

Study: Decision Making Model Enables Resolution of Ethics Issues at the Bedside



A study from Switzerland that evaluated implementation of a stepped ethical decision-making model on three intensive care units (ICUs) and two geriatric wards found that it worked well, with staff able to find the time and confidence to solve ethical issues themselves. In addition the evaluation showed reduction in moral distress experienced by staff, when they used the model regularly.

The research, published in *BMC Medical Ethics*, by Barbara Meyer-Zehnder and colleagues from the University of Basel, used qualitative and quantitative methods to discern the factors which facilitate and inhibit implementation of a medical ethics decision making model on hospital wards.

See Also: [The Responsible Use of Limited Resources in Hospitals: The METAP Ethical Project](#)

The ethics decision-making model is [METAP \(Modular, Ethical, Treatment decision, Allocation of resources at the micro-level and Process\)](#), which also has a short version called Leporello that includes checklists for collecting and arranging important information as well as algorithms for ethical case discussion.

Facilitating Factors

In the questionnaires and face-to-face interviews with participants, the facilitating factors most often mentioned were:

1. Acceptance and presence of the decision making model
2. Nursing and medical management support
3. Culture, namely an existing or developing explicit ethics culture
4. Perceived need for a decision-making model
5. Engaged staff members

The authors comment that their results suggest that culture and context are most important for implementation success. They note that the characteristics of METAP itself were also mentioned quite often.

Inhibiting Factors

1. Lack of presence and acceptance of the decision making model
2. Insufficient time resources and staff
3. Poor interprofessional collaboration
4. Lack of ethical competence
5. Inability to recognise ethical problems

At the time the study was conducted, in 2011, ethics committees were not implemented at a hospital level. The researchers note that METAP offers an escalating model offering self-help, as an alternative.

The levels of METAP are:

- Level 1. Solve an ethical problem with the aid of the Leporello
- Level 2. Discuss ethical problem with a member of the facilitating group
- Level 3. Discuss ethical problem with an internal ethical case discussion
- Level 4. Ethics consultation with hospital committee or ethics consultant.

In this study the participants appreciated being able to handle ethical issues in a self-reliant way. They perceived that having an ethics consultant or committee would be too slow or time-consuming.

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