Policy Brief: Establishing Clinical Ethics Committees (CECs) to address moral conflicts in Tanzania's hospitals

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Background information

Studies have shown that moral conflicts are an inseparable part of daily clinical practice (Beauchamp & Childress, 2019; Blanco Portillo et al., 2021; Kuhumba et al., 2024; Miljeteig et al., 2019; Rasoal et al., 2016). A moral conflict in healthcare can occur when decisions are made, in cases of uncertainty about what should be done, in case of a disagreement about decisions, or when there is a conflict between ethical principles and values. For example, moral conflicts related to questions such as the extent of decision-making authority a next of kin hold regarding a patient's care.

Several studies conducted in the Sub-Saharan context have identified numerous moral challenges in healthcare. These challenges include insufficient medical resources and the economic conditions of patients and their families. Additionally, difficulties arise in disclosing medical information and maintaining confidentiality. Cultural and religious perspectives significantly shape healthcare delivery, especially in areas like palliative care and end-of-life decision-making. Conflicts often occur between standard medical treatments and traditional medicine. Furthermore, there are prevalent issues concerning the withdrawal of treatment and the minimization of healthcare. Our research project has identified several of these moral challenges as noted in studies by (Aboud et al., 2018; Athanas et al., 2020; Defaye et al., 2015; Ewuoso et al., 202; Pancras et al., 2018; Sippel et al., 2015; Vedasto et al., 2021; Kuhumba et al., 2024).

Handling moral conflicts in daily clinical practice has been found to cause moral distress among healthcare professionals (Ashuntantang et al., 2022; Bruun et al., 2019; Førde & Aasland, 2008; Maluwa et al., 2012). In some healthcare settings in high-income countries, clinical ethics committees (CECs) have been developed in health systems to assist healthcare professionals, patients, and family members in dealing with moral conflicts that occur in clinical practice (Fletcher & Siegler, 1996; Schildmann et al., 2019).

Our project found that healthcare professionals in clinical settings are not adequately trained in clinical ethics and struggle to handle moral complexities. Additionally, there is a lack of structured and systematic clinical ethics support (Kuhumba et al., 2024). These findings highlight the urgent need to establish clinical ethics support (CES) services such as CECs to

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help healthcare professionals navigate moral challenges, develop policies related to clinical ethics, and build clinical ethics capacities and competencies among healthcare professionals. CECs can also assist in managing ethical challenges at the institutional level, such as resource allocation, prioritization of medical resources, and quality improvement in healthcare delivery (Doran, et al., 2016).

This policy brief is part of the Enhancing Ethics and Integrity in Medical Research and Clinical Practice (ETHIMED) project. The ETHIMED project is an important initiative aimed at enhancing ethics and integrity in medical research and clinical practice. It involves a collaboration between the University of Dar es Salaam, the University of Oslo, and the University of Rwanda. In Tanzania, the project is focused on building capacity in clinical ethics for healthcare professionals, researching clinical ethical issues, and establishing the country's first CEC.

Rationale for Implementing Clinical Ethics Committees in Healthcare Settings

The focus on clinical ethics has grown significantly since the 1960s and 1970s, largely to the increasing emphasis on citizens' and patient's rights, particularly in the United States (Førdde et al., 2011). Since 1970, CES services have been developed both in the United States and in Europe, with a notable increase in hospital settings over the years (Dauwerse et al., 2014). In the last decades, the prevalence of ethics consultation services in US hospitals grew from approximately one per cent in 1983 to 100% of hospitals with 400 beds or more in 2007 (Fox et al., 2007). In Europe, CES services in hospital settings are also growing (Magelssen et al., 2021). In Germany, the presence of clinical ethics committees in hospitals has increased from 4% (30/795) in 2000 to 31% (149/483) in 2007 (Dörries et al., 2011).

In Norway, the CEC for hospitals was established in 1996. In 2000, The Parliament decided that all hospitals should have a CEC. The Centre for Medical Ethics (CME) at the University of Oslo has been responsible for capacity building in clinical ethics, and evaluation of and research on the functioning of CECs (Førde et al., 2011). Only a few countries in Sub-Saharan Africa have established CES services. This could be attributed to clinical ethics not being integrated into clinical practice in resource-poor countries (Moodley et al., 2021; Moodley et al., 2020).

International organizations worldwide underscore the importance of establishing ethics committees within health systems. The Universal Declaration on Bioethics and Human Rights, for instance, advocates for the creation of ethics committees to provide guidance on ethical issues in clinical settings (Ten Have et al., 2011; UNESCO, 2005). This Declaration calls for the formation of independent, multidisciplinary, and diverse ethics committees at national, regional, local, or institutional levels (UNESCO, 2005). Furthermore, UNESCO has launched the Assisting Bioethics Committees (ABC) program to support the establishment and operations of bioethics committees (Ten Have et al., 2011). Additionally, the International Conference on Clinical Ethics and Consultation (ICCEC) was founded in 2000 as a platform for discussing clinical ethics in healthcare.

