



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

**SUBJECT: BIOETHICS RESOURCE COMMITTEE
MISSION STATEMENT**

**Policy No.: B500
Supersedes: May 11, 2017
Revision Date: June 24, 2022
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INTRODUCTION

The Bioethics Resource Committee (BRC) is an interdisciplinary team representative of Rancho and community.

The Committee provides a forum for identification and discussion of bioethical concerns affecting the medical center, its staff and patients. The Committee functions to provide consultation and recommendations to medical center staff, patients, families/significant others, care providers, and parents of children and adolescents; develop policies and guidelines (see attachment); and present education regarding bioethical matters to staff and patients. Essential to the philosophical foundation of this committee are the rights of patients across the lifespan.

PHILOSOPHY

The BRC recognizes the rights of patients and establishes bioethical guidelines consistent with community standards and patient centered care. The BRC recognizes that the primary responsibility for addressing bioethical concerns in medical care resides with the patient, the primary health care team, and where appropriate, the patient's family/significant others, care providers, and parents of children and adolescents.

RESPONSIBILITIES

1. To assist the Medical Executive Committee of the professional staff in the development and review of policies related to bioethical responsibilities.
2. To provide a forum to address bioethical concerns and issues related to patient care for adults, adolescents and children.
3. To provide a forum for interdisciplinary dialogue by facilitating communication among health care providers concerning the ethical implications of patient care and medical research.
4. To enhance education among BRC members and among the RLANRC staff concerning bioethical issues.
5. To provide consultation, education, and resource information to patients, family/significant others, care providers, and parents of children and adolescents.

EFFECTIVE DATE: January 1994

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

AMA (2019) recommends that the ethics committee do the following to be effective in providing the intended support and guidance in any of these capacities:

- (a) Serve as advisors and educators rather than decision makers. Patients, physicians and other health care professionals, health care administrators, and other stakeholders should not be required to accept committee recommendations. Physicians and other institutional stakeholders should explain their reasoning when they choose not to follow the committee's recommendations in an individual case.
- (b) Respect the rights and privacy of all participants and the privacy of committee deliberations and take appropriate steps to protect the confidentiality of information disclosed during the discussions.
- (c) Ensure that all stakeholders have timely access to the committee's services for facilitating decision making in nonemergent situations and as feasible for urgent consultations.
- (d) Be structured and supported appropriately to meet the needs of the hospital and its patient population. Committee membership should represent diverse perspectives, expertise, and experience, and if possible, including one or more community representatives.
- (e) Adopt and adhere to policies and procedures governing the committee and, where appropriate, the activities of individual members as ethics consultants, in keeping with medical staff by-laws. This includes standards for resolving competing responsibilities and for documenting committee recommendations in the patient's medical record when facilitating decision making in individual cases.
- (f) Draw on the resources of appropriate professional organizations, including guidance from national specialty societies, to inform committee recommendations.

As an ethics committee that serves a mission-driven health care institution, Rancho has a dual responsibility to:

- (g) Uphold the principles to which the institution is committed.
- (h) Make clear to patients, physicians, and other stakeholders that the hospital's defining principles will inform the committee's recommendations.

CONFLICT SITUATIONS

If major disagreements occur between the committee and an individual member of the healthcare team, the BRC recommendations may be referred to the Medical Executive Committee for consideration in a larger institutional context.

ACCESS TO COMMITTEE

When concerns exist, are anticipated or there is a need to review or support previously made decisions, a meeting may be requested by:

- * Patient
- * Patient's family/significant other
- * Care provider

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- * Parents of children and adolescents
- * Member of the health care team
- * BRC member

The Committee is accessed by calling or emailing chair of the Bioethics Committee or the Patient Advocate. Current members contact information is available from the Office of the Chief Medical Officer.

American Medical Association. Ethics Committees in Health Care Institutions: Code of Medical Ethics Opinion 10.7. *AMA Principles of Medical Ethics: II, IV, VII* 2019; <https://www.ama-assn.org/delivering-care/ethics/ethics-committees-health-care-institutions>.

JB: gg

Updated: CS 05/2017 06/2022

Attachment I—Policies and Procedures that are periodically reviewed by Bioethics Committee

Patient Rights-Related Policies and Procedures

Attachment 1

A105	Access to Medical Services
A402	Handling of Intoxicated Patients or Visitors
B500	Bioethics Resources Committee – Mission Statement
B503	Confidentiality of Records
B503.1	Patient Access to Health Records
B504	Consent for Medical Treatment
B504.1	Designation of Surrogate Decision Maker
B505	Religious Matter
B509	Patient Rights and Responsibilities
B509.1	Patient’s Right to Informed Participation in Decisions Regarding Care
B512	Non-Compliance and Problematic Behavior
B514	Patient Complaints
B515	Organ/Tissue Donor Protocol
B518	Disclosure of Unanticipated Outcomes
B708	Reporting Known or Suspected Patient Abuse
B803	Advance Directives
B804	Guidelines for “Do Not Resuscitate Orders”
B805	Principles and Guidelines Concerning the Foregoing of Life-Sustaining Treatment for Adult Patients
B826.3	Non-Voluntary Discharge of a Patient
B832	Patient, Family, and /or Significant Other Education
B866	Declaration of Brain Death