chris
Pride and prejudice: how might ethics consultation services minimize bias?
American Journal of Bioethics 2007 February; 7(2): 32-34
Georgetown users check Georgetown Journal Finder for access to full text
http://bioethics.net (link may be outdated)

* Document 299
Fiester, Autumn
The failure of the consult model: why "mediation" should replace "consultation"
American Journal of Bioethics 2007 February; 7(2): 31-32
Georgetown users check Georgetown Journal Finder for access to full text
http://bioethics.net (link may be outdated)

* Document 300
Zaner, Richard M.
A comment on community consultation
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* Document 301
**A better way to evaluate clinical ethics consultations? An ecological approach**
Gordon, Elisa J.


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**Ethics consultation in United States hospitals: a national survey**
Fox, Ellen; Myers, Sarah; Pearlman, Robert A.


Abstract: Context: Although ethics consultation is commonplace in United States (U.S.) hospitals, descriptive data about this health service are lacking. Objective: To describe the prevalence, practitioners, and processes of ethics consultation in U.S. hospitals. Design: A 56-item phone or questionnaire survey of the "best informant" within each hospital. Participants: Random sample of 600 U.S. general hospitals, stratified by bed size. Results: The response rate was 87.4%. Ethics consultation services (ECSs) were found in 81% of all general hospitals in the U.S., and in 100% of hospitals with more than 400 beds. The median number of consults performed by ECSs in the year prior to survey was 3. Most individuals performing ethics consultation were physicians (34%), nurses (31%), social workers (11%), or chaplains (10%). Only 41% had formal supervised training in ethics consultation. Consultation practices varied widely both within and between ECSs. For example, 65% of ECSs always made recommendations, whereas 6% never did. These findings highlight a need to clarify standards for ethics consultation practices.

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**Ethics consultation in the emergency department**
Anderson-Shaw, Lisa; Ahrens, William; Fetzer, Marny


Abstract: Clinical ethics teams exist in various forms and have assisted care providers for several decades. Our clinical ethics service at an urban, tertiary, teaching hospital provides ethics consultation to care providers, patients, and their family members. Scenarios prompting an ethics consultation may be complex, often involving social, cultural, and fiscal components. Because patients who receive an ethics consultation often require a lengthy hospital stay, our group searched for unique identifiers in a patient's presentation to facilitate earlier and, potentially, more effective interventions. Of particular interest to our group was the presentation of these patients to our institution from the emergency department (ED). Our group's subjective experience indicated that factors requiring ethics consultation were often present very early during hospitalization. A retrospective medical record review of a convenience sample of 50 records of patients who had received a formal clinical ethics consult within a 14-month timeframe was done. Those patients who were admitted to the hospital via the ED and subsequently received an ethics consultation were identified. The critical issues prompting the ethics consult were then evaluated. Eighteen (35%) of the study patients were originally admitted through the ED. Results showed that the ethical issue(s) that prompted the clinical ethics consult was regularly identifiable in the ED. Our study results indicate that issues prompting ethics consults may potentially be identified as patients present to the ED. Rapid and effective interventions proscribed through institutional policy guidelines could greatly assist nurses and other ED providers in identifying these at-risk patients upon entry of the ED. Such a policy would ultimately benefit both patient and provider.

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**Ethics consultation in the emergency department**
Ethical difficulties in clinical practice: experiences of European doctors

Abstract: BACKGROUND: Ethics support services are growing in Europe to help doctors in dealing with ethical difficulties. Currently, insufficient attention has been focused on the experiences of doctors who have faced ethical difficulties in these countries to provide an evidence base for the development of these services. METHODS: A survey instrument was adapted to explore the types of ethical dilemma faced by European doctors, how they ranked the difficulty of these dilemmas, their satisfaction with the resolution of a recent ethically difficult case and the types of help they would consider useful. The questionnaire was translated and given to general internists in Norway, Switzerland, Italy and the UK. RESULTS: Survey respondents (n=656, response rate 43%) ranged in age from 28 to 82 years, and averaged 25 years in practice. Only a minority (17.6%) reported having access to ethics consultation in individual cases. The ethical difficulties most often reported as being encountered were uncertain or impaired decision-making capacity (94.8%), disagreement among caregivers (81.2%) and limitation of treatment at the end of life (79.3%). The frequency of most ethical difficulties varied among countries, as did the type of issue considered most difficult. The types of help most often identified as potentially useful were professional reassurance about the decision being correct (47.5%), someone capable of providing specific advice (41.1%), help in weighing outcomes (36%) and clarification of the issues (35.9%). Few of the types of help expected to be useful varied among countries. CONCLUSION: Cultural differences may indeed influence how doctors perceive ethical difficulties. The type of help needed, however, did not vary markedly. The general structure of ethics support services would not have to be radically altered to suit cultural variations among the surveyed countries.

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Of courage, honor, and integrity

Call number: R724 .E8242 2007

Ties without tethers: bioethics corporate relations in the AbioCor artificial heart trial

Call number: R724 .E8242 2007

IntegratedEthics [Integrated Ethics]: IntegratedEthics Toolkit -- A Manual for the IntegratedEthics Program Officer; Ethics Consultation Toolkit -- A Manual for the Ethics Consultation Coordinator; Ethical Leadership Toolkit -- A Manual for the Ethical Leadership Coordinator; Preventive Ethics Toolkit -- A Manual for the Preventive Ethics Coordinator

Washington, DC: National Center for Ethics in Health Care, Veterans Health Administration, 2007: multiple pages in 4 volumes

Supreme court rules against drug patent "evergreening" [news]

CMAJ/JAMC: Canadian Medical Association Journal 2006 December 5; 175(12): 1508-1509
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http://www.cmaj.ca (link may be outdated)
Document 315
Moreno, Jonathan D.
**Ethics committees: beyond benign neglect**
HEC (Healthcare Ethics Committee) Forum 2006 December; 18(4): 368-369

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Document 316
Bayley, Carol
**Ethics Committee DX: failure to thrive**
HEC (Healthcare Ethics Committee) Forum 2006 December; 18(4): 357-367

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White, Earl D., II
**Reflections on the success of hospital ethics committees in my health system**
HEC (Healthcare Ethics Committee) Forum 2006 December; 18(4): 349-356

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McCruden, Patrick; Kuczewski, Mark
**Is organizational ethics the remedy for failure to thrive? Toward an understanding of mission leadership**
HEC (Healthcare Ethics Committee) Forum 2006 December; 18(4): 342-348

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Document 319
Collier, Julie; Rorty, Mary; Sandborg, Christy
**Rafting the ethical rapids**
HEC (Healthcare Ethics Committee) Forum 2006 December; 18(4): 332-341

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Document 320
DeRenzo, Evan G.; Mokwunye, Nneka; Lynch, John J.
**Rounding: how everyday ethics can invigorate a hospital's ethics committee**
HEC (Healthcare Ethics Committee) Forum 2006 December; 18(4): 319-331

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---

* ★ Article  Document 321
Pape, Deborah; Manning, Suzanne
**The educational ladder model for ethics committees: confidence and change flourishing through core competency development**
HEC (Healthcare Ethics Committee) Forum 2006 December; 18(4): 305-318

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---

* ★ Article  Document 322
Nilson, Elizabeth G.; Fins, Joseph J.
**Reinvigorating ethics consultations: an impetus from the "quality" debate**
HEC (Healthcare Ethics Committee) Forum 2006 December; 18(4): 298-304

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* ★ Article  Document 323
Davis, Walter
**Failure to thrive or refusal to adapt? Missing links in the evolution from ethics committee to ethics program**

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* ★ Article  Document 324
Conrad, Ellison
**Terminal success**
HEC (Healthcare Ethics Committee) Forum 2006 December; 18(4): 287-290

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* ★ Article  Document 325
Mills, Ann E.; Rorty, Mary V.; Spencer, Edward M.
**Introduction: ethics committees and failure to thrive**
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* Article  Document 326
Gastmans, Chris; Van Neste, Femand; Schotsmans, Paul
Pluralism and ethical dialogue in Christian healthcare institutions: the view of Caritas Catholica Flanders
Abstract: In this article, the place and the nature of an ethical dialogue that develops within Christian healthcare institutions in Flanders, Belgium is examined. More specifically, the question is asked how Christian healthcare institutions should position themselves ethically in a context of a pluralistic society. The profile developed by Caritas Catholica Flanders must take seriously not only the external pluralistic context of our society and the internal pluralistic worldviews by personnel/employees and patients, but also the inherent inspiration of a Christian healthcare institution. This article concludes with ten general orientations that could shape the ethical dialogue from a Christian inspiration in a pluralistic context.

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* Article  Document 327
Bourgeois, James A.; Cohen, Mary Ann; Geppert, Cynthia M.A.
The role of psychosomatic-medicine psychiatrists in bioethics: a survey study of members of the Academy of Psychosomatic Medicine
Psychosomatics 2006 November-December; 47(6): 520-526

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* Article  Document 328
Racine, E.; Hayes, K.
The need for a clinical ethics service and its goals in a community healthcare service centre: a survey
Journal of Medical Ethics 2006 October; 32(10): 564-566

Georgetown users check  Georgetown Journal Finder  for access to full text

http://www.jmedethics.com  (link may be outdated)

* News  Document 329
Watts, Geoff
Combating chaos [news]
BMJ: British Medical Journal 2006 September 30; 333(7570): 674

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http://www.bmj.com  (link may be outdated)
Consultation-liaison psychiatrists on bioethics committees: opportunities for academic leadership
Geppert, Cynthia M.; Cohen, Mary Ann
Academic Psychiatry 2006 September-October; 30(5): 416-421

Placebo surgery research: a blinding imperative
Heckerling Paul S.
Journal of Clinical Epidemiology 2006 September; 59(9): 876-880

Healthcare ethics committees' contribution to review of institutional policy
Ells, Carolyn
HEC (Healthcare Ethics Committee) Forum 2006 September; 18(3): 265-275

Hospital ethics committees: a survey in upstate New York
Milmore, Don
HEC (Healthcare Ethics Committee) Forum 2006 September; 18(3): 222-244

Methods in clinical ethics: a time for eclectic pragmatism?
Hurst, Samia A.; Chevrolet, Jean-Claude; Loew, François
Clinical Ethics 2006 September; 1(3): 159-164

Hospital based ethics, current situation in France: between "espaces" and committees
Guerrier, M.
Journal of Medical Ethics 2006 September; 32(9): 503-506

Abstract: Unlike research ethics committees, which were created in 1988, the number of functioning hospital based ethical organisations in France, such as clinical ethics committees, is unknown. The objectives of such structures are diverse. A recent law created regional ethical forums, the objectives of which are education, debate, and
research in relation to healthcare ethics. This paper discusses the current situation in France and the possible evolution and conflicts induced by this law. The creation of official healthcare ethics structures raises several issues.

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**Document 336**

Orlowski, J.P.; Hein, S.; Christensen, J.A.; Meinke, R.; Sincich, T.

*Why doctors use or do not use ethics consultation*

Journal of Medical Ethics 2006 September; 32(9): 499-502

**Abstract:** Ethics consultation is used regularly by some doctors, whereas others are reluctant to use these services. AIM: To determine factors that may influence doctors to request or not request ethics consultation. METHODS: A survey questionnaire was distributed to doctors on staff at the University Community Hospital in Tampa, Florida, USA. The responses to the questions on the survey were arranged in a Likert Scale, from strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree to strongly agree. Data were analysed with the Wilcoxon test for group comparisons, the chi2 test to compare proportions and a logistic regression analysis. RESULTS: Of the 186 surveys distributed, 121 were returned, giving a 65% response rate. Demographic data were similar between the groups saying yes (I do/would use ethics consultation when indicated) and no (I do not/would not use ethics consultation when indicated). No statistically significant differences were observed between the user and non-user groups in terms of opinions about ethics consultants having extensive training in ethics or participating in ethics educational opportunities. On the issue "Ethics committee members or consultants cannot grasp the full picture from the outside", the non-users were neutral, whereas the users somewhat disagreed (p=0.012). Even more significant was the difference between surgeons and non-surgeons, where, by logistic regression analysis, surgeons who believed that ethics consultants could not grasp the full picture from the outside were highly likely to not use (p=0.0004). Non-users of ethics consultations thought that it was their responsibility to resolve issues with the patient or family (72.2% agree, p<0.05). Users of ethics consultation believed in shared decision making or the importance of alternate points of view (90.8% agree, p<0.05). IMPLICATIONS: Ethics consultations are used by doctors who believe in shared decision making. Doctors who did not use ethics consultation tended to think that it was their responsibility to resolve issues with patients and families and that they were already proficient in ethics

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**Document 337**

Thai, Vincent; Rolfson, Darryl; Oneschuik, Doreen

*The consultation cascade model: application to an acute palliative care consult service [abstract]*

Journal of Palliative Care 2006 Autumn; 22(3): 254

---

**Document 338**

Baldos, Erin; Radwany, Steven; Mason, Hallie; Albanese, Teresa; Clarke, Steve; Clough, Lynn; Sims, Linda

*Palliative care consultation: overview and analysis of more than 1,700 patients [abstract]*

Journal of Palliative Care 2006 Autumn; 22(3): 251

---

* Document 339
Mayle, Kathy
*Nurses and ethics consultation: growing beyond a rock and a hard place*
Journal of Clinical Ethics 2006 Fall; 17(3): 257-259

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---

Aroskar, Mila Ann
*Healthcare organizations as moral communities*
Journal of Clinical Ethics 2006 Fall; 17(3): 255-256

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Gordon, Elisa J.; Hamric, Ann B.
*The courage to stand up: the cultural politics of nurses' access to ethics consultation*
Journal of Clinical Ethics 2006 Fall; 17(3): 231-254

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---

Orr, Robert D.
*Clinical ethics consultation: to intubate or not to intubate -- Part I of a series*
Today's Christian Doctor 2006 Fall; 37(3): 30-31

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de Freitas, Genival Fernandes; Oguisso, Taka; Merighi, Miriam Aparecida Barbosa
*Ethical events in nursing: Daily activities of nurse managers and nursing ethics committee members*

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---

Ethics Committee, American Psychological Association
*Report of the Ethics Committee, 2005*
American Psychologist 2006 July-August; 61(5): 522-529

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---

McGrath, Pam
*Multidisciplinary insights on the evolving role of the ethics committee in an Australian regional hospital*
* Article  Document 346
Nelson, William A.
Defining ethics: how to determine whether a conflict falls under your ethics committee's purview
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* Article  Document 347
Nelson, William; Weeks, William B.
Rural and non-rural differences in membership of the American Society of Bioethics and Humanities
Journal of Medical Ethics 2006 July; 32(7): 411-413
Abstract: OBJECTIVE: To determine whether bioethicists are distributed along a rural-to-urban continuum in a way that reflects potential need of those resources as determined by the general population, hospital facilities and hospital beds. METHODS: US members of a large, multidisciplinary professional society, the American Society of Bioethics and Humanities (ASBH), the US population, hospital facilities and hospital beds were classified across a four-tier rural-to-urban continuum. The proportion of each group in rural settings was compared with that in urban settings, and odds ratios were calculated with 95% confidence intervals. RESULTS: Although 91% of ASBH members live or work in urban settings, only 66% of the US population did so. In contrast, 2% of ASBH members live or work in rural settings compared with 13% of the population. ASBH members were 10.7 times (95% CI 6.6 to 17.3) as likely to be represented in urban than in rural settings when compared with the general population, 25.6 times (95% CI 15.8 to 41.5) and 6.9 times (95% CI 4.3 to 11.1) as likely with regard to hospital facilities and hospital beds, respectively. CONCLUSIONS: Using various comparisons it was found that ASBH members are under-represented in rural as compared with urban settings. Although not all bioethicists are ASBH members, these findings suggest that the availability of professional bioethical resources may be inadequate in rural America. The disparities that were found may have considerable effect on ethics scholarship, research, ethical committees and education, and adds to the argument that rural American communities are under-served.
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* Article  Document 348
Ribas, Salvador Ribas
Empirical studies on healthcare ethics committees in the USA. A bibliographic review
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* Article  Document 349
Craig, J.M.; May, Thomas
Evaluating the outcomes of ethics consultation
Journal of Clinical Ethics 2006 Summer; 17(2): 168-180
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* Article  Document 350
Dickenson, Donna
Gender and ethics committees: where's the 'different voice'?
Bioethics 2006 June; 20(3): 115-124

Abstract: Prominent international and national ethics commissions such as the UNESCO International Bioethics Committee rarely achieve anything remotely resembling gender equality, although local research and ethics committees are somewhat more egalitarian. Under-representation of women is particularly troubling when the subject matter of modern bioethics so disproportionately concerns women's bodies, and when such committees claim to derive 'universal' standards. Are women missing from many ethics committees because of relatively straightforward, if discriminatory, demographic factors? Or are the methods of analysis and styles of ethics to which these bodies are committed somehow 'anti-female'? It has been argued, for example, that there is a 'different voice' in ethical reasoning, not confined to women but more representative of female experience. Similarly, some feminist writers, such as Evelyn Fox Keller and Donna Haraway, have asked difficult epistemological questions about the dominant 'masculine paradigm' in science. Perhaps the dominant paradigm in ethics committee deliberation is similarly gendered? This article provides a preliminary survey of women's representation on ethics committees in eastern and western Europe, a critical analysis of the supposed 'masculinism' of the principlist approach, and a case example in which a 'different voice' did indeed make a difference.

