



ETHICS FRAMEWORK

Overview

Approved HHS Board of Directors January 28, 2010

Best practices require that organizations support ethical decisions by applying a written ethics framework. This framework is available to the Board of Directors ("Board"), all staff, physicians, volunteers, learners, patients, families, and the general public.

Goal of the Ethics Framework:

- Develop a common approach to enhance and guide ethical decision-making and practice that applies to both clinical and organizational ethical issues at HHS

Objectives:

- Increase awareness and understanding of the ethical dimensions of healthcare provision and administration
- Enable staff, physicians, learners and Board members to identify ethical dilemmas and issues related in their work and roles
- Help staff, physicians, learners and Board members to analyze, deliberate and resolve ethical dilemmas and issues
- Encourage staff, physicians, learners and Board members to align their decisions and actions with relevant values, duties and principles
- Educate staff, physicians, learners and Board members about local ethics resources so they can seek additional support when needed

When to use the Ethics Framework:

While many decisions health care workers make on a daily basis have some ethical dimension, not every decision requires application of this framework; this is because HHS has pathways, policies, systems and procedures that support us to do the right thing. However, in some situations, knowing or doing the right thing is unclear or difficult. These situations represent **ethical dilemmas**, which this framework is designed to address. Anyone who identifies an ethical dilemma is encouraged to apply this ethical framework to address the issue with appropriate stakeholders. Signs of an ethical dilemma may include:

- The "yuck factor": an intuition that something isn't right; a feeling of moral angst or distress.
- Knowing the "right" thing to do in a situation, but encountering organizational or personal barriers.
- Wondering what a good person or professional ought do in a given situation.
- Encountering a situation where two equally-important values seem to conflict (e.g. between telling the whole truth and preserving confidentiality)
- Conflict between members of a team around a challenging situation, often stemming from differing professional roles, beliefs or worldviews.
- Moral ambiguity: a situation characterized by uncertainty about the right thing to do either because it is novel or it has unique features that make standards of practice difficult to apply

Overview:

- **Part 1:** introduces the role of ethics in healthcare and defines key terms such as “clinical ethics” and “organizational ethics” (pg. 3-5)
- **Part 2:** provides a conceptual foundation for this framework, including a primer on key ethical principles, duties and values relevant to both clinical and organizational ethical decision-making (pg. 6-10)
- **Part 3:** describes the ethical decision-making process for HHS staff, learners, Board members and physicians to follow when addressing an ethical dilemma, including tailored worksheets to guide clinical and organizational ethical decision-making (pg. 11-20)
- **Part 4:** contains a list of ethics resources available to support clinical and organizational ethics at HHS (pg. 21-22)

Acknowledgments and Sources:

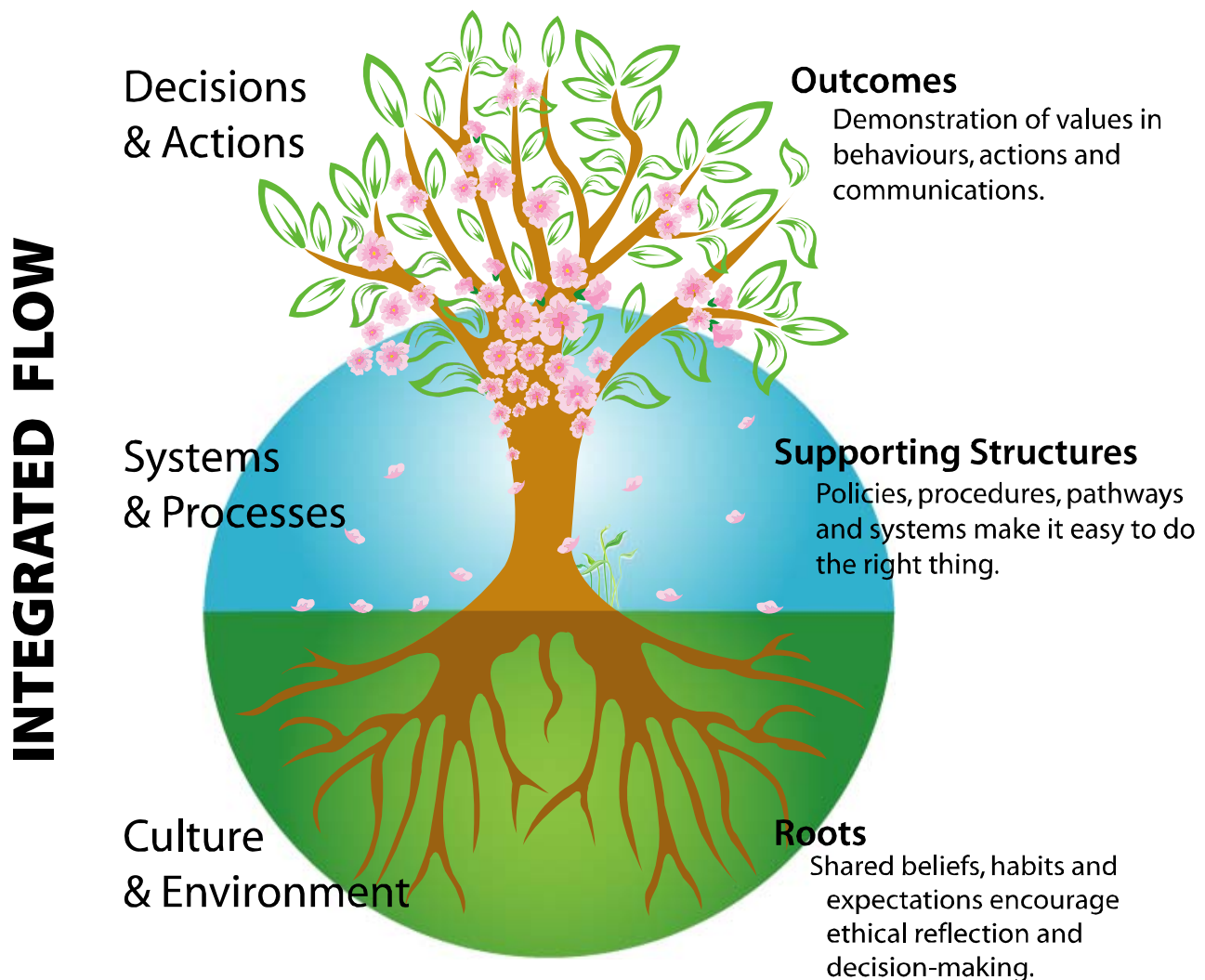
This Ethics Framework was authored by Andrea Frolic, Clinical & Organizational Ethicist, in collaboration with members of the HHS Clinical Ethics Committee (Barb Flaherty, Sylvia Fung, Barb Jennings, Deb Hutchinson), as well as Louise Taylor Green (VP HR and Organizational Development) and Donna Cripps (President, St. Peter's Hospital). This framework was approved by the Board of Directors on ____.

