**PURPOSE**

To provide an organizational process to define and address ethical issues that arise in the care of patients.

**POLICY**

A group of qualified professionals review ethical issues as they arise. Management meetings, case conferences, performance improvement meetings, or oversight committees can serve as vehicles to consider, discuss and resolve ethical issues. Ad hoc ethics forums may also be established. Representation may include a multidisciplinary team comprised of a member of management, appropriate clinical personnel, chaplain, attorney and a compliance/risk management representative, as appropriate.

The patient and family/caregiver or their representative have the right to participate in any discussion concerning a conflict or ethical issue arising from his/her care.

**DEFINITIONS**

Ethical issues may include, but are not limited to:

1. Withholding or withdrawal of treatment
2. Nonadherence to treatment plan or refusal of treatments
3. Over or under treatment by a physician/family/caregiver
4. Informed consent
5. Any issue which causes an ethical conflict or moral dilemma

**PROCEDURE**

1. The group designated to review ethical issues will be responsible for:
	1. Promptly addressing issues as they arise
	2. Reviewing all aspects of the issue
	3. Requesting clarification of information where indicated
	4. Securing outside assistance from “ethical experts” as needed
	5. Resolving the ethical issue according to applicable law, community standards of practice, appropriate allocation of resources with consideration to the role of interested parties
2. Ohio Living home health and hospice personnel may discuss any ethical concerns with their immediate supervisors. Further discussions may be held during management meetings, case conferences, performance improvement meetings, or oversight committee meetings.
3. Staff, physicians or other professionals involved in the care of the patient or the patient and family/caregiver may initiate a referral for an ethics consultation by notifying the Executive Director/Administrator, or designee.
4. Staff, patients, their representatives, and attending physicians may request, in advance, to attend a meeting of the selected committee whenever discussion may be relevant to the care involving an individual patient.
5. Minutes will be maintained for all meetings. To assure confidentiality, any discussions involving individual patient cases or personnel will not include names but will use identification numbers.
6. Issues involving conflicts and ethical concerns will be tracked and reported through performance improvement activities.