Revista BIOETHIKOS - Centro Universitário São Camilo - 2011;5(1):41-49

Implementing clinical ethics in german hospitals: content, didactics and evaluation of a nationwide postgraduate training programme[a]

Implementación de ética clínica en hospitales alemanes: contenido, didáctica y evaluación de un programa de entrenamiento graduado a escala nacional

Implementação de ética clínica em hospitais alemães: conteúdo, didática e avaliação de um programa de treinamento de aperfeiçoamento de âmbito nacional

Andrea Dörries*
Alfred Simon**
Gerald Neitzke***
Jochen Vollmann****

ABSTRACT: The Hannover qualifying programme 'ethics consultation in hospitals', conducted by a four-institution cooperation partnership, is an interdisciplinary, scientifically based programme for healthcare professionals interested in ethics consultation services and is widely acknowledged by hospital managements and healthcare professionals. It is unique concerning its content, scope and teaching format. With its basic and advanced modules it has provided training and education for 367 healthcare professionals with 570 participations since 2003 (until February 2010). One characteristic feature is its attractiveness for health professionals from different backgrounds. Internationally, the Hannover programme is one of the few schedules with both academics and non-academics as target groups and a high participation rate of physicians. The concept of the Hannover programme is in great demand, and its schedule is continuously optimised through evaluation. The goals of enabling healthcare professionals from different professional backgrounds to define and reflect ethical problems, to facilitate and support the process of decision-making and to work out structures for their own institutions seem to have been achieved. However, in order to obtain effective and sustainable results, participation in the programme should be supplemented regularly by in-house training sessions or individual expert consultations. Future challenges include new thematic courses and providing a network for former participants, especially when they come from non-academic hospitals. The network is a reasonable platform to discuss participants' experiences, successes and pitfalls. A further task will be research on how the programme's concept can support the sustainability of ethics structures in the various institutions.Over the past decade, ethics consultation services in hospitals have been increasingly introduced in Europe with different models of consultation and structures[1,2]. To provide contacts, reliable information on ethical issues and links to policies and guidelines, experts in various countries have set up clinical ethics networks[1,3-5]. On a European level, the European Clinical Ethics Network has been founded[6].

KEYWORDS: Clinical ethics - hospitals. Hospital managements. Healthcare professionals - background.

RESUMEN: El programa Hannover de La calificación de 'consultas éticas en hospitales', conducido por una cooperación de cuatro instituciones, es un programa científico interdisciplinario para los profesionales de cuidados médicos interesados en servicios de consulta ética y es reconocido extensamente por gerencias de hospitales y profesionales de cuidados médicos. Es único en cuanto al contenido, alcance y formato de enseñanza. Sus módulos básico y avanzado han proveído entrenamiento y formación para 367 profesionales de cuidados médicos con 570 participaciones desde 2003 (hasta febrero 2010). Una característica es su atracción de profesionales de salud de diversas formaciones. Internacional, el programa de Hannover es uno de los pocos con grupos destinatarios académicos y no-académicos y un alto índice de participación de médicos. El concepto del programa de Hannover está en gran demanda, y su currículo es optimizado continuamente por evaluaciones. Las metas de permitir a profesionales de cuidados médicos de diversas experiencias profesionales definir y reflejar problemas éticos, facilitar y apoyar el proceso de la toma de decisión y resolver las estructuras para sus propias instituciones parecen haber sido alcanzadas. Sin embargo, para obtener resultados eficaces y sostenibles, la participación en el programa se debe complementar regularmente por sesiones de formación internas o consultas expertas individuales. Los desafíos futuros incluyen nuevos cursos temáticos y la creación de una red para los participantes anteriores, especialmente cuando vienen de hospitales no académicos. La red es una plataforma razonable para discutir experiencias, éxitos y dificultades de los participantes. Otra tarea será la investigación sobre cómo el concepto del programa puede apoyar la continuidad de estructuras éticas en las varias instituciones. Durante la última década, los servicios de consulta ética en hospitales se han introducido cada vez más en Europa con diversos modelos y estructuras de consulta[1,2]. Para proporcionar contactos, informaciones confiables a cerca de cuestiones éticas y acoplamientos a las políticas y pautas, expertos en varios países han fijado redes de ética clínica[1,3-5]. En el nivel europeo, se ha creado la European Clinical Ethics Network, Red Europea de Consultas Éticas[6].

