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Proactive Ethics Consultation in the ICU: A Comparison of Value Perceived by Healthcare Professionals and Recipients

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INTRODUCTION

Since its introduction into the practice of medicine, ethics consultation has been perceived as useful in addressing conflicts regarding medical treatment decisions, particularly in the context of end-of-life care.[1] Yet traditional approaches to ethics consultation remain reactive, rather than proactive. That is, consultations usually do not occur until disputants have already begun to maneuver themselves in an adversarial way, and one or both sides decide to call in the ethics team for help in coping with a fully materialized conflict.

Communication in these circumstances becomes more difficult, suggesting the need for a different approach. Recent investigations suggest the need for more timely and effective end-of-life care discussions. These discussions would optimally include the following:

- Communication about poor prognosis and the failure of treatments;
- Treatment choices and the patient's/family's responses to them;
- The values of the patient/family and their role in selecting among clinical pathways;
- Advance care planning;
- Coping strategies for grief and anger;
- Anticipatory mourning;
- The meaning of illness and suffering.[2]

Although several retrospective studies analyze the effectiveness of traditional ethics consultations, empirical research on ethics consultation and end-of-life care is limited.[3] Research has generally described the demographics of patients involved in requests for ethics consultation, the ethical questions raised, and the satisfaction levels of health providers and family members with the process. As a whole, physicians requesting ethics consultations have been satisfied with this process, as 70 percent to 90 percent of the physicians queried report that consultation was valuable in one or more aspects of patient care. Reported rates of satisfaction by families have been considerably lower, in the range of only 50 percent.[4]

Proactive approaches have not been the focus of extensive study. Still, what little research exists suggests that proactive ethics consultation may provide a more effective mechanism for facilitating communication and addressing ethical conflicts than more reactive approaches. Lilly and colleagues compared usual care with a proactive, multi-disciplinary method of communicating and concluded that an intensive communication process is associated with a decreased use of critical care resources in accord with patients' preferences.[5] Fins and colleagues examined current care practices in the absence of proactive intervention and observed a troubling "lack of clarity about goals of care, habitual adherence to established routines of hospital practice . . . or a therapeutic disposition to maintain treatment in order to preserve life."[6] Dowdy and colleagues reported more frequent decisions to forgo life-sustaining treatment and reduced length of stay in the intensive care unit (ICU) for proactive consultation groups, as compared to other groups, and offered anecdotal observations that proactive consultation encouraged members of healthcare teams to place increased value on collaboration and to address ethical issues in a more timely manner.[7] In a single-site randomized controlled pilot study, Schneiderman and colleagues found that more than 70 percent of the patients and families queried agreed or strongly agreed that proactive ethics consultation was helpful in analyzing, resolving, and educating about ethical issues, and that the process was fair, supportive, and informative.[8]

To assess the impact of ethics consultation on the interaction between family members, and healthcare providers concerning end-of-life care decisions, we examined data collected during a larger study of a proactive model of ethics consultation in an adult ICU.[9] Our study found that healthcare providers and family members both experienced proactive ethics consultation as helpful in facilitating communication and decision making in an ICU setting. It should be noted, however, that healthcare providers' ratings of the process were more positive in many categories than those reported by participating family members, a finding that warrants more attention, inquiry, and research.

METHODS

The collection of data and the study process for the multi-site, randomized controlled trial Impact of Ethics Consultation in the ICU study has been previously described.[10] The study received approval from the institutional review boards (IRBs) at each of the seven sites involved. The patients who had been identified as potentially having a values conflict who were targeted in the protocol were randomized into control and intervention arms. The subsequent ethics consultations that were requested and provided for the control patients did not alter this original assignment, nor did a refusal to participate in an ethics consultation. The potential conflicts deemed appropriate for inclusion in the study included those among healthcare team members, between patient/family/friends, or between healthcare providers and the patient/family/friends regarding the pursuit of aggressive life-sustaining treatment, identifying the patients' best interests, recognizing futile treatment, or choosing a surrogate decision maker. The consultation, although it was not standardized across the study sites, adhered to a general process model of ethics consultation, including review of the medical record, discussion with healthcare team and family members, assessment of the issues, timely meetings as appropriate, and recommendations for next steps. The consultations were offered in response to latent or manifest conflicts, rather than specific requests for ethics consultation, and will otherwise be referred to as *proactive ethics consultation.* Among the issues addressed were relevant medical factors, a patient's known or inferred values and preferences, quality of life considerations, and other contextual factors of importance. The consultant(s) helped frame the issues, facilitated understanding of the conflict or

recognition of ethical questions, identified common ground, and adopted other consensus-seeking strategies. Follow up by the ethics consultant(s) occurred as needed to provide ongoing support to the process, and evaluation was undertaken during case review by the ethics committee.