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* Article Document 351
Thompson, Richahrd E.
The hospital ethics committee – then and now
Physician Executive 2006 May-June; 32(3): 60-62

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Article Document 352
Royal College of Physicians
Ethics in practice: background and recommendations for enhanced support
Bulletin of Medical Ethics 2006 April-May; (214): 9-13

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http://www.bullmedeth.info/ (link may be outdated)

---

Article Document 353
Iltis, Ana Smith
Feminist ethics consultation: clinical and organizational ethics
APA Newsletters: Newsletter on Feminism and Philosophy 2006 Spring; 05(2): 13-19

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http://www.apaonline.org/publications/onlinesubscriptions/ (link may be outdated)

---

Article Document 354
Tong, Rosemarie
Clinical ethics consultation: bringing gender into the foreground of case discussion
APA Newsletters: Newsletter on Feminism and Philosophy 2006 Spring; 05(2): 8-13

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Document 361
Murphy, Kevin  
A "next generation" ethics committee  
Health Progress 2006 March-April; 87(2): 26-30
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* • Article  
Document 362
Bernt, Francis; Clark, Peter; Starrs, Josita; Talone Patricia  
Ethics committees in Catholic hospitals  
Health Progress 2006 March-April; 87(2): 18-25
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* • Article  
Document 363
Hamel, Ron  
Ethics committees: pursuing enhanced effectiveness  
Health Progress 2006 March-April; 87(2): 17
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* • Article  
Document 364
Tarzian, Anita J.; Hoffmann, Diane E.; Volbrecht, Rose Mary; Meyers, Judy L.  
The roles of healthcare ethics committee networks in shaping healthcare policy and practices  
HEC Forum (Healthcare Ethics Committee Forum) 2006 March; 18(1): 85-94
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http://www.wkap.nl/jrnltoc.htm/0956-2737 (link may be outdated)

* • Article  
Document 365
Borovecki, Ana; ten Have, Henk; Oreškovic, Stjepan  
Ethics committees in Croatia in the healthcare institutions: the first study about their structure and functions, and some reflections on the major issues and problems  
HEC Forum (Healthcare Ethics Committee Forum) 2006 March; 18(1): 49-60
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http://www.wkap.nl/jrnltoc.htm/0956-2737 (link may be outdated)

* • Article  
Document 366
Frikovic, Aleksandra; Gosic, Nada  
Practical experience in the work of institutional ethics committees in Croatia on the example of the ethics committee at Clinical Hospital Center Rijeka
**Document 367**

Borovecki, A.; ten Have, H.; Oreškovic, S.

**Education of ethics committee members: experience from Croatia**

Journal of Medical Ethics 2006 March; 32(3): 138-142

**Abstract:** To study knowledge and attitudes of hospital ethics committee members at the first workshop for ethics committees in Croatia. DESIGN: Before/after cross-sectional study using a self-administered questionnaire. SETTING: Educational workshop for members of hospital ethics committees, Zagreb, 2003. Main outcome measurements: Knowledge and attitudes of participants before and after the workshop; everyday functioning of hospital ethics committees. RESULTS: The majority of the respondents came from committees with at least five members. The majority of ethics committees were appointed by the governing bodies of their hospitals. Most committees were founded after the implementation of the law on health protection in 1997. Membership structure (three physicians and two members from other fields) and functions were established on the basis of that law. Analysis of research protocols was the main part of their work. Other important functions—education, case analysis, guidelines formation—were neglected. Members' level of knowledge was not sufficient for the complicated tasks they were supposed to perform. However, it was significantly higher after the workshop. Most respondents felt their knowledge should be improved by additional education. Their views on certain issues and bioethical dilemmas displayed a high level of paternalism and over-protectiveness, which did not change after the workshop.

**CONCLUSIONS:** The committees developed according to bureaucratic requirements. Furthermore, there are concerns about members' knowledge levels. More efforts need to be made to use education to improve the quality of the work. Additional research is necessary to explore ethics committees' work in Croatia especially in the hospital setting.

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**Document 368**

Updale, Eleanor

**The challenge of lay membership of clinical ethics committees**

Clinical Ethics 2006 March; 1(1): 60-62

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**Document 369**

Draper, Heather; MacDiarmaid-Gordon, Adam; Strumidlo, Laura; Teuten, Bea; Updale, Eleanor

**Virtual ethics committee, case 1: should our hospital have a policy of telling patients about near misses?**

Clinical Ethics 2006 March; 1(1): 11-17

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**Document 370**

Bramstedt, Katrina A.

**Supporting organ transplantation in non-resident aliens within limits**

Ethics & Medicine 2006 Spring; 22(1): 39-45
* Document 371
Miller, Jessica Prata
**Feminist values and bioethics practice: strangers at the bedside?**

* Document 372
DeRenzo, Evan G.; Vinicky, Janicemarie; Redman, Barbara; Lynch, John J.; Panzarella, Philip; Rizk, Salim
**Rounding: a model for consultation and training whose time has come**

* Document 373
Weising, Urban
**Ethikberatung in der klinischen Medizin [Ethics consultation in clinical medicine]**

* Document 374
Pustovit, Svitlana V.
**Some methodological aspects of ethics committees' expertise: the Ukrainian example**

* Document 375
Breier-Mackie, Sarah
**Who is the clinical ethicist?**

* Document 376
Svehla, Carolyn J.; Anderson-Shaw, Lisa
Hospital ethics committees: is it time to expand our access to managed care organizations?
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Schneiderman, Lawrence J.; Gilmer, Todd; Teetzel, Holly D.; Dugan, Daniel O.; Goodman-Crews, Paula; Cohn, Felicia
Dissatisfaction with ethics consultations: the Anna Karenina principle
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* Document 378
Hilpert, Konrad
Institutionalisierung bioethischer Reflexion als Schnittstelle von wissenschaftlichem und öffentlichen Diskurs
Call number: R725.56 .K76 2006

* Document 379
Longstaff, Holly; Burgess, Michael; Lewis, Patrick
Comparing methods for ethical consultation for biotechnology related issues
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* Document 380
Vaszar, L.T.; Raffin, T.A.; Kuschner, W.G.
Hospital ethics case consultations: practical guidelines
Comprehensive Therapy 2005 Winter; 31(4): 279-283
Georgetown users check Georgetown Journal Finder for access to full text

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Scofield, Giles
Motion(less) in limine
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* Document 382
Mishkin, Douglas B.; Povar, Gail
The District of Columbia amends its Health-Care Decisions Act: bioethics committees in the arena of public
Discursivité et co-autorité en éthique clinique: regard critique sur le rôle et les fonctions de la délibération éthique en comité [Discursiveness and co-authority in clinical ethics]

Abstract: Clinical ethics, as instituted in committees, aims to solve ethical problems by means of interdisciplinary deliberation. Elucidation and deliberation are used as pragmatic means whose finality is decision-making. This being so, it may be wondered if clinical ethics has not been pruned of its more global critical potential. Narrative approaches open some ways of thinking of this critical function, but they seem to us to be nevertheless still insufficient for the task. We propose to explore the heuristic and practical fertility of the concepts of discursiveness--more inclusive than narrativity--, and co-authority--that we will have to situate and relate to notions of power, expertise and normativity--, in order to give fresh thought to the role and functions of a clinical ethics committee in a health care institution, and consequently the possible contribution of clinical ethics both as deliberation process and critical reflection of practices. To achieve this result, we propose the following approach. First of all, we will identify the limits of current narrative proposals. Secondly, we will present the concept of discursiveness based on work that follows on from the ethics of discussion. Thirdly, we will expose our definition of the concept of co-authority in a discursive space which includes both the actors of the clinical situation and the actors of the deliberation. Fourthly and finally, we will draw the consequences for a critical theory of the role and functions of a clinical ethics committee.

Palliative care: lingering worries of lawyers and ethicists [abstract]

The ethics of lawyer-ethicists

Misjudging needs: a messy spiral of complexity
"Amputate my arm please – I don't want it anymore"
Dudzinski, Denise M.
Journal of Clinical Ethics 2005 Fall; 16(3): 196-201

Specters, traces, and regret in ethics consultation
Ford, Paul J.; Dudzinski, Denise M.
Journal of Clinical Ethics 2005 Fall; 16(3): 193-195

When should ethics consultants risk giving their personal views?
Howe, Edmund G.
Journal of Clinical Ethics 2005 Fall; 16(3): 183-192

Ethics support in clinical practice
Watson, A.R.
Archives of Disease in Childhood 2005 September; 90(9): 943-946

Project examining effectiveness in clinical ethics (PEECE): phase 1 -- descriptive analysis of nine clinical ethics services
Godkin, M.D.; Faith, K.; Upshur, R.E.G.; MacRae, S.K.; Tracy, C.S.
Journal of Medical Ethics 2005 September; 31(9): 505-512

Abstract: OBJECTIVE: The field of clinical ethics is relatively new and expanding. Best practices in clinical ethics against which one can benchmark performance have not been clearly articulated. The first step in developing benchmarks of clinical ethics services is to identify and understand current practices. DESIGN AND SETTING: Using a retrospective case study approach, the structure, activities, and resources of nine clinical ethics services in a large metropolitan centre are described, compared, and contrasted. RESULTS: The data yielded a unique and detailed account of the nature and scope of clinical ethics services across a spectrum of facilities. General themes emerged in four areas-variability, visibility, accountability, and complexity. There was a high degree of variability in the structures, activities, and resources across the clinical ethics services. Increasing visibility was identified as a significant challenge within organisations and externally. Although each service had a formal system for maintaining accountability and measuring performance, differences in the type, frequency, and content of reporting impacted service delivery. One of the most salient findings was the complexity inherent in the provision of clinical ethics services, which requires of clinical ethicists a broad and varied skill set and knowledge base. Benchmarks including the average number of consults/ethicist per year and the hospital beds/ethicist ratio are presented. CONCLUSION: The findings will be of interest to clinical ethicists locally, nationally, and internationally as they provide a preliminary framework from which further benchmarking measures and best practices in clinical ethics can be identified, developed, and evaluated.
Document 392
Ashcroft, Richard E.
**Commentary: ethics committees and countries in transition: a figleaf for structural violence?**
BMJ: British Medical Journal 2005 July 23; 331(7510): 229-230

Document 393
Borovecki, Ana; ten Have, Henk; Oreskovic, Stjepan
**Ethics and the structures of health care in the European countries in transition: hospital ethics committees in Croatia**
BMJ: British Medical Journal 2005 July 23; 331(7510): 227-229

Document 394
Schwartz, John
**For the end of life, hospital pairs ethics and medicine: a team effort to resolve family bedside conflicts**

Document 395
Gilmer, Todd; Schneiderman, Lawrence J.; Teetzel, Holly; Blustein, Jeffrey; Briggs, Kathleen; Cohn, Felicia; Cranford, Ronald; Dugan, Daniel; Komatsu, Glen; Young, Ernle
**The costs of nonbeneficial treatment in the intensive care setting**
Health Affairs 2005 July-August; 24(4): 961-971

Document 396
Zorowitz, Robert A.
**Dilemma or dispute? [review of Bioethics Mediation: A Guide to Shaping Shared Solutions, by N.N. Dubler and C.B. Liebman]**
**Document 397**

**Mayor, Susan**

Clinicians need better access to ethics advice, report says [news]


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**Document 398**

**Royal College of Physicians [United Kingdom]**

Ethics in practice: background and recommendations for enhanced support. Report of a working party


[http://www.rcplondon.ac.uk](http://www.rcplondon.ac.uk) (link may be outdated)

**Document 399**

**Working party of the Royal College of Physicians of London [United Kingdom]**

Ethics in practice: background and recommendations for enhanced support


[http://www.rcplondon.ac.uk](http://www.rcplondon.ac.uk)

**Document 400**

**Hoy, Janet; Feigenbaum, Erika**

Making the case for ethics consults in community mental health centers

Community Mental Health Journal 2005 June; 41(3): 235-250

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**Document 401**

**Spielman, Bethany**

Professional independence and corporate employment in bioethics

HEC (Healthcare Ethics Committee) Forum 2005 June; 17(2): 146-156

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**Document 402**

**Parsi, Kayhan**

Bioethics consultation in the private sector: what is an appropriate model

HEC (Healthcare Ethics Committee) Forum 2005 June; 17(2): 135-145
Document 403

MacDonald, Chris

**Corporate ethics in the life sciences: can bioethics help? Should it?**

HEC (Healthcare Ethics Committee) Forum 2005 June; 17(2): 122-134

Document 404

Rasmussen, Lisa M.

**The ethics and aesthetics of for-profit bioethics consultation**

HEC (Healthcare Ethics Committee) Forum 2005 June; 17(2): 94-121

Document 405

Iltis, Ana Smith

**Bioethics consultation in the private sector**

HEC (Healthcare Ethics Committee) Forum 2005 June; 17(2): 87-93

Document 406

Morgenstern, Leon

**Proactive bioethics screening: a prelude to bioethics consultation**

Journal of Clinical Ethics 2005 Summer; 16(2): 151-155

Document 407

Meulenbergs, T.; Vermylen, J.; Schotsmans, P.T.

