Ethics and Consulting
Annotated Bibliography

Books and Reports


A Task Force on Standards for Bioethics Consulting reports on five aspects of ethics consulting in health care -- nature and goals of consultation, core competencies in ethics consulting, organizational ethics consultation, importance of evaluating ethics consultations, and special obligations of consultants and institutions.


A detailed examination is presented of the foundations, models, and features of the evolving practice of clinical ethics consultation.


Several chapters are devoted to bioethicists serving as health care ethics consultants. The author also describes how training for the profession evolved, the results of a survey of ethics consultants, and informal post-care training.


Describes the elements of professionalism and discusses the functions of the consulting professions from both the client’s and the professional’s point of view. Considers the reasons for the development of the professional way of doing business and discusses particular aspects of it: professional organization, means of attracting business and attitudes about advertising, solicitation and fees.


An industry insider’s view is provided on why bioethicists and corporations need each other. The author develops a dialogue between bioethics and corporate interests by examining case studies of issues, including genetically modified foods, DNA data banking, personalized medicine, and stem cell research.

This book uses case studies to highlight the ethical decisions business managers frequently face related to industry research, development, and marketing of medical and bioscience products across a variety of fields, including biotechnology, pharmaceuticals, and bioagriculture. A framework for incorporating ethical analysis into business decision making is presented.


Social forces that have led to the thinning out of public debate over human genetic engineering are explored. The author contends that the problem lies in the structure of the debate itself. Disputes over human genetic engineering concern the means for achieving assumed ends, rather than being a healthy discussion about the ends themselves. According to the author, this change in focus occurred as the jurisdiction over the debate shifted from scientists to bioethicists, a change which itself was caused by the rise of the bureaucratic state as the authority in such matters.


This book contains a systematic, detailed treatment of the approaches to ethical issues taken by biotech and pharmaceutical companies. The application of genetic/genomic technologies raises a whole spectrum of ethical questions affecting global health that must be addressed. Topics covered in this survey include considerations for bioprospecting in transgenics, genomics, drug discovery, and nutrigenomics, as well as how to improve stakeholder relations, design ethical clinical trials, avoid conflicts of interest, and establish ethics advisory boards. The authors represent multiple disciplines including law, medicine, bioinformatics, pharmaceutics, business, and ethics.


Models of consultation and setting standards for evaluating ethics consultation are the focus of this book.


This book contains 35 case reports and notes of clinical ethics consultant Benjamin Freedman.

Examines the professional/client relationship in consulting practice and concludes that a code of ethics is urgently needed for public protection and to ensure that services are competent and ethical. Presents a consultant’s code of ethics with 28 principles bases on codes from several organizations and the recommendations of several individuals for use as an interim guide.


The author discusses the evolution and use of the Bioethics Advisory Board at Geron Corporation, Michael West’s involvement in its conception, and his creating a similar board for Advanced Cell Technology.


This book is for physicians interested in becoming ethics consultants. It offers "how to" advice on starting in this new field.


When discussing the ethical concerns and issues of a particular consultant-client setting, it is important to evaluate the value system of the particular roles that the consultant is filling, the goals of the consultation and the norms and standards of the client system. Examines a spectrum of consultant roles on a directive-nondirective continuum, including the roles of advocate, information specialist, trainer/educator, joint problem solver, identifier of alternative/links to resources, fact finder, process counselor, and objective observer/reflector. Includes chapter on ethical dilemmas and guidelines for consultants. Starting from the position that personal and group guidelines and commitments for ethical behavior are crucial to consultant competency, examines the ethics of providing consultative help and the sources of ethical guidelines. Also presents selected ethical dilemmas, and concludes that identical ethical guidelines could apply to both internal and external consultants.


Provides a brief discussion of the history of management consulting and of the need for standards to insure the integrity of consulting practices and to avoid
“ethical pitfalls.” Also discusses the emerging professionalism in the field and the code of conduct of the Institute of Management Consultants.


The corruption of modern medicine and the role that bioethicists have played in that process are discussed. It is a brief against bioethics as it is presented in America’s premier philosophy departments, think tanks, and scholarly journals. The author calls for a “humans-rights bioethics” or medical ethics that re-embraces the Hippocratic love of life and rejects the eugenic flirtation with death.


Examines the ethics and practice of organization development from both a descriptive and prescriptive approach. Chapters cover the following subject matter: the study of professional ethics generally and its application to OD practice, professional roles in OD, the client-consultant relationship, specific ethical dilemmas in OD, the extent to which existing codes of ethics can help practitioners deal effectively with those dilemmas, and strategies for developing an ethical system for the OD profession. Argues that the ethical posture of the OD profession is inextricably linked to its maturation as a science. A proposal is presented for a national OD organization to oversee the development of scientific, educational and professional standards of conduct.

