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Clinical Ethics

RACP Position statement

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About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 18,000 physicians and 8,500 trainee physicians, across Australia and New Zealand. The College represents a broad range of medical specialties including general medicine, infectious diseases, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

Acknowledgements

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Introduction

Ethics is a fundamental part of health care, both at the clinical interface and in the design and delivery of health care services. This is because good health care is aimed at promoting, securing and improving the physical and psychological welfare of individuals and communities. Every decision that a health professional makes, therefore, should demonstrate fundamental values, ethical principles and professional virtues, including compassion, care and empathy for people when they are at their most vulnerable; respect for the dignity, culture, values and autonomy of all persons; an emphasis on providing safe, high quality, culturally appropriate and effective care; and a commitment to justice, fairness and solidarity with patients, their families and carers and the community.

Although physicians' practice has always been founded on trust and the respect of their patients and the general public, the decisions that they make are under greater scrutiny than ever before. This is because:

- scientific and technological advances have transformed the design and delivery of health care, increasing its scope and complexity;
- health care is no longer the domain of individual physicians working in isolation but is delivered by teams of physicians in different sub-specialties, and by many other health professionals - increasing the likelihood of disagreement or conflict due to differences in perspectives and values;
- health care and information about health care is no longer controlled by clinicians, with patients and consumers now able to access and critically evaluate evidence about disease, diagnostics and therapies – including those recommended by their clinician;
- physicians can no longer make unilateral decisions on behalf of their patients, but are expected to understand and respect their patients' values, goals and needs, and engage with them in a process of shared decision-making;
- there is now a clear community expectation that in order for policies to be ethically defensible and supportable, they must be evidence-based, developed in consultation with relevant communities, transparent, and open to review; and because
- the context in which physicians work is characterised by increased social, cultural, political, religious and moral diversity, and healthcare is required to serve this community in an increasingly complex and multidisciplinary environment. This is particularly true in Australia and New Zealand as both countries are composed of communities with diverse cultural backgrounds and experiences, including Indigenous communities who have experienced systemic social disadvantage and institutional racism.

While the capacity of medicine to prevent, diagnose and treat illness and disease has dramatically increased, health care systems and clinical practice continue to be shaped by the social, political and economic context in which they exist. Clinicians and healthcare organisations must therefore understand and accommodate a range of factors when making the difficult choices that need to be made between different health priorities, therapies and populations. These include;

- the legal and regulatory control of healthcare and health practitioners;
- the expectations that patients, consumer and advocacy groups and the community have regarding the treatment they should be offered and the outcomes they can expect;
- the impact of cultural and social determinants on health care status, health literacy and access to health care;
- the influence of competing interests of government, health care providers, insurers and health industries on health care costs, preferences and needs; and
- resource constraints.

Medical practice, therefore, whether in clinical, research, policy or educational settings, requires not only scientific and medical expertise, but also knowledge and skills in ethics, as well as access to ethical expertise and guidance where needed. Ethical issues may be the source of disquiet (often), distress (occasionally) or conflict (infrequently) - all of which may cause moral distress and burnout. Clinicians often feel ill-prepared to navigate the complex issues that are embedded in and surround health care, and believe that access to expert ethics support would be helpful. ³⁻⁵

To meet this need, the RACP has developed this position statement on Clinical Ethics - to promote and provide education in clinical ethics; to build capacity in clinical ethics; and to support the further development of Clinical Ethics Support Services in Australia and New Zealand.

Building clinical ethics capacity in physicians

Ethical sensitivity, reflection and analysis are integral parts of clinical decision-making, and are key to what it is to be a 'good' physician. Despite this, many doctors-in-training and specialists, in Australia, New Zealand and internationally, feel inadequately skilled to analyse the complex ethical issues that arise in clinical practice, and to discuss ethical issues, and may consequently avoid such discussions and make ethical decisions on the basis of their opinions and intuitions instead of formal and rigorous ethical analysis.³ This is unsurprising, as the vast majority of specialists will have received very little exposure to formal education in ethics or clinical ethics as part of their undergraduate or postgraduate training or their continuing professional development. There are also few relevant and specific resources available to assist trainees or specialists develop their understanding or application of ethical principles and concepts.

Given the critical role the RACP plays in physician education and professional development, the RACP is committed to developing and supporting rigorous education in clinical ethics that will:

- raise physicians' and trainees' awareness of the ethical issues that arise in the practice of medicine and the ethical dimensions of *all* clinical decisions and interactions – from the smallest and least visible to the most complex and public;
- increase the capacity of physicians and trainees to reflect on the values underlying each medical decision (both their own and their patients'), to analyse the ethical issues raised by the decision to be made, and to integrate these insights into their decisions;
- integrate Clinical Ethics into the education of trainees (including basic and advanced trainees) in ways that highlight it as a fundamental area of learning, and is flexible enough to respond to rapid changes in science, healthcare and the socio-political environment; and
- include comprehensive Continuing Professional Development resources, supported by eLearning and other technologies.

The role of formalised clinical ethics support in Australasian healthcare

Ethical issues are all pervasive in clinical medicine, affecting all aspects of communication, history taking, physical examination, the choice and conduct of investigations, and decisions about therapy. Much of the time, the values of healthcare professionals, patients, their caregivers and families and the community align. Occasionally, however, values between parties differ, and this may cause distress, conflict or uncertainty about what is the right thing to do.