PALABRAS-LLAVE: Ética clínica - hospitales. Gerencias de hospitales. Profesionales de cuidados médicos - formación.

RESUMO: O programa de qualificação de "consultas éticas em hospitais", realizado por uma parceria de cooperação entre quatro instituições, é um programa científico interdisciplinar para profissionais dos cuidados médicos interessados em serviços de consulta ética, sendo reconhecido amplamente por administrações hospitalares e profissionais de cuidados médicos. É original quanto a conteúdos, alcance e formato de ensino. Com seus módulos básico e avançado, ofereceu treinamento e instrução a 367 profissionais de cuidados médicos, com 570 participações desde 2003 (até fevereiro 2010). Uma característica é sua atração para profissionais de saúde de diferentes formações. Internacional, o programa de Hannover é uma de poucas programações com público-alvo acadêmico e não-acadêmico e um grande índice de participação de médicos. O conceito do programa de Hannover está em grande demanda, e sua programação é aperfeiçoada continuamente com avaliações. Os objetivos de capacitar profissionais de cuidados médicos com diferentes formações profissionais a definir e refletir sobre problemas éticos, facilitar e suportar o processo de tomada de decisões e elaborar estruturas para suas próprias instituições, parecem ter sido alcançados. Entretanto, a fim de obter resultados eficazes e sustentáveis, a participação no programa deve ser suplementada regularmente por sessões de formação internas ou por consultas peritas individuais. Os desafios futuros incluem novos cursos temáticos e fornecimento de uma rede para participantes anteriores, especialmente quando vêm de hospitais não-acadêmicos. A rede é uma plataforma razoável para discutir experiências, sucessos e dificuldades dos participantes. Uma tarefa adicional será a pesquisa sobre como o conceito do programa pode apoiar a sustentabilidade de estruturas éticas nas várias instituições. Na década passada, serviços de consulta ética em hospitais foram introduzidos crescentemente na Europa, com diferentes e estruturas de consulta[1,2]. Para fornecer contatos, informações confiáveis sobre questões éticas e vínculos com políticas e diretrizes, peritos de vários países estabeleceram redes de ética clínica [1,3-5]. No nível europeu, foi instituída a European Clinical Ethics Network, Rede Europeia de Ética Clínica[6].

PALAVRAS-CHAVE: Ética clínica - hospitais. Administração hospitalar. Profissionais de cuidados médicos - formação.

a. Republicação sob concessão dos autores. J Med Ethics. 2010;36:721-6. doi: 10.1136/jme.2010.036137.
* Zentrum für Gesundheitsethik. (ZfG), Hannover, Germany. E-mail: andrea.doerries@evlka.de
** Akademie für Ethik in der Medizin, Göttingen, Germany.
*** Institut für Geschichte, Ethik und Philosophie der Medizin, Medizinische Hochschule. Hannover, Hannover, Germany.
**** Abteilung für Medizinische. Ethik und Geschichte der Medizin, Ruhr-Universität Bochum, Bochum, Germany.

Revista BIOETHIKOS - Centro Universitário São Camilo - 2011;5(1):41-49

ETHICS CONSULTATIONS IN GERMANY

In Germany, a strong impulse for the introduction of ethics consultation originated from an initiative by the two Christian hospital associations, representing approximately one third of all German hospitals, who published a brochure in 1997 advising their hospitals to implement healthcare ethics committees[7]. By early 2000, 30 of 800 Christian hospitals had implemented a healthcare ethics committee or similar projects[8].

Another study in 2002 showed that two university hospitals had founded a clinical ethics committee (CEC), five universities had announced that they wanted to establish similar structures, and two further universities were about to appoint an individual ethics consultant[9]. In a first nationwide survey in 2005, at least 149 CEC and 86 other forms of ethics consultation existed in German hospitals, 77 hospitals were at a stage of implementing facilities likewise, thus representing approximately 14% of all German hospitals[10]. A follow-up survey among university hospitals showed that in 2007 18 of 36 institutions had a CEC and 11 had employed an ethics consultant[2,11].

Primarily, one reason for this rapid increase in Germany was the requirement for certification in hospitals. In the relevant guidelines for hospitals (eg, Kooperation für Transparenz und Qualität im Gesundheitswesen), as in the case of the US American Joint Commission on Accreditation of Healthcare Organisations, the mode of dealing with moral issues is regarded as relevant both on the levels of management and patient care.

