From the Editors

Sometimes the Heraclitean remark that one cannot step twice into the same river seems particularly applicable to the constantly changing waters of ethics services. Over a comparatively short period of time we have been witness to paradigm shifts: Who provides ethics services? Where do their loyalties and obligations lie? Where do the ethics services take place? and For what purpose are they provided? Certainly, a good measure of the growing strength and importance of ethics committees and consultations can be attributed to the fact that the flow of change has been in the direction of expansion and inclusion.

Continuous flux does not mean that knowledge is inaccessible. Knowledge requires, according to Heraclitus, understanding and an interpreting mind. The authors in this Special Section, "Healthcare Ethics Committees and Consultants: The State of the Art," through their investigations of the difficult ethical, legal, and policy issues surrounding ethics services as they are currently developing, move us toward that understanding and away from the "ethics disasters waiting to happen" ominously predicted in the ethical literature.

Acknowledging straightaway that as ethics committees have grown in number and authority their operational problems have also become more apparent, authors Leeman, Fletcher, Spencer, and Fry-Revere offer a proposed set of standards for clinical ethics services to help assure that they are provided fairly, openly, consistently, and predictably. Gordan DuVal addresses the specter of an increasingly litigious environment and the risk of consultants, or members of ethics committees, being sued for their ethics advice. Although no consultant or committee has yet been successfully sued, the author suggests there is substantial reason to take concerns about liability seriously.

The study reported by Bethany Spielman assesses ethics committees' current level of involvement in and readiness for addressing the difficult issues raised by non-heart-beating organ procurement—either proactively through policy development or concurrently through ethics consultation. Another study by Shapiro, Klein, and Tym from the Center for the Study of Bioethics at the Medical College of Wisconsin surveys all Wisconsin hospitals revealing the incidence, history, characteristics, and most interestingly, the perceived strengths and weaknesses of their ethics committees.

Two papers from the Permanente Medical Group's November 1996 symposium, "Ethics without Walls: Addressing Outpatient Dilemmas in a Changing Environment," focus on topics driven to the forefront by the momentous changes going on in healthcare delivery, both within and outside Kaiser Permanente, as inpatient censuses are shrinking and outpatient clinics continue to grow. Ernlé

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W.D. Young addresses the new challenges and opportunities for ethics consultants and ethics committees in the face of the subterranean reason for the mounting shift of patient care to the outpatient setting—cost effectiveness calculations. Pointing out that even though hospital-based ethics committees have yet to feel the impact of the upheaval generated by the reorganization of healthcare, Kate Christensen and Robin Tucker suggest a number of proactive responses that include creating ethics structures to transcend organizational boundaries and provide better continuity of services.

Other articles in this issue address some often overlooked end-of-life issues: Is it permissible to administer 'treatment' from which a patient cannot benefit in order to comfort the patient's family or caregivers? Should advance directives be considered equivalent to the decisions made by a competent patient? and, Is it really true that, as a recent *New York Times* article dealing with hospices says, "Few could argue with the powerful message that it is better (for dying patients) to leave wrapped in the love of family and caregivers than locked in the cold metallic embrace of a machine"?

The ethical topography is always changing. Heraclitus' river flows on. It is not difficult to imagine that ethics committees and consults will increasingly shift to the home care environment, preventive medicine, outpatient clinics, and primary care concerns. By definition the issues raised in these arenas are going to be less 'dramatic' than tertiary care questions. Yet as this issue suggests, they will be no less challenging.