

✓ **Clinical Ethics Education  
in the Department of  
Veterans Affairs**

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The Veterans Health Administration (VHA) directs a healthcare system that includes over 200,000 professional and support staff operating 171 medical centers, 350 outpatient clinics, 201 veterans outreach centers, 129 nursing home care units, 35 domiciliaries, and 24 spinal cord injury units. The Department of Veterans Affairs (VA) tallied greater than 1 million discharges and greater than 24 million outpatient visits this past year. It holds affiliations with 1,000 educational institutions and served over 100,000 students and trainees in its facilities. Its research effort, vital to the recruitment and retention of high quality patient care staff, encompasses clinical and basic science, prosthetics and rehabilitation, and health services research and development.

There are a number of unique features of the patients using the VA system that strongly influence the development and incorporation of clinical ethics into the fabric of the organization. The patients served are over 95% male. They are older (average age 55) than the national average and as a group are aging more rapidly. They also have an inordinately high representation of minorities and have high incidences of multiple diag-

noses, substance abuse, and chronic mental illness. Social support systems are often lacking as compared with the general population. Thus, although the vast bulk of the veteran population (over 26 million) is inexorably woven into the fabric of the American society and its private healthcare system, those receiving care in the VA system represent a group not covered or cared for by these usual alternative means.

The other unique feature of the system that has important clinical ethical implications is the fact that it operates with a fixed or closed budget. A finite and limited amount of appropriated funds are provided by Congress on a yearly basis to deliver healthcare. The options for spending those dollars dwarf the capacity of the allocation and raise issues daily about which administrative and clinical decisions must be made both at the system and local level. These issues may include equity of access to care, rationing of care, and quality of care.

In the midst of these features we have witnessed the growth of medical knowledge and the rapid expansion of medical technology that have extended the scope of care offered to the veteran patient. VHA has not escaped the complex ethical issues that accompany the delivery of modern healthcare. As a result, ethical issues occur frequently because older and poorer patients are often sicker and have fewer home support resources.

In the 1970s, several key people in the General Counsel office started raising ethics-related questions in relationship to the development of VHA policy. Around the same time individuals at a few local VA Medical Centers (VAMCs) became interested in clinical ethics issues and sought ways to enhance their knowledge in applied ethics by reading the expanding ethics literature and/or attending some of the early ethics workshops. VHA did not mandate ethics programs, yet activities, such as ethics journal clubs and case conferences, started to mushroom at some VAMCs. These activities evolved sporadically throughout the agency, depending on the interest of key individuals at various hospitals. The early focus of medical ethics was on the appropriate application of life-sustaining treatments for terminally ill veterans. Despite this issue continuing to be of concern both at a clinical and policy level, many other issues have emerged, including the allocation of limited resources due to finite and limited funding throughout the agency.

Over the past few decades, the interest in ethics has grown in VHA as has the number and knowledge of clinicians and administrators with ethics expertise. As a result, the VA is taking a leadership role in both acknowledging and responding to the ethical issues that are so common to all modern healthcare institutions.

There is a wide range of ethics activities in the VA, including such activities as the establishment of the National Center For Clinical Ethics (NCCE), national and regional educational conferences, active ethics advisory committees, local VAMCs ethics programs, and the approval of ethics related policies for all VAMCs. For example, after extensive review, VHA adopted a significant policy, "Withholding and Withdrawing of Life-Sustaining Treatment" (M-2, Part I, Chapter 31 - November 18, 1991), that

reflects ethical and legal reasoning while promoting the rights of veteran patients. The VHA also created its own advance directive documents including a Living Will, a Durable Power of Attorney for Health Care, and a Treatment Preference form that are valid in every VAMC.<sup>1</sup> VAMCs are developing local programs to promote the use of these advance directives to empower patients by giving them the opportunity to clearly choose their own treatment preferences and medical care goals.

Most of the ethics activities take place within the 171 VAMCs throughout the nation. The notion that hospitals can benefit from the presence of an ethics advisory committee is widespread within VHA. Over 90% of VAMCs have functioning ethics advisory committees.