**Articles and Chapters**

**Consulting, Bioethics and Health Care**


Faced with intricate moral issues, health care administrators and clinical care providers might prefer to call upon specialists in ethics. The prospect of specialists in ethics raises some unique issues, such as lack of a systematic knowledge of right and wrong and resistance to use of a “moral expert” since moral issues arise from differences in values and interests.

This is an article on Glen McGee’s resignation from the ethics advisory board at Advanced Cell Technology because he felt that the ethics board was not being consulted on important decisions.


Clinical ethics is analyzed from the perspective of four different roles: consulting, teaching, watching and witnessing. Teaching and consulting are seen as main role alternatives in clinical ethics practice, with watching and witnessing defining transitional states that reveal the complexity of clinical ethics. The problem of the legitimation of clinical ethics is discussed in terms of legal, professional, and social accountability and authorization. It is argued that the problem of legitimation is tied up with the related issue of expertise that, in turn, reflects the complex role alternatives of consulting, teaching, watching, and witnessing. Finally, the question of methodology and practice of clinical ethics is explored in connection with the four role alternatives delineated.


The author offers an exposition of what the question of method in ethics consultation involves under two conditions: when ethics consultation is regarded as a practice and when the question of method is treated systematically. He discusses the concept of the practice and the importance of rules in constituting the actions, cognition, and perceptions of practitioners. The main body of the paper focuses on three elements of the question of method -- canon, discipline, and history -- that are treated heuristically to outline what the question of method in ethics consultation fully involves.


The author discusses provocative and controversial issues in bioethics that challenge policy makers, lawyers, philosophers, and other bioethicists to rethink assumptions and policies concerning life and death decisions, human subject research, neuroethics, and cloning.


The need for a plan for implementing and maintaining ethics committees for nurses in U.S. hospitals is discussed. The author also reviews the roles of an ethics committee, categories recognized by the American Society for Bioethics and Humanities that enhance effective consultation, and personal traits and qualities that relate to success in ethics consultation.

This chapter focuses on the question of whether there can be educational and training standards for those who conduct health care ethics consultation. The authors suggest that concern with such standards should ultimately be a concern for quality assurance. The chapter explores some of the issues that would have to be addressed before adopting education and training standards, such as the justifiability of health care ethics consulting in our society, the extent to which standard setting amounts to a mere political exercise of power, and the impact of standard setting on disciplinary diversity in the field.


This position paper covers approaches to ethic consultation, core competencies required of ethics consultants, policies that address access, patient notification, documentation and case review, and institutional support for ethics consultation.


Examines some of the aspects of the nature of the relationship between clients and consultants in the context of two specifically detailed cases. Discusses differences in the value of the consultants and the clients, and differences in the values and the actions of the consultants.


The growing momentum of clinical ethics in academic medical centers should not blind us to a potential danger: the collapse of critical distance. The very integration into the clinical milieu and the processes of clinical decision making that clinical ethics claims as its greatest success carries the seeds of a dilution of ethics’ critical stance toward medicine and medical education. This paper suggests how this might occur and what potential contributions of ethics to medicine might be sacrificed as a result. Ethicists must ask to what extent their desire for acceptance in the clinic requires their acceptance of the clinic, specifically, acceptance of basic assumptions about optimal ways of organizing
medical education, socializing physicians-in-training, providing care, and even of defining medical ethics itself. The paper concludes by recommending that ethics reassert its “strangeness” in the medical milieu even as it assumes a more prominent role within the medical center.


The author reviews the book The Roles and Responsibilities of the Ethics Consultant: A Retrospective Analysis of Cases by Benjamin Freedman and edited by Francois Baylis.


This article is a recap of a statement made by the Center for Science in the Public Interest that bioethics centers and journals are behind the curve in developing policies on disclosing and managing conflicts that arise from consulting, advisory, and financing arrangements that bioethicists have with biotechnology, pharmaceutical, chemical, and other companies.


Explores several crucial value conflicts and ethical dilemmas in organization development consultation, with special attention to the tendency of conflict to reduce the effectiveness of the consultant. Concludes that a particular model offers promise in helping the consultant and the profession reformulate the consulting task so that the value dilemmas it precipitates provide opportunities for learning and developing competence rather than impairing consultant effectiveness.


This article focuses on the practice of biotech companies hiring bioethicists as consultants and board members and addresses the question of whether paid bioethicists can be objective and avoid conflicts of interest. It also looks at the perceived danger that the participation of bioethicists in controversial projects may be interpreted by the public as a stamp of approval.

The author contends that bioethics ought to be properly regarded both as a consulting profession that counsels health practitioners in dealing with the individual problems they face and as an academic discipline that defines problem areas on its own and includes attention to the institutional and social aspects of health care.


The members of a task force on bioethics consultation report their conclusions. The task force was convened by the American Society for Bioethics and Humanities and the American Society for Law, Medicine and Ethics, although neither organization endorsed the report.


The members of a task force on bioethics consultation respond to a critical review of the task force’s work by Stuart Youngner and Robert Arnold in “Who Will Watch the Watchers?”