**The current state of clinical ethics and healthcare ethics committees in Belgium**

Journal of Medical Ethics 2005 June; 31(6): 318-321

**Abstract:** Ethics committees are the most important practical instrument of clinical ethics in Belgium and fulfil three tasks: the ethical review of experimental protocols, advising on the ethical aspects of healthcare practice, and ethics consultation. In this article the authors examine the current situation of ethics committees in Belgium from the perspective of clinical ethics. Firstly, the most important steps which thus far have been taken in Belgium are examined. Secondly, recent opinion by the Belgian Advisory Committee on Bioethics with regard to ethics
committees is presented and the activities of Belgian ethics committees are discussed. Finally, the option to bring research ethics and clinical ethics under the roof of just one committee is criticised using a pragmatic and a methodological argument. Concomitantly, the authors build an argument in favour of the further development of ethics consultation.

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Robley, Lois R.
**The benefits of serving on a hospital ethics committee: a faculty perspective**
Nurse Educator 2005 May-June; 30(3): 123-126

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* Article  Document 409
MacRae, S.; Chidwick, P.; Berry, S.; Secker, B.; Hebert, P.; Zlotnik Shaul, R.; Faith, K.; Singer, P.A.
**Clinical bioethics integration, sustainability, and accountability: the Hub and Spokes Strategy**
Journal of Medical Ethics 2005 May; 31(5): 256-261

**Abstract:** The "lone" clinical bioethicist working in a large, multisite hospital faces considerable challenges. While attempting to build ethics capacity and sustain a demanding range of responsibilities, he or she must also achieve an acceptable level of integration, sustainability, and accountability within a complex organisational structure. In an effort to address such inherent demands and to create a platform towards better evaluation and effectiveness, the Clinical Ethics Group at the Joint Centre for Bioethics at the University of Toronto is implementing the Hub and Spokes Strategy at seven hospitals. The goal of the Hub and Spokes Strategy is to foster an ethical climate and strengthen ethics capacity broadly throughout healthcare settings as well as create models in clinical bioethics that are excellent and effective.

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Ohnsorge, Kathrin
**Report of the visiting scholarship at the Fondazione Lanza in Padova, Italy**
EACME Newsletter 2005 April (13): 11-13

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* Article  Document 411
Slowther, Anne-Marie
**2nd International Converence: Clinical Ethics Consultation, March 17-20 Basel, Switzerland**
EACME Newsletter 2005 April (13): 9-11

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Document 418
Moskop, John C.
Surveying the practice of ethics consultation [review of Ethics Consultation: From Theory to Practice, by Mark P. Aulisio, Robert M. Arnold, and Stuart J. Youngner]

Document 419
Mills, Ann E.; Tereskerz, Patricia; Davis, Walt
Is evaluating ethics consultation on the basis of cost a good idea?

Document 420
Steinkamp, Norbert and Gordijn, Bert
ETHIK IN KLINIK UND PFLEGEEINRICHTUNG: EIN ARBEITSBUCH

Document 421
MacDonald, Rosemary C.
WEAVING THE BRAIDED ROPE: THE ROLE OF THE CLINICAL ETHICIST
Call number: R725.5.M324 2005a

Document 422
Ittis, Ana Smith
Bioethical expertise in health care organizations
Call number: R724.E84 2005

Document 423
Wear, Stephen
Ethical expertise in the clinical setting
Call number: R724.E84 2005
Document 424
Parker, Lisa S.
Ethical expertise, maternal thinking, and the work of clinical ethicists
Call number: R724 .E84 2005

Document 425
Viafora, Corrado
The ethical function in the health care institutions: clinical ethics committees
Call number: R724 .C5254 2005

Document 426
Boitte, Pierre
For an ethical function in hospitals
Call number: R724 .C5254 2005

Document 427
Lebeer, Guy
Clinical ethics committees in Europe -- assistance in medical decisions, fora for democratic debates, or bodies to monitor basic rights?
Call number: BJ1581.2 .E85 2005 v.1

Document 428
Wharton, Mary Ann
Enhancing professional accountability: inquiry into the work of a professional ethics committee.
Call number: R724 .E325 2005

Document 429
Shkiryak-Nyzhnyk, Zoreslava
Ukraine
Medical Ethics and Bioethics / Medicinska Etika & Bioetika 2005; 11(Supplement): 22-23
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Document 430
Dalyan, Sener
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Medical Ethics and Bioethics / Medicinska Etika & Bioetika 2005; 11(Supplement): 22
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Biiljali, Zudi
Macedonia
Medical Ethics and Bioethics / Medicinska Etika & Bioetika 2005; 11(Supplement): 21-22

* Document 432
Glasa, Jozef
Slovak Republic
Medical Ethics and Bioethics / Medicinska Etika & Bioetika 2005; 11(Supplement): 20-21

* Document 433
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Medical Ethics and Bioethics / Medicinska Etika & Bioetika 2005; 11(Supplement): 20

* Document 434
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Serbia and Montenegro
Medical Ethics and Bioethics / Medicinska Etika & Bioetika 2005; 11(Supplement): 19

* Document 435
Tischenko, Pavel
Russian Federation
Medical Ethics and Bioethics / Medicinska Etika & Bioetika 2005; 11(Supplement): 18-19

* Document 436
Doaga, Octavian
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Medical Ethics and Bioethics / Medicinska Etika & Bioetika 2005; 11(Supplement): 17-18
Albania
Medical Ethics and Bioethics / Medicinska Etika & Bioetika 2005; 11(Supplement): 14

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* Article Document 444
Lebeer, Guy
Clinical ethics support services in Europe
Medical Ethics and Bioethics / Medicinska Etika & Bioetika 2005; 11(Supplement): 8-11
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* Article Document 445
Slowther, Anne-Marie
Current ethical dilemmas in clinical practice in Europe
Medical Ethics and Bioethics / Medicinska Etika & Bioetika 2005; 11(Supplement): 5-8
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* Article Document 446
Gadd, Elaine
Ethics support in clinical practice in Europe - situation overview
Medical Ethics and Bioethics / Medicinska Etika & Bioetika 2005; 11(Supplement): 4-5
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Zajac, Rudolf
Ethics support in clinical practice: status quo and perspectives in Europe: welcome address
Medical Ethics and Bioethics / Medicinska Etika & Bioetika 2005; 11(Supplement): 3
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Crostwaite, Jan
In defence of ethicists. A commentary on Christopher Cowley's paper
Medicine, Health Care and Philosophy: A European Journal 2005; 8(3): 281-283
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* Article Document 449
Jaeger, Suzanne M.
Ethical reasoning and the embodied, socially situated subject
Abstract: My discussion is concerned with how symbolic power constitutively structures our very identities in relation to one another and at the bodily level of lived experience. Although many accounts of the self and of
subjectivity as socially situated have difficulties in their explanations of agency, Zaner's work suggests a basis upon which the self's independence from others can be understood. His phenomenology of embodied subjectivity explains how the emerging self presupposes presence with others. At the same time, however, "co-presence" also reveals the self's distinct perspective and capacity for "circumstantial possibilizing," that is to say, "actualizing another possible than the actual." My aim is to examine critically the intersections between Zaner's phenomenology and other theoretical accounts of the socially situated self. I also show how Zaner's work contributes to these discussions a way of understanding the possibility of agency that is rooted in embodied experience.

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* Article  Document 450

Bliton, Mark J.

**Richard Zaner's "troubled" voice in Troubled Voices: poseur, posing, possibilizing?**


**Abstract:** This essay considers Richard Zaner's storytelling in Troubled Voices as a form of possibilizing which uses the stories to exemplify important moral themes such as contingency and freedom. Distinguishing between activities of moral discovery through the telling of a story and "posing" in the sense of writing to tell the "moral" of the story, I suggest that something crucial goes on for Zaner in his own tellings. Several of the more insistent implications Zaner reveals about the moral relationships encountered in the activity of clinical ethics consultation are examined in that light, especially regarding this question: is it more beneficial, or harmful, to articulate elements of core meanings and values that are entailed in individual viewpoints, which, prior to an ethics consultant's participation, may have remained unspoken and possibly unacknowledged?

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Clarke, Simon

**Two models of ethics committees**


**Abstract:** A distinction is made between two models of ethics committees. According to the Mirror Model, ethics committees ought to reflect the values of society. The Critical Model says committees are to critically examine these standards rather than merely reflect them. It is argued that the Critical Model should be accepted because a society's ethical standards can be mistaken and a society that has Critical rather than merely Mirror ethics committees is more likely to have such mistakes revealed. Some implications of the Critical Model are discussed.

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Goodall, Jane


EACME Newsletter 2004 December (12): 13-14

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* Article  Document 453

Oosterhoff, Dawn Dudley; Rowell, Mary

**Shared leadership: the freedom to do bioethics**

HEC (Healthcare Ethics Committee) Forum 2004 December; 16(4): 297-316
Document 454
Currie, Jan; Toews, Sheila; Magwood, Bryan
Enhancing ethics services: challenges and strategies in the Winnipeg Regional Health Authority
HEC (Healthcare Ethics Committee) Forum 2004 December; 16(4): 284-296

Document 455
Pullman, Daryl; Singleton, Rick
Doing more with less: organizational ethics in a rural Canadian setting
HEC (Healthcare Ethics Committee) Forum 2004 December; 16(4): 261-273

Document 456
Jiwani, Bashir
A mandate for regional health ethics resources
HEC (Healthcare Ethics Committee) Forum 2004 December; 16(4): 247-260

Document 457
Maddalena, Victor; Sherwin, Susan
Vulnerable populations in rural areas: challenges for ethics committees
HEC (Healthcare Ethics Committee) Forum 2004 December; 16(4): 234-246

Document 458
Bardon, Adrian
Ethics education and value prioritization among members of U.S. hospital ethics committees
Kennedy Institute of Ethics Journal 2004 December; 14(4): 395-406
* Article  
Document 459
Pinnock, Ralph; Crosthwaite, Jan
Auckland Hospital Ethics Committee

**The Auckland Hospital Ethics Committee: the first 7 years**

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http://www.nzma.org.nz/journal/117-1205/1152/content.pdf (link may be outdated)

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Levee, Ellen M.

**IACUC replacement parts: what are the requirements? No authority**
Lab Animal 2004 November; 33(10): 16-17

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* Article  
Document 461
Silverman, Jerald

**IACUC replacement parts: what are the requirements?**
Lab Animal 2004 November; 33(10): 16

Georgetown users check Georgetown Journal Finder for access to full text

* Article  
Document 462
Hogstel, Mildred O.; Curry, Linda C.; Walker, Charles A.; Burns, Paulette G.

**Ethics committees in long-term care facilities**
Geriatric Nursing 2004 November-December; 25(6): 364-369

Georgetown users check Georgetown Journal Finder for access to full text

* Bill  
Document 463
New Zealand. Parliament

**Human Assisted Reproductive Technology Bill**

http://www.parliament.nz/NR/rdonlyres/65E86459-2539-4FC3-B6F5-03440792D310/46172/DBHOH_BILL_24_49999999999997.pdf (link may be outdated)

* Article  
Document 464
Cobbaut, Jean-Philippe

**Annual seminar in clinical ethics in Lille, March 15-16, 2005**
EACME Newsletter 2004 September (11): 13
Document 465
Goodall, Jane
EACME Newsletter 2004 September (11): 8-9
Georgetown users check Georgetown Journal Finder for access to full text
http://www.eacmeweb.com (link may be outdated)

Document 466
De Vries, Raymond G.; Bosk, Charles L.
The bioethics of business: rethinking the relationship between bioethics consultants and corporate clients
Hastings Center Report 2004 September-October; 34(5): 28-32
Georgetown users check Georgetown Journal Finder for access to full text

Document 467
Mitchell, Christine; Truog, Robert D.
Ethics Advisory Committee at Children's Hospital, Boston
Excerpts from the ethics consult report: MT
Georgetown users check Georgetown Journal Finder for access to full text

Document 468
Mello, Michelle
The experience of a community representative on an ethics consult team
Journal of Clinical Ethics 2004 Fall; 15(3): 296-301
Georgetown users check Georgetown Journal Finder for access to full text

Document 469
Howe, Edmund G.
Some new paradigms for ethics consultants
Georgetown users check Georgetown Journal Finder for access to full text

Document 470
Wager, Elizabeth
Experiences of the BMJ ethics committee
White, Mary Terrell

**The art of negotiation** [review of *Bioethics Mediation: A Guide to Shaping Shared Solutions, by Nancy N. Dubler and Carol B. Liebman*]

*Lancet* 2004 August 21-27; 364(9435): 656

Georgetown users check [Georgetown Journal Finder](http://www.thelancet.com/journal) for access to full text

**Document 472**

Gill, Andrew W.; Saul, Peter; McPhee, John; Kerridge, Ian

**Acute clinical ethics consultation: the practicalities**

*Medical Journal of Australia* 2004 August 16; 181(4): 204-206

Georgetown users check [Georgetown Journal Finder](http://www.thelancet.com/journal) for access to full text

**Document 473**

Childress, James F.; Miller, Franklin G.

**In memoriam: John C. Fletcher** [obituary]

*Hastings Center Report* 2004 July-August; 34(4): 49

Georgetown users check [Georgetown Journal Finder](http://www.thelancet.com/journal) for access to full text

**Document 474**

Palmer, Kim

**Doing the right thing: hospital ethics committees help clinicians, families, and facilities wrestle with tough questions**

*Minnesota Medicine* 2004 June; 87(6): 26-29

Georgetown users check [Georgetown Journal Finder](http://www.thelancet.com/journal) for access to full text

**Document 475**

University of Texas M.D. Anderson Cancer Center

**Code of ethics** [policy statement]

*HEC (Healthcare Ethics Committee) Forum* 2004 June; 16(2): 112-113

Georgetown users check [Georgetown Journal Finder](http://www.thelancet.com/journal) for access to full text

http://www.kluweronline.com/issn/0956-2737/contents (link may be outdated)
* Document 476
Smith, Martin L.; Bisanz, Annette K.; Kempfer, Ana J.; Adams, Barbie; Candelari, Toya G.; Blackburn, Roxann K.
Criteria for determining the appropriate method for an ethics consultation
HEC (Healthcare Ethics Committee) Forum 2004 June; 16(2): 95-113
Georgetown users check Georgetown Journal Finder for access to full text

http://www.kluweronline.com/issn/0956-2737/contents (link may be outdated)

Document 477
Martinez, Eric
Les enjeux de la "recomposition" du droit de la bioethique / The stakes of the "reorganization" of bioethical law
Georgetown users check Georgetown Journal Finder for access to full text

* Document 478
Schwartz, Barry
A call for ethics committees in dental organizations and in dental education
Georgetown users check Georgetown Journal Finder for access to full text

* Document 479
Rubin, Susan B.; Zoloth, Laurie
Clinical ethics and the road less taken: mapping the future by tracking the past
Journal of Law, Medicine and Ethics 2004 Summer; 32(2): 218-225
Georgetown users check Georgetown Journal Finder for access to full text

* Document 480
Moore, Andrew
New Zealand's ethics committees
New Zealand Bioethics Journal 2004 June; 5(2): 3
Georgetown users check Georgetown Journal Finder for access to full text

Document 481
Vollmann, Jochen; Burchardi, N.; Weidtmann, A.
Klinische Ethikkomitees an deutschen Universitätskliniken: eine Befragung aller ärztlichen Direktoren und Pflegedirektoren / Health care ethics committees in German university hospitals: a survey of all medical directors and directors of nursing
Deutsche medizinische wochenschrift 2004 May 28; 129(22): 1237-1242
Georgetown users check Georgetown Journal Finder for access to full text
* Document 482
Saunders, John
**Developing clinical ethics committees**
Georgetown users check **Georgetown Journal Finder** for access to full text