Despite global efforts to integrate CES services and clinical ethics into health systems, comprehensive guidelines on clinical ethics and CEC structures are lacking. Different stakeholders have repeatedly expressed the need for such guidelines, including the Global Network of WHO Collaborating Centers for Bioethics (Shamsi-Gooshki et al., 2023). There are also international collaborations between health institutions from high-income countries (HICs) and low- and middle-income countries (LMICs) to implement CES services and clinical ethics training. For instance, the Bergen Centre for Ethics and Priority Setting in Health (BCEPS) at the University of Bergen in Norway partnered with Addis Ababa University in Ethiopia to establish the Addis Centre for Ethics and Priority Setting (ACEPS) in 2017 (https://www.uib.no/en/bceps/130751/addis-centre-ethics-and-priority-setting-aceps). One of ACEPS's goals is to lead the development of CECs in Ethiopian healthcare settings. Similarly, the ETHIMED project aims to advance clinical ethics education and research through the Centre for Medical Ethics at the University of Oslo and in collaboration with the University of Dar es Salaam in Tanzania. This collaboration successfully established the first CEC at Mbeya Zonal Referral Hospital.

The Importance of clinical ethics committees in hospital settings

CECs play a crucial role in hospital settings by enhancing the ethical capacity of healthcare professionals, supporting the resolution of clinical ethics conflicts, contributing to policy development, and assisting with healthcare management, resource allocation, and quality improvement at the institutional level (Doran et al., 2016; Førde et al., 2011; Syse et al., 2016).

CECs are composed of interdisciplinary teams that include legal experts, clinical ethicists, healthcare professionals, social workers, and community representatives. When established, CEC can be designed to educate communities about health matters and ethical considerations related to certain diseases. For instance, addressing diseases like AIDS requires not only biomedical interventions but also an understanding of social realities. One of the primary tasks of CECs is to provide training and education on ethical issues and values associated with the delivery of healthcare. This training can extend to the community, offering a holistic approach to disease intervention.

Globally, health policymakers encounter challenges in setting priorities to meet competing health needs. These challenges became particularly acute during the COVID-19 pandemic, as routine healthcare programmes were strained and resources were redirected to contain the virus and treat those seriously ill (Kapiriri et al., 2022; Shayo et al., 2023). In health institutions with CECs, these committees played a vital role in guiding the fair distribution of scarce resources (Litewka & Heitman, 2020).

In Tanzanian healthcare settings, a few studies have identified the importance of implementing CECs and providing clinical ethics training to healthcare professionals (Aboud et al. 2018, Kuhumba, et al., 2024).

If CECs are implemented in Tanzanian healthcare settings, they can significantly contribute to achieving the Health Sector Strategic Plan Five (HSSP V) which runs from June 2021 to July 2026. CECs can help identify ethical issues and integrate ethical values into the design of health

policies and plans. They can address ethical concerns related to priority setting and the allocation of medical resources within specific hospitals and develop action plans at the hospital level. Additionally, CEC can offer platforms to discuss and deliberate on morally challenging situations in clinical practice, offer advice and spearhead the development of guidelines and standard operating procedures that capture ethical issues occurring in clinical practice.

The Health Sector Strategic Plan Five highlights the importance of developing human resources for health and supports on-the-job training through continuous professional development to enhance the competency of healthcare professionals. However, clinical ethics education is currently absent from this professional development and should be included. Integrating clinical ethics education will improve healthcare professionals' ability to identify and address moral issues in clinical practice.

Recommendations

Against the above backdrop, the ETHIMED team recommends the following:

- The government, through the Ministry of Health, should review health policy and legal frameworks and issue a circular requiring all public hospitals to establish Clinical Ethics Committees to help address moral dilemmas healthcare providers face during service delivery.
- The government, through the Ministry of Health, should prioritize Clinical Ethics Support as a means of improving the provision of quality care.
- Hospitals should integrate clinical ethics education in continuing medical education (CME) to raise awareness about moral challenges healthcare professionals face and various ways to cope with such challenges.
- Healthcare authorities, particularly the government, through the Ministry of Health, should mobilize resources for implementing clinical ethics committees by offering training for committee members and establishing forums for them to share best practices and experiences in addressing moral challenges in clinical practice.
- The government should, through experts in ethics, clinical ethics, and bioethics strengthen bioethics and clinical ethics structures such as the Bioethics Society of Tanzania and the National Bioethics Committee, as well as establishing a National Clinical Ethics Committee.

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