For the most part, clinicians manage the ethical dimensions of medicine skilfully, often without even being aware that they are doing so. However, from time to time issues arise that present particular challenges or that create the risk of significant and ongoing conflict and distress. In situations like this, expert assistance from a Clinical Ethics Support Service may provide significant benefits to patients and their families, and to the clinicians and services responsible for their care.

Increasingly, Clinical Ethics Support Services are being established and developed around the world to support clinicians and healthcare organisations navigate the progressively complex ethical terrain of healthcare.^{1,6,7} Clinical ethics support services can support health professionals and systems in a number of different ways - by facilitating dialogue about ethical concerns arising in health care; promoting rigorous analysis of ethical issues; ensuring that patients are heard and supported; fostering shared understanding; minimising and resolving conflicts in respectful ways; promoting collaboration and consensus; and improving the overall quality and experience of care. This is achieved through case review; case consultation; policy review and development; education;

provision of advice regarding systems or specific operational, administrative or organisational issues; and through promotion of an ethical organisational culture.^{1, 8-10}

An emerging body of evidence supports the full integration of Clinical Ethics Support Services as part of frontline health care delivery,^{7, 9, 11} with studies suggesting that they may raise ethical awareness, build institutional capacity, reduce costs of care, assist in conflict resolution, enhance policy development, and improve patient, carer and clinician satisfaction.*^{2, 13} In response, institutional clinical ethics support has become well established in Canada, the United States, the United Kingdom, and some parts of Europe.^{1, 7, 14, 15} Indeed, in a number of these countries, Clinical Ethics Support Services are recommended or required in health service delivery guidelines and accreditation standards.¹⁶ In Australia, the NHMRC has endorsed the development of Clinical Ethics Support Services and published guidance and resources on building Clinical Ethics Capacity.⁷

Despite the emerging evidence, the strong moral and socio-political arguments in favour of establishing Clinical Ethics Support Services, and the endorsement of prominent international and national organisations,^{7, 17, 18} the development of Clinical Ethics Support Services in Australia and New Zealand (particularly in the adult setting) has been limited and inconsistent.^{1, 12, 19, 20} The RACP seeks to change this.

In advocating for Clinical Ethics Support Services, the RACP recognises guidance from the NHMRC and the Australian Health Ethics Committee which note the value and utility of clinical ethics support services and the different approaches that may be taken to their design and delivery.¹ In this regard it is the view of the RACP that decisions about the most appropriate model should be made at the local level to ensure that the service fits the needs of the particular health service. In this regard, and in light of the relative paucity of published research on the effectiveness of the different models of Clinical Ethics Support Services, the appropriate role and function of Clinical Ethics Support Services and the outcome measures that should be used to measure their success, the RACP supports efforts to develop a stronger evidence base, with dedicated research projects examining Clinical Ethics Support Services in Australasia.^{8, 11, 21}

* See National Health and Medical Research Council 2015 Clinical Ethics Capacity Building Resource Manual and the University of Oxford Ethox Centre (<https://www.ethox.ox.ac.uk/>) for further information.

The RACP position on Clinical Ethics

Medicine is changing on every level. It is essential that physicians and trainees have the skills to recognise, understand and navigate the increasingly complex ethical issues that arise in health care and medical decision-making. Furthermore, it is essential that they, and the health services and institutions within which they work, have the support of adequately resourced Clinical Ethics Support Services to assist them in their work.

The RACP acknowledges the important role it has in providing education and professional development in clinical ethics, in enabling physicians to better develop their own clinical ethics capacity, and in advocating for the establishment of locally-appropriate Clinical Ethics Support Services.^{1,2}

It is the RACP position that the development of skills and expertise in clinical ethics is necessary to becoming a physician and that these should be enriched and maintained through life-long learning.

Furthermore, it is the RACP position that Clinical Ethics Support Services are a vital and integral component of contemporary health care services, and should be developed and resourced so that they are available to support patients, their families and caregivers, and the health professionals in Australia and New Zealand who care for them.^{1,2}

The RACP will implement this Position Statement by furthering opportunities for trainees and fellows to build their own clinical ethics capacity, and by engaging with other Colleges and relevant organisations to highlight the need and advocate for the development of Clinical Ethics Support Services in Australia and New Zealand.

The RACP will:

1. Integrate clinical ethics into the education of physician trainees (including basic and advanced trainees);
2. Provide continuing professional development relating to clinical ethics for Fellows;
3. Provide opportunities for RACP trainees and Fellows to develop specific sub-specialist expertise in clinical ethics, including through the provision of research fellowships;
4. Provide resources to support trainees and Fellows to advocate for, and develop, Clinical Ethics Support Services within the healthcare and educational settings in which they work; and
5. Advocate for the development, maintenance and resourcing of Clinical Ethics Support Services within the institutions and settings in which health care is designed and delivered in Australia and New Zealand.

The RACP supports:

1. The inclusion and integration of clinical ethics into the undergraduate, post-graduate and professional education of all health professionals in Australia and New Zealand;
2. Strategies and policies that ensure that all patients, their families and carers, and healthcare providers, have access to high quality Clinical Ethics Support Services;
3. The development, maintenance and appropriate resourcing of expert Clinical Ethics Support Services as an important and integral part of the health care systems of Australia and New Zealand; and
4. Evaluation and research to develop an evidence base in clinical ethics.

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