* Document 483
Bancroft, Nancy Parent
**The "next generation" model**
Health Progress 2004 May-June; 85(3): 27-30, 55
Georgetown users check **Georgetown Journal Finder** for access to full text

http://www.chausa.org (link may be outdated)

* Document 484
Giganti, Ed
**Organizational ethics is "systems thinking"**
Health Progress 2004 May-June; 85(3): 10-11
Georgetown users check **Georgetown Journal Finder** for access to full text

http://www.chausa.org (link may be outdated)

* Document 485
Meulembergs, Tom; Schotsmans, Paul
**Ethics committees reform in Belgium**
Nursing Ethics 2004 May; 11(3): 310-312
Georgetown users check **Georgetown Journal Finder** for access to full text

* Document 486
Slowther, Anne; Johnston, Carolyn; Goodall, Jane; Hope, Tony
**Development of clinical ethics committees -- support for dealing with ethical issues in clinical practice should be an integral part of patient care**
BMJ: British Medical Journal 2004 April 17; 328(7445): 950-952
Georgetown users check **Georgetown Journal Finder** for access to full text

http://www.bmj.com (link may be outdated)

* Document 487
Chase, Penelope
**More nurse members needed for ethics consultation, ethics committees, and ethics services**
South Carolina Nurse 2004 April-June; 11(2): 22-23
Document 488
Chidwick, P.; Connolly, E.; Frolic, A.; Hardingham, L.; MacDonald, C.; Murphy, P.; Rodney, P.; Webster, G.C.
Commentary on the Olivieri symposium
Journal of Medical Ethics 2004 April; 30(2): 231

Document 489
Hubert, Robert M.; Freeman, Larry T.
Report of the ACA Ethics Committee: 2002-2003
Journal of Counseling and Development 2004 Spring; 82(2): 248- 251

Document 490
Kalvemark, Sofia; Hoglund, Anna T.; Hansson, Mats G.; Westerholm, Peter; Ametz, Bengt
Living with conflicts – ethical dilemmas and moral distress in the health care system
Social Science and Medicine 2004 March; 58(6): 1075-1084

Document 491
Kandela, Peter
The strange world of private medicine
BMJ: British Medical Journal 2004 February 7; 328(7435): 355

Document 492
Savulescu, Julian
Editor's note: how can we make a difference? The perils of heroism [opinion]
Journal of Medical Ethics 2004 February; 30(1): 52

Document 493
Orr, Robert D.
Who does the ethics consultation serve?
Medical Ethics Newsletter [Lahey Clinic] 2004 Winter; 11(1): 10-11
Document 494
Slosar, John Paul

**Ethical decisions in health care – a seven-step ethical discernment process can help organizational leaders make wise choices**
Health Progress 2004 January-February; 85(1): 38-43

Document 495
Giganti, Ed

**Called to lead at Ascension Health**
Health Progress 2004 January-February; 85(1): 10-11, 56

Document 496
Kuczewski, Mark G.

**Ethics committees and case consultation: theory and practice**
Call number: R725.5 .H36 2004

Document 497
Kelly, David F.

**Ethics committees.**
Call number: R725.56 .K438 2004

Document 498
Burgess, Michael M.

**Public consultation on ethics: an experiment in representative ethics**

**Abstract:** Genome Canada has funded a research project to evaluate the usefulness of different forms of ethical analysis for assessing the moral weight of public opinion in the governance of genomics. This paper will describe a role of public consultation for ethical analysis and a contribution of ethical analysis to public consultation and the governance of genomics/biotechnology. Public consultation increases the robustness of ethical analysis with a more diverse set of moral experiences. Consultation must be carefully and respectfully designed to generate sufficiently diverse and rich accounts of moral experiences. Since dominant groups tend to define ethical or policy issues in a manner that excludes some interests or perspectives, it is important to identify the range of interests that diverse publics hold before defining the issue and scope of the discussion and the premature foreclosure of ethical dialogue.
Consequently, a significant contribution of ethical dialogue strengthened by social analysis is to consider the context and non-policy use of power to govern genomics and to sustain social debate on enduring ethical issues.

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---

**Document 499**

Aulissio, Mark P.

*Ethics committees and ethics consultation.*


Call number: QH332 .E52 2004 v.2

---

**Document 500**

Dougherty, Charles J.

*Clinical ethics: III. Institutional ethics committees.*


Call number: QH332 .E52 2004 v.1

---

**Document 501**

Kanoti, George A.; Youngner, Stuart J.

*Clinical ethics: II. Clinical ethics consultation.*


Call number: QH332 .E52 2004 v.1

---

**Document 502**

Burkli, Peter; Steinkamp, Norbert

*Ethics consultation in the clinic*

Medicine, Health Care and Philosophy: A European Journal 2004; 7(1): 113-114

Georgetown users check Georgetown Journal Finder for access to full text

---

**Document 503**

Vollmann, Jochen


Medicine, Health Care and Philosophy: A European Journal 2004; 7(2): 223-225

Georgetown users check Georgetown Journal Finder for access to full text

---

**Document 504**

Goodall, Jane

EACME Newsletter 2003 December (9): 9

Georgetown users check Georgetown Journal Finder for access to full text
**Document 505**

Engelhardt, H. Tristram, Jr.

The bioethics consultant: giving moral advice in the midst of moral controversy


Georgetown users check [Georgetown Journal Finder](http://www.kluweronline.com/issn/0956-2737/contents) for access to full text

**Document 506**

Orr, Robert D.

Pilgrimage and profession


Georgetown users check [Georgetown Journal Finder](http://www.kluweronline.com/issn/0956-2737/contents) for access to full text

**Document 507**

Post, Linda Farber

Clinical consulting: the search for resolution at the intersection of medicine, law, and ethics

HEC (Healthcare Ethics Committee) Forum 2003 December; 15(4): 338-351

Georgetown users check [Georgetown Journal Finder](http://www.kluweronline.com/issn/0956-2737/contents) for access to full text

**Document 508**

Talone, Patricia

Catholic health care ethics consultation: a community of care


Georgetown users check [Georgetown Journal Finder](http://www.kluweronline.com/issn/0956-2737/contents) for access to full text

**Document 509**

Agich, George J.

Joining the team: ethics consultation at the Cleveland Clinic


Georgetown users check [Georgetown Journal Finder](http://www.kluweronline.com/issn/0956-2737/contents) for access to full text
Document 510
Dubois, James M.
The varieties of clinical consulting experience
Georgetown users check Georgetown Journal Finder for access to full text
http://www.kluweronline.com/issn/0956-2737/contents (link may be outdated)

Document 511
Aulisio, Mark P.; Arnold, Robert M.
Ethics consultation: in the service of practice
Georgetown users check Georgetown Journal Finder for access to full text

Document 512
Dobrin, Arthur
Moral reasoning of members of hospital ethics committees: a pilot study
Georgetown users check Georgetown Journal Finder for access to full text

Document 513
Meyers, Christopher
A defense of the philosopher-ethicist as moral expert
Georgetown users check Georgetown Journal Finder for access to full text

Document 514
Bosek, Marcia Sue DeWolf
Should an ethics consultant serve as patient advocate?
JONA's Healthcare Law, Ethics, and Regulation 2003 December; 5(4): 78-81
Georgetown users check Georgetown Journal Finder for access to full text

Document 515
Nelson, Kristin
The case of Ms. M
JONA's Healthcare Law, Ethics, and Regulation 2003 December; 5(4): 77
Georgetown users check Georgetown Journal Finder for access to full text
**Document 516**
Moore, Andrew

*Research, ethics committees and legal issues*
New Zealand Bioethics Journal 2003 October; 4(3): 8-15

**Abstract:** Who should be publicly authorized to consider legal issues in research? This paper argues that public policy should authorize ethics committees to consider legal issues about their own actions regarding particular research proposals; and that it should not authorize them to consider legal issues regarding the actions of their applicants, or the actions of third parties.

Georgetown users check Georgetown Journal Finder for access to full text

**Document 517**
Schneiderman, Lawrence J.; Gilmer, Todd; Teetzel, Holly D.; Dugan, Daniel O.; Blustein, Jeffrey; Cranford, Ronald; Briggs, Kathleen B.; Komatsu, Glen I.; Goodman-Crews, Paula; Cohn, Felicia; Young, Ernle W.D.

*Effect of ethics consultations on nonbeneficial life-sustaining treatments in the intensive care setting*
JAMA: The Journal of the American Medical Association 2003 September 3; 290(9): 1166-1172

**Abstract:** CONTEXT: Ethics consultations increasingly are being used to resolve conflicts about life-sustaining interventions, but few studies have reported their outcomes. OBJECTIVE: To investigate whether ethics consultations in the intensive care setting reduce the use of life-sustaining treatments delivered to patients who ultimately did not survive to hospital discharge, as well as the reactions to the consultations of physicians, nurses, and patients/surrogates. DESIGN: Prospective, multicenter, randomized controlled trial from November 2000 to December 2002. SETTING: Adult intensive care units (ICUs) of 7 US hospitals representing a spectrum of institutional characteristics. PATIENTS: Five hundred fifty-one patients in whom value-related treatment conflicts arose during the course of treatment. INTERVENTIONS: Patients were randomly assigned either to an intervention (ethics consultation offered) (n = 278) or to usual care (n = 273). MAIN OUTCOME MEASURES: The primary outcomes were ICU days and life-sustaining treatments in those patients who did not survive to hospital discharge. We examined the same measures in those who did survive to discharge and also compared the overall mortality rates of the intervention and usual care groups. We also interviewed physicians and nurses and patients/surrogates about their views of the ethics consultation. RESULTS: The intervention and usual-care groups showed no difference in mortality. However, ethics consultations were associated with reductions in hospital (-2.95 days, P = .01) and ICU (-1.44 days, P = .03) days and life-sustaining treatments (-1.7 days with ventilation, P = .03) in those patients who ultimately did not survive to discharge. The majority (87%) of physicians, nurses, and patients/surrogates agreed that ethics consultations in the ICU were helpful in addressing treatment conflicts. CONCLUSION: Ethics consultations were useful in resolving conflicts that may have inappropriately prolonged nonbeneficial or unwanted treatments in the ICU.

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http://jama.ama-assn.org (link may be outdated)

**Document 518**
Guo, Lin; Schick, Ida C.

*The impact of committee characteristics on the success of healthcare ethics committees*

Georgetown users check Georgetown Journal Finder for access to full text

http://www.kluweronline.com/issn/0956-2737/contents (link may be outdated)

**Document 519**
Bernstein, Mark; Bowman, Kerry
Should a medical-surgical specialist with formal training in bioethics provide health care ethics consultation in his/her own area of specialty


Georgetown users check Georgetown Journal Finder for access to full text

http://www.kluweronline.com/issn/0956-2737/contents (link may be outdated)

* Article  Document 520

Dorries, Andrea

Mixed feelings: physicians' concerns about clinical ethics committees in Germany

HEC (Healthcare Ethics Committee) Forum 2003 September; 15(3): 245-257

Georgetown users check Georgetown Journal Finder for access to full text

http://www.kluweronline.com/issn/0956-2737/contents (link may be outdated)

* Article  Document 521

Koch, Tom

What the clinician taught the ethicist: clinical contributions to ethical concerns

Medical Science Monitor 2003 September; 9(9): ET21-ET27

Georgetown users check Georgetown Journal Finder for access to full text

http://www.kluweronline.com/issn/0956-2737/contents (link may be outdated)

Document 522

A qualitative study for conflicts of interest among bioethicists in Canada: call for volunteers

Canadian Bioethics Society Newsletter 2003 August; 8(2): 9

Georgetown users check Georgetown Journal Finder for access to full text

http://www.bioethics.ca/english/newsletter/ (link may be outdated)

Document 523

Update on "working conditions for bioethicists"

Canadian Bioethics Society Newsletter 2003 August; 8(2): 11

Georgetown users check Georgetown Journal Finder for access to full text

http://www.bioethics.ca/english/newsletter/ (link may be outdated)

* Document 524

Florida. Supreme Court. Judicial Ethics Advisory Committee

Judge serving as a member of a hospital's ethics committee


Abstract: Issue: May a judge, newly appointed to the county court, continue to serve on a hospital's ethics committee, when the county in which the hospital resides, and the county for which the judge serves, are in the same judicial circuit? Answer: No. The inquiring judge should resign from the hospital ethics committee. The rest of the opinion concerns the facts and discussion under Canon 2A of the Code of Judicial Conduct.
Document 525

Buetow, Stephen

The ethics of public consultation in health care: an Orthodox Jewish perspective


Abstract: New Zealand and United Kingdom governments have set new directives for increased consultation with the public about health care. Set against a legacy of modest success with past engagement with public consultations, this paper considers potentially adverse ethical implications of the new directives. Drawing on experiences from New Zealand and the United Kingdom, and on an Orthodox Jewish perspective, the paper seeks to answer two questions: What conditions can compromise the ethics of public consultation? How can the public respond ethically to consultation? In answering these questions, the paper considers how Orthodox Judaism, as a specific positive morality, can aid the development of public policy. It is suggested that an Orthodox Jewish perspective does not require limiting the content of public consultations and helps to define a common procedural morality binding Jews and non-Jews. This procedural morality requires avoiding two conditions that, as shown from Jewish texts, make public consultation unethical. These are "overpreparation" and "underpreparation." Members of the public who deem a consultation unethical should give feedback not on the proposal but on the conditions they perceive to prevent the consulting party from considering their viewpoints on the proposal.

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Document 526

Lebacqz, Karen

The ethics of ethical advising: confessions of an ethical advisor


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Document 527

Lebacqz, Karen

The ethics of ethical advising: confessions of an ethical advisor


Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 528

Sherwin, Susan; Baylis, Francoise

The feminist health care ethics consultant as architect and advocate

Public Affairs Quarterly 2003 April; 17(2): 141-158

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Document 529

Dudzinski, Denise M.

The practice of a clinical ethics consultant
Public Affairs Quarterly 2003 April; 17(2): 121-139

Georgetown users check Georgetown Journal Finder for access to full text

Document 530

Carrese, Joseph A.; Perkins, Henry S.

Ethics consultation in a culturally diverse society
Public Affairs Quarterly 2003 April; 17(2): 97-120

Georgetown users check Georgetown Journal Finder for access to full text

Document 531

Jecker, Nancy S.

New challenges for ethics consultation: combining feminism, multiculturalism, and caring
Public Affairs Quarterly 2003 April; 17(2): 83-95

Georgetown users check Georgetown Journal Finder for access to full text

Document 532

Maio, Giovanni

Klinische ethikberatung -- ein neues betatigungsfeld für medizinethiker? / Clinical ethics -- a new area of activity for medical ethicists [reply]
Deutsche Medizinische Wochenschrift 2003 March 7; 128(10): 515-516

Georgetown users check Georgetown Journal Finder for access to full text

Document 533

Sanders, Jo-Ann Lipford; Freeman, Larry T.

Report of the ACA ethics committee: 2001-2002
Journal of Counseling and Development 2003 Spring; 81(2): 251-254

Georgetown users check Georgetown Journal Finder for access to full text

Document 534

Downes, Tom; Channer, K.S.