Members of the two groups in the intervention arm of the study were interviewed following each patient's death or discharge. Structured and open-ended questions were directed to primary healthcare providers and to the patient/surrogate/family/friend identified by the healthcare team as the most appropriate decision maker. In all cases, the persons who were interviewed had participated in the ethics consultation. The interviewed subjects were asked to respond by means of a structured Likert scale to questions regarding the efficacy of the consultation (specifically whether the consultation was helpful in identifying, analyzing, and resolving ethical issues), whether it was stressful, informative, supportive, and whether it facilitated enhanced communication. Spontaneous comments were encouraged and recorded during all of the interviews. The data regarding the subjects' satisfaction were collected to confirm empirical findings in the primary study, that a reduction of nonbeneficial treatment was not coerced, imposed, or otherwise a source of distress. The interview instrument is available upon request.

Interview data were analyzed first by examining any descriptive patterns that were found in subjects' responses to questions focused on the clinical value, educational benefits, and general satisfaction with the ethics consultation. Second, responses from family members ($n = 108$) and healthcare providers ($n = 255$) were compared for differences in beliefs about the importance of, and satisfaction with, ethics consultation. As the data were ordinal and not normally distributed, the Mann Whitney U test was used to test for concordance and statistical significance between family members and healthcare providers on each of the ethics value indicators.

RESULTS

Interviews were completed with healthcare professionals for all patients in both of the intervention arms of the study. Among the patients/surrogates, 111 of 122 (91 percent) of the interviews were conducted. Analysis indicates that healthcare providers and family members found the ethics consultations helpful (92.3 percent, 87.0 percent), informative (81.1 percent, 88.0 percent), supportive (93.3 percent, 88.0 percent), fair (92.9 percent, 84.3 percent), and respectful of personal values (92.4 percent, 85.1 percent). Furthermore, 73 percent of the healthcare providers and 71.2 percent of the family members did not find the ethics consultation to be stressful. Both healthcare providers and family members valued the educational benefits of the ethics consultation. Again, healthcare providers and family members found the ethics consultation to be helpful in identifying ethical issues (87.7 percent, 86.7 percent), analyzing ethical issues (86.5 percent, 84.6 percent), and resolving ethical issues (73.9 percent, 71.2 percent). Similarly, healthcare providers and family members found ethics consultation to be beneficial in helping to educate all parties (80.0 percent, 81.9 percent) and in helping parties present their personal point of view (80.9 percent, 84.5 percent). Finally, the majority of both clinical caregivers and family members agreed with the decision reached in the ethics consultation (81.3 percent, 71.8 percent) and would seek out further ethics consultations in similar situations (95.2 percent, 80.4 percent) as well as recommend ethics consultation to others (98.0 percent, 80.4 percent). The educational benefits of ethics consulting are reported in table 1. Healthcare providers and family members strongly valued the problem-solving component of ethics consultation. There were no statistical differences between healthcare providers and family members in beliefs concerning the educational value of ethics consultation.

The data on subjects' reports of general satisfaction with ethics consultation and whether healthcare providers or family members would recommend ethics consultation for future questions or disputes are presented in table 2. Both healthcare providers and patient/family perceived similar degrees of changes in the treatment plan following ethics consultation, although the actual changes were not verified in this study. Healthcare providers were significantly more likely than family members to agree with the decision of the ethics consultation, seek out ethics consultation in similar situations, and recommend ethics consultation to others.

The data on healthcare providers' and family members' beliefs concerning the value of ethics consultation in creating a helpful and supportive environment are reported in table 3. Healthcare providers said that ethics consultation was significantly more helpful, supportive, and fair than did family members. Healthcare providers also said that ethics consultation was significantly less stressful than did family members. There was no difference between the responses of healthcare providers and family members on whether they found ethics consultation informative and respectful of values.