The promotion of ethics consultation services in hospitals soon raised questions concerning their quality[8,12] and, in the long run, training programmes for members of CEC became necessary and even imperative. Several master programmes of applied or medical ethics in various countries (Germany: University of Mainz/European Academy Bad Neuenahr; Switzerland: University of Zurich) as well as on the European level (European Master in Bioethics) were introduced. These programmes were mostly university based and placed their emphasis on the theoretical and philosophical background of medical ethics.

It soon became obvious that apart from master programmes among those involved in the implementation processes there was also a need for adequate training programmes focussing on the practical aspects of how to implement and run ethics consultation services successfully in hospitals of different size and ownership. Moreover, certificate courses on clinical ethics consultation could include healthcare professionals who, because of their lack of academic education in Germany, are excluded from master programmes that would allow interdisciplinary training reflecting the hospital reality.

CURRICULUM AS A NATIONAL STANDARD

Therefore, parallel to the first courses of the Hannover programme in 2003, a task force (including the authors of this paper) at the Akademie für Ethik in der Medizin (AEM), an interdisciplinary scientific association on medical ethics, developed a curriculum on ethics consultation in hospitals, which is considered a national standard for training programmes in clinical ethics in Germany[13]. The aim of the curriculum is to educate people from different professional backgrounds (medicine, nursing, pastoral care, social services, law, patient organisations)[14] in order to become independent, responsible and competent ethics counsellors. This means that they should be capable of defining and reflecting upon moral problems, facilitating the process of decision-making and supporting the process of solving ethical dilemmas, both on an institutional level (providing ethics training, ethics working groups, ethics committees) and on a case-by-case level (case consultation). The curriculum also aims at practising skills in dealing with moral problems. The purpose of advanced modules including clinical ethics topics (eg, end-of-life decisions, resource allocation) as well as methodological issues (eg, moderating ethics case discussions) is to intensify these reflections on certain ethical topics in medicine and improve participants' ethical reasoning skills. The courses should always be based on the participants' own backgrounds and experiences. Working methods and the didactic concept contribute to these educational aims[15,16].

TRAINING PROGRAMMES IN OTHER COUNTRIES

To our knowledge, similar programmes in other countries are rare. A professional training on applied clinical ethics has existed at Imperial College in London since 2006, covering a wide range of theoretical and practical aspects of clinical ethics[17]. The institute 'Dialog Ethik' in

Revista BIOETHIKOS - Centro Universitário São Camilo - 2011;5(1):41-49

Zurich, in cooperation with the University of Applied Science Northwestern Switzerland and the University of Fribourg, offers – apart from a master degree in 'ethical procession in organisation and society' – several accredited courses covering basic (six times 2 days and 5 training days) and advanced (two times 6 days and 3 training days) issues in clinical ethics[18]. A post-graduate certificate programme in bioethics and medical humanities has been conducted for many years by the Montefiore Medical Centre and the Hartford Institute of Geriatrics Nursing at New York University[12,19]. The National Center for Ethics in Health Care of the US Department of Veterans Affairs in Washington provides various e-learning tools concerning ethics consultation methodology, and holds a monthly national ethics teleconference[20]. The University of Chicago directs a 1 or 2-year fellowship programme in medical ethics for clinicians[21]. In The Netherlands, a moral case deliberation programme has been performed in a psychiatric hospital[22]. A national study in US hospitals reported that only 5% of ethics consultants had completed a specialised training and 41% a formal supervision by another experienced committee member[23]. To our knowledge, no articles on experiences with interdisciplinary post-graduate training programmes in ethics consultation have yet been published.

In this paper, we will outline the Hannover qualifying programme 'ethics consultation in hospitals', an interdisciplinary programme for healthcare professionals and other people interested in ethics consultation services[24,25]. We will analyse how it has been performed in practice, give a statistical overview and draw conclusions based on our experiences.

HANNOVER QUALIFYING PROGRAMME 'ETHICS CONSULTATION IN HOSPITALS' 2003–10

After several sporadic training courses from 2003 onwards, a two-part basic and advanced module programme was started in Germany as a cooperation between the Zentrum für Gesundheitsethik, the AEM, the Medizinische Hochschule Hannover and the Ruhr-Universität Bochum. Its goal was to qualify healthcare professionals (primarily physicians, nurses, hospital chaplains) who are multiplicators in their institutions to implement and run an ethics consultation service in their hospital. The ethics consultation service should enact ethics case discussions (various techniques), implement guidelines and train hospital staff in clinical ethics.