Ethical problems in clinical practice
Postgraduate Medical Journal 2003 March; 79(929): 151-153

Georgetown users check Georgetown Journal Finder for access to full text

http://pmj.bmjjournals.com (link may be outdated)
Article 535
Pharr, Elizabeth
The hospital ethics committee: bridging the gulf of miscommunication and values
Trustee 2003 March; 56(3): 24-28
Georgetown users check Georgetown Journal Finder for access to full text

Article 536
Bernal, Ellen W.
Health Progress 2003 March-April; 84(2): 63-64
Georgetown users check Georgetown Journal Finder for access to full text

Article 537
Working conditions for bioethicists
Georgetown users check Georgetown Journal Finder for access to full text
http://www.bioethics.ca/english/newsletter/ (link may be outdated)

Book 538
Rasmussen, Lisa Marie
CLINICAL BIOETHICS: ANALYSIS OF A PRACTICE
Call number: R724 .R275 2003a

Book 539
Aulisio, Mark P.; Arnold, Robert M.; and Youngner, Stuart J., eds.
ETHICS CONSULTATION: FROM THEORY TO PRACTICE
Call number: R724 .E821112 2003

Article 540
DeLeon, Gilbert Eric
Telemedicine in Texas: solving the problems of licensure, privacy, and reimbursement
Georgetown users check Georgetown Journal Finder for access to full text

Chapter 541
Agarawal, Shantanu K.; Fins, Joseph J.
Ethics committees and case consultation.
Call number: RA981_A2 I5526 2003

* Article  Document 542
Little, Keith
Reflections of a clergyman after a decade of membership of ethics committees
Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 543
Frenkel, David A.
The role of the ethics committee in hospital practice
Abstract: The author has been the chairman of the Ethics Committee of Soroka Medical Center in Beer-Sheva since its inception in January 1998. This paper describes the work of the Committee and provides several cases for illustration. The majority of the cases involve physicians' petitions to proceed with treatment against the will of patients when lives are in grave danger. The Committee approves such treatment only if the treatment is anticipated to significantly improve a medical condition. However, the Committee found that in many cases patients refused treatment because of a lack of or bad communication. Other cases were requests to withhold information from patients. In such cases the Committee approved the applications when its members were convinced that providing the information was likely to result in severe harm to the patient's health. As of the end of 2001, there was only one case in which the committee approved the disclosure of medical information when it was vital for the protection of health of others.
Georgetown users check Georgetown Journal Finder for access to full text

* Chapter  Document 544
Bosk, Charles
The licensing and certification of ethics consultants: what part of "no!" was so hard to understand?
Call number: R724.E821112 2003

* Chapter  Document 545
Schyve, Paul M.; Emanuel, Linda L.; Winslade, William; Youngner, Stuart J.
Organizational ethics: promises and pitfalls.
Call number: R724.E821112 2003

* Chapter  Document 546
Miles, Steven; Purtilo, Ruth B.
Institutional support for bioethics committees.
Call number: R724.E821112 2003
Document 547
Fletcher, John C.; Moseley, Kathryn L.
The structure and process of ethics consultation services.
In: Aulisio, Mark P.; Arnold, Robert M.; Youngner, Stuart J., eds. Ethics Consultation: From Theory to Practice.
Baltimore: Johns Hopkins University Press; 2003: 96-120.
Call number: R724 .E821112 2003

Document 548
Rushton, Cynda; Youngner, Stuart J.; Skeel, Joy
Models for ethics consultation: individual, team, or committee?
In: Aulisio, Mark P.; Arnold, Robert M.; Youngner, Stuart J., eds. Ethics Consultation: From Theory to Practice.
Call number: R724 .E821112 2003

Document 549
Arnold, Robert M.; Silver, Melanie H. Wilson
Techniques for training ethics consultants: why traditional classroom methods are not enough.
In: Aulisio, Mark P.; Arnold, Robert M.; Youngner, Stuart J., eds. Ethics Consultation: From Theory to Practice.
Call number: R724 .E821112 2003

Document 550
Glover, Jacqueline J.; Nelson, William
Innovative educational programs: a necessary first step toward improving quality in ethics consultation.
In: Aulisio, Mark P.; Arnold, Robert M.; Youngner, Stuart J., eds. Ethics Consultation: From Theory to Practice.
Call number: R724 .E821112 2003

Document 551
Baylis, Francoise; Brody, Howard; Aulisio, Mark P.; Brock, Dan W.; Winslade, William
Character and ethics consultation: even the ethicists don't agree.
In: Aulisio, Mark P.; Arnold, Robert M.; Youngner, Stuart J., eds. Ethics Consultation: From Theory to Practice.
Call number: R724 .E821112 2003

Document 552
Moreno, Jonathan
Can ethics consultation be saved? Ethics consultation and moral consensus in a democratic society.
In: Aulisio, Mark P.; Arnold, Robert M.; Youngner, Stuart J., eds. Ethics Consultation: From Theory to Practice.
Call number: R724 .E821112 2003

Document 553
Aulisio, Mark P.
Meeting the need: ethics consultation in health care today.
In: Aulisio, Mark P.; Arnold, Robert M.; Youngner, Stuart J., eds. Ethics Consultation: From Theory to Practice.
Document 554

Miller, Richard B.

The politics and ethics of a hospital ethics committee.

Call number: RJ47 .M55 2003

Document 555

Reiter-Theil, Stella

Balancing the perspectives. The patient's role in clinical ethics consultation

Medicine, Health Care and Philosophy: A European Journal 2003; 6(3): 247-254

Abstract: The debate and implementation of Clinical Ethics Consultation (CEC) is still in its beginnings in Europe and the issue of the patient's perspective has been neglected so far, especially at the theoretical and methodological level. At the practical level, recommendations about the involvement of the patient or his/her relatives are missing, reflecting the general lack of quality and practice standards in CEC. Balance of perspectives is a challenge in any interpersonal consultation, which has led to great efforts to develop "technical" approaches, e.g., in psychological counseling or psychotherapeutic treatment. In ethics, unbalance or partiality is a matter of justice and has provoked significant theoretical work, also relevant for practical medical ethics. A lack of balance seems to be particularly serious in those situations, where ethical conflict is triggering a consultation and where the "parties" involved may try to persuade the consultant that their particular opinion is the most convincing; but to our knowledge the connection between patient/relatives involvement and balance has not yet been discussed in the context of CEC. Central questions of access and involvement of the patient and his/her relatives will be analysed and discussed regarding the challenge of balance and the adequate role or attitude of a Clinical Ethics Consultant. It is argued that the Clinical Ethics Consultant should have a methodological awareness regarding the concepts of "neutrality" versus "advocacy" in his/her role and try to achieve a balanced procedure that allows for an optimum of change of perspectives. The argumentation is developed along the narrative of a real case study. Recommendations concerning the involvement of (the perspectives of) the patient or the relatives are formulated for the practice of CEC.

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Document 556

Sontag, David N.

Are clinical ethics consultants in danger? An analysis of the potential legal liability of individual clinical ethicists

University of Pennsylvania Law Review 2002 December; 151(2): 667-705

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Document 557

Orr, Robert D.

Working toward peace in the clinical setting: the role of clinical ethics in conflict resolution


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Document 558
Vacarezza, Ricardo  
*Sobre el control de la ética professional / On the control of professional ethics*  
Revista Médica de Chile 2002 November; 130(11): 1303-1305  
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article  
Document 559  
Tan, S.Y.  
*Hospital ethics committees: will America's model work in Asia? [opinion]*  
Annals of the Academy of Medicine, Singapore 2002 November; 31(6): 808-812  
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article  
Document 560  
Wray, Emma  
The Padua bioethics service: a model of excellence in clinical ethics?  
Bulletin of Medical Ethics 2002 November; (183): 13-15  
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article  
Document 561  
Dierckx de Casterle, Bernadette; Meulenbergs, Tom; van de Vijver, Lut; Tanghe, Anne; Gastmans, Chris  
*Ethics meetings in support of good nursing care: some practice-based thoughts*  
Nursing Ethics 2002 November; 9(6): 612-622  
Abstract: The purpose of this article is to clarify both the role of nurses in ethics meetings and the way in which ethics meetings can function as a catalyst for good nursing care. The thoughts presented are practice based; they arose from our practical experiences as nurses and ethicists with ethics meetings in health care organizations in Belgium. Our reflections are written from the perspective of the nurse in the field who is participating in (inter)professional ethical dialogue. First, the difficulties that nurses experience while participating in ethics meetings are described. Then the possibilities for support of nurses in their ethical responsibility are explored.  
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* Article  
Document 562  
Glasa, Jozef  
*K problému revitalizacie etických komisií v Slovenskej Republike / Contribution to the problem of revitalisation of ethics committees in the Slovak Republic*  
Medical Ethics and Bioethics / Medicinska Etika & Bioetika 2002 Autumn-Winter; 9(3-4): 10-15  
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article  
Document 563  
Sliwa, J.A.; McPeak, L.; Gittler, M.; Bodenheimer, C.; King, J.; Bowen, J.  
*Clinical ethics in rehabilitation medicine: core objectives and algorithm for resident education*  
Georgetown users check [Georgetown Journal Finder](#) for access to full text
* Document 564
Hamric, Ann B.
**Bridging the gap between ethics and clinical practice**
Nursing Outlook 2002 September-October; 50(5): 176-178
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 565
Miller, Ronald B.
**Extramural ethics consultation: reflections [sic; reflections] on the mediation/medical advisory panel model and a further proposal**
Journal of Clinical Ethics 2002 Fall; 13(3): 203-215
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 566
Buchanan, Susan Fox; Desrochers, Jeanne M.; Henry, Desmond Brian; Thomassen, George; Barrett, Paul H., Jr.
**A mediation/medical advisory panel model for resolving disputes about end-of-life care**
Journal of Clinical Ethics 2002 Fall; 13(3): 188-202
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 567
Oguz, N. Yasemin; Atbasoglu, Cem; Ozturk, Orhan; Ozguven, Halise Devrimci
**An ethics committee in Turkey: physician sexual misconduct**
HEC (Healthcare Ethics Committee) Forum 2002 September; 14(3): 279-282
Georgetown users check [Georgetown Journal Finder](#) for access to full text

http://www.kluweronline.com/issn/0956-2737/contents (link may be outdated)

* Document 568
Moldow, Gay
**Rejuvenating the Minnesota Network of Healthcare Ethics Committees**
HEC (Healthcare Ethics Committee) Forum 2002 September; 14(3): 265-270
Georgetown users check [Georgetown Journal Finder](#) for access to full text

http://www.kluweronline.com/issn/0956-2737/contents (link may be outdated)

* Document 569
DeVries, Raymond; Forsberg, Carl P.
**Who decides? A look at ethics committee membership**
HEC (Healthcare Ethics Committee) Forum 2002 September; 14(3): 252-258
Georgetown users check [Georgetown Journal Finder](#) for access to full text
Moldow, Gay

The board and care facility's resident forum has formed a bank!

HEC (Healthcare Ethics Committee) Forum 2002 September; 14(3): 247-251

Georgetown users check Georgetown Journal Finder for access to full text

Forrest, Christopher B.; Majeed, Azeem; Weiner, Jonathan P.; Carroll, Kevin; Bindman, Andrew B.

Comparison of specialty referral rates in the United Kingdom and the United States: retrospective cohort analysis

BMJ: British Medical Journal 2002 August 17; 325(7360): 370-371

Georgetown users check Georgetown Journal Finder for access to full text

American Psychologist Association

Report of the ethics committee, 2001

American Psychologist 2002 August; 57(8): 646-653

Georgetown users check Georgetown Journal Finder for access to full text

Rodney, Paddy; MacDonald, Chris

Working conditions update: CBS ad hoc working group on employment standards for bioethics

Canadian Bioethics Society Newsletter 2002 August; 7(2): 12

Georgetown users check Georgetown Journal Finder for access to full text

**Berchelmann, Kathleen; Blechner, Barbara**

Searching for effectiveness: the functioning of Connecticut clinical ethics committees

Journal of Clinical Ethics 2002 Summer; 13(2): 131-145

Georgetown users check Georgetown Journal Finder for access to full text

* Document 575
Wilson, Robin Fretwell
Rethinking the shield of immunity: should ethics committees be accountable for their mistakes?
HEC (Healthcare Ethics Committee) Forum 2002 June; 14(2): 172-191

Georgetown users check Georgetown Journal Finder for access to full text

* Document 576
Wenger, N.S.; Golan, O.; Shalev, C.; Glick, S.
Hospital ethics committees in Israel: structure, function and heterogeneity in the setting of statutory ethics committees
Journal of Medical Ethics 2002 June; 28(3): 177-182

Abstract: OBJECTIVES: Hospital ethics committees increasingly affect medical care worldwide, yet there has been little evaluation of these bodies. Israel has the distinction of having ethics committees legally required by a Patients' Rights Act. We studied the development of ethics committees in this legal environment. DESIGN: Cross-sectional national survey of general hospitals to identify all ethics committees and interview of ethics committee chairpersons. SETTING: Israel five years after the passage of the Patients' Rights Act. Main measurements: Patients' rights and informal ethics committee structure and function. RESULTS: One-third of general hospitals have an ethics committee, with committees concentrated in larger facilities. Hospitals without committees tended to lack any structure to handle ethics issues. Committees tend to be interdisciplinary and gender-mixed but ethnic mix was poor. Confidentiality is the rule, however, legal liability is a concern. One-third of patients' rights ethics committees never convened and most committees had considered fewer than ten consults. Access to the consultation process and the consultation process itself varied substantially across committees. Some patients' rights ethics committees attempted to solve cases, others only rendered decisions. Informal committees often refused to consider cases within Patients' Rights Act jurisdiction. CONCLUSIONS: Despite statutory requirement, many Israeli patients and clinicians do not have access to ethics committees. The scant volume of cases shows serious discrepancies between practice and Patients' Rights Act regulations, suggesting the need for education or revision of the law. Heterogeneity in committee function demonstrates need for substantial improvement.

Georgetown users check Georgetown Journal Finder for access to full text

http://www.jmedethics.com (link may be outdated)

* Document 577
Sharpe, Virginia A.
Science, bioethics, and the public interest: on the need for transparency
Hastings Center Report 2002 May-June; 32(3): 23-26

Georgetown users check Georgetown Journal Finder for access to full text

* Document 578
Brody, Baruch; Dubler, Nancy; Blustein, Jeff; Caplan, Arthur; Kahn, Jeffrey P.; Kass, Nancy; Lo, Bernard; Moreno, Jonathan; Sugarman, Jeremy; Zoloth, Laurie
The task force responds
Hastings Center Report 2002 May-June; 32(3): 22-23

Georgetown users check Georgetown Journal Finder for access to full text

* Document 579
Youngner, Stuart J.; Arnold, Robert
Who will watch the watchers?
**Document 580**

Boyce, Nell
*A view from the fourth estate*
Hastings Center Report 2002 May-June; 32(3): 16-17

**Document 581**

Brody, Baruch; Dubler, Nancy; Blustein, Jeff; Caplan, Arthur; Kahn, Jeffrey P.; Kass, Nancy; Lo, Bernard; Moreno, Jonathan; Sugarman, Jeremy; Zoloth, Laurie
*Bioethics consultation in the private sector*
Hastings Center Report 2002 May-June; 32(3): 14-20

**Document 582**

Hope, Tony; Slowther, Anne
*Clinical ethics committees in the UK [United Kingdom]*
Bulletin of Medical Ethics 2002 May; (178): 13-15

**Document 583**

Benatar, Solomon R.
*Response to Doctors Pang and Ashcroft*
Social Science and Medicine 2002 April; 54(7): 1147-1148

**Document 584**

Dzur, Albert W.
*Democratizing the hospital: deliberative-democratic bioethics*
Journal of Health Politics, Policy and Law 2002 April; 27(2): 177-211

**Abstract:** The increased presence of moral consultants, or bioethicists, within hospitals and clinics in the last two decades has begun to raise questions about their sources of authority and norms of practice. Under pressure from critics in the social sciences, a number of bioethicists have recently raised the ideal of democratic deliberation to defend and reconstruct their place in the medical field. This article sheds light on these developments by placing bioethics in a historical context that shows an early tension between bioethicists as whistle-blowers and bioethicists as incremental reformers of medical practice. This article also develops a conceptual framework for analysis that indicates how such tensions have grown more complicated for contemporary bioethicists because they occupy a fluid and structurally ambiguous role in which there are multiple sources of normative expectations and little guidance for meeting these expectations. The liminality of the role and the overload of expectations have made bioethics vulnerable to methodological criticisms from social scientists. This article concludes that such methodological criticisms cannot address the more systemic problems of liminality and overload. The ideal of democratic deliberation, though imperfect, does address these systemic problems because it shows bioethicists how to gain...
guidance and share responsibility for moral consultation.

