

029 **ENGAGED CLINICAL ETHICS IN PALLIATIVE CARE:
GENERATING CONSENSUS AND MINIMISING CONFLICT
IN DECISION-MAKING**

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Background Social, legal and healthcare changes have created an increasing need for more explicit ethical review within end-of-life care. Multi-professional Clinical Ethics Committees (CECs) now support decision-making in an increasing number of hospitals and hospices. A number of ethical frameworks have been suggested to structure or guide their deliberation. However, the rather abstract nature of the existing ethical frameworks does not allow easy integration into everyday clinical practice.

Aims To develop a fit for purpose deliberative framework derived from long-term discussion at one UK hospice.

Design Using qualitative content analysis, a thematic structure that could serve as a deliberative framework was drawn from the analysis of the anonymised records of CEC discussions at a hospice.

Data sources Analysis of approved written summaries of discussion from quarterly hospice CEC meetings over four years (2007–2011). The core membership of CEC included external support from two Professors/one Reader and internal multi-professional representation; medicine; nursing; education; chaplaincy; physiotherapy; speech and language therapy; and social work.

Results Five themes were identified and related in a structure: timeliness of decision-making; holistic care; contextual openness; values diversity; and consensual understanding.

Conclusions An alternative ethics framework was generated from the realities of everyday practice. Analysis of the discussion summaries from a hospice CEC identified five themes; these appeared to be at the root of most of the problems, dissatisfaction and failures within the scenarios discussed. The thematic structure derived from this analysis of the CEC summaries can serve as an 'engaged clinical ethics framework' for deliberation on cases and situations. Moreover, as part of organisational learning, promotion of the emerging virtues generated by the identified themes should improve consensual decision-making and minimise conflict, to thereby enhance the quality and dignity of care.