Policy · GOV-POL-004 · Version 1.1 · Approved by the ASF Expert Committee

Supports: 2A.9

At a glance

- Staff facing an ethical dilemma in patient care can ask for a consultation at any time.
- The consultation is confidential, timely, and non-binding; the treating team decides.
- Requests go to the named contact (or the committee), who arranges a consultation within the time set.
- 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

Term	Meaning
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 contact	The named person or group who receives requests (committee terms set out in this policy)

4. Background

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	Responsibility	Competence
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. Materials and equipment

Item	Requirement	Condition
Request form	Current version; no patient identifiers needed	Available to all staff
Consultation log (GOV-REG-003)	Current	Updated after each consultation

7. Safety

- 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

Step 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.

Key point: A clear question gets a useful answer.

Step 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.

Key point: Timely advice is useful advice. Late advice is a delay.

Step 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 of the treating team, the patient or the law.

Key point: The advice must be reasoned. A bare recommendation is not useful to the team.

Step 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.

Key point: The log shows the route is used and what it advises. It does not identify the patient.

Step 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.

Key point: Patterns show where staff need training and where policy is unclear.

10. 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).

11. Special situations

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

12. Escalation

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

13. Monitoring

Measure	Target	Frequency	Owner	If not met
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

14. Records

Record	Kept in	Retention
Consultation log (GOV-REG-003)	Governance file, without patient identifiers	the period set by the facility's records policy years
Written advice	Restricted ethics file	the period set by the facility's records policy years

15. Training

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

16. Related documents

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

17. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2.
E-009	ASF Expert Committee consensus. Timeframes and membership are EC decisions.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	Approved by the ASF Expert Committee

1.1	the date of approval	Internal quality review: corrected cross-references, status wording and document control	Approved by the ASF Expert Committee

E-learning for this document

- Healthcare Ethics for ASF Accreditation (A-07)

References

- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)
- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)

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