

## **Frequently Asked Questions (FAQs) on Clinical Ethics Committee (CEC)**

### **1. What is the role of the CEC?**

Answer: The CEC (previously known as Hospital Ethics Committee or HEC) is responsible for conducting ethics review on cases which may be ethically controversial. The attending clinician providing the treatment remains ultimately responsible in terms of the safety and quality of care delivered.

### **2. What if I cannot find enough members to meet the CEC composition requirements?**

Answer: Hospitals are required to establish CECs and meet the relevant requirements, including the composition of the CEC. For non-hospital licensees, if the CEC requirements cannot be met, licensees should refer their cases to an external CEC for ethics review.

### **3. Can I refer cases outside of the prescribed list of medical treatments to a CEC for ethics review?**

Answer: Yes, you may choose to do so. Apart from the prescribed list of medical treatments, CECs should review cases that meet **any** of the following criteria, if referred to them by the clinician proposing the treatment:

- (a) Where the care management of patients is likely to be complex and controversial, e.g. in-utero interventions for correcting congenital anomalies;
- (b) Where societal values may be undermined, e.g. cryopreservation of ovarian or gonadal tissue of premature death in young singles for future use in procreation by family members; or
- (c) Where values of the physician may be challenged, e.g. high-risk surgical harvesting of tissue from vital organs from a young saviour twin.

### **4. Can the hospital licensee charge the requesting healthcare institution (HCI) for referring a case to its CEC for ethics review?**

Answer: The Ministry of Health (MOH) will not prescribe requirements on this as these are administrative arrangements that should be worked out between the referring HCI and the licensee under which the CEC is appointed, before the cases are reviewed by the CEC.

**5. If the CEC has reviewed a similar case before, can the decision from the prior case be applied directly to the current case, on the basis that the circumstances are similar?**

Answer: There must be a proper ethics review undertaken for every case, with the decision made specific to each case reviewed. However, decisions for precedent cases with similar circumstances should be referenced, and CECs should be consistent in the principles applied in their ethics reviews.

**6. Are all treatments reviewed by the CEC required to be notified to MOH?**

Answer: Only medical treatments prescribed in the Licensing Terms and Conditions (LTCs), and cases directed by MOH for a CEC review, are required to be notified to MOH.

**7. What is the mode of notification of cases and CEC's decision to MOH?**

Answer: HCIs should submit the CEC's decision and supporting documents via the Healthcare Application and Licensing Portal (HALP) under the Healthcare Services Act (HCSA), when the system is ready. In the interim, HCIs should submit the cases to [eLIS@moh.gov.sg](mailto:eLIS@moh.gov.sg), except for the use of in-house manufactured Cell, Tissue, Gene Therapy Products (CTGTPs) for innovative salvage therapy which should be submitted to <https://form.gov.sg/5e295d403acc0e001141bcbe>.

**8. Does the referring HCI need to report the clinical outcomes of the prescribed medical treatments to MOH?**

Answer: The referring HCI should notify MOH of the prescribed medical treatments and CEC's decision, with supporting documents, within the stipulated timeline. Patient outcomes following treatment are not required to be submitted to MOH. However, it is recommended for the HCI to track these outcomes internally.

**9. In cases of patients deciding to undergo treatment at a different HCI, is the second HCI responsible for referring the case to a CEC for review?**

Answer: Every HCI proposing to conduct the prescribed medical treatment needs to refer the case to a CEC for ethics review.

HCIs should take reasonable steps to clarify whether there might have been a prior CEC (or HEC previously) review and disapproval for the case in question, such as by checking with the patient whether he had been seen at another HCI for the same condition with the same treatment proposed, and whether he was aware that an ethics review had been done. Where appropriate, licensees may also (with the patient's consent) check with the relevant HCI for the required clarification. Such checks should be documented e.g. with patient's signed acknowledgement. MOH also encourages HCIs, if they are aware that they are reviewing / seeing the same patient for the same condition and treatment, to share relevant information with each other. This will better empower and support the decision-making processes in the CECs. Each CEC remains

ultimately responsible for its own decision, and should make its recommendation based on all the facts presented.

If the HCI proposing the treatment is aware that the same patient and treatment is or may be reviewed by another HEC/CEC, the HCI must ensure that the clinician begins the treatment for the patient only if all reviewing HECs/CECs are satisfied that the treatment is ethically appropriate.

**10. Can I refer my case to multiple CECs for a more comprehensive review?**

Answer: HCIs are not disallowed from referring the same case to multiple CECs for review. However, the treatment can only proceed if **all** the CECs consulted **support unanimously** the treatment after their ethics review. MOH will also work with the Clinical Ethics Network + Research Ethics Support (CENTRES) and CECs to standardise the processes for ethics review across CECs, to ensure parity in processes.