Georgetown users check Georgetown Journal Finder for access to full text

* Document 585
Glasa, Jozef
**Establishment and work of ethics committees in Central and Eastern European countries**
Medical Ethics and Bioethics / Medicinska Etika and Bioetika 2002 Spring-Summer; 9(1-2): 9-12
Georgetown users check Georgetown Journal Finder for access to full text

* Document 586
Mitchell, Christine; Truog, Robert
**Case reports from the Harvard ethics consortium**
Georgetown users check Georgetown Journal Finder for access to full text

* Document 587

Clinical ethics support is needed [news]
Bulletin of Medical Ethics 2002 March; (176): 4-5
Georgetown users check Georgetown Journal Finder for access to full text

* Document 588
Slowther, Anne; Hope, Tony
**Resource allocation decisions in U.K. Healthcare: do ethics committees have a role? [U.K.]**
HEC (Healthcare Ethics Committee) Forum 2002 March; 14(1): 64-72
Georgetown users check Georgetown Journal Finder for access to full text

* Document 589
McMillan, John
**Ethics and clinical ethics committee education**
HEC (Healthcare Ethics Committee) Forum 2002 March; 14(1): 45-52
Georgetown users check Georgetown Journal Finder for access to full text

* Document 590
Rudd, Peter
**The clinical ethics committee at the Royal United Hospital -- Bath, England**
HEC (Healthcare Ethics Committee) Forum 2002 March; 14(1): 37-44
Georgetown users check Georgetown Journal Finder for access to full text
Goodyear-Smith, Felicity; Lobb, Brenda; Davies, Graham; Nachson, Israel; Seelau, Sheila M.  
**International variation in ethics committee requirements: comparisons across five Westernized nations**  
Georgetown users check [Georgetown Journal Finder](http://www.biomedcentral.com/1472-6939/3/2) for access to full text  
http://www.biomedcentral.com/1472-6939/3/2 (link may be outdated)

Barni, Mauro  
**Problemi aperti sui comitati etici**  
Georgetown users check [Georgetown Journal Finder](http://www.biomedcentral.com/1472-6939/3/2) for access to full text

Cecioni, Riccardo  
**L'etica clinica nella pianificazione anticipata della cure: uno strumento operativo**  
Georgetown users check [Georgetown Journal Finder](http://www.biomedcentral.com/1472-6939/3/2) for access to full text

Beghe, Adriana Loreti  
**Considerazioni sulla recente normativa comunitaria sui comitati etici nella sperimentazione clinica dei medicinali**  
Georgetown users check [Georgetown Journal Finder](http://www.biomedcentral.com/1472-6939/3/2) for access to full text

Parker, Michael  
**The development of clinical ethics support in the United Kingdom**  
Notizie Di Politeia 2002; 18(67): 82-86  
Georgetown users check [Georgetown Journal Finder](http://www.biomedcentral.com/1472-6939/3/2) for access to full text

Rasmussen, Lisa M.  
**Moral diversity and bioethics consultation.**  
Document 604
Dobbs, Rebecca A.
Evaluating healthcare ethics committees.

Document 605
Csikai, Ellen L.
The state of hospice ethics committees and the social work role
Omega: Journal of Death and Dying 2002; 45(3): 261-275

Document 606
Wocial, Lucia
Moral distress – the role of ethics consultation in the NICU [Neonatal Intensive Care Unit]
Abstract: Moral distress is a common occurrence for individuals involved in the care of critically ill infants. The ability to reason through difficult situations is often complicated by intensely emotional circumstances. Ethics consultation in the Neonatal Intensive Care Unit is a useful tool for caregivers and families who face moral problems. Understanding the responsibility of caregivers and parents to act as independent moral agents is an essential element in reducing moral distress and working collaboratively to resolve moral problems.

Document 607
Cummins, Deborah
The professional status of bioethics consultation
Theoretical Medicine and Bioethics 2002; 23(1): 19-43
Abstract: Is bioethics consultation a profession? With few exceptions, the arguments and counterarguments about whether healthcare ethics consultation is a profession have ignored the historical and cultural development of professions in the United States, the ways social changes have altered the work and boundaries of all professions, and the professionalization theories that explain how modern societies institutionalize expertise in professions. This interdisciplinary analysis begins to fill this gap by framing the debate within a larger theoretical context heretofore missing from the bioethics literature. Specifically, the question of whether ethics consultation is a profession is examined from the perspectives of trait theory, Wilensky's five-stage process of professionalization, Abbott's interdependent system of professions, and Haug's deprofessionalization thesis. While healthcare ethics consultation does not meet the criteria to claim professional status, neither could most professions pass these ideal theoretical standards. Instead of a yes or no dichotomous response to the question, it is more helpful to envision a professionalization continuum with sales clerks or carpenters at one end and medicine or law at the other. During the past decade healthcare ethics consultation has been moving along this continuum toward greater professional status.

Document 608
de Cuitiño, Marta Fracapani
Bioética. Los diez primeros años de un comité de ética hospitalario Latinoamericano [Bioethics. The first ten years of a Latin American hospital ethics committee]
Vida y Ética 2001 December; 2(2): 45-103

Shaw, Lisa Anderson
Observations of a clinical ethicist
Lab Report (Law and Bioethics Report) 2001 December; 1(2): 8-9

Gefenas, Eugenijus
Is "failure to thrive" syndrome relevant to Lithuanian healthcare ethics committees?
HEC (Healthcare Ethics Committee) Forum 2001 December; 13(4): 381-392

Schumacher, John G.
Moving beyond "on the job training": Preparing hospital ethics consultants for intensive care unit (ICU) rounds
HEC (Healthcare Ethics Committee) Forum 2001 December; 13(4): 368-380

Schick, Ida Critelli; Guo, Lin
Ethics committees identify success factors: A national survey
HEC (Healthcare Ethics Committee) Forum 2001 December; 13(4): 344-360

Milian, Nestor E.
The ethics committee -- Who needs it?
Off the Record 2001 December; 15(12): 6
McNeill, Paul M.
**A critical analysis of Australian clinical ethics committees and the functions they serve**
Bioethics 2001 October; 15(5-6): 443-460
Georgetown users check [Georgetown Journal Finder](http://www.ncbi.nlm.nih.gov/pmc/journals/183/) for access to full text

Stark, Pete
**Commentary: a response from Congressman Pete Stark**
WJM: Western Journal of Medicine 2001 October; 175(4): 266
Georgetown users check [Georgetown Journal Finder](http://www.ncbi.nlm.nih.gov/pmc/journals/183/) for access to full text

Chase, Lisa
**The Stark II regulations: An analysis**
WJM: Western Journal of Medicine 2001 October; 175(4): 263-265; discussion 266
Georgetown users check [Georgetown Journal Finder](http://www.ncbi.nlm.nih.gov/pmc/journals/183/) for access to full text

Badalik, Ladislav
**Ethics Committees in Central and Eastern Europe, edited by Jozef Glasa [book review]**
Medical Ethics and Bioethics / Medicinska Etika & Bioetika 2001 Autumn-Winter; 8(3-4): 15
Georgetown users check [Georgetown Journal Finder](http://www.ncbi.nlm.nih.gov/pmc/journals/183/) for access to full text

Schultz, Dawson S.
**Agich on rules within moral experience: ethics consultation and beyond [opinion]**
Georgetown users check [Georgetown Journal Finder](http://bioethics.net) for access to full text

Trachtman, Howard
**Bioethicist: consultant or judge? [opinion]**
Georgetown users check [Georgetown Journal Finder](http://bioethics.net) for access to full text
Document 620
Buller, Tom
**Constructed and enacted rules [opinion]**
Georgetown users check [Georgetown Journal Finder](http://bioethics.net) for access to full text

Document 621
Myser, Catherine
**Whose history? Whose future? Expanding the exploration of lived experience in ethics consultation to include empirical patient and family and community-based research [opinion]**
Georgetown users check [Georgetown Journal Finder](http://bioethics.net) for access to full text

Document 622
Spielman, Bethany
**Has faith in health care ethics consultants gone too far? Risks of an unregulated practice and a model act to contain them**
Marquette Law Review 2001 Fall; 85(1): 161-221
Georgetown users check [Georgetown Journal Finder](http://bioethics.net) for access to full text

Document 623
Melley, Christopher
**Clinical ethics consultation in Germany: A philosopher's prognosis**
HEC (Healthcare Ethics Committee) Forum 2001 September; 13(3): 306-313
Georgetown users check [Georgetown Journal Finder](http://bioethics.net) for access to full text

Document 624
Richter, Gerd
**Ethics consultation at the university medical center - Marburg**
HEC (Healthcare Ethics Committee) Forum 2001 September; 13(3): 294-305
Georgetown users check [Georgetown Journal Finder](http://bioethics.net) for access to full text

Document 625
Schmidt, Kurt W.
**Models of ethical consultation: The Frankfurt model**
HEC (Healthcare Ethics Committee) Forum 2001 September; 13(3): 281-293
* Document 626
Reiter-Theil, Stella
**Ethics consultation in Germany: The present situation**
HEC (Healthcare Ethics Committee) Forum 2001 September; 13(3): 265-280

* Document 627
Vollmann, Jochen
**Healthcare ethics committees in Germany: The path ahead**
HEC (Healthcare Ethics Committee) Forum 2001 September; 13(3): 255-264

* Document 628
Steinkamp, Norbert; Gordijn, Bert
**The two-layer model of clinical ethics and a training program for the Malteser Hospital Foundation**
HEC (Healthcare Ethics Committee) Forum 2001 September; 13(3): 242-254

* Document 629
Simon, Alfred
**A report from a Catholic hospital - Neu-Mariahilf, Gottingen**
HEC (Healthcare Ethics Committee) Forum 2001 September; 13(3): 232-241

* Document 630
Simon, Alfred
**Ethics committees in Germany: An empirical survey of Christian hospitals**
HEC (Healthcare Ethics Committee) Forum 2001 September; 13(3): 225-231

* Document 631
Steinkamp, Norbert; Gordijn, Bert
**Editor's Introduction: HECs in Germany: Clinical ethics consultation in development**
HEC (Healthcare Ethics Committee) Forum 2001 September; 13(3): 215-224
Document 632
McGee, Glenn; Caplan, Arthur L.; Spanogle, Joshua P.; Asch, David A.
**A national study of ethics committees**
American Journal of Bioethics 2001 Fall; 1(4): 60-64

Georgetown users check [Georgetown Journal Finder](http://ajobonline.com) for access to full text

Document 633
Secundy, Marian Gray
**Thinking about clinical ethics**

Georgetown users check [Georgetown Journal Finder](http://ajobonline.com) for access to full text

Document 634
Hester, D. Micah
**The anatomy of bioethical consultation**
American Journal of Bioethics 2001 Fall; 1(4): 57-58

Georgetown users check [Georgetown Journal Finder](http://ajobonline.com) for access to full text

Document 635
McCullough, Laurence B.
**The history of medical ethics is crucial for a critical perspective in the continuing development of ethics consultation**
American Journal of Bioethics 2001 Fall; 1(4): 55-57

Georgetown users check [Georgetown Journal Finder](http://ajobonline.com) for access to full text

Document 636
Aulisio, Mark P.
**Doing ethics consultation**
American Journal of Bioethics 2001 Fall; 1(4): 54-55

Georgetown users check [Georgetown Journal Finder](http://ajobonline.com) for access to full text
Is there a future for clinical ethics services in Australia?
Medical Journal of Australia 2001 August 20; 175(4): 211-213

Georgetown users check Georgetown Journal Finder for access to full text

* Document 648
American Psychological Association
Report of the Ethics Committee, 2000
American Psychologist 2001 August; 56(8): 680-688

Georgetown users check Georgetown Journal Finder for access to full text

 Document 649
Working conditions: a report from the ad hoc working group on employment standards for bioethics
Coughling, Michael; Connolly, Eoin; Harrison, Christine; Hirtle, Marie; Lynch, Abbyann; MacDonald, Chris; Murphy, Pat; Rodney, Paddy; Rowell, Mary; Webster, George
Canadian Bioethics Society Newsletter 2001 August; 6(2): 4-8

Georgetown users check Georgetown Journal Finder for access to full text

http://www.bioethics.ca/english/newsletter/ (link may be outdated)

 Document 650
Italy. Comitato Nazionale per la Bioetica = National Bioethics Committee
Orientamenti per i comitati etici in Italia [Guidelines for Ethics Committees in Italy]

http://www.governo.it/bioetica/testi/130701.html (link may be outdated)
EthxWeb Search Results

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Result=(("9.6".PC.) AND (@YD >= "20000000")) NOT (EDITORIAL OR LETTER)
2=1 : "
Documents: 651 - 801 of 801

* Document 651
Wenger, Neil
Waiting for conflict before requesting an ethics consultation [commentary]
WJM: Western Journal of Medicine 2001 July; 175(1): 31
Georgetown users check Georgetown Journal Finder for access to full text
http://www.ncbi.nlm.nih.gov/pmc/journals/183/ (link may be outdated)

* Document 652
DuVal, Gordon; Sartorius, Leah; Clarridge, Brian; Gensler, Gary; Danis, Marion
What triggers requests for ethics consultations?
WJM: Western Journal of Medicine 2001 July; 175(1): 24-30
Georgetown users check Georgetown Journal Finder for access to full text
http://www.ncbi.nlm.nih.gov/pmc/journals/183/ (link may be outdated)

Document 653
Marty, Martin E.
Ethics in the real world - Giving religion voice
Park Ridge Center Bulletin 2001 July-August; (22): 15
Georgetown users check Georgetown Journal Finder for access to full text

Document 654
Heller, Jan C.
Does religious affiliation matter? Religion and ethics committees
Park Ridge Center Bulletin 2001 July-August; (22): 7-8, 11
Georgetown users check Georgetown Journal Finder for access to full text

Document 655
Dugan, Dan
Ethics committees in religious hospitals – a different landscape
Park Ridge Center Bulletin 2001 July-August; (22): 3-4, 12
Document 656

Gross, Michael L.