The programme applies and reflects the AEM curriculum with regard to structure, content and method. For example, according to the curriculum, the Hannover qualifying programme 'ethics consultation in hospitals' offers a basic module and several advanced modules with either a thematic or a methodological focus[25]. Healthcare professionals can attend various modules depending on their interests and professional experience.

The basic module includes two parts of 3 and 2 days, respectively, within a 3-month period. The two-tier approach offers participants the opportunity to practise their newly acquired skills and discuss their recent experiences in the second part of the basic module. The basic module provides knowledge and skills in clinical ethics, organisational ethics and ethics deliberation. It enables participants to develop individual strategies for implementing ethics consultation services at their institutions.

Several advanced modules of 2 days each cover methodological modules on basic knowledge and skills in facilitating a moral deliberation as well as ethics case discussion on the ward and thematic modules to intensify the knowledge about relevant ethical issues in hospitals. Such topics include decision-making at the end of life, living wills and decision-making at the beginning of life.

Methodologically, the modules apply a combination of presentations and work in small groups. Sufficient time is dedicated to training sessions in ethics case discussion. Apart from a background of medical ethics, teaching staff is academically trained in medicine (internal medicine, human genetics, paediatrics and psychiatry), philosophy, hospital pastoral care and organisation development. At the end of the modules, all participants are awarded a certificate that refers to the AEM curriculum.

During the first part of the basic module, the significance of moral challenges and ethical dilemmas in patient care in the 21st century are stressed (Table 1). These challenges demand a multiprofessional and systematic approach. A variety of different services for ethics consultation is introduced and analysed in the context of the participants' working fields. The main focus is on tasks, structures and methods of such services and the advantages and disadvantages of solving ethical conflicts on the ward and on an organisational level.

Revista BIOETHIKOS - Centro Universitário São Camilo - 2011;5(1):41-49

In the second part of the basic module, ethics case discussion techniques are strengthened and put in concrete terms for the individual participant (Table 1). The main focus is on the relationship between individuals and the organisation, the individual participant's concept of his/her ethics consultation service and the strategy for implementation. This stresses the importance of the organisational structure and its decision-making process for a successful implementation of an ethics consultation service in hospitals. Methods of evaluation and quality control are presented and relevant experiences are discussed.

In the methodological course 'ethics case discussions on the ward', facilitating techniques are taught using role play scenarios in order to come as close to reality as possible. Participants are asked to contribute their own cases. Cases are presented, and afterwards the role play takes place with various role assignments, a presenter and a co-presenter, while other attendants serve as observers. The feedback on the discourse enables the participants to reflect assumptions about their roles, emotions, motives and arguments in the case discussion. Furthermore, communication skills in hospitals and the organisational requirements for an ethics consultation session are discussed.

The course on 'end-of-life decisions' offers practical guidance both for individuals and institutions on dealing with moral conflicts in medical decision-making at the end of life. It promotes the role of ethics consultation in these processes. The content includes death and dying in hospitals, duties and responsibilities of different professions, medical and legal frameworks, various forms to assist and comfort a dying patient, all with respect to the concept of autonomy. The thematic course on living wills combines information on ethical and legal aspects. The advanced module on ethical issues at the beginning of life focuses on ethics consultation in the context of pregnancy, prenatal diagnosis and abortion, extremely immature neonates and issues of raising handicapped children.

EVALUATION OF THE PROGRAMME

To date (January 2010), 11 basic modules and 15 advanced modules have taken place (seven methodological; eight thematic) (Table 2). There was a total of 570 participations. The average number of participants was 25 in the basic modules and 19 in the advanced modules. Basic modules take place twice a year and the advanced modules two or three times per year.

Most of the attendants (279/367) joined the basic modules; 48% of the attendants (176/367) participated in the basic module only, 20% (72/367) only in advanced modules and 32% (119/367) in both basic and advanced modules; 32% (119/367) attended more than one module.

The majority of attendants were nurses (34%), physicians (30%) and hospital chaplains (26%) (Table 3). The proportions did not vary much between different modules. Among medical disciplines, anaesthesia (32%; 35/109) and internal medicine (27%; 29/109) prevailed, the latter often with a subspecialisation in oncology, geriatrics, or palliative medicine. Almost all of the physicians were medical directors or senior registrars, the nurses mostly head nurses or directors of nursing. They came from upper or middle hospital management level.