Most of the VAMCs ethics activities emanate from the local ethics advisory committee under the direction of the chairperson. The scope of the ethics program varies at each hospital but usually includes the traditional activities of education, case consultation, and the review of local policies. Knowledgeable in the application of ethical reasoning, the committee is frequently consulted to advise on ethical problems. Their role is not to usurp decision making but to help clinicians systematically reflect on their own decisions or to enhance the natural decision process between patients and care providers. Ethics case reviews focus on dilemmas similar to those in non-VA medical centers, with the addition of those issues that tend to be unique to veterans and budget-related issues. Because of the passage of the Patient Self-Determination Act, the 1992 Joint Commission on Accreditation of Healthcare Organizations patients rights standards, and VHA's Chapter 31, most VAMC ethics advisory committees are especially active in developing ethics-related programs to foster the use of advance directives.

Several VAMCs have received recog-

dition for accomplishments in medical ethics as a result of the expertise and administrative support of staff members. These medical centers not only have well-organized programs for their hospitals but serve as ethics resources for their affiliated medical schools. Some medical centers have received research funding to explore and publish papers on aspects of medical/moral decision making. They also serve as a resource to their VHA region for educational conferences and ethics newsletters. A few VAMCs have employed medical ethicists as members of the staff with the role of guiding their ethics program.

The Veteran Affairs Central Office (VACO) also responded to the growing number of ethical issues in the care of veteran patients. A National Bioethics Advisory Committee was formed in 1986 and evolved from an interest group to the status of an advisory committee. Its role is to advise the VHA's Chief Medical Director concerning the ethical ramifications of patient care issues. The committee consists of 20 members including people from VACO and local VAMCs and non-VA experts in ethics. The committee meets for 2 days twice a year to review and discuss various ethical concerns. Some of the subjects discussed in past meetings have included ethical issues in treating the AIDS patient, the definition of futility, the development of ethics advisory committees, ethical issues in quality assurance, and ethical concerns in organ transplantation.

This past year the committee has been reorganized to foster the study of various ethical issues. Topics that are currently under review by subcommittees include Medical Futility, Informed Consent Issues for Patients with No Legally Designated Surrogate, Physician Assisted Suicide, and Health Care Rationing and Allocation. Each subcommittee will provide a report for the committee.

The VACO Bioethics Committee and

other key people recognized the need to develop a national resource for the subject of medical ethics and expand the number of people with ethics expertise throughout the agency. After a thorough review, including site visits, the White River Junction, Vermont, VAMC was chosen as the home of the National Center for Clinical Ethics (NCCE) in 1991. The purpose of the NCCE is to provide clinical ethics guidance to the VA by serving as an ethics resource and consultant to all VAMCs and VACO. The NCCE works to enhance the clinical ethics programs, to enhance practice, teaching, and research at VA hospitals, and to promote ethical reflection in policy development at the central office level. Some of the specific objectives of NCCE include

- 1) providing staff support and developing priorities for the VACO Bioethics Committee and the Chief Medical Director,
- 2) providing ethics leadership and consultation to the VACO and the Chief Medical Director,
- 3) providing review and recommendations to the VACO and the Chief Medical Director on appropriate policy issues,
- 4) serving as an ethics education resource to all VAMCs and Regional Medical Education Centers (RMECs),
- 5) serving as a clearinghouse for ethics-related information, activities, and programs,
- 6) publishing an informative newsletter for the agency, and
- 7) promoting the collection of ethics-related information and research.

Improving the quality of clinical ethics programs at the VAMCs is primarily an educational task. Therefore, a major activity of the NCCE is to serve as an education resource for the agency. The philosophy behind the educational ef-

fort is to enhance the theoretical knowledge and practical skills of clinicians and administrators in medical ethics. The NCCE staff's role is to nurture the capabilities of those involved in clinical care and to respond to ethical issues but not to function as the experts with the answers to all clinical ethics problems. There are four basic ways the NCCE fulfills this educational task.

The first is by serving as an educational resource for all the VAMCs. A growing number of VAMCs are conducting educational programs for their staff on various topics. The NCCE functions as faculty for programs or assists the local hospital in finding ethics resources in their area.

The second type of educational activity is RMEC supported programs. These are educational programs that take place at a local VAMC but are coordinated by one of the seven RMECs located around the country. These conferences provide an educational opportunity for the local hospital's personnel or for a cluster of VAMCs within a particular region. RMECs also have facilitated several larger conferences for an entire region of VAMCs held at the RMEC training site. Several of the RMECs have been conducting interactive teleconferences to foster communication among hospitals regarding various ethics programs. The teleconferences frequently use a case study method and are oriented toward members of ethics advisory committees. The NCCE staff frequently serve as speakers for these conferences.

