

# Writing Policies That Work

*"There is relatively little in the ethics committee literature on policy and guideline writing, even though this activity is a staple for most committees."\**

## I The difference between a policy and a guideline

- A. A policy mandates standards for acceptable conduct.
- B. Guidelines suggest principles for conduct which are recommended but not mandatory.

## II Anatomy of a policy

- A. Statement of need or rationale
- B. Statement of purpose
- C. General principles
- D. Definitions
- E. Procedure
- F. Statement of relationship to existing policies

## III Reasons for policy drafting in a health care institution

- A. To translate the abstract ethical values of its mission statement into practical terms
- B. To shape the behavior of health care personnel to be consistent with the institutions mission statement and values
  - 1. Decrease staff uncertainties about what practices are permitted
  - 2. Reduce stress and conflict among health care professionals, patients, and families
  - 3. Decrease Ad hoc procedures and arbitrary decisions
  - 4. Increase the involvement of patients/families in decisions about their treatment
  - 5. Improve the quality of health care decision making within the institution
- C. To promote the institution's responsibility to safeguard patient's rights
  - 1. Rights to complete advance directives
  - 2. Rights to make health care decisions
  - 3. Other rights as noted in the AHA Patient Bill of Rights
- D. To maintain JCAHO accreditation
- E. To provide legal protection

## IV Steps in policy drafting

*"Generally, policies should be created only when there is a widespread and repeated problem, and pattern of actions that are inconsistent with the institution's values. Even then, there should be a period of questioning whether the problem is best addressed by a policy, education, or both . . ."*

- A. Define need and determine if policy is the best approach as opposed to education or some other means.
- B. Examine institution's mission and values and determine how they apply to the policy.
- C. Agree on general principles
- D. Obtain copies of policies from other institutions or organizations (try not to reinvent the wheel!)
- E. Delegate the policy writing to a subcommittee or a standing committee on policy.
- F. Circulate the first draft for review not only to other ethics committee members but also to physicians, nurses, etc. most effected by the policy within the institution.
- G. Meet with affected physicians, nurses, or others about any questions with regard to the policy and try to obtain their approval for it in advance.
- H. Revise the policy based on committee member and other input.
- I. Have legal counsel review and comment on the revised policy.
- J. Revise the draft again based on additional input.
- K. Approve the policy at the ethics committee level and forward to the next appropriate administrative committee or group.
- L. Follow the policy through organizational channels until it is approved and becomes effective or until it is referred back for revision.
- M. Conduct educational programs in many different formats so that institutional personnel understand and know how to apply the policy.
- N. Evaluate the policy after it is in use and review and revise as needed.

*"Participants on ethics committees need to understand that a policy is never finished. Even though it may be approved by the appropriate powers and placed into the institutional policy and procedure manual, it is almost always the case that a policy can be further improved over time. New cases, new medical technology, new laws, and new understandings of the patient- physician relationship may necessitate revisions in the policy." – AHM*

## **V Policies that might be drafted by an ethics committee**

- A. Advance care planning
- B. Brain death
- C. Confidentiality
- D. Consent for HIV testing
- E. Determining appropriate surrogates for patients who lack decision-making capacity
- F. Determining decision-making capacity
- G. Do Not Resuscitate orders
- H. Forgoing artificial nutrition and hydration
- I. Withholding and withdrawing life-sustaining treatment
- J. Informed consent
- K. Maternal-fetal conflicts
- L. Pain management
- M. Refusal of blood transfusion by Jehovah's Witnesses
- N. Dealing with noncompliant patients
- O. Conscientious objection of health care professionals
- P. Ethics consultation policy
- Q. Patient and staff safety
- R. Organizational ethics
- S. Potentially inappropriate treatment and resolving conflicts (requests for medically ineffective or non-beneficial treatment)

## **VI Strategies for educating institutional staff about policies**

- A. Enlist affected staff in the policy review and revision process
- B. Present cases in an educational format which highlights aspects of the policy
- C. Distribute summaries of the policy
- D. Include summaries of the policy in the institutional newsletter
- E. Provide copies of the policy in areas where reference will be needed

## **VII Evaluation to see if policy is working**

- A. Develop outcome measures
- B. Track outcome measures
- C. Do further education or revise policy as necessary

## **VII References for drafting policy**

1. US Department of Veterans Affairs National Center for Ethics in Health Care. Policy. <https://www.ethics.va.gov/policy.asp>
2. Reports of the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, especially: *Deciding to Forego Life-Sustaining Treatment, Defining Death, and Making Health Care Decisions*, Washington, DC: US Government Printing Office, 1981-1983.
3. The Hastings Center. *Guidelines for Decisions on Life-Sustaining Treatment*

*and Care Near the End of Life, 2<sup>nd</sup> ed.* New York:Oxford University Press, 2013.

4. Bosslet GT, et al. An Official ATS/AACN/ACCP/ESICM/SCCM Policy Statement: Responding to Requests for Potentially Inappropriate Treatments in Intensive Care Units. *Am J Respir Crit Care Med* 2015;191(11):1318-30.
5. JCAHO *Accreditation Manual* (current year)
6. Policy statements or guidelines issued by medical societies or organizations (e.g., The American Medical Association, The American Thoracic Society, The American Academy of Neurology, The American College of Physicians, The American Academy of Pediatric, etc.)
7. Bruce CR, et al. *A Practical Guide to Developing and Sustaining a Clinical Ethics Consultation Service*. Houston: Baylor College of Medicine, 2015.
8. References in WVNEC Ethics Committee Resource Manual

\*Ross JW et al. *Health Care Ethics Committees: the next generation*. Chicago: American Hospital Publishing, Inc., 1993:69.