DISCUSSION

This study examines the perceived value of proactive ethics consultation in the ICU and suggests that such consultations are helpful in educating and informing participants about the issues at stake. Both healthcare providers and family members reported that ethics consultation helped them to identify, analyze, and resolve ethical questions and conflicts. On a 5-point Likert scale, mean values for both healthcare providers and family members ranged from 3.88 to 4.27 on these items. Early identification of and attention to ethical issues appears to have increased opportunities to express beliefs and feelings, raise questions, and resolve conflicts (mean values ranged from 4.15 to 4.43).

Notably, the ratings of healthcare providers and family diverged in a number of areas. Although both healthcare providers and family members had positive responses to the interview questions, the data indicates that healthcare providers felt the consultation to be more beneficial than did family members (table 3). For example, both healthcare providers and patients/surrogates valued the consultation for helping to identify and resolve ethics issues at an individual level. However, healthcare providers rated the efficacy of the consultation in these clarifying and dispute-resolving categories more highly than did family members. The mean values for family members ranged from 4.14 to 4.27, as compared with healthcare providers who had mean scores ranging from 4.37 to 4.44 (table 2). Although our data does not indicate a definitive explanation, one interpretation of this difference, based on our experience, is that ethics consultation helps healthcare providers to diffuse responsibility for making end-of-life care decisions and provides an infrastructure that allows for and supports communication with patients/families at the end of life. Ethics consultation creates time, space, and a formal mechanism for the sharing of divergent experiences and expectations. This process helped to dissipate mis-

TABLE 1 Educational Value of Ethics Consultation in Problem Solving: Comparison of Healthcare Professionals and Family Members

	Healthcare Professionals	Family Members
Identifying ethical issues	4.27	4.10
Analyzing ethical issues	4.26	4.12
Resolving ethical issues	3.93	3.88
Educating you and the family	4.15	4.12
The consultation was informative	4.19	4.30
Helping present your view	4.10	4.13

* $p \geq .05$ ** $p \geq .01$ (neither apply in this table)
The responses were on a Likert scale: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree.

TABLE 2 Impact of Ethics Consultation on the Decision-Making Process: Comparison of Healthcare Professionals and Family Members

	Healthcare Professionals	Family Members
I agreed with the decision reached in the ethics consultation	4.25**	3.92
The treatment plan changed significantly after the ethics consultation	3.34	3.31
I would seek an ethics consultation in similar circumstances again	4.54**	4.15
I would recommend an ethics consultation to others	4.59**	4.20

* $p \geq .05$ ** $p \geq .01$
The responses were on a Likert scale: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree.

understandings and to encourage mutually informed medical decision making among parties who felt supported by the process.

Ethics consultants are able to serve as a source of ongoing support in difficult and often contentious decision-making processes. Providing such support to patients/families often falls to healthcare professionals and may be neglected or inadequate for a family's needs. Healthcare professionals themselves are often without any formal support mechanism. Thus, ethics consultants support healthcare professionals in at least three ways, as the help to:

1. Delineate and work logically through entangled ethical issues,
2. Establish a place for difficult communications that are arguably part of their jobs,
3. Identify and address healthcare professionals' own ethical beliefs and conflicts.

This, in part, may explain the consistent findings that healthcare professionals value the dispute resolution aspect of ethics consultation more highly than patients/families do, although further research is needed to verify this.

Finally, our findings suggest that healthcare providers and family members value the educational aspect of the ethics consultation equally. The findings reported in table 1 indicate that the mean value that subjects assigned to ethics consultation as informative and educational ranged from 4.10 to 4.30. As noted, previous studies, and ours to a lesser degree, have indicated that healthcare providers tend to value ethics consultations more than patients/families, making this the most surprising finding of the study (see table 1). The ethics consultants involved in the study believe this was due to their efforts to identify issues before a crisis point and to tailor ethics consultation to the idiosyncratic needs of those involved. The consultants reported ongoing contact with family members beyond the formal consultation meeting, including calls or meetings to discuss new medical findings as well as personal perspectives and ethical questions. Family members may have perceived this additional source of information and communication to be a benefit that enhanced their impression of ethics consultation.

