**WOMEN’S AND CHILDREN’S HEALTH NETWORK**

**PATIENT CARE ETHICS COMMITTEE**

GUIDELINES FOR CLINICAL ETHICS CASE/ISSUE PRESENTATIONS TO THE PATIENT CARE ETHICS COMMITTEE

The following guideline provides staff with a suggested format for presenting cases or issues to the Patient Care Ethics Committee (PCEC) for consideration.

In addition to members of the PCEC, meetings can be attended by other Women’s and Children’s Health Network (WCHN) staff relevant to the case/issue as well as persons from outside the WCHN who may not have clinical qualifications. Consequently, when recording/presenting the case/issue use language which is appropriate for a range of clinical areas as well as for non-clinicians; avoiding abbreviations and so on.

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| **Patient Name**: | **Date of birth**: | **UR number (WCHN or other):** |
| **If Paediatric Patient please list names of parents/carers/legal guardian(s)** | **Gender (male/female/other):** |
| **In addition to completing this form, please also provide supporting documents such as articles to support statistics and list of references.** |
| **Referring clinician** | **Name**: **Date referred:**  |
| **Position**: |
| **Department/Unit**: |
| **Contact numbers**: |
| **Pager**: |
| **Other WCHN clinicians/clinical teams involved.** (*Note: Medical, allied health, palliative care, etc)* **Please list names/positions below**: |
|  |
| **Other non-WCHN professionals involved where relevant.** (E.g. Community GPs, Novita, Families SA, etc)**. Please list below**: |
|  |
| **Level of urgency:** **(**Specify timeframe in which case could be considered; immediately, within a week, etc)***Note: whilst the committee will make every attempt to accommodate urgent cases, meetings will be dependent on the availability of both PCEC members and members of the treating team*** |
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| **Salient social/medical history**(patient and family)*Note: Specify whether there are any cultural, religious or social aspects which may be relevant to or impinge upon the current ethical issue.***Is the patient Aboriginal or Torres Strait Islander?** Yes [ ]  / No [ ]   |  |
| **Medical condition/diagnosis**(health background up until time of referral) |  |
| **Treatment/management to date** |  |
| **Treatment/management option/s under consideration** |  |
| **Current ethical question that needs to be considered by the PCEC?** |  |
| **Are there any significant differences of opinion amongst the clinical team?***Note: concerns relating solely to staff issues should be referred to the appropriate Clinical Directors.* |  |
| **View/preference of the patient/family***Note: Some children will be too ill or young to have a view regarding their treatment or issue of concern.* |  |
| **Steps/actions taken to date to resolve ethical concern/issue**(Meetings, case conferences, expert/second opinions, family meetings, counselling, other) |  |
| **Relevant persons to attend meeting**(E.g medical consultants, nursing/midwifery staff, social worker, palliative care, spiritual advisor.)*Note: if persons suggested are not WCHN staff please clearly indicate their affiliation/role and contact information if available*. | **Please list**: |