From the Editor

Ethics Consultation in Children's Hospitals

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ABSTRACT

Ethics consultations in pediatric hospitals share themes with consultations in adult hospitals, but some of the literature describes the differences. Both face gaps in knowledge about the availability of ethics consultation services, what ethics consultants do, how to request a consultation, and when. The articles in this issue of the *Journal of Pediatric Ethics* describe some of these issues. The articles address disparities found in ethics consultation data and barriers to requesting an ethics consultation. In pediatrics, there has been a growing call for more attention to the ethical climate of hospitals, moving from reactive ethics consultation to proactive attention to improving staff's ethical literacy and everyday ethics. This blends well with growing discussions on how to best address racism in clinical ethics consultation. Since many consultations are the result of issues of miscommunication and a lack of trust related to the structural forms of racism that are embedded in our society, there is a need for ethics consultation services in pediatric institutions to add attention to the ethical climate as a part of their service line, along with consultation.

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Pediatrics is a smaller "subspecialty" within healthcare. Anecdotally, clinicians and parents who receive care or work in a freestanding pediatric institution describe the stark contrasts they find from adult institutions. This is described in the context of ethics consultation and ethics services as well.[1] Many of the issues in adult healthcare are present in pediatric healthcare, but some seemingly small differences can have significant impacts on practice.

One of the many challenges in ethics consultation in any healthcare setting is knowledge of and access to ethics consultation. In pediatric institutions this extends to patients, parents, and other family members. While there are knowledge gaps in what clinical ethics does and who can request a consultation, ethics consultations exist within a system with proven inequities. Ethics consultations are unique because they often, although not always, arise when there are conflicts or disagreements around values. Often the consults stem from breakdowns in communications, conflicts, biases, and so on. As such, an antecedent to ethics consultations may be social and cultural discord that include the structural disparities and inequities that permeate U.S. society.

In this issue of the *Journal of Pediatric Ethics,* we have three feature articles that explore pertinent questions facing ethics consultations in pediatric institutions. In "Pediatric Ethics Consultation: Identifying Disparities to Inform Future Practice," Leland and colleagues report on their retrospective analysis of ethics consultation requests at their pediatric hospital. They found that Black patients were overrepresented as the focus of ethics consultations, which more often than not were initiated by the medical team. Among many of the impacts the authors describe on the structuring of ethics consultation, they note the barriers to patient's and families' awareness of ethics consultation services.

In their article, "From Reactive to Proactive: Comparing Barriers to Ethics Consultation in Pediatric Inpatient and Outpatient Settings," Krantz and colleagues compare barriers to ethics consultation in pediatric inpatient and outpatient settings. In their surveys of inpatient and outpatient staff, they found several barriers to requesting ethics consultation. The barriers identified ranged from uncertainty around the logistics of a consultation to unease around requesting a consultation.

Finally, Tyler Clay, in "A Narrative Approach to Assent in Pediatrics," proposes an important consideration for pediatric ethics consultation: the use of a narrative approach to children's assent to foster their decision-making capacity. Clay promotes three steps adapted from adult narrative approaches: narrative emplotment, stimulation of imagination, and invitation to assent and preparation for dissent. Storytelling continues to be a powerful tool in human understanding, although it is often undervalued in the medical lens. Assent and dissent issues in pediatrics are often the focus of ethics consultations in pediatric institutions. Clay's narrative approach provides a useful strategy for clinicians and ethicists, to bring ethics to the bedside earlier and avoid conflict-laden reactive consultations.

Ethics consultation services in children's hospitals continue to evaluate their work as they strive to reduce barriers to the initiation of consultation as well as to consider how to address racism in consultations and the larger ethical climate of the institution. One major, continuing barrier is that patients and families do not know that they can request a consultation. The professionalization of clinical ethics is still rather young, and is drastically different than ethics departments in corporations, businesses, and legislative bodies. This presents a significant disadvantage for patients and families who could greatly benefit from access to professional clinical ethicists. One way ethics consultation services have remedied this is through staff education, in hopes that the information will more easily get to the bedside. There is a growing discussion on how to best address racism in the healthcare encounter, and how clinical ethics consultants can do so.[2,3] There is a need to focus on this at the consultation level and in the ethical climate that affects everyday ethics.

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Inequities in who requests ethics consultations, and on whose behalf, may represent ways that racism can affect how we communicate, rather than explicit racism. That is, an ethics consultation in itself may be legitimate, but the reason it was needed may be due to a breakdown in communication or mistrust that stemmed from structural racism in our society

at large. In this way, attention to everyday ethics in clinical practice has been promoted as a way ethics services can help clinicians understand how their everyday practice can impact their partnering with patients, parents, and families.[4] In addition, improvements in the ethics literacy of staff, such as Clay's narrative approach to assent, can help bring the benefits of clinical ethics to the bedside. In this way, clinical ethics in children's hospitals has benefits beyond just consultation, as it provides support for everyday ethics. The path forward for ethics consultation services in children's hospitals is to move from only providing reactive ethics consultations to including support for the ethical climate as an important framework.[5]

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