Oxford University Hospitals
NHS Foundation Trust

Trust Board Meeting in Public: Wednesday 13 March 2019

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Title	**OUH Clinical Ethics Advisory Group – Annual Report**

Status	For information
History	

Board Lead(s)	Professor Meghana Pandit, Chief Medical Officer			
Key purpose	Strategy	Assurance	Policy	**Performance**

Executive Summary

1. The Clinical Ethics Advisory Group (CEAG) was formed in October 2017 by a group of interested clinicians and ethicists in discussion with the Medical Director's Office. It aims to offer ethical expertise, analysis and reflection for clinicians across the OUH Trust.

2. The group has a schedule of meetings but, where possible, will meet to undertake 'rapid reviews' if required. This report provides details of the work undertaken since the creation of the group.

3. **Recommendation**

   The Trust Board is asked to receive this report for information.

OUH Clinical Ethics Advisory Group Annual Report

1. Purpose

1.1. The purpose of this report is to provide the Trust Board with information on the work being undertaken by the OUH Clinical Ethics Advisory Group (CEAG).

2. Background

2.1. The Clinical Ethics Advisory Group was formed in October 2017 by a group of interested clinicians and ethicists in discussion with the Medical Director's Office. It aims to offer ethical expertise, analysis and reflection for clinicians across the OUH Trust. Members are chosen from a variety of backgrounds on the basis of clinical experience and ethical expertise. Scheduled, roughly bimonthly, meetings can be supplemented with rapid reviews where members are available. Terms of reference (attached as Appendix 1) and formal membership records are maintained, and due regard is paid to confidentiality and data security. Some potentially identifying details have been intentionally omitted from this report.

3. OUH CEAG

3.1. Membership of the CEAG is detailed below. Members have a variety of backgrounds on the basis of clinical experience and ethical expertise.

Consultant Clinical Oncologist, Masters level modules in ethics, teaches ethics to undergraduates (Chair)
Consultant Neonatal Intensivist & Professor of Medical Ethics, editor of Journal of Medical Ethics. Masters and PhD in Ethics. Extensive publication record in
Bioethicist, Ethox Centre
SUWON Divisional Lead: Practice Development and Education
Consultant, Geratology, Acute General Medicine – JR & Horton hospitals. Clinical tutor in medical ethics. BA Philosophy and Comparative Religion
Lecturer in Health and Social Care Ethics, Ethox Centre. Runs undergraduate teaching programme in medical ethics.
Bioethicist, Ethox Centre
Senior Research Scientist, Qualified Nurse. Experience of research ethics committees.
Consultant in Paediatric Palliative Care, Helen and Douglas House
Consultant in Palliative Medicine, Masters level ethics modules
Director, Healthcare Values Partnership. Masters and Doctoral studies in theology and ethics, extensive publication record.
Consultant in Palliative Medicine, Masters level ethics training
Consultant in Palliative Medicine, Katherine House Hospice, MA Ethics and Law
Acute Oncology Specialist Nurse, Masters level ethics study, currently clinical academic PhD studentship – end of life care

Hospital Chaplain, previous member of a hospital ethics committee (Imperial), related doctoral studies in ethics, advocacy and theology
Academic Clinical Lecturer in General Practice, teaches on national ethics courses
Ward Sister, Level 7 JR
Adult ICU Trainee, MA Ethics and Law (ongoing)
Senior Specialist Nurse, Community Palliative Care. Experience of clinical and research ethics committees(e.g. KCL). Postgraduate ethics module.
Consultant Cleft and Plastic Surgeon, MA Ethics and Law, previous member of ethics committee (GOSH) and GMC fitness to practice panels
Consultant Paediatric ICU, MA Ethics and Law, RCPCH ethics interest group
*Retired from CEAG In addition, several clinical trainees, ethics fellows and students, medical students and elective students have attended CEAG meetings and made valuable contributions.

3.2. The following table details the meetings that have taken place since the creation of the group, the type of meeting – scheduled or rapid review - and the questions discussed.

Date	Type	Ethical question	Attendees / Referrers
October 2017	Rapid	*Is SMART assessment and possible rehabilitation suitable for a patient with severe anoxic brain damage on an acute medical ward?*	Acute general medicine, OCE
November 2017	Rapid	*Should artificial nutrition and hydration be continued fora patient with severe anoxic brain damage on an acute medical ward?*	Acute general medicine, AGM nursing,
December 2017	Scheduled	*Should multiple amputation be considered for a child after septic tissue damage?*	Plastic Surgery, Paediatric surgery
January 2018	Scheduled	*An alcoholic patient is "living in" the hospice. He does not yet need end of life care – what should the team do?*	Palliative care, Sobell House
March 2018	Scheduled	*Should a patient with learning difficulties be sedated for several weeks to allow adequate surgery for basal cell carcinoma.*	Adult ICU, Plastic surgery
March 2018	Scheduled	*How should medical and nursing teams respond to a patient's refusal to comply with basic nursing care?*	General medicine, nursing

Date	Type	Ethical question	Attendees / Referrers
May 2018	Scheduled	*A patient's daughter refuses analgesia on her behalf in a palliative care setting – how should the team respond?*	Palliative care, Sobell House
May 2018	Rapid	*Should a tracheostomy be performed for a young man with severe cerebral palsy, intellectual impairment, epilepsy & VP*	Adult ICU
June 2018	Scheduled	*Is it ethical for patients to have to wear an electronic tag when they do not have capacity to consent and a DOLS is*	OCE, Psychology, nursing governance
August 2018	Rapid	*The parents of a baby with severe neurological disabilities ask for continued life-prolonging treatment – should their*	Paediatric ICU, paediatric palliative
October 2018	Rapid	*A patient with renal failure and severe anorexia is being treated palliatively – is gastrostomy feeding appropriate?*	Renal medicine, palliative care
October 2018	Scheduled	*A patient's family refuse to allow a cancer diagnosis to be discussed directly with him. How should the team respond?*	Geratology
December 2018	Scheduled	*A drug company offers CBD oil on a "compassionate use" basis for 5 children with severe epilepsy syndromes –should the team accept? How should the patients be chosen?*	Paediatric neurology

4. Impact

4.1. The role of CEAG has included support for clinical consultants and teams experiencing "moral distress". Feedback from referring teams has been encouraging, with the involvement of CEAG described as "positive", "supportive", "unique" and "thought-provoking." After each case, a letter is sent to the referring team, summarising the discussion and any recommendations.

4.2. Examples of the impact of CEAG involvement include our first formal case in October 2017, concerning the rehabilitation and care of a patient with severe anoxic brain damage. The patient's care was the subject of scrutiny by the family and the Trust's management and legal teams. Our review informed the Acute General Medicine team's initial discussions with the Oxford Centre for Enablement, and we were subsequently asked to consult again regarding artificial nutrition and hydration.

4.3. In a later case in March 2018, the Plastics team sought ethical advice before embarking on complex multiple surgical procedures and peri-operative sedation for a distressed patient with learning difficulties who had developed skin cancer. CEAG's advice came towards the end of a long delay for the decision to be made.

4.4. Over the next year, increased visibility and accessibility to the whole Trust, ensuring that all divisions and hospital sites are aware of the existence of

CEAG and its role, is planned. Whilst CEAG has established itself on the basis of voluntary time and effort from all of its members, the development of the group will require recognition of time in job plans and administrative support.

4. **Recommendation**

5.1 The Trust Board is asked to receive this report for information.

Professor Meghana Pandit, Chief Medical Officer

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January 2019