

National Mandate for Clinical Ethics Committees (CEC) in Norwegian Health Trusts

The purpose of clinical ethics committees (CEC) is to:

- Contribute to increased ethical awareness and competency concerning value questions related to patient treatment.
- Contribute to increased understanding of value issues surrounding questions of resources and prioritization in the health trusts.
- Help to ensure that the interests of patients and next-of-kin are properly taken into consideration by the hospital.
- Contribute to increased skills concerning identification, analysis, and clarification of ethical problems and dilemmas.
- Stimulate systematic ethical reflection, and aid the discussion of specific ethical dilemmas before and/or after decisions are made.
- Upon request, give advice about how to solve specific ethical problems.
- Be open and non-discriminatory in questions of religion.
- Be part of the institution's work with quality improvement.

Composition:

- A CEC must have a committee chair and a secretary
- A CEC must be multidisciplinary and must include clinicians as members
- A CEC should have a minimum of one lay person or patient representative as a member
- A CEC should have a member with competence in medical ethics
- A CEC should have a member with competence in health law

Organization, appointment, and finances:

- A CEC must be detached and independent from the hospital trust
- The members of a CEC are to be appointed by the hospital director
- The chair and the members are to be appointed for 3 – 4 years at a time, with the possibility of renewal
- A CEC must have its own budget and be given the necessary resources to succeed. The chair and secretary must be given a framework in which it is possible to adjust their working conditions to enable them to complete their CEC-work in their normal working hours, for instance by freeing time from their regular tasks.
- The members must be allowed to participate in CEC-work, and must be given the necessary resources in order to obtain clinical ethics competency.

Method

- Anyone can bring a case forward to a CEC
- CEC discussions should ensure patient confidentiality whenever possible. When departing from this rule, patient consent must be given before their case is discussed in a CEC. The members of CEC have a duty of confidentiality if they are privilege to identifiable patient

information in the course of their CEC-work. Members of CEC that aren't covered by laws governing health care workers (for instance legal practitioners or user representatives) should sign a confidentiality form.

- The committee shall determine its own schedule and method within the framework of this mandate, but the committee should be able to meet on short notice in urgent matters.
- The committee must keep minutes of their meetings.
- The committee must write annual reports.
- The committee's work must be evaluated periodically according to current evaluation criteria in health trusts.

(Translated from The Norwegian Ministry of Health and Care Services' document of 2011)