

Vermont Division of Disability & Aging Services Ethics Committee

CASE PRESENTATION GUIDELINES

Updated 5/11

1. What is the Ethics Committee?

The Ethics Committee reviews critical care decisions by a Public Guardian (PG) to abate life-sustaining treatment for an individual who receives services through DDAS. The role of the committee is advisory. The committee will assist the person presenting the case assess all necessary information when making a critical health care decision. The *Policy on Critical Care Decisions* provides details on the role of the guardian and the Ethics Committee and information on making critical health care decisions.

2. What is the composition of the Ethics Committee?

The committee is a diverse group of individuals who have a personal and/or professional interest in the welfare of people with developmental disabilities and are not employees of DDAS. Employees of DDAS provide support; Merle Edwards-Orr chairs the committee, Jackie Rogers attends as supervisor to the PG and June Bascom provides staff support. The committee meets bi-monthly, though it may convene more frequently or by conference call in the event of an emergency.

Members of the Ethics Committee agree to participate with the understanding that information shared at the meetings is strictly confidential. Information that is written or reviewed by the committee will not be discussed by committee members with anyone outside of the committee except with members of the person's team. Participants in the Ethics Committee process shall maintain the confidentiality of client-specific information. All information written about a case (e.g., case reviews, meeting minutes) will refer to the person being reviewed by her/his initials and treated as confidential material (e.g., de-identified prior to distribution, labeled "Confidential", extra copies shredded after use). However, during case presentations, the individual will be referred to by name.

3. Who can bring a case to the Ethics Committee?

The committee is available for PG to present cases where they need to make critical health care decisions for an individual. Other people who know the individual personally, or are involved in providing input into the decision making process, may also present to the committee (e.g., the individual him/herself, a friend, staff person, family member, medical professional). The Ethics Committee is also available to family members, people with developmental disabilities, private guardians, and service providers who are involved in critical health care decisions for individuals with developmental disabilities but who do not have PG involvement.

If you want to present a case to the Ethics Committee, contact Jackie Rogers (241-2616) or June Bascom (241-2644).

4. What information is needed for a case presentation?

Information about the individual who is being presented to the Ethics Committee needs to be sent out to committee members prior to the review date. This written case review, briefly outlining the information described below, needs to be submitted to Jackie Rogers one week prior to the presentation (or as soon as possible). Include only that information that is felt to be relevant to the specific case.

- Name of the individual(s) presenting the case and relationship(s) to the person being presented.
- Reason for case review by the Ethics Committee?
 - Why is the case being brought to the committee?
 - What are the specific questions that the committee needs to consider?
- Description of the Person (use initials only) and Brief History
 - Demographics: name, age, place of residence
 - History: applicable background information
 - Current situation: significant others (family, friends, staff), how they spend their time, where they work, etc.
 - Relevant personal information: joys, fears, interests, abilities
- Medical Status
 - General medical issues
 - Chronology: medical events leading up to present situation
 - Diagnosis
 - Prognosis
 - Treatment options and recommendations

Note: Attach accompanying medical documentation from the attending physician(s), medical specialist(s) (including second opinions), and other relevant documentation.

Other Issues to Consider

- Comfort level of the person: Are they symptomatic? How do they respond to pain, hospitalization, enforced inactivity, etc.?
- Communication style: ability of the person to communicate (expression and comprehension)
- Person's understanding of, and input into, treatment options
- Perspective and values of significant others (family, friends, staff, private guardian)
- What action has the guardian and/or treatment team already taken?
- What future actions are the guardian and/or treatment team considering?

Please bring a photograph of person to the meeting if possible.

Please invite other members of the individual's team who would like to participate in the discussion.

6. What happens after the meeting?

Minutes will be sent out to all participants of the meeting and committee members. Documentation usually outlines key issues discussed, questions and concerns, recommendations, and follow-up. The recommendations of the committee are advisory. The presenter may be asked to bring the case back to a future meeting in follow-up to recommendations made by the committee, or Jackie Rogers may choose to report back to the committee on behalf of a PG.

Written or verbal feedback about the minutes, recommendations made by committee members, or the process in general are welcome and should be directed to June Bascom, Jackie Rogers or Merle Edwards-Orr.