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Background

Participation is a central requirement of ethical quality in Child Psychiatry. Target criteria are obtaining and maintaining parental informed consent (PIC) and child assent (CA) to hospital admission and treatment. Clinical practice of PIC and CA displays considerable variability and deficits. We report how an innovative implementation strategy through Clinical Ethics Support (CES) impacted on practice.

Method

Approach: explorative, comparative analysis of 10 cases in a Child Psychiatric ward pre and post 'implementation of ethical target criteria' in inpatient routine.

Material: patient charts with documented admission, case conference and dismissal.

Research question: evaluating documented changes after the implementation.

CES strategy: a) screening for ethical problems in daily rounds; b) informing case conferences; c) 'ethics consultations on demand'; d) education; e) ethics policy regarding isolation.

Results

5 pre- and 5 post-implementation cases were analysed (retro-/prospectively) with pairs of cases matched for complexity, severity and patient age.

Analysis shows that daily practice changed after implementation: 1. heterogeneity in PIC and CA reduced; 2. overall quality of documentation raised with voids about ethical aspects of PIC and CA filled; 3. standardized documentation of PIC and CA realized.

Discussion

The approach is innovative and addresses a research of PIC and CA; results are clinically relevant, let alone their contribution to make the patients' and their parents' wishes better heard. Explicit documentation of the target criteria PIC and CA gives clear, fast and consistent information on the ethical status and eventual needs for further intervention, valuable for inpatient care as well as follow-up.