HHS gratefully acknowledges the many excellent resources that inform this framework, including:

- The HHS “Ethical Decision-making Toolkit,” developed by the Clinical Ethics Committee Policy Working Group (2006)
- “Framework for Making Ethical Decisions in Health Care” by Michael Coughlin (St. Joseph's Hospital, Hamilton, 1996)
- The McMaster University Faculty of Health Sciences Ethics Education Committee (1993)
- “Organizational Ethics Framework for Board Members, Senior Leaders, and Non-Clinical Staff” (Draft) by Robert Sibbald (London Health Sciences, 2009)
- National Center for Ethics in Health Care, Veterans Health Administration's (USA) Integrated Ethics resources (2007)
- “A Framework For Systematic Evidence and Values Based Decision Making in Health Care Organizations” by Bashir Jiwani, Fraser Health Ethics Services (2009)
- “Community Ethics Toolkit” by the Community Ethics Network (Toronto, 2008)
- “Health Ethics Handbook: Your guide to ethical decision making” by the Vancouver Island Health Authority (2007)
- McMaster Children's Hospital Organizational Justice Project Resources (2007) (Project team: (Charles E. Cunningham, Linda Kostrzewa, Don Buchanan, Susan Blatz, Alida Bowman, Barbara Jennings, Colleen Lowe, Kathleen Kitching, Colleen Fotheringham, Heather Rimas)
- Jonsen A, Seigler M, Winslade, W. *Clinical Ethics* (4th ed) McGraw Hill: New York, 1998.

Part 1: The Role of Ethics in Healthcare

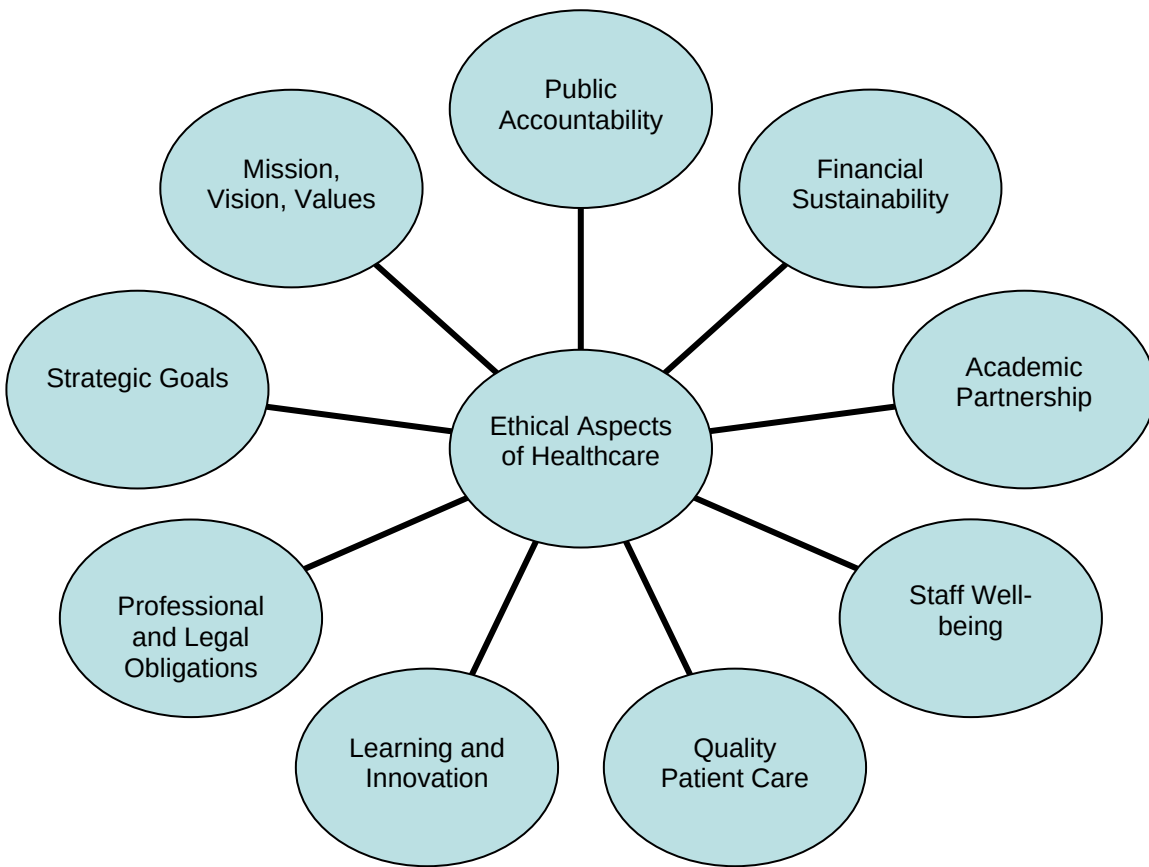
Good organizational governance flows from the integration of effective ethical decision-making, supportive systems and processes, and an enabling environment and culture. The relationship between these interdependent features of ethics within organizations is depicted below (Figure 1).



(Figure 1)

Ethical Decisions & Actions

Ethics is part of daily life because thoughts and actions are ultimately grounded in individual identities and collective values. Healthcare organizations and providers have particular moral obligations stemming from their role in enhancing health to support the life goals of people in their community. However, this primary role is balanced by many other ethical aspects of healthcare (see Figure 2). In trying to balance these multiple roles and obligations, administrators, support staff, learners, and health care professionals may encounter ethical conflict, uncertainty or distress in their everyday working lives. In many situations, enacting one's ethical duties and responsibilities is clear and easy. In other situations, knowing or doing the right thing may be fraught with uncertainties and risks. Every situation brings unique factors, with both internal and external influences, that cause interpretive differences in terms of how best to weigh different ethical values. This framework is intended to assist HHS to systematically address ethical dilemmas, situations in which knowing or doing the right thing is unclear or difficult.



(Figure 2)

Ethical Systems & Processes

Organizational systems and processes—informed by the organization’s culture—drive decision-making. Systems and processes (such as policies, procedures, pathways, guidelines, IT infrastructure, reporting mechanisms, etc.) can lead to ethical dilemmas (such as “silos”, inequitable policies or lack of procedural standards leading to uneven quality of care). But systems and processes can also prevent and resolve ethical dilemmas and make it easier to do the right thing (such as transparent and inclusive resource allocation processes, codes of conduct that are uniformly enforced and guidelines that enhance patient- and family-centred care). While this framework is designed to support decision-making related to specific ethical decisions or issues, it is crucial to think about how organizational systems and process might be contributing to an ethical dilemma, and identify positive steps to improve them. For example, this framework aligns very well with HHS’ Change and Quality Improvement Model (Define: Plan, Do, Study, Act), and may be particularly useful in supporting the Definition and Planning phases of an ethically-charged change.

Ethical Culture & Environment

It is important that all HHS staff, physicians, Board members and learners are empowered to “do the right thing” and integrate ethics into their daily practice. As an organization that ultimately serves the public good, our decision-making processes must be transparent and perceived as just. Evidence is clear that organizations that integrate ethics into everyday decision-making through fair processes and systems provide higher quality service, and demonstrate improved employee morale, enhanced productivity, better customer service, higher employee retention and lower job burnout. At HHS, we function as a values-based organization, thus the ethical basis of decisions

must be articulated and “owned” bedside to boardroom. Cultivating an ethical culture where all are encouraged to engage in ethical reflection and questioning is crucial to nurture systems and processes that result in ethical decisions and actions.