**Medical ethics committees in Israel: implementing the Israel Patient Rights Act and terminating life-sustaining treatment**

Israel Medical Association Journal 2001 June; 3(6): 461-464

Document 657

Mino, Jean-Christophe

**Why are there no clinical ethicists in France?**

CQ: Cambridge Quarterly of Healthcare Ethics 2001 Summer; 10(3): 341-344

Document 658

Murphy, Kevin G.

**Re-visioning Our Potential: Networking Ethics Mentors and Healthcare Ethics Committees**

HEC (Healthcare Ethics Committee) Forum 2001 June; 13(2): 160-170

Document 659

Christopher, Myra

**Role of ethics committees, ethics networks, and ethics centers in improving end-of-life care**


Document 660

Campbell, Alastair V.

**Clinical Governance -- Watchword or Buzzword?**

Journal of Medical Ethics 2001 April; 27(suppl. 1): i54-i56

Document 661

Hendrick, Judith

**Legal Aspects of Clinical Ethics Committees**

Journal of Medical Ethics 2001 April; 27(suppl. 1): i50-i53
<table>
<thead>
<tr>
<th>Document 662</th>
<th>Doyal, Len</th>
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<tbody>
<tr>
<td><strong>Clinical Ethics Committees and the Formulation of Health Care Policy</strong></td>
<td></td>
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<tr>
<td>Journal of Medical Ethics 2001 April; 27(suppl. 1): i44-i49</td>
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<th>Document 663</th>
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<tr>
<td><strong>Teaching Old Dogs New Tricks -- A Personal Perspective on a Decade of Efforts by a Clinical Ethics Committee to Promote Awareness of Medical Ethics</strong></td>
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<td>Journal of Medical Ethics 2001 April; 27(suppl. 1): i41-i43</td>
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<tr>
<th>Document 664</th>
<th>van der Kloot Meijburg, H. H.; ter Meulen, R. H. J.</th>
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<tr>
<td><strong>Developing Standards for Institutional Ethics Committees: Lessons from the Netherlands</strong></td>
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<td>Journal of Medical Ethics 2001 April; 27(suppl. 1): i36-i40</td>
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<th>Document 665</th>
<th>Parker, Michael; Gray, J. A. Muir</th>
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<td><strong>What Is the Role of Clinical Ethics Support in the Era of E-Medicine?</strong></td>
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<td>Journal of Medical Ethics 2001 April; 27(suppl. 1): i33-i35</td>
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<th>Document 666</th>
<th>Eiser, Arnold R.; Schade, Stanley G.; Anderson-Shaw, Lisa; Murphy, Timothy</th>
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<tr>
<td><strong>Electronic Communication in Ethics Committees: Experience and Challenges</strong></td>
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<td>Journal of Medical Ethics 2001 April; 27(suppl. 1): i30-i32</td>
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<th>Document 667</th>
<th>DuVal, Gordon; Sartorius, Leah; Claridge, Brian; Gensler, Gary; Danis, Marion</th>
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<tr>
<td><strong>What Triggers Requests for Ethics Consultations?</strong></td>
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<td>Journal of Medical Ethics 2001 April; 27(suppl. 1): i24-i29</td>
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<td>Georgetown users check <a href="#">Georgetown Journal Finder</a> for access to full text</td>
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</tbody>
</table>

| Document 668 | |
|-------------|
Reiter-Theil, Stella
The Freiburg Approach to Ethics Consultation: Process, Outcome and Competencies
Journal of Medical Ethics 2001 April; 27(suppl. 1): i21-i23
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 669
Simon, Alfred
Support for Ethical Dilemmas in Individual Cases: Experiences from the Neu-Mariahilf Hospital in Goettingen
Journal of Medical Ethics 2001 April; 27(suppl. 1): i18-i20
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 670
Szeremeta, M.; Dawson, John; Manning, Donal; Watson, Alan R.; Wright, Margaret M.; Notcutt, William; Lancaster, Richard
Snapshots of Five Clinical Ethics Committees in the UK
Journal of Medical Ethics 2001 April; 27(suppl. 1): i9-i17
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 671
Slowther, Anne; Bunch, Chris; Woolnough, Brian; Hope, Tony
Clinical Ethics Support Services in the UK: An Investigation of the Current Provision of Ethics Support to Health Professionals in the UK
Journal of Medical Ethics 2001 April; 27(suppl. 1): i2-i8
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 672
Glasa, Jozef; Glasova, Maria
Ethics committees and consensus in the post-totalitarian society
Medical Ethics and Bioethics / Medicinska Etika & Bioetika 2001 Spring-Summer; 8(1-2): 5-9
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 673
Leeman, Cavin P.; Blum, Joel; Lederberg, Marguerite S.
A combined ethics and psychiatric consultation
General Hospital Psychiatry 2001 March-April; 23(2): 73-76
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 674
Downie, Jocelyn
Health care ethics experts in Canadian courts
Guiding principles for ethical review
Bulletin of Medical Ethics 2001 March; (166): 4-5

Ethics Committees Under Texas Law: Effects of the Texas Advance Directives Act
HEC (Healthcare Ethics Committee) Forum 2001 March; 13(1): 82-104

Maryland's Ethics Committee Legislation -- A Leading Edge Model or a Step into the Abyss?
HEC (Healthcare Ethics Committee) Forum 2001 March; 13(1): 49-58

The Reach of Ethics into the Law
HEC (Healthcare Ethics Committee) Forum 2001 March; 13(1): 41-48

Persistent Legislative State: Law, Education, and the Well-Intentioned Healthcare Ethics Committee
HEC (Healthcare Ethics Committee) Forum 2001 March; 13(1): 32-40

Healthcare Ethics Committees and the Law: Uneasy but Inevitable Bedfellows
HEC (Healthcare Ethics Committee) Forum 2001 March; 13(1): 13-31
Document 681
Scheirton, Linda S.; Kissell, Judith Lee
The Leverage of the Law: The Increasing Influence of Law on Healthcare Ethics Committees
HEC (Healthcare Ethics Committee) Forum 2001 March; 13(1): 1-12
Georgetown users check Georgetown Journal Finder for access to full text

Document 682
Shaw, Lisa Anderson
The Use of E-Mail in Clinical Ethics Case Consultation
Georgetown users check Georgetown Journal Finder for access to full text

Document 683
Braddock, Clarence H., III; Tonelli, Mark R.
Too Much Ethics, Not Enough Medicine: Clarifying the Role of Clinical Expertise for the Clinical Ethics Consultant
Georgetown users check Georgetown Journal Finder for access to full text

Document 684
Tschudin, Verena
European Experiences of Ethics Committees
Nursing Ethics 2001 March; 8(2): 142-151
Georgetown users check Georgetown Journal Finder for access to full text

Document 685
Callahan, Daniel
Doing Good and Doing Well
Hastings Center Report 2001 March-April; 31(2): 19-21
Georgetown users check Georgetown Journal Finder for access to full text

http://kie.georgetown.edu/nrcbl/documents/hcr/v31/h31n2p19.pdf (link may be outdated)

Document 686
Zoloth, Laurie
Seeing the Duties to All
Georgetown users check Georgetown Journal Finder for access to full text

http://kie.georgetown.edu/nrcbl/documents/hcr/v31/h31n2p15.pdf (link may be outdated)
Document 687
Donaldson, Thomas
**The Business Ethics of Bioethics Consulting**
Hastings Center Report 2001 March-April; 31(2): 12-14
Georgetown users check [Georgetown Journal Finder](http://kie.georgetown.edu/nrcbl/documents/hcr/v31/h31n2p12.pdf) for access to full text

Document 688
Kent, Heather
**Making the difficult leap from academic to clinical ethics** [news]
CMA/JAMC: Canadian Medical Association Journal 2001 February 20; 164(4): 531
Georgetown users check [Georgetown Journal Finder](http://kie.georgetown.edu/nrcbl/documents/hcr/v31/h31n2p12.pdf) for access to full text

Document 689
MacDonald, Chris; Coughlin, Michael; Harrison, Christine; Lynch, Abbyann; Murphy, Pat; Rowell, Mary; Webster, George
Canada. Canadian Bioethics Society. Ad Hoc working group on employment standards for bioethics
**Working conditions for bioethics in Canada**
Georgetown users check [Georgetown Journal Finder](http://kie.georgetown.edu/nrcbl/documents/hcr/v31/h31n2p12.pdf) for access to full text

Document 690
Talbot, Martin
**Ethics Committee Review of Medical Audit: A Personal View from the United Kingdom**
Sexually Transmitted Infections 2001 February; 77(1): 69-71
Georgetown users check [Georgetown Journal Finder](http://kie.georgetown.edu/nrcbl/documents/hcr/v31/h31n2p12.pdf) for access to full text

Document 691
Hofmann, Paul B.
**Improving ethics committee effectiveness: a comprehensive audit can help increase use of ethics committees**
Georgetown users check [Georgetown Journal Finder](http://kie.georgetown.edu/nrcbl/documents/hcr/v31/h31n2p12.pdf) for access to full text

Document 692
Nelson, Robert M.; Botkin, Jeffrey R.; Kodish, Eric D.; Levetown, Marcia; Truman, John T.; Wilfond, Benjamin S.
American Academy of Pediatrics. Committee on Bioethics
**Institutional Ethics Committees**
* Document 693
Milton, Constance L.
**Institutional Ethics Committees: A Nursing Perspective**
Nursing Science Quarterly 2001 January; 14(1): 22-23
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 694
Carter, Michele A.; Klugman, Craig M.
**Cultural Engagement in Clinical Ethics: A Model for Ethics Consultation**
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Document 695
Lebeer, Guy and Moulin, Madeleine, eds.
**ETHICAL FUNCTION IN HOSPITAL ETHICS COMMITTEES: BIOMED II WORKING PAPERS, WORKSHOP 2, BRUSSELS 25-27 MAY 2000**
Bruxelles, Belgium: Centre de Sociologie de la Santé [CSS], Institut de Sociologie, Université Libre de Bruxelles, 2001. 104 p.
Call number: [R725.3_E835 2001](#)

* Document 696
Cataldo, Peter J. and Moraczewski, Albert S., eds.
**CATHOLIC HEALTH CARE ETHICS: A MANUAL FOR ETHICS COMMITTEES**
Boston: National Catholic Bioethics Center, 2001. 1 loose-leaf binder
Call number: [R724_C38 2001](#)

* Document 697
Benatar, Solomon R.; Bhutta, Zulfiqar A.; Daar, Abdallah S.; Hope, Tony; MacRae, Sue; Roberts, Laura W.; Sharpe, Virginia A.
**Clinical ethics revisited: responses**
Georgetown users check [Georgetown Journal Finder](#) for access to full text

[http://www.biomedcentral.com/1472-6939/2/2](http://www.biomedcentral.com/1472-6939/2/2) (link may be outdated)

* Document 698
Singer, Peter A.; Pellegrino, Edmund D.; Siegler, Mark
**Clinical ethics revisited**
* Document 699
Melley, Christopher D.
**Health care ethics committees**
Call number: R724 .B48256 2001

* Document 700
Midwest Bioethics Center Staff. Cultural Diversity Task Force
**Addressing diversity -- recommendations for ethics committees**
Bioethics Forum 2001; 17(3-4): SS21-SS23

* Document 701
McBurney, Cate
**Ethics committees and social change: plus ca change?**
Call number: R724 .B4826 2001

* Document 702
Marshall, Patricia A.
**A contextual approach to clinical ethics consultation.**
Call number: R724 .B4826 2001

* Document 703
Growe, G.H.
**The evolution of a hospital ethics committee.**
Call number: R724 .M29345 2001

* Document 704
Levin, Phillip D.; Sprung, Charles L.
**Are ethics consultations worthwhile?**
Critical Care Medicine 2000 December; 28(12): 3942-3944
Ethical Decision Making in Committee: The Role of Review Boards and Ethics Committees in Health Care, Health Policy, and Medical Research
Formosan Journal of Medical Humanities 2000 November; 1(1): 8-26

Georgetown users check Georgetown Journal Finder for access to full text

* Document 712
Florida. District Court of Appeal, Second District
Hall v. Anwar [Date of Decision: 11 October 2000]
Southern Reporter, 2d Series, 2000; 774: 41-44

* Document 713
Wilson, Robin Fretwell
Hospital ethics committees: good news and bad
Journal of the South Carolina Medical Association 2000 October; 96(10): 431-432
Georgetown users check Georgetown Journal Finder for access to full text

* Document 714
Schneider, Philip A.D.
A study of twelve hospital ethics committees in eastern South Carolina
Journal of the South Carolina Medical Association 2000 October; 96(10): 409-415
Georgetown users check Georgetown Journal Finder for access to full text

* Document 715
Hirtle, Marie; Lemmens, Trudo; Sprumont, Dominique
A Comparative Analysis of Research Ethics Review Mechanisms and the ICH Good Clinical Practice Guideline
Georgetown users check Georgetown Journal Finder for access to full text

* Document 716
Herrera, Christopher D.
Patient Vignettes in Bioethics Literature
Journal of Clinical Ethics 2000 Fall; 11(3): 213-218
Georgetown users check Georgetown Journal Finder for access to full text

* Document 717
Chambers, Tod
Why Ethicists Should Stop Writing Cases
Journal of Clinical Ethics 2000 Fall; 11(3): 206-212
Georgetown users check Georgetown Journal Finder for access to full text
* Article  Document 718
Howe, Edmund G.
**Doing Ethics Consultations Better**
Journal of Clinical Ethics 2000 Fall; 11(3): 195-205
Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 719
Gottlieb, Larry
**Ethics Committees in Community Mental Health Settings? [news]**
Georgetown users check Georgetown Journal Finder for access to full text

http://journals.cambridge.org (link may be outdated)

* Article  Document 720
Connolly, Eoin
**Aspirations and observations from an embryonic ethicist**
Canadian Bioethics Society Newsletter 2000 August; 5(2): 6
Georgetown users check Georgetown Journal Finder for access to full text

http://www.bioethics.ca/english/newsletter/ (link may be outdated)

* Article  Document 721
Devaraj, T.P.
**Is there a need for a national medical ethics committee**
Medical Journal of Malaysia 2000 August; 55(Supplement B): 38- 42
Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 722
Aulisio, Mark P.; Arnold, Robert M.; Youngner, Stuart J.
Society for Health and Human Values-Society for Bioethics Consultation. Task Force on Standards for Bioethics Consultation
**Health Care Ethics Consultation: Nature, Goals, and Competencies: A Position Paper from the Society for Health and Human Values-Society for Bioethics Consultation Task Force on Standards for Bioethics Consultation**
Annals of Internal Medicine 2000 July 4; 133(1): 59-69
Georgetown users check Georgetown Journal Finder for access to full text

* Article  Document 723
Waisel, David B.; Vanscoy, Sara E.; Tice, Lisa H.; Bulger, Kathleen L.; Schmelz, Joseph O.; Perucca, Philip J.
**Activities of an ethics consultation service in a tertiary military medical center**
* Article Document 724
Leeman, Cavin P.
**Psychiatric Consultations and Ethics Consultations - Similarities and Differences**
General Hospital Psychiatry 2000 July-August; 22(4): 270-275
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article Document 725
Wray, Emma
**Ethics Committees in Italy -- A Time for Change?**
Bulletin of Medical Ethics 2000 July-August; (160): 13-16
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article Document 726
Siegler, Mark A.
**Professional Values in Modern Clinical Practice**
Georgetown users check [Georgetown Journal Finder](#) for access to full text

http://kie.georgetown.edu/nrcbl/documents/hcr/v30/hcr30n4s19.pdf (link may be outdated)

