“Bias in Ethics Consultation”

Ryan Mullen, MA
Manager, Clinical Ethics, Wisconsin Ministry Market
Clinical ethics consultants/committees and bias

- Acknowledging the potential for, and the dangers of, bias within ethics consultation
- Bias may be favorable or unfavorable and can be unconscious (implicit or unintentional) or conscious (explicit or intentional)
- Examples of identified biases against targeted groups:
  - race, gender, sexual orientation, the imprisoned, homeless, uninsured, single parents, elderly, those with chemical dependencies, immigrants and refugees, persons with mental or physical disabilities, etc.
Identifying strategies to help us move forward

- Specialized education for clinical ethics consultants and committees
  - Moving from individual healthcare workers to a collective we, shared solidarity within the professions as concerned healthcare workers.
  - Revisiting professional ethics codes and oaths
- Utilizing essential elements of healthcare ethics consultation
  - Continually calling back to the narrative of the patient. Bringing the person into the conversation.
  - Involving other clinical ethicists or ethics committee members often, seeking diverse perspectives
Conclusion

- Clinical ethicists and ethics committees are at risk of bias negatively affecting ethical reasoning within consultations, particularly those regarding poor and vulnerable populations.
- There are various approaches to combat bias based on successful examples previously used to address such issues.
  - specialized education
  - including essential elements of healthcare ethics consultation
- We all have the ability to take part in working towards positive outcomes, by striving to minimize the dangers of bias and ensuring patient-centered care can be realized.