From the perspective of counter-rational organization theory, examines ethics for consultation by applying four ethical questions to a consulting project conducted with a mental health organization. Concludes by discussing the implication of the case for consulting practice.


A study by George J. Agich on the rules that shaped methodology in ethics consultation in medical practice is discussed.


The author describes the characteristics and roles of ethicists, before concluding that bioethicists should not accept money for services, because that would negatively affect their objectivity and independence.

The author discusses whether it is appropriate for any philosopher under any circumstances to claim to be a moral expert. Should legislatures, courts, and other institutions of society seek out those with alleged moral expertise, or are such efforts incompatible with personal responsibility for one’s actions and behavior as well as any reasonable theory of democracy?


CSPI urges bioethics organizations and journals to address the problem of conflicts of interest by disclosing consulting, advisory, and funding arrangements bioethicists have with biotechnology, pharmaceutical, chemical and other companies.


The involvement of professional bioethicists in the development of policy documents is discussed. Membership of bioethicists on policy making bodies, ethics advisory boards of commercial operators, and United Nations organizations can have positive effects. Unfortunately, it may only be a matter of time before bioethicists lose the professional credibility they have built up so painstakingly.


Relationships between nonprofit organizations and private firms that offer them significant grants to study topics such as research integrity are discussed. The concern is that nonprofits will become puppets of big industry players, citing critics who question whether ethicists receiving corporate contributions can always be trusted to take care of ethics.


Ronald Green discusses underlying motivations and issues that are causing the U.S. to fall behind in the biotechnology industry and comments on the emerging role of bioethicists in the biotech industry.

Some recent discussions of conflicts of interest (COI) in the bioethics literature are reviewed. Discussions of what has been termed the "Healy affair" unintentionally demonstrate that the direct and indirect influence of undisclosed COI may come from those who call for protection from the undue influence of industry. Some proposals are presented to address COI and other challenges to the integrity of bioethics and its journals. There is no substitute for readers' caution and skepticism as tools in dealing with the full range of biases that exist in published papers.


A review of Robinson and Gross, “Ethics of Consultation: The Canterville Ghost.” Concludes that the primary problem of ethics in the field of consulting psychology lies not in the existing standards, but in the education and training of the practitioners.


Ethics consultation at the bedside has been hailed as a better way than courts and ethics committees to empower patients and make explicit the value components of treatment decisions. But close examination of the practice of ethics consultation reveals that it risks subverting those ends by interpolating a third (expert) party into the doctor-patient encounter. In addition, the practice of bioethics through consultation does the broader cultural work of fashioning a shared moral order in the face of manifestly plural individual commitments. In doing so, however, bioethics furthers medicine’s position as a privileged domain of public moral discourse in contemporary American society.


The evolution of businesses developing bioethics groups as cover to allow corporate misdeeds to continue unpunished is discussed. The author argues that businesses often develop bioethics groups that will favor the corporate interest.

This article discusses the conflict-of-interest issues raised when bioethicists are hired as consultants. The authors state that bioethicists are not naïve about the way money can influence objective work, and that simple disclosure and designating money as an “unrestricted gift” does not solve conflict of interest issues. Rather, they propose creation of a “consortium for bioethics consulting” funded by a combination of corporate, industry trade organization, and government money. The consortium receives requests, appropriates experts, and evaluates proposals.


Discusses the issue of compensation to bioethicists according to business ethics, which says that the profit motive should be civilized, not destroyed. Bioethics could follow the example of accounting when looking for guidelines to regulate behavior of ethics consultants.


The authors seek to identify the ethical dilemmas that internists encounter, the strategies they use to address them, and the usefulness of ethics consultation. They conclude that while most internists recall recent ethical dilemmas in their practices, those with the least preparation and experience have the least access to ethics consultation. Health care organizations should emphasize ethics educational activities to prepare physicians for handling ethical dilemmas on their own and should improve the accessibility and responsiveness of ethics consultation when needed.


The authors investigate what triggers clinicians’ requests for ethics consultation. They conclude that conflicts and other emotionally charged concerns trigger consultation requests more commonly than other cognitively based concerns. Ethics consultants might serve clinicians well by consulting on a more proactive basis to avoid conflicts and by educating clinicians to develop mediation skills.


When clinical ethicists are called upon to give a recommendation regarding patient care, they may be faced with a dilemma of their own. If their own personal opinion is not widely shared, the ethicist will have three options. These
include: (1) giving their own opinion; (2) giving the widely shared opinion; and (3) giving both opinions, leaving the physician to select which opinion to accept. This article evaluates the strengths and weaknesses of these three alternatives and suggests that ethics consultants recognize and deal with this issue. The author suggests that when the views of ethics consultants differ from the consensus view, the consultant should give the consensus view, their own dissenting view, and the arguments in support of each position.


The authors argues that ethics consultants look like watchdogs, but can be used like show dogs. How does the public determine how a company is using its ethicists?