Key Terms:

Ethics: the systematic examination of facts, beliefs, standards and values in determining the rightness or wrongness of decisions and actions. Consideration of contextual factors, appropriate guidelines and the perspectives of all relevant stakeholders is integral to ethics. Ethics involves expanding our notion of the good from what is good for *me*, to consider “the greater good” (i.e. my profession, my family, my community, etc.). Ethics is not merely opinion or gut reaction, but involves reasoned deliberation to address the question: “*What is the best thing to do, all things considered?*”

Ethical decision-making: disciplined reflection on how to make decisions about what should be done in a particular situation. Ethical decision-making usually involves four related questions:

- What should we do? (*What options are good or right in this context?*)
- Why should we do it? (*Exploring the values and reasons that support each option.*)
- How should we do it? (*What plan of action best aligns with these values and reasons?*)
- Who should do it? (*Who is responsible for making the final decision and enacting and communicating it?*)

Clinical Ethics (or patient-specific ethics): ethical issues and dilemmas that arise in the care or treatment of *individual, identified patients*. In addressing clinical ethics issues, health care professionals should consider the specific duties they have to identified patients, such as those related to confidentiality, disclosure, consent, etc. Some examples of clinical ethics issues include: whether to withdraw or withhold treatments for a patient at end of life; conflict between a team and family regarding the perceived safety of a discharge plan for a patient; conflict between members of a healthcare team regarding whether to offer a fragile patient an innovative therapy; uncertainty regarding whether a patient with a severe eating disorder is competent to refuse treatment. Health care workers should be alert to any organizational contributors to a clinical ethics issue or dilemma.

Organizational Ethics (or issue-focused ethics): “The organization’s efforts to define its own core values and mission, identify areas in which important values come into conflict, seek the best possible resolution of these conflicts and manage its own performance to ensure that it acts in accord with espoused values.”¹ Organizational ethics addresses the ethical dimensions of decisions affecting groups of patients, as well as non-patient related issues such as human resource issues, policies and processes, and resource allocation decisions. Examples of organizational ethics issues include: the development of a policy to support organ donation after cardiac death; the disclosure of a health risk to a cohort of affected patients; the review of a perceived conflict of interest of a Board member; the identification of reasonable criteria to inform resource allocation decisions; or the realignment of staff roles to support a new patient care process (such as Access to Best Care plans).

Values: strongly held beliefs, ideals, principles or standards that inform ethical decisions or actions. This includes the HHS Values (Respect, Caring, Accountability, Innovation) as well as other personal and professional values (e.g. veracity, privacy, teamwork, etc.).

¹ Pearson, S.D., Sabin, J.E., and Emanuel, E. (2003) *No Margin, No Mission: Health Care Organizations and the Quest for Ethical Excellence*. Oxford: Oxford University Press.

Part 2: Foundations for Ethics in Healthcare

Common Ethical Values, Principles and Duties

Certain ethical concepts apply across a healthcare organization, to both clinical and organizational ethical issues, creating a common foundation for ethical decision-making. These common foundations include:

- **Mission, Vision and Values:** These are the foundations for building ethical actions, systems and culture.

HHS Mission: To provide excellent health care for the people and communities we serve and to advance health care through education and research.

HHS Vision: Leaders in exemplary care, innovation and academic excellence.

HHS Values:

Respect: We will treat every person with dignity and courtesy.

Caring: We will act with concern for the well being of every person.

Innovation: We will be creative and open to new ideas and opportunities.

Accountability: We will create value and accept responsibility for our activities.

- **Legislation:**

HHS conducts its clinical practice, research and business in compliance with the spirit and letter of laws regulating the administration of business and the provision of healthcare. Where there is uncertainty about the application or relevance of law in a particular circumstance, appropriate legal consultation and review is sought.

- **Relationships, Teamwork and Communication:**

The Relationship Centred Care model, developed by St. Peter's Hospital, acknowledges and values interactions with and between staff, patients, family members, students, volunteers and others. Everyone, whatever their job, has a leadership role in developing **healthy** relationships and promoting positive experiences. All those involved in and affected by ethical decision-making should be encouraged to express their points of view, ask questions and raise concerns, within the appropriate limits of privacy and confidentiality. The perspectives of all stakeholders should be sought and considered with respect. To avoid misunderstanding or confusion, team members should make their communications direct, clear and consistent, and verify that the information is understood: silence should not be assumed to indicate agreement. Disagreements between team members should not be aired in front of the patients/families or parties external to the conflict. The HHS **Values-Based Code of Conduct** identifies that a core competency of all employees and physicians is to engage in respectful communication and teamwork in daily practice.

- **Veracity and Fidelity:**

It is commonly agreed that we have a duty of **veracity**, i.e. **a duty to tell the truth and not to lie to or deceive others**. A related duty is one of **fidelity**, which means **the keeping of promises**, both implicit and explicit. These duties should support relationships between health care providers and patients/clients, as well as between managers² and staff. A duty of truthfulness is part of the respect we owe to those in our care and our employ. It is implicit in our dealings with all persons that we will honour our responsibility to keep our promises. Lying fails to show respect for persons and their autonomy, violates implicit contracts, and threatens relationships based on trust.

² Throughout the document “manager” refers to any person with reporting relationships to staff, physicians or learners, including clinical managers, directors, executive team members, chiefs and supervisors.

➤ **Utility or “the greater good”:**

The principle of **utility** is about making the best use of available resources, trying to provide the greatest good for the greatest number. This requires thinking about the possible consequences or outcomes of our actions and decisions, and working towards maximizing good consequences or outcomes while mitigating possible negative consequences (especially to vulnerable parties like patients). In Canada, hospital care is a public service, thus the benefits of hospital care should be accessible to all members of the community. In order to meet the needs of the community, hospital resources must be prioritized and allocated wisely, on the basis of fair and publicly-defensible reasons and procedures. While a health care professional’s first duty is to the patient, both managers and clinicians also have a responsibility to promote fair access to health care resources and to use health care resources prudently.³

➤ **Justice:**

The principle of **justice** demands that people be treated **fairly** and without prejudice. Equals ought to be treated equally, but unequal treatment is justified in light of morally relevant differences, such as those pertaining to need (e.g. when critically-ill patients are treated first because their risk of harm or death is greater than those with less acute illnesses) or likelihood of benefit (e.g. published evidence of effectiveness). Justice is also about promoting equity, often by providing resources to improve the lot of the most vulnerable members of society (the poorest or sickest).

➤ **Organizational Justice:** fairness in the workplace, specifically the ethical basis of decision-making processes and the means by which allocation decisions are made.⁴

Organizational justice is grounded in three principles:⁵

Procedural Justice: The perceived fairness of decision-making processes. Fairness entails that decision-making processes meaningfully include all relevant stakeholders; that accountability for decisions is clear at the outset; that decisions are made on the basis of reasons (e.g. evidence, principles, and arguments) that “fair-minded” people can agree are relevant under the circumstances; and that decisions are communicated transparently and promptly.