The attendants mainly worked in public (43%; 157/367) or charitable non-profit hospitals (36%; 132/367), only 8% (30/367) came from private for-profit hospitals and 13% (48/367) from other institutions. Summing up, 367 attendants from 162 hospitals (university hospitals and large primary care hospitals) as well as 45 other institutions joined the educational programme.

The modules were evaluated by questionnaires and oral feedback. The results concerning general satisfaction, didactics and organisation ranged mostly between 'excellent' and 'good' on a five-point Likert scale (Table 4). Feedback was gathered separately for each presentation and working session. Content and presentation received between 8.3 and 9.0 points out of a maximum of 10 points. The positive effects of small group work and the diversity of lecturers were often mentioned.

Suggestions for improvement were taken up by the team for the following modules, thus continuously upgrading the programme. Changes affected the distribution of literature in advance, modifications of the handouts, extending duration of advanced modules and postponement of the philosophical presentation within the schedule. Within the cooperating team, responsibilities and processes were continuously adapted. The modules are accredited as continuous medical education by the Medical Chamber of Lower Saxony.

DISCUSSION

The Hannover qualifying programme 'ethics consultation in hospitals' with its basic and advanced modules

Revista BIOETHIKOS - Centro Universitário São Camilo - 2011;5(1):41-49

Table 1

Time schedule of the basic module

	Time	Topics	Content
Day 1	Afternoon	General introduction (gd)	Development, history and content of the qualifying programme are presented; introduction of the interdisciplinary team
	Afternoon	Introduction of participants (gd)	Each participant reports about his/her individual experience with CEC/ethics consultation and states his/her goals and expectations of the programme
	Afternoon	Ethics in hospital (p)	Overview of ethical conflicts in hospitals, different models and methods of ethics case discussions and data concerning the implementation and number of CEC in Germany
		Case discussion (1) (sg; gd)	Case discussion by participants in small groups; decision-making and communication process are presented to the whole group
	Evening	Philosophical ethics and clinical ethics (p)	Introduction of main philosophical theories and their importance for reasoning in ethical case discussion
Day 2	Morning	Ethics consultation; different tasks and structures (p)	Overview of CEC tasks (case discussions; guidelines; education), the structures (eg, CEC; single clinical consultant) and various ways of performing the tasks (eg, consultation on wards; consultation in committees; preventive ethics)
		Experiences at participants' working places (sg; gd)	Participants are asked to discuss in small groups their experiences concerning the three tasks and elaborate structures and methods of ethics consultation adequate for the needs of their hospital. Results are presented
	Afternoon	Methods of ethics consultation (p)	Different methods of how to perform a case discussion are presented (eg, Nijmegen chart; 4-step approach)[26]
		Case discussion (2) (sg; gd)	Case discussion using a method chosen by participants of each small group; decisions made and experiences with the method are presented to the whole group
		Theological aspects (p)	The scope and background of 'human dignity'; role of hospital chaplains in CEC
Day 3	Morning	Steps to implement an ethics consultation service (p)	Six steps to implement a CEC in hospital; opportunities and possible failures
		Using the internet as a database for medical ethics (p)	Relevant internet platforms for literature search, networking and ethics/legal advice are presented; a literature search is demonstrated
		'Market place' (sg)	Topics on request by participants (eg, practising a further case discussion; end-of-life issues; example of an implementation process in a certain hospital) are dealt with in parallel groups
Day 4	Afternoon	Implementation strategies: chances and pitfalls (p)	Organisational aspects of hospitals; cooperation in hospitals; use and possible consequences of different strategic approaches to implement and maintain a CEC
		Case discussion (3) (sg; gd)	Case discussion with a technique chosen by participants of each small group, with a focus on the organisation of a case discussion; decisions made and relevant facts for solving a case discussion are presented to the whole group
		Quality management and evaluation of ethics consultation (p)	Different standards and evaluation methods (process, structure and result quality); internal surveys
	Evening	Hierarchy in hospitals (gd)	Group discussion focused on hierarchal aspects and the meaning of 'truth' in hospitals
Day 5	Morning	Organisational ethics (p)	Basics about organisations, their development and ethics
		'Market place' (sg)	Topics by request of the participants (eg, documentation of case discussions; conflict-solving methods; public relations) are dealt with in parallel groups)

CEC, clinical ethics committee; (gd) general discussion; (p) presentation; (sg) small groups.