This article explores whether it is ethical for bioethicists to accept money from the institutions whose policy they have been hired to review. The fuzzy nature of the profession combined with a lack of a professional code make the issue of compensation difficult to resolve.


The author describes what he sees are the six main problems raised when bioethicisits accept money from corporate sources for advice.


The author reviews Eli Lilly’s activities involving bioethics and public relations surrounding the release of its antisepsis drug, Xigris. He discusses the dangers of bioethics’ involvement with the pharmaceutical industry.


Examines management consulting as a profession and compares management consulting to other professions and discusses what it means to be a professional. Explores four areas in which development is needed to organize and advance the profession: standards for appropriate practice, programs for improving the qualifications of established practitioners, an established code of ethics and disciplinary procedure, and a concept of excellence in the practice of management consulting.

This is a review of the books Ethics Consultation: A Practical Guide by John La Puma and David Schiedermayer and The Health Care Ethics Consultant, edited by Francoise E. Baylis. The author provides details about what is contained in the books by chapter and recommends: “For those interested in the debate about credentialing (of health care ethics consultants) there is not a better way into it than reading these two books.”


This is a summary of a study on the effect of ethics consultations on the decision to offer epilepsy surgery.


Previous papers on ethics consultation in medicine have taken a positivistic approach and lack critical scrutiny of the psychosocial, political, and moral contexts in which consultations occur. This paper discusses some of the contextual factors that require more careful research. More needs to be known about what prompts and inhibits consultation, especially what factors effectively prevent house officers and non-physicians from requesting consultation despite perceived moral conflict in cases. The attitudes and institutional power of attending medical staff seem important, especially where innovative interventions raise ethical questions. Ethics consultants also need to address the thorny problems of the origin(s) of the consultant’s authority, whistle blowing, conflicts of interest that affect the consultant, persistently poor communications in hospitals, systemic inequity in the availability or quality of services for some, and the standing of the consultant’s recommendations, including their appearance in the patient’s medical record.


In Australia, there has been only limited experience with ethics consultation. In 1999, the Institutional Clinical Ethics Committee at John Hunter Hospital, Newcastle, initiated an Acute Clinical Ethics Service (ACES) to formalize a perceived need within the hospital for ethics consultation. The experience of ACES has shown that a formal process of ethics consultation may be preferable to informal approaches in many circumstances. Even when genuine consensus is not possible, an ethics consultation nevertheless provides an opportunity to share different points of view and helps avoid practices that may be unacceptable.

Presents nineteen ethical pitfalls that were identified through interviews with eighteen organization development consultants. Suggests several steps to enhance ethical practice, such as devoting more attention to ethics courses in schools, developing guiding behavioral principles, and promoting discussion of ethical issues and cases in professional publications.


This paper explores the relationship between teaching and consulting in clinical ethics teaching and the role of the ethics teacher in clinical decision-making. Three roles of the clinical ethics teacher are discussed and illustrated with examples from the authors’ experience. Two models of the ethics consultant are contrasted, with an argument presented for the ethics consultant as decision facilitator. A concluding section points to some of the challenges of clinical ethics teaching.


Claims that the most neglected area in the mental health consultation literature is that of professional ethics, due in part to the wide diversity of backgrounds that characterize practitioners in the field. Proposes a set of ten questions that a consultant should respond to when entering a consulting relationship and offers four application guidelines designed to aid consultants to anticipate ethical dilemmas.

Diane Hoffman, Anita Tarzian, J. Anne O’Neil (2000) “Are Ethics Committee Members Competent to Consult?,” *Journal of Law, Medicine, & Ethics* 28:30-41

The authors report on their study of whether persons performing ethics consultations in health care organizations based in Maryland have the needed skills and educational background to meet basic competencies as described by the Task Force on Standards for Health Care Ethics Consultation of the American Society for Bioethics and Humanities in its 1998 report. Using surveys developed for their study, the authors found that many of those performing ethics consultations lacked pertinent formal education and training in ethics consultations, yet saw themselves as skilled in such consulting. They identify a key question raised, but not answered, by their study as whether the performance by those who perceive themselves as skilled in ethics consultation leads to good outcomes for those involved in the consultation process.
Physicians face ethical difficulties daily, yet they seek ethics consultation infrequently. To date, no systematic data have been collected on the strategies they use to resolve such difficulties when they do so without the help of ethics consultation. The authors report findings from the qualitative analysis of 310 ethically difficult situations described to them by physicians who encountered those situations in their practice. Being aware of potentially conflicting goals may help physicians resolve ethical difficulties more effectively. This awareness should also contribute to informing the practice of ethics consultation.


This chapter examines what the ethicist uniquely offers as an ethicist, as opposed to a well-educated, moderately moral, and somewhat sensitive person.


The authors report on the impact of bioethics in the United States and examine bioethics as a part of the biomedical establishment.