Relational Justice: The perceived quality of the interactions among individuals involved in or affected by the decisions. Quality interactions entail that differences of opinion are valued and encouraged; everyone is responsible for communicating respectfully; and all interactions are supported by the HHS Code of Conduct.

Distributive Justice: The perceived fairness of decision outcomes. Fairness of outcomes is consistent with reasonable and defined criteria; recognition and rewards are distributed equitably; and outcomes of decisions are evaluated and improved.

➤ **Confidentiality and Privacy:**

Health care workers and organizations are obliged to keep information about their patients confidential and to only access confidential information that is required for the performance of their duties. This obligation is both legal and ethical. Confidentiality provides a foundation for trust in the therapeutic relationship. Without an understanding that their disclosures will be kept secret, patients may withhold relevant personal information, and thus may be denied important treatments. In addition, patients and their Substitute Decision Makers (SDM) have the right to control the use

³ See CMA Code of Ethics sections 43 and 44 http://www.cma.ca/index.cfm/ci_id/2419/la_id/1.htm

⁴ See McMaster Children’s Hospital Organizational Justice resources (2007).

⁵ See also: Daniels & Sabin, *Setting Limits Fairly*, 2002; Gibson et al, *Evidence, Economics & Ethics*, 2005.

and dissemination of personal information. At times, law and policy offer clear guidance to health care workers regarding acceptable exceptions to confidentiality; at other times, workers' best judgment, must be used, in consultation with appropriate resources.

Reasonable exceptions to the duty of confidentiality include the following situations/conditions:

- The duty to protect children by reporting disclosures and/or suspicions of child abuse;
- The need to ensure the safety of clients who are a danger to themselves or others;
- The legal subpoena of client records to a court of law.

Managers and colleagues also owe a duty to staff to honor their privacy by not disclosing or discussing confidential information.

➤ **Virtue and Reflective Practice:**

Virtue ethics is concerned with the characteristics and qualities of being an ethical person. A *good* practitioner is one who has the necessary knowledge, judgment, and technical skills to be competent; but who also displays moral excellence by demonstrating certain virtues (such as kindness, empathy, tact, and courtesy) derived from a sense of "ought" rather than "must." Individuals should be encouraged to reflect on the kind of person or professional they wish to be and what is required of them when ethical issues are identified. In addition, self-reflection on how one's cultural/personal/religious values and professional training influence one's motives and behaviour is essential to the critical analysis of ethical dilemmas.

➤ **Respect for Diversity and Context:**

Western medicine is a culture in and of itself.⁶ Culture is not simply understood as ethnicity but rather the idea that all of us 'have culture' and that we live in communities in which there are shared systems of meaning and understandings of the person in society. Narratives or stories can be extremely valuable to provide a better understanding of the persons involved in ethical dilemmas and their contexts. Attending to context also requires attending to oppression on the basis of race, class, gender and ability, among other factors, and the effects of oppression on health status and health care. Case-based approaches to ethical analysis support this idea that "moral problems must be resolved within concrete circumstances, in all their interpretive complexity, by appeal to relevant historical and cultural traditions, with reference to critical institutional and professional norms and virtues."⁷

⁶ Coward, H. & Ratanakul, P. (Eds.). (1999). A cross-cultural dialogue on health care ethics. Waterloo, Ont.: Wilfrid Laurier Press

⁷ Winkler, E. R. (1993). From Kantianism to contextualism: The rise and fall of the paradigm theory in bioethics. In E.R. Winkler & J. R. Coombs (Eds.), Applied ethics: A reader (pp.343-365). Oxford, U.K.: Blackwell. (p.344).

Clinical Ethics: Principles, Values, Duties

Healthcare providers are bound to practice conscientiously, in accordance with their own Codes of Ethics and practice standards as set out by their respective professional colleges/regulators. The following principles and values are featured in most health care professional codes of ethics and are relevant to many patient-specific clinical ethical dilemmas:

➤ **Therapeutic Relationship (Fiduciary Duty):**

The therapeutic relationship is the foundational principle of ethical patient care. Good therapeutic relationships are founded on mutual trust and respect between providers and recipients of care. When care providers lose this sense of mutuality, they become mere technical experts and the human quality in the relationship is lost. When persons receiving care lose this sense of mutuality, they experience a perceived or real loss of control and increased vulnerability. Because persons receiving care are often weakened by their illness and may feel powerless in the health care environment, the primary responsibility for creating a trusting and respectful relationship rests with the care providers. The special obligation health care professionals have to safeguard the interests of their patients is sometimes referred to as a “fiduciary duty.”

➤ **Patient- and Family-Centred Care (Respect for Patient Autonomy):**

Capable patients have a right to *autonomy* or self-determination—that is, to not have treatments imposed upon them. The needs, values and preferences of the person receiving care should be the primary consideration in the provision of quality health care. Sensitivity to and understanding of the needs and preferences of patients, is the cornerstone of a good therapeutic relationship. These needs and preferences are diverse and can be influenced by a range of factors including cultural, religious and socioeconomic backgrounds. Patient- and Family-Centred Care at HHS entails the commitment to communicate effectively with patients, along with family members and friends who have been designated by the patient, to collaborate with them in planning and implementing treatment, and to respond to their needs and concerns. Patients have a right to *confidentiality*, thus it should be up to them whether they choose to involve their family members or others in health care decision-making. Patient- and Family-Centred care does not mean that patients or members of their families have a right to demand treatments that fall outside standards of practice.

Treatment plans are negotiated between patients/families and health care professionals, balancing the principles described below.

➤ **Informed Consent:**

Health care providers have a responsibility to ensure that capable patients have an opportunity to be involved in decisions regarding their care. Patients are empowered to make treatment decisions by being informed about their diagnosis and prognosis, reasonable options, the harms and benefits of each option, and the consequences of not having treatment. Patients should be provided with the necessary support, time and opportunity to participate fully in discussions regarding care. Capable patients may also choose to designate someone else to make decisions on their behalf.

A Substitute Decision Maker (SDM) makes decisions for a patient who lacks capacity to consent. Unlike “family,” which patients may define for themselves, a hierarchy of SDMs is articulated in the Ontario Health Care Consent Act (1996), which health care providers are legally obligated to follow.⁸ The role of the SDM is to protect the autonomy, rights and interests of the patient; to speak for the patient when he/she can’t speak. The SDM is responsible to make decisions in accordance with the known preferences, wishes, values, beliefs and goals of the *patient* (not in accordance with the SDM’s own personal values and goals). The capable patient or SDM has the right to

⁸ See also the HHS “Making Decisions for Others: Your Role as a Substitute Decision Maker” patient education pamphlet.

refuse, or withdraw consent to any care or treatment, including life-saving or life-sustaining treatment.⁹

➤ **Beneficence and Best Interests**

The primary goal of health care is to provide benefit and prevent harm to the person receiving care. The capable patient generally has the right to determine what constitutes benefit or quality of life to him/her in a given situation, including physical, psychological, spiritual, social or other considerations. When a patient is not capable to make his/her own decisions, and no applicable wishes relevant to the circumstances are known, health care decisions should be made in the patient's best interests. Best interests are determined through joint decision-making between SDMs and health care professionals, according to the definition articulated in the Health Care Consent Act (1996)¹⁰. Best interests incorporates several considerations, including whether treatment options meet the following criteria (paraphrased from the Consent Act):

