Reviewed and Revised
May 20, 2015
Ethics Committee Case Review Checklist

by the Kansas City Regional Hospital Ethics Committee Consortium

This Case Review Checklist was prepared at the request of a member of the Kansas City Regional Ethics Committee Consortium sponsored by the Center for Practical Bioethics, formerly Midwest Bioethics Center. Its purpose is to provide an initial guide to handling requests for a case review to improve the quality of consults and to promote uniformity. The checklist assumes that the committee has its own procedures for case review in place and has practiced using these procedures.

When a case review is requested, some committees respond as a whole; others designate a team of committee members to gather the information and do the actual consultation. In the latter case, it is imperative that the team makes a report to the full committee at its next meeting.

The Ethics Committee Case Review Checklist will help committees track the progress of their consults.

About the Center for Practical Bioethics

The Center for Practical Bioethics is a freestanding practical bioethics center dedicated to raising and responding to ethical issues in health and healthcare. Our core value is respect for human dignity, and we envision a society in which the dignity and health of all people are advanced through ethical discourse and action. We believe that all persons have intrinsic worth, and we express this belief by promoting both autonomy and social justice in health and healthcare. Since 1984, the Center for Practical Bioethics has facilitated the development of more than 200 hospital ethics committees and contributed to the education of new and experienced committee members in all types of healthcare organizations.

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Section I.

Pre-Consultation: Initial Fact Gathering

1. Date/time of call:

2. Caller’s name:

3. Caller’s relation to patient and/or involvement with case:

4. Why is caller seeking an ethics consultation?  
   What does the caller see as the ethical dilemma?

5. Who else has the caller spoken with?
   - Patient □ Yes □ No
   - Attending physician/s □ Yes □ No
   - Other physicians □ Yes □ No
   - Nurse/s □ Yes □ No
   - Social worker/s □ Yes □ No
   - Family members □ Yes □ No
   - Chaplain □ Yes □ No

   Comments:

6. Have other efforts been made to resolve the problem? If so, by whom?
   - Chaplain □ Yes □ No
   - Social worker/s □ Yes □ No
   - Case conference □ Yes □ No
   - Others (please list) □ Yes □ No
7. Is there urgency with this request? ______ Yes ______ No
   If yes, describe:

8. Does the caller wish to keep the request confidential? ______ Yes ______ No
   If yes, why?

NOTE: Some institutional ethics committee policies and procedures do not allow for anonymous requests.
Section II.

Notice to Ethics Committee Chair or Expedited Review Team Leader

1. Have you notified the following that an ethics committee consultation is being considered?
   - Attending physician/s: □ Yes □ No
   - Ethics Committee Chair: □ Yes □ No
   - Patient (asked consent): □ Yes □ No
   - Social worker/s: □ Yes □ No
   - Family, if patient lacks decisional capacity: □ Yes □ No

2. Have you studied the patient’s chart? _____ Yes _____ No

3. Have you interviewed:
   - Patient: □ Yes □ No
   - Family: □ Yes □ No
   - Attending physician(s): □ Yes □ No
   - Specialist physician(s): □ Yes □ No
   - Nurses: □ Yes □ No
   - Social workers: □ Yes □ No
   - Chaplain: □ Yes □ No
   - Other: □

Section III.

Pre-Consultation Review

1. In your opinion, is this case appropriate for a consultation? _____ Yes _____ No

   If no, did you communicate the decision to any of the following:
   - The one requesting the consult: □ Yes □ No
   - The patient: □ Yes □ No
   - Attending physician(s) and specialists: □ Yes □ No
   - Social workers: □ Yes □ No
   - Chaplain: □ Yes □ No
   - Other team/committee members: □ Yes □ No
2. Did you refer the issue to another committee/resource?  ___ Yes  ___ No
   If yes, to whom?

   If yes, have you done the following?
   Determined time/place for meeting, if appropriate  □ Yes  □ No

   If patient has capacity, have you informed or invited patient to attend or to name someone to be at the consult?  □ Yes  □ No

   If patient is without capacity, have you informed family of the consult and invited an appropriate surrogate(s)?  □ Yes  □ No

   Invited attending physician(s) and/or the person requesting the consult?  □ Yes  □ No

3. In your opinion, does the patient have decisional capacity?  ___ Yes  ___ No

4. If patient is without decisional capacity, have you also spoken with

   Appropriate surrogate (including durable power of attorney or family or significant other)?  □ Yes  □ No

   Nurses who have been most responsible for the case of the patient?  □ Yes  □ No

   Social worker on the case?  □ Yes  □ No

   Other ethics consult team or committee members?  □ Yes  □ No
Section IV. Consultation

[Each committee should follow its own written procedures.]

Section V. Summary of Consultation

1. Attendees:

2. Summary of medical factors:

3. What was the crux of the ethical concern?

4. What suggestions were made and by whom?

5. Need for follow up? _____ Yes _____ No
Section VI. Consult Reports

(If a team did the consultation, a report should be made to the entire ethics committee.)

1. If the review was carried out by a team, did you bring the case to the whole committee?  
   ____ Yes  ____ No

2. What concerns did the committee express about the consultation?

3. What implications for institutional education/policy were suggested?

4. If so, who took responsibility for addressing the education issues?

5. If so, who took responsibility for addressing the policy issues?

6. Other comments:

Signed ________________________________  Dated ______________________