Discusses ethics from the perspective of the professional management consultant, examining considerations of personal ethics, professional ethics, and the ethics of clients and society.


This is a recount of Glenn McGee’s resignation from Advanced Cell Technologies (ACT), which he argues resulted from the perceived lack of consultation on the part of the company with the ethics advisory board it created. The article includes a brief discussion on the role and responsibility of ethics advisory committees.

According to the author, bioethics should be treated on a proactive basis, seeking out and confronting issues before they become a problem. Any company whose technology will eventually affect human subjects should employ an in-house ethicist. Newer companies are more apt to use ethicists than older companies.

La Puma, John and Stephen E. Toulmin. (1989) “Ethics Consultants and Ethics Committees,” Archives of Internal Medicine 149:1109-1112

To address moral questions in patient care, hospitals and health care systems have enlisted the help of hospital ethicists, ethics committees, and ethics consultation services. Most physicians have not been trained in the concepts, skill, or language of clinical ethics, and few ethicists have been trained in clinical medicine, so neither group can fully identify, analyze, and resolve clinical ethical problems. Some ethics committees have undertaken clinical consultations themselves, but liability concerns and variable standards for membership hinder their efforts. An ethics consultation service comprising both physician-ethicists and non-physician-ethicists brings complementary viewpoints to the management of particular cases. If they are to be effective consultants, however, non-physician-ethicists need to be clinicians: professionals who understand an individual patient’s medical condition and personal situation well enough to help manage the case. Ethics consultants and ethics committees may work together, but they have separate identities and distinct objectives: ethics consultants are responsible for patient care, while ethics committees are administrative bodies whose primary task is to advise in creating institutional policy.


A clinical ethics consultant gathers information firsthand at the patient’s bedside. The consultant’s special clinical skills include the ability to identify and analyze ethical problems, use reasonable clinical judgment, communicate effectively, negotiate and facilitate negotiations, and teach others how to construct their own ethical frameworks for medical decision making. Appropriate roles for the consultant include those of professional colleague, negotiator, patient and physician advocate, case manager, and educator. The training necessary for an ethics consultant includes substantial patient care experience, instruction in health care law and moral reasoning, and preparation in medical humanism. The authors favor a clinical model for ethics consultation. When urgent care is needed, other consultants promptly see the patient; the clinical ethics consultant can be expected to do the same.

Voluntary self-regulatory codes tend to be reactive, lack transparency, omit large areas of concern, and lack effective sanctions. Codes that genuinely restrict the ability to make money simply do not fit into the commercial ethic.


This is a response to Giles Scofield’s article “Ethics Consultation: The Least Dangerous Profession.” The author questions Scofield’s belief that ethics consultation appears to be dangerous and believes there is no compelling argument for restricting the role of ethicists to education.


This is an editorial on the article “Effect of Ethics Consultations on Nonbeneficial Life-Sustaining Treatments in the Intensive Care Setting,” by Lawrence Schneiderman, et al., as well as on medical ethics consulting in general.


Argues that insufficient attention has been directed to the ethical problems of consultation. Ethical practices of consulting psychology are murky because of the inadequacies of ethical and technical codes of practice, and the absence of commonly accepted principles or procedures for its practice in organizations. Unethical behavior is occurring but going unreported, and there is as yet insufficient case material to apply the existing ethical standards to this relatively new area of practice.


The author explores the "secular priesthood" metaphor often applied to bioethicists-- drawing a parallel with the fears of contagion currently voiced with regard to bioethicists working in or near corporate settings. He argues that such fears may themselves have a number of deleterious effects and suggests several possible positive steps in response to that fear.


This is a concise guide to recognizing, evaluating, and resolving key ethical issues in the biotech industry. It discusses why ethics is important, recognizing ethical issues, strategic considerations, tests and principles, and sensitivity analysis.

The roles of bioethics throughout recent history are briefly described. The author outlines the ways bioethics can interact with industry and the benefits of such interaction.


Merz et al. were paid bioethics consultants to DeCODE genetics. This article discusses the results of their analysis.


Ethics committees are the most important practical instrument of clinical ethics in Belgium and fulfill three tasks: the ethical review of experimental protocols, advising on the ethical aspects of healthcare practice, and ethics consultation. The authors examine the current situation of ethics committees in Belgium from the perspective of clinical ethics and build an argument in favor of further development of ethics consultation.


This is a review of the book “Ethics Consultation: from Theory to Practice.”


With the growing popularity of business using management consultants, the number of professionals in the field of consulting will increase, and the problems of unethical or incompetent behavior will become more widespread. Discusses some of his experiences and concerns, presents a case study and critique, and recommends the development of a clearinghouse for considering charges of unethical and incompetent consulting practices.


This article describes the author’s experience at the University of Illinois at Chicago, during the University’s involvement in ethics scandals, despite the employment of bioethicists. The author advocates honest, constructive criticism
of employers by bioethicists as being in the best interest of all parties and suggests an honor code for administrators and professors.