- o support the patient's known wishes, beliefs, goals and values
- o improve the patient's condition or well-being
- o prevent the patient's condition or well-being from deteriorating
- o cause pain or suffering to the patient,
- o entail risks of harm that outweigh the potential benefits

➤ **Conscientious Objection**

Healthcare providers should not be expected or required to participate in procedures that are contrary to their professional judgment or against deeply held personal values and beliefs. Healthcare providers should proactively identify situations that are likely to conflict with their strongly held personal values and beliefs, and speak to their manager proactively about how to balance their personal and professional obligations in these situations. While health care providers should be supported to exercise conscientious objection where they are asked to participate in procedures or practices that conflict with their own moral values or professional judgement, doing so should never put the patient receiving care at risk of harm, abandonment or disparagement. Appropriate referrals or transfer to another practitioner willing to provide the care (where possible) should be facilitated to mitigate risk to the patient.

⁹ See the Ontario Health Care Consent Act, 1996 http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/96h02_e.htm

¹⁰ Ibid.

Part 3: The Ethical Decision-Making Process

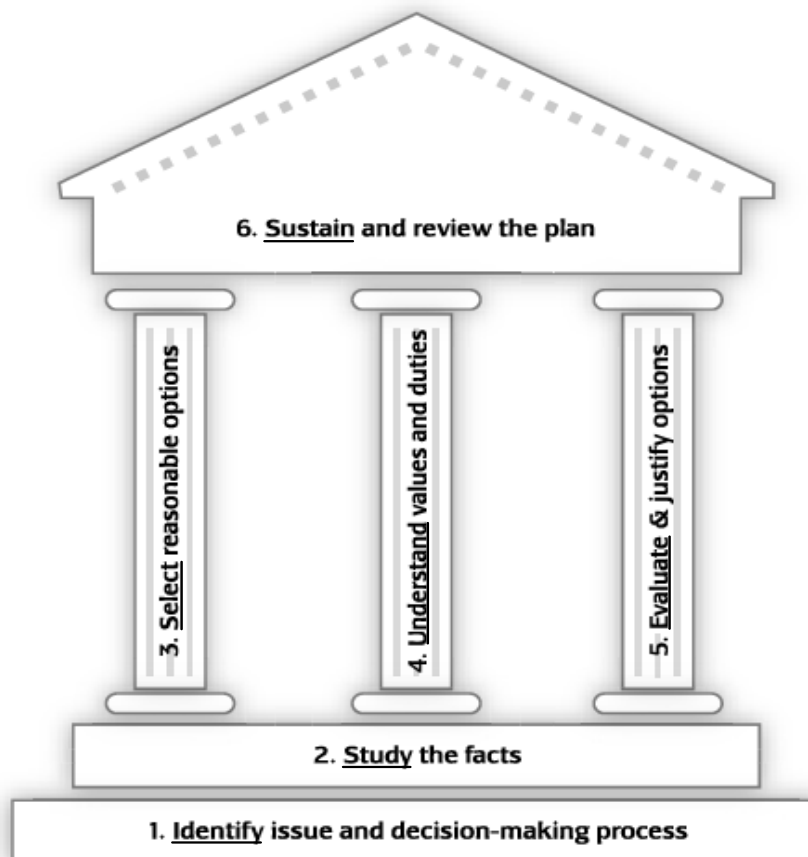
Values permeate everything we do in a healthcare setting and sometimes these values come into conflict; when they do, it is imperative to recognize that one is experiencing an ethical dilemma. Ethical conflicts or dilemmas are usually best resolved through direct engagement with the parties involved. Often there will not be an answer that pleases everyone and so it is our responsibility to ensure that our processes for decision-making are fair and legitimate. This tool is designed to help you think through difficult decisions—when ethics is a factor—and develop justifiable reasons for your choices in a rigorous, transparent and fair manner.

This process is captured in the acronym **ISSUES**:

1. **Identify** issue and decision-making process
2. **Study** the facts
3. **Select** reasonable options
4. **Understand** values & duties
5. **Evaluate** & justify options
6. **Sustain** and review the plan

It may be useful to imagine that rigorous ethical decision-making is like building a house. When we encounter ethical dilemmas our first instinct may be to find a quick fix; however our desire for resolution may cause us to misidentify the key issues or overlook important facts, values or stakeholder voices. Ethical decision-making starts with a strong foundation, based on a clear understanding of the nature of the problem and all relevant facts and perspectives, before deciding on options, weighing those options, and making the decision, as depicted below in Figure 3:

Ethical Decision-Making: ISSUES



(Figure 3)

All staff, physicians, learners and Board members are encouraged to use this process methodology to initiate a review process for an ethically-troubling situation. Two worksheets have been developed to help individuals and teams put this process into action. The **Organizational Ethics Worksheet** has been designed to help address any ethical issue that arises from a system or situation that is not patient-specific. The **Clinical Ethics Worksheet** is tailored for use by health care professionals and teams to address patient-specific ethical dilemmas.

Guidelines for Using the Ethical Framework With Groups

Creating a forum where stakeholders have the opportunity to engage in a collaborative discussion about a particular dilemma or situation in an open and non-threatening environment is often the most efficient way to address an ethical issue.

1. It is important to define at the outset of a meeting certain aspects of the process, to increase transparency, participation and satisfaction, including:

- ground rules (i.e. everyone gets to speak uninterrupted, confidentiality of discussion, respectful interactions, etc.)
- roles for the meeting (i.e. chair, time-keeper, recorder)
- objectives and outcomes (i.e. the generation and analysis of reasonable options; documentation and communication plan for the decision)
- the decision-making process (i.e. how stakeholder feedback will be used and who is ultimately responsible for making the decision)

2. The appropriate worksheet (Organizational or Clinical) may be distributed to all participants to help keep the process on track. It should be worked through one section at a time, recognizing that ethical decision-making is not always linear. You may have to go back and revisit earlier steps in the process as additional questions arise or facts emerge.

3. Keep a copy of this toolkit handy, to provide a quick reference for key terms and concepts.

4. At the end of the meeting, summarize each section of the worksheet briefly. Define a clear plan for documenting and communicating any decisions made, and assign specific individuals to accomplish next steps. As required, a follow-up meeting should be scheduled to review outcomes and address systems issues identified.

Organizational Ethics ISSUES

Process Tips

1. IDENTIFY the Ethical Issue and Decision-making Process

- **Engage in reflective practice and consider your "gut reaction" to the situation:** What preconceptions and judgments might you bring to the situation? What are your loyalties and intuitions? Where do these come from?
- **State the conflict or dilemma as you currently see it:** Try to articulate the issue in one sentence. If you can't, it may be better to break the problem down into two questions or issues and tackle them one at a time. Example of ethics question: "Given [state uncertainty or conflict about values], what decisions or actions are ethically justifiable?"
- **Determine best process for decision-making:** How urgent is the situation? How can stakeholders best be engaged? Who ultimately has decision-making authority? Stakeholders deserve to know and understand how and why a decision that affects them was made. It is important to remember that transparency is not just about the transmission of information; it is also about keeping people engaged constructively in the process. In the rare cases where confidentiality is ethically necessary, the process should still be made as transparent as possible while identifying the confidentiality constraints explicitly.