* Article Document 727
Sahler, O. J.
**Comment: Should All Ethics Committee Members Be Institutionalized?**
Journal of Clinical Ethics 2000 Summer; 11(2): 182-183
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article Document 728
Burns, Jeffrey P.
**From Case to Policy: Institutional Ethics at a Children's Hospital**
Journal of Clinical Ethics 2000 Summer; 11(2): 175-181
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article Document 729
Mitchell, Christine; Truog, Robert D.
**From the Files of a Pediatric Ethics Committee**
Journal of Clinical Ethics 2000 Summer; 11(2): 112-120
Georgetown users check [Georgetown Journal Finder](#) for access to full text
DeRenzo, Evan G.; Olick, Robert S.  
*Should It Be Mandated that an HEC Review a Physician's Decision Not to Honor a Patient's or Surrogate's Refusal of Treatment? [point and counterpoint]*  

Reiter-Theil, Stella  
*Ethics Consultation on Demand: Concepts, Practical Experiences and a Case Study*  
Journal of Medical Ethics 2000 June; 26(3): 198-203

Mino, Jean-Christophe  
*Hospital Ethics Committees in Paris*  

Schroeter, Kathryn  
*A study of proactive ethics consultation for critically and terminally ill patients with extended lengths of stay*  
AORN Journal 2000 April; 71(4): 902, 904

Schroeter, Kathryn  
*Expanded practice: the nurse as bioethics consultant*  
Seminars in Perioperative Nursing 2000 April; 9(2): 65-70

Brody, Howard  
*New Roles and Opportunities for Ethicists*  
Ethics in Formation 2000 March; 9(4): 6
* Article Document 736
Hoffmann, Diane; Tarzian, Anita; O'Neil, J. Anne
Are Ethics Committee Members Competent to Consult?
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 737
Jurchak, Martha
Report of a Study to Examine the Process of Ethics Case Consultation
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 738
Heilicser, Bernard J.; Meltzer, David; Siegler, Mark
The Effect of Clinical Medical Ethics Consultation on Healthcare Costs
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 739
Orr, Robert D.; deLeon, Dennis M.
The Role of the Clinical Ethicist in Conflict Resolution
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 740
Young, Emle W. D.
Changing Economics and Clinical Ethical Decisionmaking: A View from the Trenches
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 741
Cook, Ann Freeman; Hoas, Helena; Guttmannova, Katarina
Bioethics Activities in Rural Hospitals
Georgetown users check Georgetown Journal Finder for access to full text

* Article Document 742
Emanuel, Linda L.
* Document 743
Rueping, Janis; Dugan, Daniel O.
**A Next-Generation Ethics Program in Progress: Lessons from Experience**
Georgetown users check Georgetown Journal Finder for access to full text

* Document 744
Zawacki, Bruce E.
**Corporate Soulcraft in Healthcare: The St. Joseph Health System's "Compliance-Assurance" Approach, and Other Options**
Georgetown users check Georgetown Journal Finder for access to full text

* Document 745
Wenger, Neil S.
**The HEC [Healthcare Ethics Committee] Model of the Future Builds on Deficiencies of the Past**
Georgetown users check Georgetown Journal Finder for access to full text

* Document 746
Blake, David C.
**Reinventing the Healthcare Ethics Committee**
HEC (Healthcare Ethics Committee) Forum 2000 March; 12(1): 8-32
Georgetown users check Georgetown Journal Finder for access to full text

* Document 747
Ross, Judith Wilson
**Changing the HEC [Healthcare Ethics Committee] Mission**
HEC (Healthcare Ethics Committee) Forum 2000 March; 12(1): 4-7
Georgetown users check Georgetown Journal Finder for access to full text

* Document 748
Blake, David C.
**A Model for the Next Generation Healthcare Ethics Committee [editor's introduction]**
Georgetown users check Georgetown Journal Finder for access to full text
**Document 749**

Harrison, Christine

**Working conditions for bioethicists: questions to ask about a job as a bioethicist?**


Georgetown users check [Georgetown Journal Finder](http://www.bioethics.ca/english/newsletter/) for access to full text

* [http://www.bioethics.ca/english/newsletter/](http://www.bioethics.ca/english/newsletter/) (link may be outdated)

**Document 750**

McCullough, Laurence B.

**Holding the Present and Future Accountable to the Past: History and the Maturation of Clinical Ethics as a Field of the Humanities**


Georgetown users check [Georgetown Journal Finder](http://www.bioethics.ca/english/newsletter/) for access to full text

**Document 751**

Forum for Ethical Review Committees in the Asian & Western Pacific Region [FERCAP]

**Terms of reference (FERCAP) [Approved by the General Assembly at its first meeting on January 12, 2000.]**


[http://www.fercap-sidcer.org/member.asp](http://www.fercap-sidcer.org/member.asp) (link may be outdated)

**Document 752**

Ellin; Abby

**If Plato Ran His In-Law's Insurance Company...**


[http://www.nytimes.com](http://www.nytimes.com) (link may be outdated)

**Document 753**

Hackspiel Zárate, María Mercedes

**Comité bioéticos clínicos [Clinical bioethics committees]**


Georgetown users check [Georgetown Journal Finder](http://www.bioethics.ca/english/newsletter/) for access to full text

**Document 754**

Garzón Alarcón, Nelly

**Los tribunales éticos de enfermería: La experiencia Colombiana [Hospital ethics committees: the Colombian...**
* Book Document 755

Pisarek, Shirley Catherine
CROSS-CULTURAL COMPARISON OF MEDICAL ETHICAL DECISION MAKING
Call number: R723.5_P57 2000a

* Book Document 756

Lebeer, Guy and Moulin, Madeleine, eds.
ETHICAL FUNCTION IN HOSPITAL ETHICS COMMITTEES: BIOMED II WORKING PAPERS, WORKSHOP 1, BRUSSELS 3-5 JUNE 1999
Bruxelles, Belgium: Centre de Sociologie de la Santé [CSS], Institut de Sociologie, Université Libre de Bruxelles, 2000. 154 p.
Call number: R725.3_E835 2000

* Book Document 757

Glasa, J., ed.
ETHICS COMMITTEES IN CENTRAL & EASTERN EUROPE: PROCEEDINGS OF THE INTERNATIONAL BIOETHICS CONFERENCE ETHICS COMMITTEES IN CENTRAL & EASTERN EUROPE PRESENT STATE & PERSPECTIVES FOR THE 21ST CENTURY, BRATISLAVA, SLOVAK REPUBLIC, OCTOBER 26-27, 2000
Call number: R725.3_I68 2000

* Book Document 758

Freedman, Benjamin
THE ROLES AND RESPONSIBILITIES OF THE ETHICS CONSULTANT: A RETROSPECTIVE ANALYSIS OF CASE STUDIES
Hagerstown, MD: University Publishing Group, 2000. 159 p.
Call number: R725.5_F738 2000

* Document 759

Community-State Partnerships to Improve End-of-Life Care
How regional long-term care ethics committees improve end-of-life care
http://www.rwjf.org (link may be outdated)

* Article Document 760

Guillon [Gillon], Raanan
Clinical ethics and everyday practice
Document 761
Maric, Jovan; Tiosavljevic, Danijela
**Ethics committees in Yugoslavia.**
Call number: R725.3 .I68 2000

Document 762
Trontelj, Joze
**Ethics committees in Slovenia.**
Call number: R725.3 .I68 2000

Document 763
Glasa, Jozef; Bielik, Jan; Dacok, Jan; Glasova, Maria; Porubsky, Jan
**Ethics committees in the Slovak Republic. [Slovakia]**
Call number: R725.3 .I68 2000

Document 764
Tischenko, Pavel; Yudin, Boris
**Ethics committees in the Russian Federation. [Russia]**
Call number: R725.3 .I68 2000

Document 765
Negrutiu, Florentina
**Ethics committees in Romania.**
Call number: R725.3 .I68 2000

Document 766
Gordijn, Bert
**Ethics committees in the Netherlands. [The Netherlands]**
In: Glasa, J., ed. Ethics Committees in Central & Eastern Europe: Proceedings of the International Bioethics
Document 767
Rudze, Laima

**Ethics committees in Latvia.**
Call number: R725.3 .I68 2000

Document 768
Blasszauer, Bela; Kismodi, Eszter

**Ethics committees in Hungary.**
Call number: R725.3 .I68 2000

Document 769
Lippert, Hans-Dieter

**Ethics committees in Germany.**
Call number: R725.3 .I68 2000

Document 770
Javashvili, Givi; Kiknadze, Guram

**Ethics committees in Georgia.**
Call number: R725.3 .I68 2000

Document 771
Tikk, Arvo; Parve, Valdar

**Ethics committees in Estonia.**
Call number: R725.3 .I68 2000

Document 772
Simek, Jiri; Silhanova, Jana; Vrbatova, Iva

**Ethics committees in the Czech Republic.**
In: Glasa, J., ed. Ethics Committees in Central & Eastern Europe: Proceedings of the International Bioethics
Document 773
Cipi, Bardhyl

**Ethics committees in Albania.**
Call number: R725.3 .I68 2000

Document 774
Pievskaya, Julia

**Activities of the expert committee of Ukrainian Psychiatric Association. [Ukraine]**
Call number: R725.3 .I68 2000

Document 775
Magill, Gerard

**Ethics Committees and ethics consultations for Catholic health care in the United States.**
Call number: R725.3 .I68 2000

Document 776
Simek, Jiri

**Responsibility of scientists, researchers and society, role of ethics committees. [Czech Republic]**
Call number: R725.3 .I68 2000

Document 777
Gordijn, Bert

**Hospital ethics committees and the problem of consensus formation in pluralistic societies. [The Netherlands]**
Call number: R725.3 .I68 2000

Document 778
Benciolini, Paolo; Pegoraro, Renzo; Cadelli, Francesca

**Bioethics Service of the General Hospital of Padua: an Italian experience in clinical ethics consultation.**
[Italy]
In: Glasa, J., ed. Ethics Committees in Central & Eastern Europe: Proceedings of the International Bioethics
Conference: Ethics Committees in Central & Eastern Europe, Present State & Perspectives for the 21st Century:
Call number: R725.3 .I68 2000

* Document 779
Lippert, Hans-Dieter
Legal aspects of the establishment of hospital ethics committees.
In: Glasa, J., ed. Ethics Committees in Central & Eastern Europe: Proceedings of the International Bioethics
Conference: Ethics Committees in Central & Eastern Europe, Present State & Perspectives for the 21st Century:
Call number: R725.3 .I68 2000

* Document 780
Bignamini, Angelo A.
Hospital ethics committees -- a European perspective.
In: Glasa, J., ed. Ethics Committees in Central & Eastern Europe: Proceedings of the International Bioethics
Conference: Ethics Committees in Central & Eastern Europe, Present State & Perspectives for the 21st Century:
Call number: R725.3 .I68 2000

* Document 781
Viafora, Corrado
Ethical function in hospital ethics committees: potentialities and ambiguities.
In: Glasa, J., ed. Ethics Committees in Central & Eastern Europe: Proceedings of the International Bioethics
Conference: Ethics Committees in Central & Eastern Europe, Present State & Perspectives for the 21st Century:
Call number: R725.3 .I68 2000

* Document 782
Spustova, Viera
Good clinical practice and ethics committees.
In: Glasa, J., ed. Ethics Committees in Central & Eastern Europe: Proceedings of the International Bioethics
Conference: Ethics Committees in Central & Eastern Europe, Present State & Perspectives for the 21st Century:
Call number: R725.3 .I68 2000

* Document 783
Evered, David
Ethics committees - a new phenomenon in medicine and health care.
In: Glasa, J., ed. Ethics Committees in Central & Eastern Europe: Proceedings of the International Bioethics
Conference: Ethics Committees in Central & Eastern Europe, Present State & Perspectives for the 21st Century:
Call number: R725.3 .I68 2000

* Document 784
Steinkamp, Norbert [The Netherlands]
Hospital ethics committees -- safeguards of "humane health care" in health care institutions? [Germany, The Netherlands] [abstract]
Medicine, Health Care and Philosophy: A European Journal 2000; 3(3): 375-376
Georgetown users check Georgetown Journal Finder for access to full text

Document 785
Reiter-Theil, Stella; Hiddeman, Wolfgang [Germany]
Is there a need for clinical ethics support services? [abstract]
Medicine, Health Care and Philosophy: A European Journal 2000; 3(3): 370
Georgetown users check Georgetown Journal Finder for access to full text

Document 786
Melo, Jorge; de Almeida, Pereira [Portugal]
Ethics committees -- the Portuguese case [abstract]
Medicine, Health Care and Philosophy: A European Journal 2000; 3(3): 360
Georgetown users check Georgetown Journal Finder for access to full text

Document 787
Gefenas, E.; Navickiene, V.; Cekanauskaite, A. [Lithuania]
Hospital ethics committees in Lithuania [abstract]
Medicine, Health Care and Philosophy: A European Journal 2000; 3(3): 342
Georgetown users check Georgetown Journal Finder for access to full text

Document 788
Zawacki, Bruce E.; May, William
Continuous quality improvement in case reviews facilitated by hospital ethics committees.
Call number: R724 .M352 2000

Document 789
Webster, George C.; Baylis, Francoise E.
Moral residue.
Call number: R724 .M352 2000

Document 790
Scofield, Giles R.
Why medical ethicists don't (and won't) share uncertainty.
Call number: R724 .M352 2000
Rubin, Susan B.; Zoloth, Laurie

**Dead wrong: error in clinical ethics consultation.**
Call number: R724 .M352 2000

Reitmeier, Paul J.

**Quality and error in bioethics consultation: a puzzle in pieces.**
Call number: R724 .M352 2000

Olick, Robert S.

**Ethics consultation and the law: what is the standard of care?**
Call number: R724 .M352 2000

Howe, Edmund G.

**How should ethics consultants respond when careproviders have made or may have made a mistake? Beware of ethical fly paper!**
Call number: R724 .M352 2000

Fletcher, John C.; Boyle, Robert J.; Spencer, Edward M.

**Errors in healthcare ethics consultation.**
Call number: R724 .M352 2000

Bosk, Charles L.

**Margin of error: the sociology of ethics consultation.**
Call number: R724 .M352 2000

Bernal, Ellen W.
Errors in ethics consultation.
Call number: R724 .M352 2000

Document 798
Agich, George J.
Why should anyone listen to ethics consultants?
Call number: R723 .P445 2000

Document 799
Ainslie, Donald C.
"Watching" Medicine: Do Bioethicists Respect Patients' Privacy?
Theoretical Medicine and Bioethics 2000; 21(6): 537-552
Georgetown users check Georgetown Journal Finder for access to full text

Document 800
Oberle, Kathleen; Tenove, Sandra
Ethical Issues in Public Health Nursing
Nursing Ethics 2000 September; 7(5): 425-438
Georgetown users check Georgetown Journal Finder for access to full text

Document 801
Bowers, Mary; Pipes, Randolph B.
Influence of Consultation on Ethical Decision Making: An Analogue Study
Ethics and Behavior 2000; 10(1): 65-79
Georgetown users check Georgetown Journal Finder for access to full text