*Note that, while it may be necessary to disclose identifiable details during the course of the CEC consultation,* ***patient details must be anonymised on this referral form****.*

**[NAME OF ORGANISATION]**

**Clinical Ethics Committee (CEC)**

**CEC Referral and Response Form**

Please note that a request for a CEC consultation should result from discussion with the referrer’s multi-disciplinary team. Clinical teams are not obliged to seek the involvement of the CEC, and while the opinion of the CEC, once sought, should be taken into consideration, the responsibility for making the clinical decision remains with the clinical team in partnership with the patient and those close to the patient. Involvement of the CEC should augment, but not replace, the MDT’s own thorough discussion and analysis of ethical issues.

**REFERRAL**

|  |  |  |
| --- | --- | --- |
| **CEC ref no:**   | **Referral date:**  | **Response date:**  |
| *Please provide details of a member of the referring team nominated to be the contact for the CEC:* |
| **Name:**  |  | **Job title:**  |  |
| **Tel ext:**  |  | **Mobile:**  |  |
| **email:**  |  | **Bleep:** |  |
| *Names and job titles of staff most closely involved in the case:* |
| **Name:**  |  | **Job title:** |  |
| **Name:**  |  | **Job title:** |  |
| **Name:**  |  | **Job title:** |  |
| **Name:**  |  | **Job title:** |  |
| **Name:**  |  | **Job title:** |  |
| **Name:**  |  | **Job title:** |  |

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| **Is this referral to the CEC being made with the approval of the Lead Clinician?***Please place an ‘X’ in the relevant box below:* |
| Yes |  | No |  |
| *If ‘no’, please state why:* |
|  |

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| --- |
| **Please indicate the timescale within which you require a response from the CEC***Please place an ‘X’ in the relevant box below:* |
| 6 weeks | 5 working days | 2 working days | N/A |
|  |  |  |  |
| *Quick responses (5 days or less) are given by a convened sub-group of the CEC (Rapid Response Team)*  ***If a response within 2 or 5 working days is required, please explain why:*** |
|  |
|  |
| **Please complete this section if the referral concerns a specific patient** |
| *Provide a brief, relevant medical history, in lay terms as far as possible. As appropriate, include chronological details and relevant factors such as the referrer’s assessment of the patient’s mental capacity (for adults, using the Mental Capacity Act 2005 criteria), views of MDT members and of family and friends of the patient etc.**If a rapid (2-day or 5-day) response is requested, referrers are asked to be prepared to respond promptly to requests by the Rapid Response Team for supporting information or documentation necessary for consideration of the case.****Please state whether or not this referral to the CEC is being made with the agreement of the patient and/or their representative.***  |
|  |
| **What are the ethical issues that you would like the CEC to consider?** |
| Please identify the key ethical concerns of relevant MDT members, patients and others.Are there differences of opinion inhibiting achievement of an agreed course of action (e.g. disagreement between members of the MDT, between the MDT and a patient, between a patient and his / her family?Are there firmly held views about what course of action should be taken?Please provide details of any IMCA or other patient advocate involved.  |
|  |

**CEC RESPONSE**

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| --- |
| **CEC members involved in consideration of the referral** (if RRT, identify co-ordinator in space provided) |
|  | Name | Job title |
| RRT Co-ordinator: |  |  |
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| **Declarations of interest:** |

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| --- |
| **Opinion of the Clinical Ethics Committee or Rapid Response Team:** |
|  |

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| --- |
| **Does the CEC or RRT wish to follow up this referral?***Please place an ‘X’ in the relevant box below:* |
| Yes |  | No |  |
| **If ‘yes’ provide details of how follow-up will take place:** |