2. STUDY the facts:

In any complex situation, different parties will have different views of the facts of the situation. Ideally, all stakeholders should have a chance to present their views to one another in a respectful, open environment, considering both the context of the situation and the evidence.

- **Stakeholder Perspectives:** all stakeholders should have an opportunity to voice their views about the issue (staff, community, patients, LHIN partners, etc.)
- **Evidence:** include risks and benefits to the organization and patients; impact of situation on quality or services; best practices, etc.
- **Contextual Features:** internal and external directives and partnerships (i.e. academic commitments, MOHLTC); legal considerations (i.e. HAPS agreement, legislation, etc.); past cases; cultural or environmental issues (i.e. staff morale); public opinion
- **Resource Implications:** human and financial

3. SELECT Reasonable Options:

Always look for more than two. Try brainstorming options without evaluating at first, or start by describing your "ideal" solution and work backwards to options that are more realistic given the context.

4. Understand Values & Duties

- Which values are in conflict? Where values may be compromised, what can you do to minimize the negative impact?
- Are there professional or legal obligations or standards to consider?
- Consider how various options reflect or support the duties, principles and values described in Part 2.

5. EVALUATE & Justify Options:

For each option consider:

- What are the possible harms to various stakeholders?
- What are the probable benefits to various stakeholders?
- What will be the impact on staff, our mission and quality of care?
- Which duties, principles and values support this option?
- What if everyone in these circumstances did this? (Does this set a good example? Are we making it easier or harder for others to do the right thing?)
- Does it meet Organizational Justice requirements: procedural justice, distributive justice, relational justice?
- Does your solution answer the question you described above?
- **Choose the option with the best consequences overall and closest alignment with key duties, principles and values.** Clearly state reasons for the decision. Remember that you are not aiming at “the perfect” choice, but a good and defensible choice under the circumstances.
- Anticipate how you might answer criticisms.

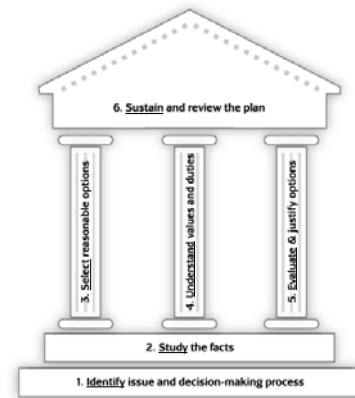
6. SUSTAIN & Review the Plan:

Accepting responsibility for an ethical choice means ensuring that the decision made is enacted by articulating a clear plan of action, communicating it to stakeholders appropriately and addressing systems that might have contributed to the problem. It also means accepting the possibility that you might be wrong or that you may need to revise your decision in light of new information or changing circumstances. In reviewing the plan consider:

- How well did the decision-making process work?
- Was the decision carried out?
- Was the result satisfactory?
- Does this situation point to a systems problem (e.g. policy gap)?
- What lessons were learned from the situation?
- How will the team respond to similar situations in the future?
- Are there opportunities to appeal or modify the decision based on new information?
- Have new questions emerged? (If so, do they require similar deliberation?)
- Is there a formal evaluation plan in place to monitor progress, good practices and opportunities for improvement?

ORGANIZATIONAL ETHICS WORKSHEET: ISSUES

This worksheet is designed to help people engage in rigorous ethical decision-making regarding organizational issues. Ethical decision-making is not linear; you may have to revisit earlier steps in the process as additional questions arise or facts emerge.



1. Identify issue and decision-making process

- Engage in reflective practice: what is your gut reaction?
- State the question or dilemma as you currently see it: "Given [state uncertainty or conflict about values], what decisions or actions are ethically justifiable?"
- Determine best process for decision-making and key stakeholders.

2. Study the Facts:

The perspectives of all stakeholders should be considered, as well as the context of the situation and relevant evidence.

Stakeholder Perspectives: <i>Staff, patients, community, partners, etc.</i>	Evidence: <i>Risks; benefits; impact on quality or services; best practices</i>
Resource Implications: <i>Human and Financial</i>	Contextual Features: <i>Internal and external directives; legal considerations; past cases; cultural issues</i>

3. Select Reasonable Options:

- What are the realistic options? (look for more than two)

Alt. 1

Alt. 2

Alt. 3

4. Understand Values and Duties:

- What principles, duties and values are relevant to the options (See Part 2 of Ethical Framework)?
- What are the relevant legal requirements, professional standards and policies?
- Are key values, duties, principles or standards in conflict?

HHS Mission, Vision & Values; Legislation; HHS Policies; Utility & Justice; Veracity; Confidentiality & Privacy; Relationships & Teamwork; Virtues; Respect for Diversity

5. Evaluate & Justify Options:

- What are the possible harms/benefits to various stakeholders of various options?
- Choose the option with best consequences and alignment with duties, principles and values.
- State clear reasons for your choice; anticipate questions and criticisms.

Alt. 1

Alt. 2

Alt. 3

6. Sustain & Review the Plan:

- Identify how best to implement, communicate and document the decision to meet Organizational Justice principles (procedural justice, distributive justice, relational justice).
- Reflect on the decision and the process. What lessons could be learned for future cases?
- Does this situation point to a systems or organizational cultural problem (e.g. policy gap)?

Clinical Ethics ISSUES

Process Tips

1. IDENTIFY the Ethical Issue and Decision-making Process

- **Engage in reflective practice and consider your "gut reaction" to the situation:** What preconceptions and judgments might you bring to the situation? What are your loyalties and intuitions? Where do these come from?
- **State the conflict or dilemma as you currently see it:** Try to articulate the issue in one sentence. If you can't, it may be better to break the problem down into two questions or issues and tackle them one at a time. Example of ethics question: "Given [state uncertainty or conflict about values], what decisions or actions are ethically justifiable?"
- **Identify stakeholders:** Who will be impacted by the decisions made? Who ultimately has decision-making authority? In clinical ethics the key stakeholder is the patient affected by treatment decisions and his/her family; how can they be engaged in the process?
- **Determine best process for decision-making:** How urgent is the situation? How can stakeholders best be engaged? Stakeholders deserve to know and understand how and why a decision that affects them was made. It is important to remember that transparency is not just about the transmission of information; it is also about keeping people engaged constructively in the process. In the rare cases where confidentiality is ethically necessary, the process should still be made as transparent as possible while identifying the confidentiality constraints explicitly.