Table 2

Attendants in the qualifying programme 2003–10 (N=367)

Courses (basic and advanced modules)	Number
Only basic module	176
Only advanced module(s)	72
Basic module and advanced module(s)	119
Total	367

Revista BIOETHIKOS - Centro Universitário São Camilo - 2011;5(1):41-49

has provided training and education for 367 healthcare professionals with 570 participations since 2003. Its concept provides different methods and structures for implementing ethics consultation in hospitals, so that participants can adapt and find their own strategies. Most of the participants of the programme are employed by public or charitable non-profit hospitals. Private for-profit hospitals are rarely included, although their numbers have increased to approximately one third of all hospitals in Germany.

This may point towards different management strategies in private hospitals not only in Germany[23].

The Hannover programme is based on a curriculum developed by an AEM task force, which is the best standard presently available in Germany. There is no accreditation for hospitals in Germany including ethics consultation services so far, but new hospital certification guidelines for quality improvement have a strong impetus on the implementation process. It could thus be helpful if those certification guidelines required some formal qualification in clinical ethics.

The Hannover programme has a schedule with both academics and non-academics as target groups. It is noteworthy that the programme attracts physicians (30% of

Table 3

Professional background of attendants

Professional background of attendants	Number	Percentage
Physicians, total	109	30
Anaesthesia	35	
Internal medicine	29	
Surgery	10	
Paediatrics	9	
Psychiatry	11	
Obstetrics/gynaecology	6	
Others	9	
Nursing	126	34
Hospital chaplains	94	26
Other backgrounds (eg, biology, psychology, law, midwifery, patient organisations)	38	10
Total	367	100

Table 4

Evaluation of the programme

	Excellent	Good	Average	Bad
Basic modules				
General evaluation	46%	53%	1%	—
Didactics	34%	61%	5%	—
Organisation	56%	42%	2%	—
Advanced modules				
General evaluation	61%	39%	—	—
Didactics	50%	49%	1%	—
Organisation	55%	41%	4%	—
Evaluation (0-10 points)				
Basic modules	Content	8.3		
	Mode of presentation	8.3		
Advanced modules	Content	9.0		
	Mode of presentation	8.9		

Revista BIOETHIKOS - Centro Universitário São Camilo - 2011;5(1):41-49

all participants), as they often seem somewhat reluctant about ethics consultation[10,27].

Approximately half of the participating physicians come from intensive care units, oncology, palliative care and geriatrics, thus indicating on the one hand where most ethical problems arise and on the other hand where the need for ethical reasoning is most welcome and wanted. Most participants are members of CEC already implemented or in the process of implementation. There is no apparent difference in satisfaction and learning results between those groups. The participants highly appreciate the interdisciplinary approach of the programme, which is strongly expressed in the positive feedback of small group sessions. To introduce ethics consultation in nursing homes, a special qualifying programme has just been started.

It is noteworthy that almost all participants were sent by the hospital management or directors of nursing who also paid the fees for the programme. Nearly all physicians were consultants or senior registrars and many nurses work as staff nurses at a senior level in their hospitals. The programme thus succeeds in attracting senior health professionals who can act as multiplicators in their hospitals (junior doctors are taking part in further in-house education) afterwards. Participants state that hospital boards mostly have certification requirements and marketing strategies on their agenda, while attending physicians, nurses and chaplains also participate for other reasons, such as insufficient decision-making processes, search for communicational improvements or eagerness to improve their ethical knowledge. The question remains as to how much the improvement in communication alone could make everyday work easier, and how much specialised ethics deliberation and knowledge itself is needed.

As is reflected by the participants, it has proved valuable to have a team of instructors from different backgrounds teaching a variety of models and perspectives. Of course it is debatable whether our staff should be supplemented by a nursing and legal perspective. The actual staff members provide a combination of didactic methods that is acknowledged by the participants.

