ASA Committee on Ethics: Serving the Society and the Profession for Almost 30 Years

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The current ASA Committee on Ethics was formed in January 1992. Dr. Bob Stoelting was the first chair and was resurrecting the committee after it had been dissolved for several years due to a sad history of being a vehicle for economic objectives. This unfortunately occasionally happens today. After forming the committee, Dr. Stoelting quickly passed the reins to Dr. Stephen Jackson, who held the job from late 1992 until 2003. It was under Dr. Jackson’s leadership that the Guidelines for the Ethical Practice of Anesthesiology were drafted and then approved by the House of Delegates. It should be noted that these are the only ASA guidelines that a member can be expelled for if they are not followed. For example, since truthfulness is an important aspect of the guidelines, if a member knowingly spreads disinformation about vaccines, that is an expellable offense. Ethical Guidelines for the Anesthesia Care of Patients with Do-Not-Resuscitate Orders or Other Directives that Limit Treatment were also developed under Dr. Jackson’s tutelage. This topic was part of the impetus to reinvent the committee. It is a subject that still causes controversy in ORs and catalyzes new ideas, as you will see in one of the articles in this issue of the Monitor. Another contribution of Dr. Jackson was the first ASA Syllabus on Ethics. Without Dr. Jackson’s leadership and his willingness to stay 11 years in a very difficult job, the ethics committee would not be what it is today. Dr. Stan Rosenbaum, the last remaining member from that original 1992 group, recently stepped down from the committee, and we owe him and many others a great debt of gratitude for the many hours spent making our society better.

Dr. Jackson has been followed as chair by Drs. Susan Palmer, Gail Van Norman, Jeff Jacobs, Barbara Jericho, and me. All of us have made significant contributions (or in my case, trying), but none of us, including me, have Dr. Jackson’s staying power. Dr. Van Norman and Dr. Jericho, with help from other committee members, have gone on to create ethics textbooks.

The committee is made up of an eclectic group of ethicists with diverse areas of expertise and interests, including legal, social justice, end-of-life issues, utilitarianism, virtue ethics, and many others. While not an absolute requirement, it is preferred that members have some type of background or education in ethics.

The committee provides a number of functions in support of the membership. It has continuously reviewed and updated the above-referenced guidelines and gotten them approved by the House of Delegates, which is no easy task. It has continued to add to and improve the ASA Syllabus on Ethics, which is now known as the Ethics Handbook. It includes 26 peer-reviewed chapters on a wide variety of ethics topics, all written by experts in the field. It is available to all ASA members and can be found on the ASA website under “Other Resources” asashq.org/about-asas/governance-and-committees/asa-committees/committee-on-ethics.

We are constantly updating and adding chapters. The current editors are Drs. James Hunter, Julia Caldwell, and David Mann.

The committee has developed several statements on ethical topics, all of which, along with the previously mentioned guidelines, can be found at the link above. It also has provided assistance to the ASA Administrative Council concerning ethical topics during the pandemic. Concern about allocation of limited resources led us to develop guidelines for the establishment of hospital policies, complete with references and a sample policy that was posted on the ASA website. When there was an article in The New York Times about hospitals autonomously making COVID patients DNR during the pandemic, we were able to add information to the ASA FAQs clarifying the mistakes in the article and the ethics of such a policy.

We also are available to give individual guidance to members who have specific ethical dilemmas. We recently helped a member who encountered an organ donation after circulatory death for the first time and were able to explain the process and point him to the statement we had prepared in conjunction with the critical care and transplant committees.

Everything the ethics committee publishes, with the exception of the handbook, must be approved by some governing body – the House of Delegates when there is time, and either the Board of Directors or the Administrative Council when there isn’t. Therefore, we must often tiptoe through a political minefield to get statements and guidelines passed. Our Statement on Physician Non-Participation in Legally Authorized Executions is not as strong as we would have liked it to be for that very reason. Neither is the sentence that was added last year to the ethical guidelines on the environmental impact of anesthetics.

Another function of the committee is to make a contribution to the ASA Monitor every two years or so, and this issue is our attempt at that. We have several very exciting and interesting articles for your reading pleasure. Because of the need for relative brevity in this space, they may not completely cover each subject, but we hope they will pique your curiosity and inspire you to read more.

Drs. Lindsay Sween, Rhashedah Ekeoduru, and David Mann discuss the ethics of mandating vaccines. I had hoped that by the time this article was published the topic would be passé; however, I fear that will not be the case. I also never thought that getting a shot to help prevent or alleviate a disease that has killed more Americans than the 1918 flu pandemic would be so controversial. About 100 health care organizations have supported compulsory vaccinations in health care workers, and this article begins to explain the justification and the pitfalls of doing so.

Drs. Krishnan Ramanujan, Saundra Curry, and Steve Jackson have contributed a paper on professional responsibilities in the proper allocation of resources. In the limited space available, they have been able to cover the multiple ethical principles involved in this very difficult task.

Drs. Matthew Allen and Nick Sadovnikoff have authored a very thought-provoking article on whether full resuscitation should always be our default go-to in elderly patients. This is a companion piece to the article they published in Anesthesiology in November 2021. Since I’m now north of age 70, I was quite interested in what they have to say, and I think you will be, too.

Lastly, Drs. Rachel Hadler and Shaha Siddiqui offer an ethical analysis of a very devastating and morally distressing situation that happens all too often in many of our ORs. It illustrates quite well how clinical and ethical judgment frequently overlap and also ties in nicely with the article by Drs. Allen and Sadovnikoff. I think you will really be able to relate to this case.

I hope this introduction has been informative and given you a better idea of who we are and what we do. Remember that the Committee on Ethics is here to serve you, the members, and the profession.

A special note of thanks goes out to Dr. Jackson not only for his many years serving this committee and being my mentor, but also for searching his archives to make sure I got my facts straight about the formation of the committee.