2. STUDY the facts:

In any complex situation, different parties will have different views of the facts of the situation. Ideally, all stakeholders should have a chance to present their views to one another in a respectful, open environment, considering both the context of the situation and the evidence.

a. Clinical Issues

- What is the patient's medical history/ diagnosis/ prognosis?
- Is the problem acute? chronic? critical? emergent? reversible?
- What are the goals of treatment? What are the probabilities of success?
- What are the risks and side effects of treatment?
- What is the standard of practice? What does the evidence say?

b. Patient and Family Preferences

- What has the patient expressed about preferences for treatment?
- What are the patient's long and short term goals?
- Is the patient capable of making treatment decisions? What is the evidence of incapacity?
- If the patient is not capable, who is the patient's Substitute Decision Maker (SDM)? Is the SDM making decisions appropriately, based on patient wishes and best interests?
- If the patient is now incapable, is there any information regarding what the patient might have wanted given the current circumstances? What kind of person was the patient? What kind of values did he or she have? How did he or she live her life? What seemed most important to him or her?
- What are the family's needs and wishes?

c. Quality of Life

- What are the prospects, with or without treatment, for a return to the patient's normal life?
- Does the patient seem to find his or her daily life satisfying? What gives him or her pleasure and meaning?
- What suffering or burdens might the patient experience from the treatments proposed?
- How can the patient be made most comfortable? How can the patient's psycho-social and spiritual needs be best met?

d. Contextual Features

- Who is the patient's family? What are the perceived family dynamics? Who speaks for the family? Is there conflict amongst family members?
- Are there cultural, religious or social factors that might influence treatment decisions?
- What is the relationship between the patient/family and team?
- Are there team issues that might influence decisions?
- Are there organizational or systems issues complicating the situation?

4. UNDERSTAND Values & Duties

- Which values are in conflict? Where values may be compromised, what can you do to minimize the negative impact?
- Are there professional obligations or standards to consider?
- Consider how various options reflect or support the duties, principles and values described in Part 2.

5. EVALUATE & Justify Options:

For each option consider:

- What are the possible harms to the patient? To other stakeholders?
- What are the probable benefits to the patient? To other stakeholders?
- Which duties, principles and values support this option?
- What if everyone in these circumstances did this? (Does this set a good example? Are we making it easier or harder for others to do the right thing?)
- Does your solution answer the question you described above?
- **Choose the option with the best consequences overall and closest alignment with key duties, principles and values.** Clearly state reasons for the decision. Remember that you are not aiming at "the perfect" choice, but a good and defensible choice under the circumstances.
- Anticipate how you might answer criticisms.

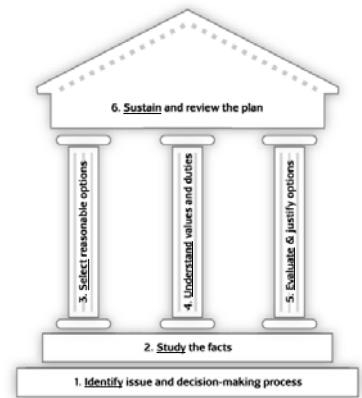
6. SUSTAIN & Review the Plan:

Accepting responsibility for an ethical choice means ensuring that the decision made is enacted by articulating a clear plan of action and communicating it to stakeholders appropriately. It also means accepting the possibility that you might be wrong or that you may need to revise your decision in light of new information or changing circumstances. In reviewing the plan consider:

- How well did the decision-making process work?
- Was the decision carried out?
- Was the result satisfactory?
- Does this situation point to a systems problem (e.g. policy gap)?
- What lessons were learned from the situation?
- How will the team respond to similar situations in the future?
- Are there opportunities to appeal or modify the decision based on new information?
- Have new questions emerged? (If so, do they require similar deliberation?)

CLINICAL ETHICS WORKSHEET: ISSUES

This worksheet is designed to help people engage in rigorous ethical decision-making for specific patient cases. Ethical decision-making is not linear; you may have to revisit earlier steps in the process as additional questions arise or facts emerge.



1. Identify issue and decision-making process

- Engage in reflective practice: what is your gut reaction?
- State the conflict or dilemma as you currently see it: "Given [state uncertainty or conflict about values], what decisions or actions are ethically justifiable?"
- Determine best process for decision-making and key stakeholders.

2. Study the Facts:

Not only the medical facts are important, but also the patient's goals, wishes and perception of quality of life, as well as information about their family, background and organizational issues.

Clinical Issues: <i>History, Diagnosis, Prognosis, Options</i>	Patient & Family Preferences: <i>Long and short term goals, wishes, values</i>
Quality of Life: <i>Patient's view of QoL, benefit, suffering</i>	Contextual Features: <i>Family; cultural & religious beliefs; organizational issues</i>

3. Select Reasonable Options:

- What are the realistic alternatives, care plans or treatment options? (look for more than two)

Alt. 1

Alt. 2

Alt. 3

4. Understand Values and Duties:

- What principles, duties and values are relevant to the options (See Part 2 of Ethical Framework)?
- What are the relevant legal requirements and/or professional standards?
- Are key values, duties, principles or standards in conflict?

Informed Consent; Beneficence & Best Interests; Utility & Justice; Patient- and Family-Centred Care; Therapeutic Relationship; Veracity; HHS Mission, Vision & Values; Confidentiality & Privacy

5. Evaluate & Justify Options:

- Consider the possible harms and benefits of each option for the patient and other key stakeholders.
- Choose the option with best consequences and alignment with duties, principles and values.
- State clear reasons for your choice; anticipate questions and criticisms.