The demand for training in clinical ethics consultation in Germany has proved to be continuous and high since the start of our programme in 2003. This can be concluded from the fact that the basic modules are always fully booked and also from the great demand for subsequent additional training sessions by the instructors in respective hospitals (in-house training) and the feedback that these are a helpful and valuable support. As the programme can only present an overview of techniques and experiences, implementation within hospitals remains a challenge. The feedback of participants who take part in several courses and the experiences during in-house training show that this challenge can be dealt with by professional back-up and counselling. Not only the lack of ethics knowledge, but also the lack of facilitating techniques and the skills of introducing a 'new culture' of communication into a hospital seems a tremendous task requiring a lot of patience and endurance. Those in charge of this task often have to be supported by reminders that their original cause for dealing with ethical questions was a profound and intensive need for the support of quite a few health professionals when making difficult decisions in patient care. From a German perspective, we can conclude that the process of implementing ethics consultation services should be accompanied and supported by trained and experienced clinical ethicists with in-house consultation and training.

In addition, the authors have published a book accompanying the programme (second edition published in 2010), which takes up the practical focus, similar to a handbook[28,29]. We plan to intensify the networking among healthcare professionals interested in medical ethics, especially when they come from non-university hospitals, taking up their experiences, successes and pitfalls on special advanced training seminars.

We contribute to an interactive internet platform where participants of our courses can post online information about their institutions' ethics committees[5]. The platform further provides ethics guidelines, case examples for further education and a list of experts for in-house teaching. In 2010 we will organise the first networking seminar for our experienced participants from earlier courses in Hannover. Besides lectures on current issues of clinical ethics, this seminar will provide opportunities for open workshops and networking. As organisers we are going to use this opportunity to learn more about the impact of our teaching in real life by feedback and evaluation. Next to this systematic follow-up of participants' performance and experience in hospitals we are planning further evaluation on topics, for example the successful implementation process of ethics committees, the number of case consultations per year, the implementation proc-

Revista BIOETHIKOS - Centro Universitário São Camilo - 2011;5(1):41-49

ess of guidelines, the number of (short or long) public relation messages, the acceptance of the service within the hospital and changes in medical or nursing culture.

Summing up, the curriculum-based concept of the Hannover programme has been successfully introduced in Germany. It is in great demand, and is widely acknowledged by hospital managements and healthcare professionals. Its schedule is continuously optimised. The goals of enabling healthcare professionals from different professional backgrounds to define and reflect ethical problems, to facilitate and support the process of decision-making and to work out structures for their own institution seem to have been achieved. It must be mentioned, however, that in order to achieve effective and sustainable results participation in the programme should be supplemented regularly by in-house training sessions or individual expert consultations. One key feature of the programme is its continuous improvement according to evaluation results, thus introducing not only new thematic topics such as the 'allocation of scarce ressources' but also new course structures with a focus on nursing homes. A further task will be research on how the programme's concept can support the sustainability of ethics structures in the various institutions and how to retain realistic training opportunities for the different individuals according to agreed standards for ethics consultation[23,30].

Acknowledgements The Hannover Programme is developed in a cooperation of the four authors. Invited speakers have been: Gerhard Richter (Marburg), Stefan Dinges (Wien), Ralph Charbonnier (Hannover), and Ralf Denkers (Hannover). The programme takes place at the Zentrum für Gesundheitsethik (ZfG) in Hannover. Andrea Dörries and Alfred Simon are responsible for the organisation; Andrea Dörries ascertains statistics and evaluation of the programme. The authors would like to thank Marie Danelski, Irene Leonhardt-Kurz and Ilona Wendt for administration and secretarial support.

Competing interests None.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCES

1. Slowther A. Embedding clinical ethics in a health care system: the experience of the UK clinical ethics network. Bioethics Forum 2008;1:40-4.
2. Vollmann J. Klinische Ethikkomitees und Ethikberatung in Deutschland: Bisherige Entwicklung und zukünftige Perspektiven. Bioethica Forum 2008;1:33-40.
3. Provincial Health Ethics Network. Origins of the society. http://www.phen.ab.ca/history/ (accessed 18 Feb 2010).
4. UK Clinical Ethics Network. http://www.ethics-netwoks.org.uk (accessed 18 Feb 2010).
5. Ethikberatung im Krankenhaus. http://www.ethikkommittee.de (accessed 18 Feb 2010).
6. Molewijk B, Widdershoven G. Report of the Maastricht meeting of the European Clinical Ethics Network. Clin Ethics 2007;2:45.
7. Deutscher Evangelischer Krankenhausverband, Katholischer Krankenhausverband Deutschlands e.V, eds. Ethik-Komitee im Krankenhaus. Hannover, Freiburg, 1997.
8. Simon A, Gillen E. Klinische Ethik-Komitees in Deutschland. Feigenblatt oder praktische Hilfestellung in Konfliktsituationen? In: von Engelhardt D, von Loewenich V, Simon A, eds. Die Heilberufe auf der Suche nach ihrer Identität. Münster: Lit, 2001:151-7.
9. Vollmann J, Burchardi N, Weidtmann A. Klinische Ethikkomitees an deutschen Universitätskliniken. Eine Befragung aller Ärztlichen Direktoren und Pflegedirektoren. Dtsch Med Wochenschr 2004;129:1237-42.
10. Dörries A, Hespe-Jungesblut K. Die Implementierung klinischer Ethikberatung im Krankenhaus. Ergebnisse einer bundesweiten Umfrage im Jahr 2005. Ethik Med 2007;19:148-56.
11. Vollmann J. Ethikberatung an deutschen Universitätskliniken. Empirische Ergebnisse und aktuelle Entwicklungen. In: Gross D, May A, Simon A, eds. Beiträge zur Klinischen Ethikberatung an Universitätskliniken. Münster: Lit 2008a:31-48.
12. Dubler N, Webber M, Swiderski D, et al. Charting the future. Credentialing, privileging, quality, and evaluation in clinical ethics consultation. Hastings Center Rep 2009;39:23-33.
13. Simon A, May A, Neitzke G. Curriculum, "Ethikberatung im Krankenhaus". Ethik Med 2005;4:322-6.
14. Neitzke G. Patient involvement in clinical ethics services: from access to participation and membership. Clin Ethics 2009;4:146-51.
15. Neitzke G, Fehr F. Teacher's responsibility: a Socratic dialogue about teaching medical ethics. Med Teach 2003;25:92-3.
16. Neitzke G. Ethik in der medizinischen Aus- und Weiterbildung. Bundesgesundheitsbl Gesundheitsforsch Gesundheitsschutz 2008;51:872-9.

Revista BIOETHIKOS - Centro Universitário São Camilo - 2011;5(1):41-49

17. Imperial College London. Applied clinical ethics. http://www3.imperial.ac.uk/cpd/courses/subject/medical/ace/ (accessed 18 Feb 2010).
18. Dialog Ethik. Zertifikatskurse. http://www.dialog-ethik.ch/zertifikatskurse_d.php (accessed 18 Feb 2010).
19. Dubler N, Liebman C. Bioethics Mediation. A guide shaping shared solutions. New York: United Hospital Fund, 2004.
20. United States Department of Veteran Affairs. National Center for Ethics in Health Care. http://www.ethics.va.gov/ (accessed 18 Feb 2010).
21. The University of Chicago News. Department of Medicine. http://medicine.uchicago. edu/centers/ethics/fellowship.html (accessed 9 Sep 2010).
22. Molewijk A, Abma T, Stolper M, et al. Teaching ethics in the clinic. The theory and practice of moral case deliberation. J Med Ethics 2008;34:120-4.
23. Fox E, Myers S, Pearlman R. Ethics consultation in United States hospitals: a national survey. Am J Bioethics 2007;7:13-25.
24. Dörries A, Simon A, Neitzke G, et al. Ethikberatung im Krankenhaus. Qualifizierungsprogramm Hannover. Ethik Med 2005;4:327-31.
25. Akademie für Ethik in der Medizin. Qualifizierungsprogramm Hannover "Ethikberatung im Krankenhaus und in der Altenpflege". http://www.aem-online.de/index.php?new_kat=40&artikel_id=94&action=read (accessed 18 Feb 2010).
26. Dörries A. The 4-Step Approach. Ethics case discussions in hospitals. Diametros, online Philosophy Service 2009;22:39-46.
27. Dörries A. Mixed feelings e physicians' concerns about clinical ethics committees in Germany. HEC Forum 2003;15:245-57.
28. Dörries A, Neitzke G, Simon A, et al. Klinische Ethikberatung. Stuttgart: Kohlhammer, 2008.
29. Post LF, Blustein J, Dubler N. Handbook for health care ethics committtees. Baltimore: Johns Hopkins University Press, 2007.
30. Vorstand der Akademie für Ethik in der Medizin. Standards für Ethikberatung in Einrichtungen des Gesundheitswesens. Ethik Med 2010;22:149-53.

Recebido em: 19 de janeiro 2011.
Aprovado em: 16 de fevereiro 2011.