

	Office of Mental Health Official Policy Manual Directive	Section Quality Assurance	Section # QA-505
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A. Medical Ethics

Medical Ethics are the standards and principles that guide health care provider and agency activities. The American Medical Association and the American Psychiatric Association both promote ethical standards that address issues related to competency of providers, professionalism, respect for the law, and the rights of patients to determine their care and to confidentially express their wishes and preferences. In addition, Medical Ethics may apply to program and service offerings in cases involving the use of patient data, in patient outreach and surveillance to promote engagement in care, and in cross-agency information sharing.

B. Policy Statement

Each Psychiatric Center should have a written Medical Ethics Policy and Procedure describing how the facility identifies and reviews ethical issues, which must describe at a minimum:

1. Ethics Committee Characteristics:

- a. **Membership:** The Ethics committee should be multi-disciplinary and include an identified ethics consultant(s), who may or may not be on the staff of the Psychiatric Center (see below). At a minimum additional members should include:
 - i. Psychiatrist
 - ii. Medical Specialist
 - iii. Nurse
 - iv. Social Worker
 - v. MHTA or SHTA
 - vi. Peer
- b. **Meeting schedule:** The committee may have standing, regular meetings, but must have the ability to meet ad hoc to review new cases. The committee may choose to only meet annually if the process chosen by the facility is one of ethics consultant review, rather than full committee review for cases that arise.
- c. **Documentation:** Meeting dates, referrals, case counts, time spent on each case (start date/end date), major decisions, and other vital information must be formally documented.

2. Ethics Consultations:

- a. Consultations may be done by the full committee or by a single, trained ethics consultant.
 - b. Consultants must be a person(s) with training and/or experience in ethics consultation. This person may be on staff at the facility or available through community affiliation. He/she must have demonstrated knowledge of:
 - i. Ethical principles and their application;
 - ii. Resolving ethical dilemmas; and
 - iii. Writing up consultation recommendations.
 - c. The consultation process should ensure that the expert's recommendations are communicated to the impacted treatment team and documented in affected patients' medical records.
- C.** All staff should be trained in identification of an ethical dilemma, how to refer a case or issue for ethics consultation and the ethical consultation process at the facility, as well as the availability of outside support from Central Office. Training should occur at orientation and annually.
- D.** If facility staff believe that a medical ethics issue would benefit from an external resource this can be obtained by completing the standard OMH consult request form.
- E.** Facility or Central Office Program staff may need consultation as ethical considerations arise in the promulgation of new programs and policies. When this occurs, they may use this process. The goal would be to identify opportunities to promote health equity and to protect the ethical interests of affected individuals, while supporting new, innovative and important avenues for serving OMH's clients.