Although findings from the study show some benefits of proactive ethics consultation, they are limited to the adult ICU setting in hospitals that have active ethics committees/consultants. This study does not address the quality of care issues that may affect those perceptions, nor does it address the role of other consultants, such as palliative care physicians or social workers. It is difficult to know whether these results would be repeated in hospitals whose ethics consulting services did not have the same knowledge, skills, and experience required to participate in this study.[11] In addition, while some consultations were requested simultaneously or subsequent to enrollment in the study, our findings, in the main, come from consultations that were catalyzed by latent or manifest ethical issues identified, at least initially, by study personnel. No survey was conducted among patients in the control group (those not assigned to receive ethics consultation), and could not have been without interfering with the design of the study, so no comparison can be made with this group. Negative feedback from study participants is addressed elsewhere.[12] Further study is needed to assess the relative merits of this proactive style of consultation against the more traditional, by-request consultation model and against the perceptions of patients who were not offered consultation.

We speculate that if proactive ethics consultation were part of routine care for patients who are nearing

TABLE 3 Value of Ethics Consultation in Creating a Helpful and Supportive Environment When Dealing with End-of-Life Crises: Comparison of Healthcare Professionals and Family Members

	Healthcare Professionals	Family Members
The consultation was helpful	4.44**	4.14
The consultation was stressful	2.21**	2.95
The consultation was supportive	4.43*	4.27
The consultation was fair	4.37**	4.15
The consultation was respectful of my values	4.40	4.25

* $p \geq .05$ ** $p \geq .01$

The responses were on a Likert scale: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree.

the end of their lives, it would yield significant benefits on two levels. First, physicians in our study reported that ethics consultation helped facilitate helpful conversations with patient/families in the end-of-life setting. Families of critically ill patients often identify communication as a vital skill for health professionals, describing it as more important than their perception of clinical skills.[13] Consequently, it seems likely that the inclusion of ethics consultation in routine end-of-life care would both increase the frequency of the conversations deemed important by families and improve their timeliness. A routine practice of ethics consultation for patients nearing the end of life could also result in more informed and shared responsibility in the decision-making process.

Comments from the healthcare providers we interviewed highlight the challenge of communicating effectively with patients and families in end-of-life circumstances and the role that ethics consultation can play in not only supporting communication, but facilitating it. For example, one clinician noted that one so-called ethical dispute was really a problem of communication rather than ethics. Another commented that "Consults helped facilitate proactive communication." Another physician elaborated: "The ethics consultation process was helpful in educating [the MD] on how to approach ethics conflicts in the future and how to obtain consults at the hospital in the future. [I am] very impressed with the efficiency, knowledge, and compassion with which this case/ethics consult was handled." Another commented that the consult "highlights the importance of collaborating as a team and helping let the family express their concerns as well." Another noted: "The family was driving me nuts — everyone — The wife was not coping. Consultant really helped organize the information. [The family] did not understand, even though all the doctors had told them."

Communication in the ICU is hindered by the often sudden transition to an intensive care setting, associated patient/family turmoil, and a multitude of physician specialists who may have no established relationship with the patient. The lack of evidence-based treatment protocols and the indistinct legal and ethical norms that guide treatment decisions for care at the end of life for patients with chronic, progressive illness can cause physicians to be uncomfortable regarding treatment planning. When the discussion of treatment goals or prognosis is haphazard, provoked by imminent crisis, and poorly articulated, the stage is set for conflicts over the care plan. Conflicts about continuing treatment, sometimes characterized as futility issues, may be based in a failure of communication and a subsequent discordance in expectation between or among healthcare providers and/or families.[14]

Ethics committees/consultants may play a key role in assisting healthcare professionals to anticipate ethical issues, facilitate discussion, and support the medical decision-making process. Traditionally, the burden for decision making, including the process of negotiation with patients/families, has rested primarily on physicians' shoulders. The stress on families associated with medical decisions has long been recognized,[15] but the impact on clinicians is less noted, perceived instead, perhaps, as an inherent part of the job. This study suggests that the consistent use of proactive ethics consultation is one successful strategy to enhance communication and decrease the discomfort felt by both clinicians and family members.

CONCLUSION

This study suggests that proactive ethics consultation supports enhanced communication and provides a tangible educational support infrastructure for patients/families and healthcare professionals in the ICU. Ethics consultants can facilitate medical decision making in a difficult communication process, and share responsibility or burdens related to end-of-life care decision making that clinicians, particularly physicians, have traditionally borne alone. We believe this is a previously under appreciated and essential role for ethics committees/consultants.

Although this study seems to support the beneficial role of proactive ethics consultations, further study is needed to assess the impact of ethics consultation, proactive and traditional, on the medical culture that surrounds end-of-life care specifically, and communication more generally. This study suggests a significant starting point for such evaluation.

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NOTES

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