

Speaking for Ourselves

Ethics in clinical practice: A call for establishing clinical ethics committees in India

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Clinical decision-making has become increasingly complex with rapid advancements in healthcare and medical research. These challenges are further compounded by the diversity of lifestyles, ethical considerations, and religious beliefs in modern society.^{1,2} In this context, clinical ethics committees (CECs), also known as healthcare ethics committees, play a pivotal role in providing ethical guidance to healthcare providers for patient care. Their role is advisory and educational, helping healthcare professionals, patients, and families navigate complex ethical issues.^{3,4}

Unlike research ethics committees (RECs), which focus on evaluating research protocols involving human participants, CECs address ethical dilemmas arising directly in clinical practice. The moral and emotional burden on healthcare professionals in instances of ethical dilemmas can be tremendous. CECs provide a structured platform for addressing these challenges and offering emotional and intellectual support. By involving patients and families in ethical discussions, CECs foster transparency and trust, leading to shared decision-making and improved satisfaction with care.^{3,5,6}

CECs have existed in the USA since the early 1980s.⁷ The Joint Commission on Accreditation of Healthcare Organizations recommends a multidisciplinary ethics committee to have a mechanism for addressing ethical issues in providing patient care. The American Medical Association and the American Hospital Association also endorse the development of CECs. Even today, most published data on CECs come from America and European countries.^{3,5,7} In contrast, the majority of Asian and African countries lack these services in their institutions.⁶

Current status of CECs in India

Despite their recognized importance globally, formal CECs in India are almost non-existent. To the best of our knowledge, only a few institutions in India have a functional CEC that addresses clinical care dilemmas, for example, Christian Medical College, Vellore and St. John's Medical College, Bengaluru.^{8,9}

Although a few institutions have moved towards it, the setting up of CECs in India is very slow. One of the most important reasons appears to be the lack of awareness among healthcare professionals regarding CECs and their functions, which stems from limited exposure to ethics education during medical training and the absence of well-defined institutional

policies promoting their role. Ethical dilemmas in India are often viewed as family or personal issues rather than institutional concerns. Most Indian healthcare facilities, especially in rural areas, struggle with basic infrastructure and prioritize immediate clinical needs over establishing ethics frameworks. Unlike research ethics, which is regulated by well-defined guidelines, e.g. the Indian Council of Medical Research (ICMR) National Ethical Guidelines, there are no mandates for forming CECs in Indian institutions.

Why have a separate CEC?

The establishment of dedicated CEC offers several advantages, especially in environments where ethical dilemmas are increasingly common. A separate committee ensures that ethical dilemmas in patient care receive focused and specialized attention distinct from research-related concerns. For example, end-of-life decisions during palliative care or conflicts over informed consent may require nuanced, patient-centred ethical deliberation that goes beyond the scope of RECs. Moreover, RECs also do not exist in some institutions which are not involved in research activities. CECs can respond quickly to urgent ethical issues in clinical settings, such as decisions about withdrawal of life-sustaining treatment, organ allocation, or disputes over patient autonomy. This timeliness is critical in scenarios where delays could have important consequences for patients or healthcare providers. Separate CECs contribute to the creation and refinement of policies that reflect high ethical standards, ensuring consistency across institutions.

Barriers to the implementation of CECs in India

1. *Absence of national policies:* Unlike countries with clear mandates, India lacks comprehensive policies advocating for CECs in hospitals.
2. *Limited ethical training:* Ethical decision-making is not an important focus in most Indian medical colleges and institutions.
3. *Resource gaps:* Financial and human resource constraints make it challenging to establish and sustain CECs.
4. *Lack of institutional support:* Institutions often prioritize operational needs over ethical infrastructure.

Recommendations for establishing CECs in India

1. *Policy advocacy:* Advocate for national guidelines from bodies like the National Medical Commission or ICMR to mandate CECs in healthcare institutions.
2. *Training and awareness:* Integrate clinical ethics training into medical education and conduct workshops for healthcare providers.
3. *Resource allocation:* Allocate dedicated funding and infrastructure to establish and maintain CECs.

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4. *Collaboration with global organizations*: Learn from successful models in resource-rich countries and adapt them to India's context.

Conclusion

The establishment of CECs is imperative for ensuring ethical decision-making, promoting interdisciplinary collaboration, and enhancing patient-centred care. While CECs remain underdeveloped in India, overcoming barriers with strong policy advocacy, training support, resource allocation, and collaboration with global organizations can pave the way for their integration into the healthcare system. By prioritising ethical frameworks, India can not only improve the quality of healthcare but also foster trust and transparency in medical practice.

Conflicts of interest. None declared

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