

Clinical Ethics Consultation Policy and Terms of Reference

Policy | GOV-POL-004

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Title	Clinical Ethics Consultation Policy and Terms of Reference
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Replaces	Adapts ASF Policy 04 and 49 (ethics review)
Standards and criteria supported	Standard 2A, criterion 2A.9
Evidence basis	E-009, E-006
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Staff facing an ethical dilemma in patient care can ask for a consultation at any time.
2. The consultation is confidential, timely, and non-binding; the treating team decides.
3. Requests go to the named contact (or the committee), who arranges a consultation within the time set.
4. Each consultation is recorded in the log with the advice given, without patient identifiers.

Stop and get help straight away if: a patient is at immediate risk. Deal with the emergency first and ask for ethics advice afterwards.

1. Purpose

To give staff a usable route to ethical advice on difficult patient care decisions, so that they are not left to resolve these alone [E-006, EC].

2. Scope

Applies to	All clinical and non-clinical staff, and patients and families who raise an ethical concern
Locations	All services at the facility
When	At any time an ethical dilemma arises in patient care
Does not apply to	Research ethics, which is covered by SOP-N05, and legal disputes, which go to the chief executive

3. Definitions and abbreviations

Term	Meaning in this SOP
Ethical dilemma	A situation where values or duties conflict in a way that makes the right action unclear
Consultation	Advice from the ethics route. It informs the decision but does not make it
Ethics committee or	The named person or group who receives requests (committee terms set out in this

Term	Meaning in this SOP
contact	policy)

4. Background and rationale

Difficult decisions about treatment, withdrawal, capacity, and end-of-life care are often made under pressure. Access to independent advice reduces harm and supports staff. Criterion 2A.9 asks for a usable process, not a document alone.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Ethics contact or committee chair	Receives requests, arranges consultation within the time set, records advice	Clinical ethics training
Consultation members	Give advice; declare interests; respect confidentiality	Ethics training (EC)
Requesting clinician	Describes the case, provides the information, and makes the decision with the team	Own professional competence
Chief executive	Approves the policy and reports on the consultation log	Executive leadership

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Request form	Current version; no patient identifiers needed	Available to all staff
Consultation log (GOV-REG-003)	Current	Updated after each consultation

7. Safety and infection prevention

- Do not include patient identifiers in requests, unless the consultation needs them and the process is secure.
- Do not delay urgent treatment while awaiting ethics advice.

8. Before you start

- Check whether the matter is urgent. If so, treat first.
- Gather the clinical facts, the patient's wishes and the relevant records.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Ask for consultation.	- Contact the named ethics contact by phone or email, or complete the request form. - Describe the question, the clinical facts in summary, and the time pressure.	A clear question gets a useful answer.
2	Arrange the consultation.	- The contact arranges a consultation within two working days for non-urgent cases, and the same day where delay causes harm (EC). - Invite the requesting clinician, the patient or their representative where appropriate, and members with relevant expertise.	Timely advice is useful advice. Late advice is a delay.
3	Hold the consultation.	- Set out the facts, the values at stake, the options, and the likely effects of each. - Give advice in writing, with the reasons. - Make clear the advice does not replace the decision	The advice must be reasoned. A bare recommendation is not useful to the team.

Step	Action	How to do it	Key point
		of the treating team, the patient or the law.	
4	Record the consultation.	- Enter the date, the question (without identifiers), the advice given and the reasons on the consultation log (GOV-REG-003). - File the written advice in the restricted ethics file.	The log shows the route is used and what it advises. It does not identify the patient.
5	Review the route and cases.	- The governing body reviews the number and type of consultations each year. - Update the policy or training where a pattern shows a need.	Patterns show where staff need training and where policy is unclear.

Decision points

- If the requesting clinician disagrees with the advice, the decision stays with the treating team within the law, and the disagreement is recorded.
- If the dilemma involves a child, or a patient who lacks capacity, follow the relevant legal pathway as well (EC).

10. Special situations

Situation	What to do
Patient or family request for ethics advice	Accept the request and route it through the same process.

11. Problems and escalation

- If the route is not available or not responding, inform the chief executive the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Requests responded to within the time set	100%	Monthly	Ethics contact	Escalate to chief executive
Consultations recorded in the log	100%	Monthly	Ethics contact	Complete record within 5 days
Staff who know how to request a consultation (sample)	80% (EC)	Yearly	Quality lead	Briefing

13. Records

Record	Where it is kept	Kept for
Consultation log (GOV-REG-003)	Governance file, without patient identifiers	{{facility.records_retention_years}} years
Written advice	Restricted ethics file	{{facility.records_retention_years}} years

14. Training and competence

- Ethics contacts and committee members receive training in clinical ethics (EC).
- All clinicians are briefed on how to request advice at induction.

15. Related documents

ID	Title	Relationship
GOV-SOP-002	Ethics Consultation Procedure	Procedure in detail

ID	Title	Relationship
GOV-REG-003	Ethics Consultation Log	Log
SOP-N05	Research Ethics and Human Subjects Protection	Research ethics is separate
CON-POL-001	Patient Rights and Responsibilities	Patient rights in decisions

16. Evidence

ID	Source and status
E-006	ASF Policy Framework v1.2.
E-009	ASF Expert Committee consensus. Timeframes and membership are EC decisions.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Approved by the ASF Expert Committee
1.1	{{document.effective_date}}	Internal quality review: corrected cross-references, status wording and document control	Approved by the ASF Expert Committee