International Journal of Science and Technology Research Archive

ISSN: 0799-6632 (Online)

Journal homepage: https://sciresjournals.com/ijstra/

(CASE REPORT)

Check for updates

Role of 'institutional ethics review committees' in ensuring ethical standards in teaching hospitals in Sri Lanka

Abeysundara Hettige Prabath Udayanga [1] and Wijemanne Mohottige Upuli Saralakanthi Wijemanne [2]

[1] *Post Graduate Institute of Medicine, University of Colombo, Sri Lanka.*
[2] *Organization Development Unit, Ministry of Health, Sri Lanka.*

International Journal of Science and Technology Research Archive, 2026, 11(01), 001–006

Publication history: Received on 13 June 2026; revised on 15 July 2026; accepted on 18 July 2026

Article DOI: https://doi.org/10.53771/ijstra.2026.11.1.0026

Abstract

Institutional Ethics Review Committees (ERCs) are essential institutional mechanisms that promote ethical governance in healthcare by safeguarding patient rights, ensuring informed consent, protecting confidentiality, and supporting ethical decision-making in clinical practice. Although institutional ERCs play a vital role in maintaining professional integrity and public trust, many healthcare institutions in Sri Lanka either lack functional ERCs or have committees that operate inefficiently, limiting their impact on quality healthcare delivery.

The objective of this case study is to identify the factors that contribute to the inefficient functioning of Ethics Review Committees in Teaching Hospitals in Sri Lanka and propose feasible strategies for improvement. A qualitative approach was used, including direct observations, key informant interviews with hospital administrators and senior clinicians, and document analysis of ERC meeting records.

Root cause analysis using the Fishbone (Ishikawa) Diagram identified deficiencies across five key domains: **Man, Method, Management, Material and Machine**. Major issues included inadequate training and awareness among healthcare workers and ERC members, absence of institutional guideline and standard operating procedures, non-establishment of a structured process, and weak accountability mechanisms. These factors collectively contributed to the ineffective functioning of ERCs and compromised ethical governance within healthcare institutions.

Several proposals were developed to address these challenges, including establishing a national guideline on institutional ERCs, strengthening leadership and governance, conducting staff training and awareness programmes, and establishing a structured process.

Implementation of these recommendations is expected to strengthen ethical governance, improve protection of patient rights and confidentiality, promote transparency and accountability, enhance public confidence in healthcare institutions, and ensure ethical, patient-centered healthcare delivery. Strengthening the role and functioning of ERCs should therefore be recognized as a strategic priority for improving the quality, safety, and integrity of the Sri Lankan health system.

Keywords: Institutional Ethics Review Committee; National Guideline; Ethical dilemma

1. Introduction

The Institutional Ethics Review Committee (ERC) is an independent multidisciplinary body within a health care institution that safeguards the rights of human subjects and ensures the ethical integrity of the institution. It plays an

* Corresponding author: Udayanga AHP

important role in protecting patient rights, ensuring practices of informed consent, maintaining confidentiality in patient and staff and supporting ethical decision-making in clinical dilemmas and staff conflicts (Cassandra and Dinova, 2020). In addition, the committee will ensure transparency in patient management by promoting equity and developing institutional ethical policies that align with international and national guidelines and practices. The Institutional ERC differs from the Research Ethics Committee, which is primarily responsible for granting ethical clearance for research activities.

In the Sri Lankan context, most government health care institutions do not have institutional ERCs. Even where it exists, they do not function properly. This case study analyses the reasons for the inefficient functioning of institutional ERCs in teaching hospitals in Sri Lanka.

The World Health Organization has published a draft document on clinical ethics, which can be considered as a framework for health care institutions when establishing institutional ERCs (Consultation, 2025).

Objective

The objective of this study is to identify the reasons contributing to the inefficient functioning of institutional Ethics Review Committees in Teaching Hospitals in Sri Lanka.

2. Methodology

This case study was designed to comprehensively investigate the inefficient functioning of institutional ERCs in Sri Lankan Teaching Hospitals and to explore potential solutions.

The following tools were used to analyze this case.

- Observations
- Interviews
- Document Analysis

The assessment methods are described below.

2.1 Observations

Direct observations were conducted by authors in several government Teaching Hospitals to explore the routine functions of institutional ERCs, member interactions, management of reported ethical dilemmas and the use of existing facilities.

2.2 Interviews

Key Informant Interviews (KII) were conducted with hospital Directors, Deputy Directors and senior clinicians in the institution who are involved in institutional ERCs to gather insights into their experiences, perceptions and challenges. A few discussions were held with hospital staff to analyze their knowledge and practices on institutional ERCs.

2.3 Document Analysis

The existing meeting minutes and registries were reviewed with the permission of the institutional ERCs to identify the meeting frequency, attendance and the issues discussed in the meetings.