The author comments on a study by George Agich on the importance of method in the practice of ethics consultation in medicine. She stresses the importance of including a focus on the lived experience of patients and families in ethics consultation.


The author argues in “The Best Bioethicists Money Can Buy” that bioethicists have become covers for companies who need to show they are addressing ethical issues. Bioethicists are simply creating new ethical standards to fit with new technologies.


The authors report on a study to determine whether patients and their families found ethics consultations to be helpful and whether they were satisfied with the treatment decisions that were made in those cases where ethics consultation was requested.


The author reconsiders objections to bioethics consultation in the private sector and explores ways in which bioethics consultation for for-profit corporations may be conducted to meet objections.


An overview of ethical issues associated with the consultation role of the counseling psychologist. In the category of competency, the major issues are education and training, identifying who or what is the client system and to who or what the consultant has major responsibility, and determining clients needs and goals as compared to the consultant’s needs or goals. In the category of consultant responsibilities, the major issues are the accurate presentation of qualifications, negotiating a contract, knowing and respecting client rights, and
conducting research and evaluation studies. Much of the discussion focuses on the consultant in an organizational setting.


This is a response to Giles Scofield’s article, “Ethics Consultation: The Least Dangerous Profession?” The author looks at the difficulty of the role as educator for the clinical ethicist in the clinic environment.


The authors investigate whether ethics consultations in the intensive care setting reduces the use of life-sustaining treatments delivered to patients who ultimately did not survive to hospital discharge, as well as the reactions to the consultations of physicians, nurses, and patients/surrogates.


The author comments on a study by George J. Agich on the question of method in bioethics consultation and the implication of Agich's account of nonformal method in the process of moral evaluation and judgment in medicine and healthcare.


Issues about acknowledging ethics consulting as a legitimate profession are explored, including discussion of whether an ethicist is always an ethical person and whether moral experts really exist.


The author responds to criticism of his earlier article, “Ethics Consultation: The Least Dangerous Profession?”

This is a response to Giles Scofield’s article, “Ethics Consultation: The Least Dangerous Profession?” The author believes that Scofield’s article is fundamentally wrong and ultimately leads to pure subjectivism of values or a radical relativism of values, where anyone’s judgment about values is just as good as anyone else’s judgment. This position undermines the very possibility of ethics, at least normative ethics, which is what Scofield objects to ethics consultants doing.


The medical ethicist is a fairly recent addition to the clinical setting. The following four potential roles of the clinical ethicist are discussed: consultant in difficult cases, educator of health care providers, counselor for health care providers, and patient advocate to protect the interests of patients. Although the various roles may sometimes overlap, the roles of educator and counselor are viewed as being more congruent with the education and training of medical ethicists than are the roles of consultant and patient advocate.


The author discusses the need for transparency in bioethics, as in science. If prohibiting conflicts of interest is not feasible, rigorous requirements for disclosure can at least manage them.


This letter to colleagues urges bioethics centers to develop and make publicly available a strong conflict of interest policy for the center and its faculty or professional staff.


Only recently have ethicists been invited into the clinical setting to offer recommendations about patient care decisions. This paper discusses this role for ethicists from the perspective of content and process issues. Among content issues are the usual ethical dilemmas such as the aggressiveness of treatment, questions about consent, and alternative treatment options. Among process issues are those that relate to communication with the patient. The formal ethics consult is discussed, the steps taken in such a consult, and whether there should be a fee charged. There is also an examination of the risks and benefits of formal ethics consults.

This editorial describes the medical ethics consultation service at the University of Texas-San Antonio. Early evidence suggests that ethics consultations are useful to the self-selected group of physicians who request them. Future research should examine the impact of ethics consultation on patients and their families. Ethics consultation is a promising but incompletely evaluated mechanism of health care delivery.


This brief editorial responds to “Bioethics, Conflicts of Interest, the Limits of Transparency,” which criticizes the author’s mischaracterization of bioethics expert testimony before juries.


The reporter describes questions raised at a conference concerning the current trend of bioethics focusing on rules and regulations instead of big ethical issues.


The reporter examines ethical concerns associated with bioethicists -- lack of accreditation or licensing for bioethicists, issues of compensation, and the extent of influence the bioethicist has over the policy of a company.


The author looks at the different disciplines and routes to a career in bioethics, which is currently anything from philosophy and medical anthropology to microbiology and law, but with an emphasis on transdisciplinary training. Bioethicists exist to provide tools in making (ethical) decisions, not in handing down moral answers or creating absolute policy.


Ethics in nursing are discussed, including the influence of nurses in facilitating ethical decisions in medical care and the capability of a nurse to initiate ethics consult.

