Minutes of the Ethics Committee
UPMC ST. MARGARET
UPMC ST. MARGARET HARMAR OUTPATIENT CENTER
February 7, 2012

Attending:
Helen Thornton, MD
Joan Devine, MD
Traci Fick, MSN, RN
Allison Grzybek, RN
Amy Haugh, MLS
Cheryl Lenhart, RN-BC
Rodney Rutkowski
Jan Steigner, MSW
David Williams, MSN, RN
Jay Wright, MSN, RN

Guest:
Greg Dober – Consortium Ethics Program,
University of Pittsburgh

Absent:
Tonya Alcorn, MSN, RN
Charlene Amato
Renee Carolan
Cassie Conti, LPN
Christopher Dobbelstein, MD
Jackie Drahos, MSN, RN
Cheryl Hansen, RN
Mary Ann Hoover, CRNP
Beverly Irvine, RN
Carrie Kalmar, RN

Robb Koschik, MD
Lisa Lehman, MSN, RN
Nicole Leighlitner MSN, RN
Elizabeth Mohan, MD
Brian Molcan
Cindy Paner, RN
Heather Rulander, RN
Zeina Saliba, MD
Lindsay Venditti, MD
Valerie Wislo, MD

APPROVAL OF MINUTES
The meeting was called to order at 7:00 a.m. Minutes of the meeting of December 6, 2011 were reviewed and the minutes were then approved and seconded.

INTRODUCTION
The newest members of the Ethics Committee were introduced and included Allison Grzybek and Jay Wright. A guest, Greg Dober from the Ethics Consortium Program at the University of Pittsburgh, was also introduced.
REVIEW OF ETHICS CONSULTS

Dr. Thornton discussed an Ethics consult which involved an older female who had an advanced directive but had tried to commit suicide. She had overdosed on pills and was in the Emergency Department. There was a question of whether to follow her advance directive in regards to intubation, etc. Fortunately, her condition did not warrant intubation and she was treated accordingly and the advance directive would be reinstated once the patient was stable.

Dr. Devine discussed a male patient who had been intubated after a long downhill series of medical issues. He was an anxious individual who had discussed having a tracheostomy prior to the present situation and did not want to have this procedure performed. However, once it was explained to him that this was being done to assist him with transitioning off of the ventilator; he was less anxious and was willing to have this procedure performed.

The next consult involved a developmentally challenged woman who had been a ward of the state for several years and was living in a group home. She had one known family member but he had not been around in several years. The patient had various medical problems including pneumonia, respiratory failure and was on a ventilator and her attending physician did not feel that her condition would improve. The ethics consult was requested by the manager of the group home where she lived as part of a protocol to be followed when a person is a ward of the state and they are terminally ill. Certain procedures must be followed.

One other consult involved a patient who was admitted on a medication called Tikosyn which the hospital does not allow a patient to continue, unless it is being supervised by a physician who has been trained in managing this medication. It is used for the treatment of atrial fibrillation. It was discovered that the patient was still “in atrial fibrillation” even though she was taking Tikosyn and therefore a different medication had to be administered anyways. (Dr. Devine will follow up with a formal letter requesting that physicians be encouraged to obtain the necessary training required if they or their partners are prescribing these particular medicines, in the event that their patients become hospitalized and need to continue on these medications.)

Dr. Thornton discussed an Ethics consult requested yesterday which involves a woman in her forties with Down’s syndrome who was being cared for by her mother, but her mother has since passed. She is now living with her sister, but her sister needs to work to support them, and the patient is being left alone during the day. The patient is not ambulatory. The patient has decubitus ulcers covering her body. Apparently, a visiting nurse has already contacted adult protective services to investigate and assist with this situation. The sister will be made aware of outside agencies who can help provide assistance for her sister in their home while she is at work. It is anticipated that the patient may possibly need to be placed in an assisted living facility until these outside resources can be put in place to properly care for the patient at home.
POLICY REVIEW – “CARE OF THE DYING PATIENT”

It was decided that this policy will be reviewed in June, 2012. The UPMC St. Margaret policy will be compared to the UPMC system policy. Dr. Devine suggested getting input from members of the palliative care team in regards to this policy. Rod Rutkowski will address this issue as Chairman of the Palliative Care Committee.

ETHICS SURVEY RESULTS

Deferred until the next meeting.

NEW BUSINESS

Dr. Thornton mentioned the possibility of scheduling additional Ethics meetings throughout the course of the year. These would be more focused on Ethics education and could possibly include resources provided by the Consortium Ethics Program at the University of Pittsburgh. Rod Rutkowski stated that he has received a survey from the Consortium Ethics Program at the University of Pittsburgh asking if we would prefer a speaker in person, versus a teleconference. Those present stated that they would prefer a speaker at least initially, and then possibly move to a teleconference or even internet-based Ethics education to be completed at one’s convenience. It was noted that the Consortium Ethics Program provides a list of topics available for presentation and this list will be obtained. Dr. Thornton and Dr. Devine will discuss this and bring suggestions back to the next Ethics meeting. Amy Haugh voiced her concern about staff availability to attend these educational sessions and suggested that there be a minimum number of attendees signed up before the program is held. Greg Dober posed the possibility of offering continuing education credits to staff for attending these educational sessions.

One suggested educational topic was “DNR” status. It was noted that there are sometimes misunderstandings and inconsistencies amongst staff when dealing with a “DNR” status for a patient. This makes for a very uncomfortable situation for both the staff caring for the patient as well as the patient’s family. An option would be to make this a mandatory educational training for both the medical staff and the nursing staff. Also, it was suggested that the first year residents receive more formal training in relation to end-of-life situations and to perhaps use the “Five Wishes” booklet as a tool.

It was mentioned that the Ethics Committee should be contacted any time that a patient’s wishes are not being followed.

A representative from the ICU will be recruited for the Ethics Committee, as this unit is where a lot of these end-of-life decisions are made.
OLD BUSINESS

None.

ARTICLES FOR REVIEW


The meeting was adjourned at 8:05 a.m. The next meeting will be held at 7:00 a.m. on Tuesday, April 3, 2012 in Cafeteria Dining Room A.

Respectfully Submitted,

Helen R. Thornton, M.D.