A third manner of promoting ethics education is through national training programs. The Continuing Education Center (CEC), located in St. Louis and Washington, D.C., coordinates VHA's national training programs, which are selected on the basis of national priority for the entire agency. For the last few years, this program has included medical ethics. For example, the St. Louis

CEC conducted an intensive 3-day conference for newly formed ethics advisory committees from 18 VAMCs from across the country and another 3-day conference for 80 VAMCs on moral decision making. They also coordinated an agency-wide 2-hour satellite teleconference regarding the use of advance directives that was viewed by every VAMC. The CEC coordinates activities with the RMECs. The NCCE has been involved in planning these programs and in serving as the faculty for several conferences.

The fourth manner in which the NCCE serves as an educational resource is by providing educational materials for various people in the VA. After assessing the local educational need, materials designed to promote professional development are provided. The Center has collected an extensive library of ethics-related articles, books, video tapes, and journals. People in the VA looking for an article or book on a particular issue contact the Center frequently for suggestions or references. The NCCE staff have also contributed to the ethics literature through their own publications.

The other major role of the NCCE is to work closely with the VACO to draft, review, and recommend ethics-related healthcare policy for the administration and local VAMCs. The staff meet regularly with VACO officials, especially in clinical affairs and general counsel, to discuss the ethical ramifications of policy. After an ethics related policy is approved, NCCE works with others in educating VAMCs concerning the policy.

The NCCE is conducting an ongoing survey on the various activities of ethics advisory committees in VAMCs. The information is maintained in a computer data base that includes membership, educational programs and needs, policy activities, clinical consultation activities, and problems in functioning. The

data base can be employed as a research tool to study the evolution of ethics committees within the VHA. The NCCE will continue to update the data on the nature and functioning of the ethics advisory committees in VHA.

All VAMCs and VACO are linked through an electronic mail system. To further increase communication about ethics-related issues, there is an open enrollment forum on clinical ethics. The networking system is of particular interest to members of ethics advisory committees because it can serve as a link to every ethics advisory committee in the system for the immediate seeking and sharing of information. A clinician on the west coast can request references or opinions on a particular subject and in days receive many suggestions from various professionals throughout the entire country. This network is also used by those working to implement various ethics-related policies. For example, a committee chairperson may describe difficulty in drafting an advance directive policy related to psychiatric patients. Within a few days, people from many VAMCs share how they developed their policy concerning the same problem. An additional use of the electronic mail is to list ethics meetings.

The NCCE publishes a 12-page quarterly newsletter. The newsletter serves as an important vehicle for communication from the NCCE to all VAMCs. Through the newsletter, VA personnel are kept up to date about current clinical ethics activities within the VA and outside the agency. It also provides an important intellectual resource on ethical issues. Distribution has steadily expanded to over 1,100 copies.

Research is an important mission of VHA, including research regarding ethical issues. The office of Health Service Research and Development has provided support for some ethics-related research projects, and many more pro-

posals are presently being developed for submission. The NCCE has worked with several VAMCs in drafting protocols to seek funding within VHA. Also, many VAMCs with expertise in ethics have established research agendas that have and will contribute empirical data to the ethics literature. A major goal of the ethics-related research is to provide objective insights that can foster the creation of sound clinical policy.

VHA is strongly committed to an increasingly important role for clinical ethics in the pursuit of the VHA mission. The development of the National Center and the ongoing support and responsibility given to it attests to this commitment. The promotion of the establishment of ethics advisory committees at each of the system's medical centers and the national education programs and regional medical education centers addressing clinical ethics issues further document the commitment. Development of training programs for individuals, the encouragement of regional ethics centers, and the strengthening of the structure and process of the VACO National Ethics Committee all are evidence of the importance of clinical ethics to VA leadership.

The goals of the not too distant future include development and expansion of individual training programs in clinical ethics at VAMCs around the country; concerted effort to expand significantly the amount of research both studying and emanating from our ethics advisory committees and programs throughout the system; and increasing involvement by the National Center for Clinical Ethics and the VACO National Ethics Committee in bringing morally based decision making into the policy development and management process of VHA.

The remarkable growth in the presence and involvement of clinical ethics in VHA over the past 5 years gives promise that it will provide an even fur-

ther important source in the future for education and research resulting in an expanding number of ethically sensitive clinicians and sound healthcare policy that together promote the ethical care of veteran patients.

**Note**

1. To receive a copy of VHA's advance directive documents, contact the National Center for Clinical Ethics (125A), VAMC, White River Junction, Vermont 05009.