### Who must comply with this procedure?
All Monash Health staff, including students under placement.

### This procedure applies in the following setting:
This procedure is applicable to all Monash Health staff, students under placement, patients, clients and their families and carers.

### Precautions and Contraindications
- The treating clinician should, in the first instance, seek advice from the medical consultant, who may speak to the Head of Unit, prior to referring the matter to the Clinical Ethics Committee. (This is the preferred referral system but it is not mandatory);
- Responsibility for all clinical decisions remains with the treating clinicians;
- Mandatory referral is required for all cases of infants with disorders of sexual development.

### Procedure

#### Step 1: Treating clinician (medical, nursing, midwifery or allied health);
Identify that a case requires consultation with the Clinical Ethics Committee.

- Students on placement must refer issues to their supervisor, who will refer if appropriate.

#### Step 2: Referral process

- Treating Clinician refers case to the Clinical Ethics Committee in writing (email is acceptable). Contact via the Secretariat, email: ClinicalEthics@southernhealth.org.au or telephone (Monday-Thursday) on 9594 4606, or the Research Directorate on 9594 4611. Urgent referrals will be accepted via telephone;
- Use the [Clinical Ethics Committee Case Consultation - Standard Referral Tool](#);
- Use the Disorders of Sexual Development – [Clinical Ethics Committee Case Consultation – Referral Tool](#) for all cases of infants with disorders of sexual development;
- A sub-committee of the Clinical Ethics Committee will meet to discuss the matter as soon as practicable;
- The relevant Medical Program Director and the Executive Director Medical Services and Quality are to be notified by the Secretariat of any cases to be considered;
- Principal stakeholders related to a referral, such as the treating consultant and patient (where appropriate) should be informed, by the referring person, when their case is referred for case-consultation.
Step 3: Meetings

- The Secretariat will convene a sub-committee, which will meet to discuss the issues. All clinician stakeholders will have an opportunity to be heard.
- The deliberations of the Clinical Ethics Committee will not replace, or derogate from, the legal and professional responsibilities of the treating health professional/s or the organisation’s management.
- The Clinical Ethics Committee may refer legal matters that arise from referrals for appropriate legal advice and where appropriate will notify the Department of Human Services of significant policy/legal matters.
- The opinion and advice of the Clinical Ethics Committee will be formally minuted and retained by the Secretariat.

Step 4: Recommendations

- Following approval of the sub-committee minutes by the Chair, the Secretariat will, in a timely manner, provide the opinion and advice of the Clinical Ethics Committee in writing to the referring person, with a copy provided to the treating consultant and Head of Unit;
- A copy of the opinion and advice, along with the minutes, will be provided to the relevant Medical Program Director and the Executive Director, Medical Services & Quality by way of notification;
- Any opinion and advice given is non-binding on any party (except in cases of disorders of sexual development and any other case where required by law, on the advice of Corporate Counsel);
- The referring person and treating clinicians retain their respective legal responsibilities for treatment decisions;
- The clinician is not bound to follow the opinion and advice of the Clinical Ethics Committee;
- The clinician/unit is also under no obligation to refer ethically complex clinical cases or related conflicts to the Clinical Ethics Committee;
- Minutes, opinion and advice provided by the Clinical Ethics Committee and other records created by the committee are not privileged, ie. they would need to be disclosed during any legal proceedings. All matters considered and reviewed by the Clinical Ethics Committee are to be kept confidential.

Step 5: Outcomes

- The Head of Unit, by way of written communication, is asked to inform the Clinical Ethics Committee of the outcome of the matter.
- A copy of this correspondence is to be provided by the Clinical Ethics Committee to the relevant Medical or Nursing Program Director or Allied Health Manager and to the Executive Director, Medical Services & Quality.

List of Implementation Tools

- Clinical Ethics Committee Case Consultation - Standard Referral Tool
- Disorders of Sexual Development – Clinical Ethics Committee Case Consultation – Referral Tool

Keywords or tags

CEC
## Document Management

**Policy supported:** Clinical Ethics Operational Policy  

**Background:** Clinical Ethics  

**Executive sponsor:** Executive Director Medical Services and Quality  

**Person responsible:** Director Research Services