Alt. 1

Alt. 2

Alt. 3

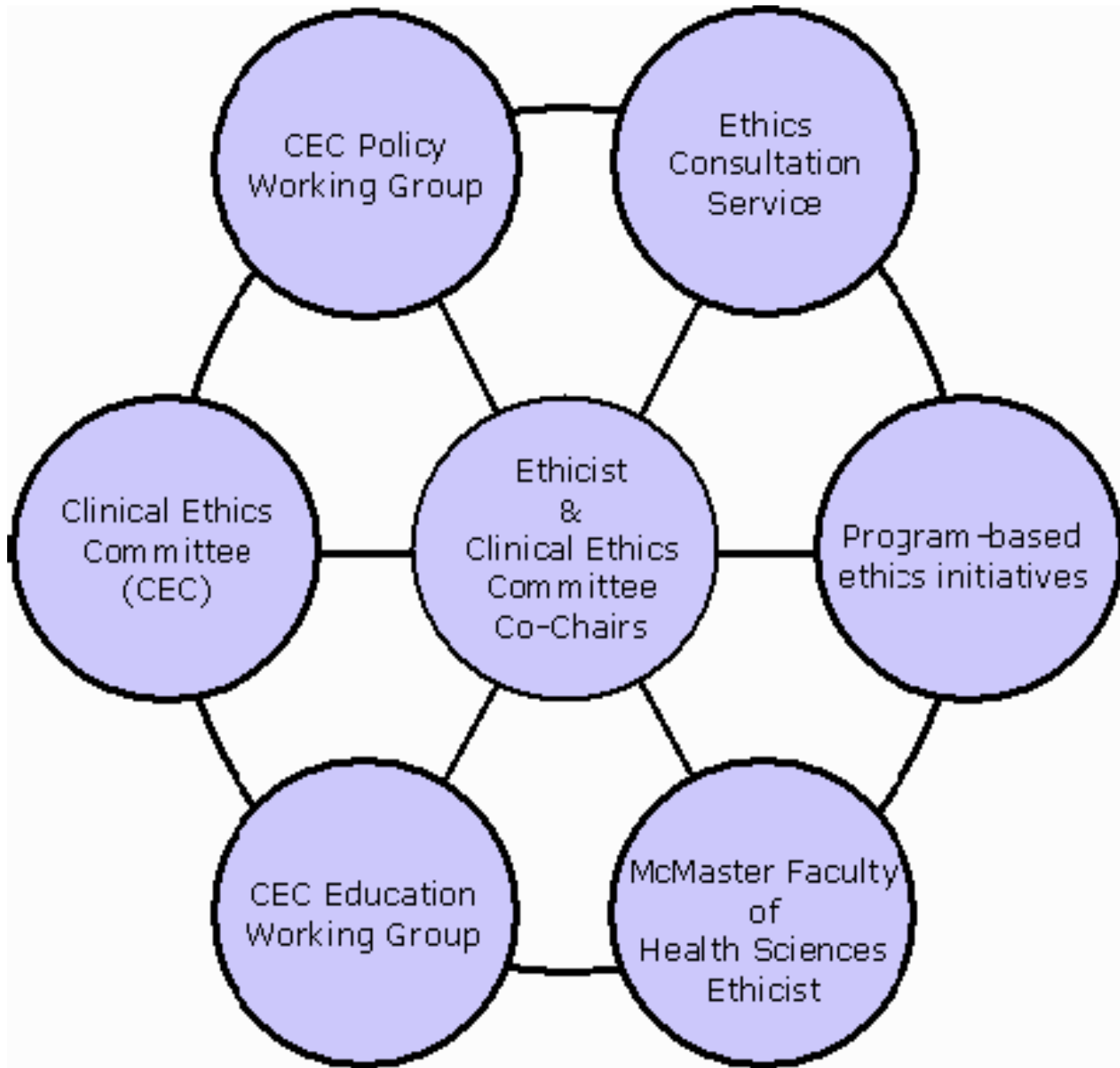
6. Sustain & Review the Plan:

- Identify how best to implement, communicate and document the decision to patient and key stakeholders.
- Reflect on the decision and the process. What lessons could be learned for future cases?
- Does this situation point to a systems problem (e.g. policy gap)?

Part 4: Ethics Resources at HHS

Clinical Ethics Resources

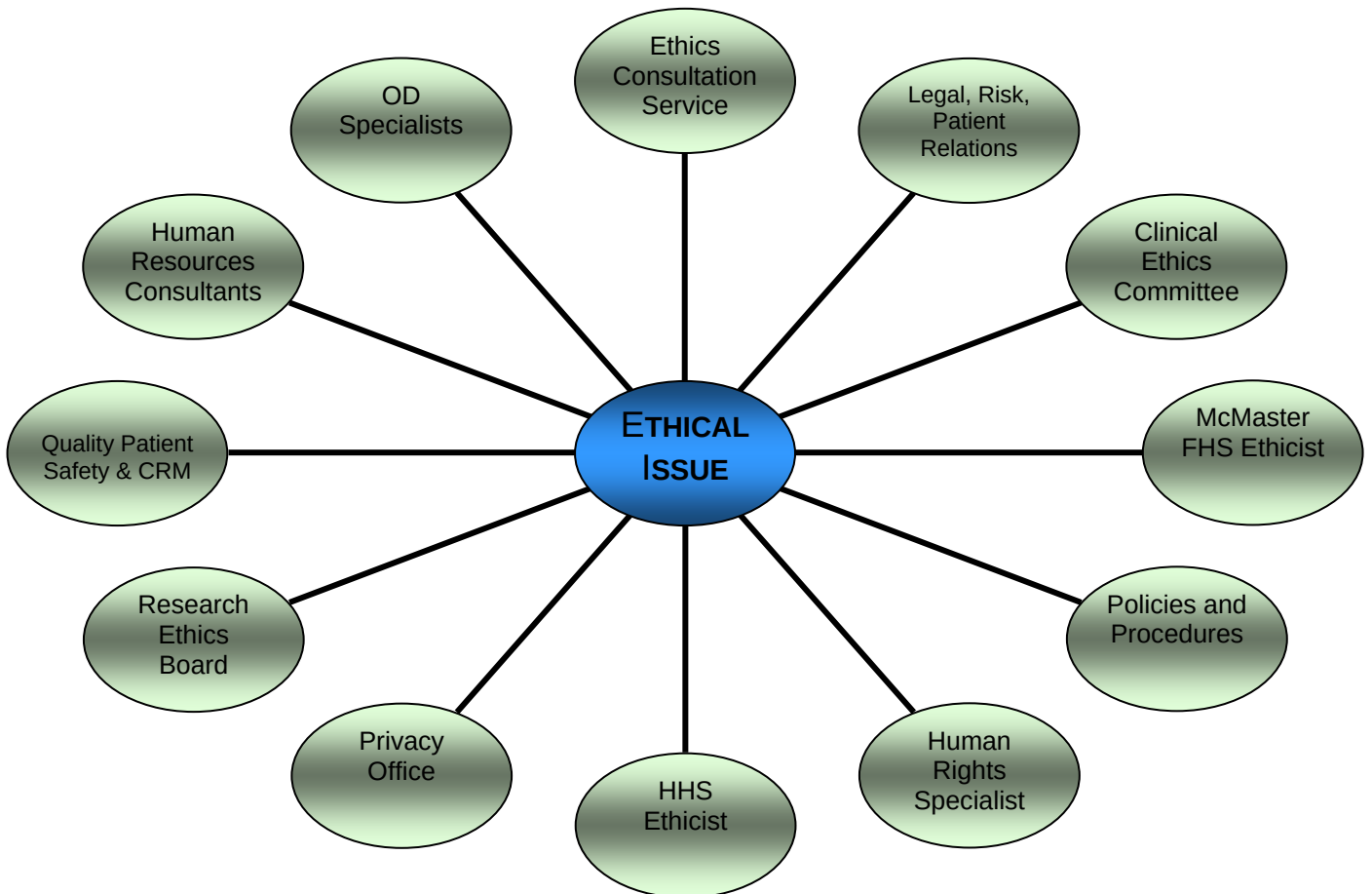
HHS' Clinical Ethics program uses a "Hub and Spoke" structure to deliver Clinical Ethics Services, including ethics policy review, ethics consultation and ethics education. This approach strengthens staff capacity in clinical ethics by providing decentralized resources coordinated by a centralized core of ethics leadership. The Hub of Clinical Ethics at HHS is comprised of the Clinical Ethics Committee chairs and the Clinical & Organizational Ethicist. This central Hub supports and collaborates with ethics Spokes throughout the organization, to integrate ethical awareness and practice across the organization (see Figure 4). For more information about clinical ethics resources at HHS see the Clinical Ethics Intranet site under Departments and Committees.



(Figure 4)

Organizational Ethics Resources

Organizational Ethics resources at HHS are decentralized. Staff, physicians, learners and Board members encountering an ethical dilemma are encouraged to consult with a range of ethics-related resources across the organization appropriate to the specific issue. Some of these resources are depicted below in Figure 5.



(Figure 5)