

# Supporting and developing the ethical competence of clinicians by introducing a medical ethical guideline: data from an evaluation

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## Background and aims

Within a research project a medical ethical guideline was implemented on six geriatric and intensive-care units in four (non-)university hospitals in Switzerland. One general goal of this guideline is to increase the competence of clinicians to transfer ethical problems into an ethically appropriate treatment decision without the *direct* involvement of a clinical ethicist. In order to support and develop the ethical competence of the clinical teams, the ethics project team carried out measures such as trainings, feedback rounds and providing specific instruments like check lists. Within the evaluation the participants were asked, whether and in what ways they perceived a gain in their competence of ethical decision making. It will be shown, what benefits and consequences the team members reported for their ethical competence after working with the guideline and its instruments.

## Methods

The guideline's multi-center evaluation is based on a mixed-methods-design. Most data were collected via semi-structured single- (n=33) and group-interviews (n=9) arranged on the basis of theoretical-sampling and analyzed by qualitative content analysis. Further, non-participant, structured observations of case discussions were performed (n=16). Finally questionnaires were distributed (n=125).

## Results

The majority of the respondents reported the experience of an individual increase of ethical competence with regard to (1) preventing over-, under-, and unequal treatment, (2) elaborating and respecting the presumed patient will, (3) carrying out ethically appropriate decision-making processes and (4) improving inter-professional collaboration. Some respondents reported reasons prejudicial to competence benefit like 'limited application of the guideline', 'other priorities' or 'old habits'. Still, the majority indicated positive consequences like (1) an increase of calmness and certainty, (2) the reduction of arbitrariness, (3) more sensitivity in the perception of ethical problems and (4) a reduction of personally experienced stress in ethically difficult situations.

## Conclusion

Supporting and developing clinicians' ethical competence via a guideline seems to be a promising approach for CESS, complementary to other approaches like ethics consultation or moral deliberation. Further, the results can enrich the debate on 'ethical competence' as they convey clinicians' estimations on practical barriers and perceived benefits for/of a corresponding intervention.

*Characters: 2492 / 2500*

*Preferred mode of presentation: oral presentation*

*Funding: Swiss National Science Foundation, FAG, 32003B\_125122*

*Conflicts of interest: none*