Considerable debate has occurred about the proper role of philosophers when offering ethics consultations. Some argue that only physicians or clinical experienced personnel should offer ethics consultations in the clinical setting. Others argue still further that philosophers are ill-equipped to offer such advice, since to do so rests on no social warrant, and violates the abstract and neutral nature of the discipline itself. The author argues that philosophers not only can offer such consultations but ought to. To be a bystander when one’s discipline does offer insights and methods of value discernment is pusillanimous. But this position requires a view of clinical medical ethics as one that arises out of the clinical practice of medicine, and not just from an application of general ethical principles to the practice of medicine. The author describes some of the skills that trained philosophers can bring to the consultation service.


The author focuses on the legitimacy of bioethics as a distinct discipline with something to contribute to the practice of medicine. He discusses factors that would enable the bioethicist to frame the terms of the dialogue and impact the resolution of a case and also discusses the methods involved in the application of bioethics.


The author criticizes colleagues for pondering the far flung consequences of current technological ability, rather than focusing on the more immediate considerations and problems that would benefit society to address. Bioethicists need to reconsider what should constitute the core of their work, stop exaggerating the significance of developments being made in genetics and biotechnology, and retain close ties to related academic fields.


The author proposes a different understanding of the concept and practice of ethics consultation that focuses more on clinical ethicists’ possession of moral insight rather than of mere intellectual expertise. She looks at mastery of code-like theories and law-like principles, as well as the maintenance of a reflective space. Also discussed are social settings of morality, the narrative picture of moral deliberation, and the ethicist as an architect and mediator.

Concentrates on external consultants, whose value orientation seeks to increase an organization’s capacities to achieve its goals, to improve the quality of work life, to make more positive the organization’s effects on others in society. Presents several illustrations of typical interventions, and describes many potential value conflicts and ethical problems. Specifically addresses the consultant’s responsibilities to client sponsors and client-targets. Concludes by urging consulting professionals to clarify and translate their values into operational standards.


The author explores some important bioethics issues that can arise for a life science company and the basics for developing bioethics policies to deal with those issues.


Glenn McGee left his position on the ethics advisory board of Advanced Cell Technology claiming that the advisory board was not being consulted on many ethically sensitive projects, including the cloning of endangered animals and recruiting egg donors for cloning purposes.


The author discusses an extension of the ideas of Van Rensselaer Potter on bioethics, primarily bioethics as a life philosophy, with comparisons to religion and philosophy. He offers suggestions on the relevance of Potter’s idea on the current field of bioethics, particularly taking a more global and long-term view.


This is a review of Dhanda’s *Guiding Icarus*. The author states: “even if you disagree, as I do, with some elements of Dhanda’s position, he is still convincing about the need to integrate bioethics as a corporate value within the biotechnology industry.”


The authors address substantive ethics for healthcare organizations (HCOs). HCOs often face ethical dilemmas, but ethical principles analogous to those of clinical ethics have not been established to guide resolution of such dilemmas.
Medical ethics evolved to guide decision-making that is in the best interest of the patient without giving due consideration to the organizational context in which this decision-making takes place. Today, deliberative bodies such as ethics consultation services and committees address ethical problems in clinical practice, such as the withdrawal of life-sustaining treatment.


A major fact of the bioethics phenomenon in North America has been the emergence of a new profession on the healthcare turf: a growing number of people calling themselves or being called “bioethicists.” Bioethicists are plying their trade mainly as ethics consultants in hospital settings and as researchers and educators with university affiliations. This article discusses the need for a code of ethics for bioethicists and what should be included in that code.


The authors respond to the article “Bioethics Consultation in the Private Sector.” They argue that it is neither a scholarly article nor an argument for a controversial practice, but rather a “how to” manual to promote what bioethicists already do. They believe that higher standards are needed.


The author discusses general conflicts of interest experienced by bioethicists in consulting in industry, such as compensation, but especially intangibles like attention and prestige.


This is a review of the books The Health Care Ethics Consultant by Francoise Baylis (ed.) and Ethics Consultation: A Practical Guide by John La Puma and David Schiedermayer. The debate about what constitutes the discipline of ethics and who qualifies as an ethics consultant is linked unavoidably to the reality of a rapidly changing and high stakes health care consultation marketplace. The struggle for self-definition is especially challenging since clinical ethics consultation aspires to be more than academic contemplation. These two books exemplify the two most popular but most widely divergent positions on these issues. The authors argue that while useful, neither book addresses fully the particular and distinct role of the professional ethicist.
Target article and responses—A Draft Model Code of Ethics for Bioethics


Stating that bioethics “now needs to assert its integrity and independence,” Baker sets out a draft model code of ethics for bioethics. Several articles in the edition are responses to Baker’s proposal (see below).


The author argues that the code of ethics comes up short “conceptually (lacking adequate definitions and conceptual analysis of key notions), theoretically (insisting on, but lacking a justification of its provisions), and practically (giving little in the way of specific normative guidance).” One of Beauchamp’s main points emphasizes the need for more detailed guidance in the management of conflicts of interest.


The authors discuss the risk that a code may “discourage, quiet, and marginalize important voices that should be included in the discussion, debate, and analysis that characterizes the practice of bioethics.”