2.4 Problem Analysis

The following major problems were identified. The problem of “Inefficient functioning of institutional Ethics Review Committee in Teaching Hospitals” was analyzed through a Fishbone Diagram

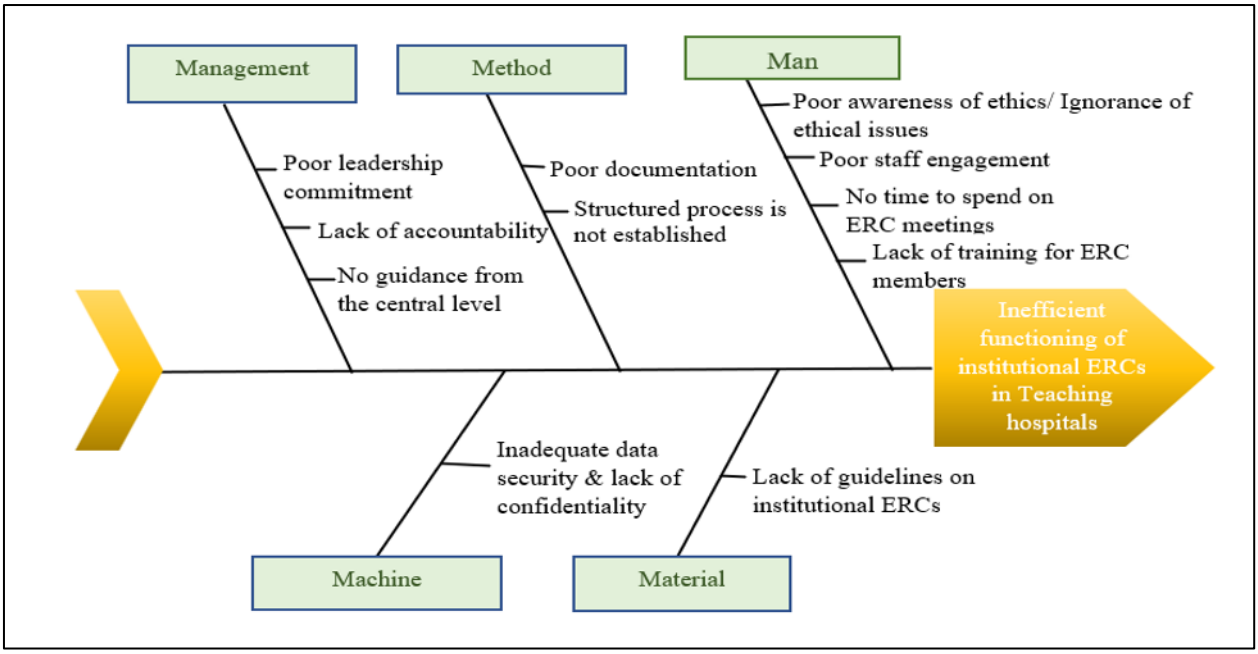

Figure 1 Fishbone diagram (Root Cause Analysis)

The root causes are further explained under the following main headings.

2.5 Man (Human Resources)

2.5.1 Lack of awareness of ethics/ ignorance of ethical issues

The medical staff have limited knowledge on medical ethics and ethical principles. Therefore, many clinical ethical dilemmas or staff conflicts are not referred to the institutional ERC for guidance.

2.5.2 Poor staff engagement

To conduct an effective ERC, staff should refer timely, important issues to the ERC committee, without trying to resolve issues by themselves.

2.5.3 Limited time to spend on ERC meetings

All the ERC members are engaged in busy schedules. Therefore, it is extremely difficult to find time to conduct an ERC with short notice.

2.5.4 Lack of training for members in the ERC

It is realized that many members of the institutional ERC do not have an understanding of the functions and responsibilities of the committee. Most members do not receive formal training on clinical ethics. They do not have knowledge of the referral mechanism when there is an ethical issue.

2.6 Method

2.6.1 Structured process is not identified

The process of reporting and discussing ethical issues is not structured in most teaching hospitals. There is no defined process for whom, to where, or how ethical issues are to be reported, how often the committee is going to convene, how the solution is communicated and the feedback mechanisms are not well established.

2.6.2 Poor documentation

A registry of discussed issues was not maintained in many ERCs. The meeting minutes are often incomplete, making it difficult to monitor the decisions.

2.7 Management

2.7.1 Poor leadership commitment

The leader of the hospital should incorporate an ethical culture in the hospital. The Head of the institution should facilitate institutional ERCs and regularly follow up on the progress of the committees. However, observation indicates the leadership commitment is often inadequate.

2.7.2 Lack of accountability

Hospital administrators and ERC members are not accountable for conducting ERCs. There is no legal framework to hold the authorities accountable.

2.8 Material

2.8.1 Lack of guidelines

Most of the health care institutions do not have institutional ethics guidelines or standard Operating Procedures (SOPs). When there is a dilemma or institutional conflict, the staff members are unaware of the referral pathway or procedure to follow.

