

## **Inclusion of patients in case consultations. Benefits and burdens**

Reidun Førde, Section for Medical Ethics, University of Oslo

### *Background*

Inclusion of the patient's perspective in a case consultation may be done in many different ways. There seems to be an assumption among clinicians that inclusion of patients / next of kin physically in the discussion of ethical dilemmas may constrain the discussion. The aim of this presentation is to share experiences from a clinical ethics committee which, as a part of their procedures, emphasizes the importance of always including the patient's values and interests in the case consultation. Whenever possible, the patient (or frequently next of kin) is included physically in the discussion. The Norwegian clinical ethics committees have an advisory role only.

### *Method*

Review of the reports on the cases discussed in the CEC of the National Hospital in Norway in 1996-2002 (1) and in 2008 (2). Based on the reports an evaluation is done of what the next of kin's presence in the consultation added

### *Results*

Although emotionally challenging, the patient's representation in the discussion very often proved to be beneficial for the discussion itself, for the conclusion made and probably also made it easier for the patient / next of kin to accept the decision made later on. By being present the next of kin could share medical information and value arguments, misunderstandings could be clarified and respect for different arguments seemed to increase. Inclusion of patients / patient representatives in the CEC discussions seemed to be particularly important in cases of conflict.

### *Conclusion*

Inclusion of patient / next of kin may prove to be of great value. However, this requires that all participants are clear about the CEC's role and mandate and that the discussion is well structured so that all facts, values and arguments are covered in a balanced way. Health care personnel's resistance against inclusion of the patient in the CEC discussion seems not always to be justified.

### *References*

1. Førde R, Vandvik IH. J Med Ethics 2003 ;31:73-77
2. Førde R, Hansen TWR. Clinical Ethics 2009 in press