Lantos writes that a code for a field without a core is likely to be either divisively substantive—focusing on one set of activities and the norms requisite to that activity to the exclusion of other important activities—or inclusively bland, describing norms of behavior that are universal and vague.


Latham states that codes of ethics have “a life.” And that, “no code is final when adopted. All are provisional, and constantly subject both to amendment from within the profession, and interpretation from without.”

Kipnis describes the purposes for, scope of, and processes of development for codes of ethics, comparing Baker’s angle, from the American Medical Association, to his own, from the study of the substantive ethics of the legal profession. Kipnis calls for a more concerted and systematic effort in the development of a code of ethics for bioethics.


Miller contends that the “time is not ripe for developing a code of ethics for bioethics,” as scant attention has been paid to the ethics of bioethics as a profession. Miller states: “in 20 years of experience as a bioethics teacher, scholar, and ethics committee member, I can’t think of a single instance in which I would have been aided by a professional code for bioethics.”


Cohn considers three main questions in consideration of Baker’s proposal: (1) What is bioethics? (2) What is the public perception of bioethics? and (3) What are the goals of a code of ethics for bioethics?


Spike considers one main question in his critique: “does bioethics, if it refers to any one thing, fit more in the group that includes history of medicine, anthropology of medicine, health economics and policy, and literature and medicine, or does it fit more with clinical ethics?”


Klugman suggests that “making specific recommendations could alienate a portion of the people and the society that bioethicists try to serve. Instead, in order to try to avoid appearances of taking political or social positions, bioethicists should adopt a stance more similar to the notion of nondirectiveness that has been used in traditional genetic counseling.”


Davis describes the utility and organization of a code of ethics and critiques how Baker’s proposal fits into this paradigm.

Glenn comments on the diversity within bioethics, the process of code development, and comparisons to other codes.


Morin compares Baker’s model code with codes governing the medical establishment and highlights three areas that hinder the effectiveness of codified ethical standards: “First, there is lack of consensus among physicians as to the moral authority of codes of conduct. Second, physicians are not well informed about the content of codes. Finally, the enforcement of standards of conduct remains very contentious.”


Perlman argues that a code of bioethics would be beneficial for those working within the industry setting.

**Consulting, Non-Bioethics Fields**


A random sample of 207 national business consultants is employed to test the effects of individual values and professional ethics on consulting behavior. The results suggest that the individual values held by consultants are positively correlated with professional ethics, but are negatively correlated with consulting behavior. Moreover, there appears to be no significant relationship between the professional ethics of consultants and business consulting behavior. Findings and issues regarding the effectiveness of codes of ethics and implications for both the provider and recipient of professional consulting services are discussed.


The author discusses building an ethical corporate culture and the role and benefits of the corporate ethics consultant.

The ethical aspects of consulting in the American accounting business are discussed. The author examines the need to look at a consulting job from all angles, including the impact of new service areas on the profession’s traditional independence, as well as liability and standards.


The author discusses the emergence of applied ethics as a growth industry in the academy and as a consulting vehicle to corporations, professions and policy makers.


At best, aspersions and allegations of ineffective work by consultants pervade our society. At worst, there are charges of blatant, unethical conduct. The image of consulting as a profession is lampooned in our humor, and, increasingly, consulting is becoming the focus of civil lawsuits. The authors argue that this does not have to be the case.


The business ethics concerns of Barbara Ley Toffler, a professor and founder of the ethics consulting group at Arthur Andersen, are discussed. Toffler found that her own ethics became compromised as she became caught up in the corporate culture even as she continued to be an ethics advisor.


The subject of ethics expertise is explored. Given significant challenges to any conception of ethical expertise, the authors try to determine whether it is possible to provide a meaningful and substantive account of it. The article moves from more abstract discussion of the idea to grounding a particular model, providing substance to it, and discussing specific traits or qualities of ethics experts.


The author discusses ethical tensions involved with technical consulting. He describes his experience with unethical behaviors, the foundation of ethics, the definition of professional ethics, and statements of the Ecological Society of America code of ethics. He also looks at ethics as they pertain to the scientific
method, possible conflict of interest inherent in consulting because of the fee accepted, and problems in technical consulting, such as design bias and client censorship.

**Law and Consulting**


The author considers the risk of consultants being sued for the ethical advice they give. It explores the liability of a consultant giving advice through a hypothetical case.


The author analyzes the potential liability of individual clinical ethicists in Pennsylvania, the increase in demand for ethics consultation, protection of an individual's right in making health care decisions, and factors affecting paternalism in medicine.


The author argues that if the role ambiguity that allows an ethics consultant to freely miscommunicate and misinterpret law to consultation participants is not clarified, health care ethics consultation will fall below minimal standards of professional ethics in other occupations. Also discusses the duty of an ethics consultant to disclose that the ethics consultation may affect the legal rights of participants, and that the consultant’s legal communications are not a substitute for separate legal advice.