2.9 Machine

2.9.1 Inadequate data security & confidentiality

Some issues discussed in institutional ERCs are very sensitive to patients as well as staff. Therefore, data should be protected. The discussion and the comments made by the members should be confidential. Only the decision with justification should be communicated to relevant parties. No name culture should be established within the institution.

2.10 Proposals

This study proposes the following for identified key issues

Table 1 Proposals for identified key issues

Identified key issues	Proposals
Lack of guidelines on institutional ERCs	Develop a national guideline and institutionalize it
Structured institutional process is not established to address ethical dilemmas	Establish a structured institutional process
Poor leadership commitment	Strengthening leadership and good governance
Lack of awareness of ethics/ Ignorance of ethical issues	Strengthen staff training and awareness
Poor staff engagement	Establish feedback and reward mechanism

Table 1 illustrates

Recommendations

- Develop a national guideline on institutional ERCs in government hospitals

It is a timely recommendation to develop a national guideline on institutional ERCs and encourage government hospitals to establish their own functioning ERC. As the number of ethical dilemmas have significantly increased recently, the development of a national guideline is essential.

According to the proposed guideline, the institutional ERC of a health care institution should be headed by the head of the institution (Director), while the Deputy Director should serve as the secretary. The ERC should consist of 7 to 10 members, including senior clinicians, a senior medical officer in the Outpatient Department (OPD), a medical officer planning, and the chief nursing officer of the hospital. Depending on the nature of cases in the ERC, the Chief Medical

Laboratory Technician (MLT) or chief pharmacist of the hospital would be invited to the meeting. At least 5 to 7 committee members should be present when making a decision related to institutional ethics.

- Training and awareness of health staff in government hospitals

Most of the health care staff and some ERC members do not have adequate awareness of clinical ethics and the manner of approaching ethical dilemmas. Therefore, the Ministry of Health and health institutions should coordinate the experts in ethics and should arrange awareness programmes and Training of Trainers (TOT) programmes to institutionalize the guideline.

- Strong leadership and good governance

Strong leadership is essential for effective functioning of institutional ERCs. The Director, as the chairman and the Deputy Director, as the secretary of the institutional ERC, they should coordinate and facilitate the effective functioning of the ERC.

- Establish a structured process within the institution

A standardized process for managing ethical issues should be established in all institutions. The dates for the ERC should be planned (eg: Every 2nd Monday of each month). The Deputy Director (Secretary of the committee) should be responsible for maintaining an ethical issues registry, developing a standard format of reporting, defining communication mode, conducting frequent ERC meetings, and establishing feedback mechanisms and disseminating details among the staff members.

- Establish a feedback and reward mechanism

The staff members who report to the institutional ERC should be appreciated and the reporting culture should be encouraged.

Implementation of these recommendations will strengthen ethical governance, improve protection of patient rights and confidentiality, promote transparency and accountability, enhance public confidence in healthcare institutions and support the delivery of ethical, patient-centered healthcare services in Sri Lanka.

3. Conclusion

Institutional Ethics Review Committees (ERCs) are fundamental to promoting ethical governance and safeguarding the rights, dignity, and welfare of patients within healthcare institutions. Institutional ERCs provide an essential mechanism for addressing clinical ethical dilemmas, protecting patient confidentiality, ensuring informed consent, promoting equitable decision-making, and strengthening public trust in the healthcare system.

This case study identified that the inefficient functioning of ERCs in Teaching Hospitals of Sri Lanka is a multifactorial problem resulting from deficiencies in human resources, institutional processes, leadership and governance and poor governance structure. The absence of standardized policies, inadequate training of committee members, irregular committee meetings, weak leadership commitment, limited awareness among healthcare workers, and poor documentation have collectively undermined the effectiveness of institutional ethical oversight.

The analysis demonstrates that strengthening ERCs requires a comprehensive and coordinated approach rather than isolated interventions. The development of a national guideline with standardized operating procedures, enhancement of leadership commitment, staff training and awareness, establishment of a structured process and establishment of a reward mechanism are essential to improving the functionality and sustainability of ERCs.

Implementing these recommendations will contribute to a stronger ethical culture within government healthcare institutions, improve accountability and transparency in clinical practice, enhance protection of patient rights, and support ethical decision-making at all levels of healthcare delivery. Furthermore, well-functioning ERCs will strengthen institutional governance, improve staff satisfaction, and ensure that healthcare services are delivered in accordance with national regulations and internationally accepted ethical principles.

In conclusion, strengthening the role and performance of institutional Ethics Review Committees should be recognized as a strategic priority for the Sri Lankan health sector. Investing in effective ethical governance is not only essential for protecting patients and healthcare professionals but also for achieving high-quality, patient-centered, accountable, and sustainable healthcare services.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

References

[1] Cassandra, B. and Dinova, R. (2020) "What is the function of the ethics committee ? Who participates in the ethics committee ?," pp. 1–4.

[2] Consultation, F.P. (2025) "WHO Guidance on Clinical Ethics," (May).