



Ethics Committee Case Review Check List

Kansas City Regional Hospital
Ethics Committee Consortium
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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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attending physician/s	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other physicians	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nurse/s	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social worker/s	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family members	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chaplain	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

6. Have other efforts been made to resolve the problem? If so, by whom?

Chaplain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social worker/s	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Case conference	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Others (please list)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ethics Committee Chair	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Patient (asked consent)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social worker/s	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family, if patient lacks decisional capacity	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

3. Have you interviewed:

Patient	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attending physician(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specialist physician(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nurses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social workers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chaplain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The patient	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attending physician(s) and specialists	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social workers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chaplain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other team/committee members	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

