

Services de santé de Chapleau Health Services

Issued By:	Director of Clinical Services	Policy Number:	CLI-03-05001
Authorized By:	Chief Executive Officer and Multidisciplinary Committee	Version:	8.0
Issue Date:	Nov-2006	Revision Date:	2015-Jul-14
Manual:	Clinical Manual	Page:	1 of 12

Subject: **Ethical Dilemma and Framework for Ethics**

Policy: Issues regularly arise about clinical decisions that cause concern for patients, family, friends and staff (clinical ethical dilemmas). Unpleasant options, competing values and opposing moral and ethical reasons for and against a patient care decision or policy can make the choices difficult. Management and the Board of Directors (the Board) are also called upon to make ethically difficult decisions on behalf of SSCHS (organizational ethics dilemmas).

When ethical dilemmas arise in the clinical areas or at an organization level, refer to the Clinical and Organization Frameworks outlined in this document to assist with resolving dilemmas. If clinical dilemmas cannot be resolved at a team or management meeting, the Ethics Advisory Sub-committee will be available to assist with decision making. For more challenging or stubborn clinical or organizational ethical dilemmas, refer to the consulting ethicist, legal counsel or the board at the direction of the CEO.

The purpose of this policy is to provide:

- Standards derived from different philosophical approaches to ethics.
- Directions to staff to help identify when ethical dilemmas arise.
- An ethical decision-making framework that can be used for both clinical and organizational dilemmas.

Application: All Clinical Areas
 Management

Exceptions:

Resources: University Health Network
 Ottawa Civic Hospital
 Sudbury Regional Hospital

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Issue Date:	Nov-2006	Revision Date:	2015-Jul-14
Manual:	Clinical Manual	Page:	2 of 12

Subject: Ethical Dilemma and Framework for Ethics

1. The Ethics Advisory Sub-Committee

The Ethics Advisory Sub-Committee is established as a sub-committee of the Multidisciplinary Committee. It exists in order to meet the needs of SSCHS' clients, their families, and staff, in relation to ethical issues. The Committee will provide leadership in developing an ethical culture for the organization. It will also act as a resource and assist clinical and management teams using the ethical decision making framework when ethical issues arise. The Committee will provide ongoing education regarding current ethical issues. Their perspective will be guided by the mission, values and vision statements of our organization.

2. Research Ethics

For details on research ethics, please refer to the ADM-00-18003 Research Policy available on Medworxx.

3. Background

- a. Addressing and resolving ethical issues is an essential component of providing care within the therapeutic relationship. Ethical challenges occur on a daily basis, causing distress and uncertainty in the work environment. Through education and discussion of values and beliefs, ethical conflicts can be avoided, and when they do occur, worked through cooperatively as a team.
- b. As ethical decisions are made, one should reflect on one's own personal values. Knowledge of clinical situations and ethical behaviour will help individuals and teams think through the situation and reach a consensual, informed resolution, justified by ethical values and approaches.
- c. This document is intended as an introduction to thinking ethically. We all have an image of our better selves -- of how we are when we act ethically or are "at our best." We probably also have an image of what an ethical community, an ethical society, or an ethical hospital should be. Ethics has to do with all these levels-acting ethically as individuals, creating ethical organizations, and making our society as a whole ethical in the way it treats everyone.

4. Process for Resolving Ethical Dilemmas

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Issue Date:	Nov-2006	Revision Date:	2015-Jul-14
Manual:	Clinical Manual	Page:	3 of 12

Subject: Ethical Dilemma and Framework for Ethics

- a. Any staff member, patient, resident, family member or substitute decision-maker under a power of attorney for personal care can identify an ethical dilemma and discuss with the nurse in charge, physician, Director of clinical services or CEO.
- b. If the ethical dilemma is clinical in nature, the nurse in charge, physician or Director of Clinical Services will initiate a multidisciplinary care conference. The team refers to the Ethical Framework included in this document when discussing a clinical dilemma. If the issue is unresolved it can be referred to the Ethics Advisory Sub Committee of the Multidisciplinary Committee.
- c. If the issue continues to be unresolved it can be referred to an outside Ethicist at the direction of the Director of Clinical Services or the CEO
- d. Issues related to corporate matters such as financial, human resources management or competing priorities may pose ethical questions for the staff or senior leaders.
- e. Unresolved dilemmas may be referred to an external ethics expert, legal counsel or the board at the direction of the CEO.

5. What is Ethics?

- a. Ethics refers to standards of behaviour -- how we ought to act in any situation in which we may find ourselves - as friends, parents, children, and as healthcare professionals. It prescribes when actions or courses of action are morally required, permitted or forbidden.
- b. It is helpful to identify what ethics is NOT:
 - Ethics is not the same as feelings. Feelings do provide important information for our ethical choices. Some people have highly developed habits that make them feel bad when they do something wrong, but many people feel good even though they are doing something wrong. And often our feelings will tell us it is uncomfortable to do the right thing if it is hard.
 - Ethics is not religion. Many people are not religious, but ethics applies to everyone. Most religions do advocate high ethical standards but sometimes do not address all the types of problems we face.

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Authorized By:	Chief Executive Officer and Multidisciplinary Committee	Version:	8.0
Issue Date:	Nov-2006	Revision Date:	2015-Jul-14
Manual:	Clinical Manual	Page:	4 of 12

Subject: Ethical Dilemma and Framework for Ethics

- Ethics is not the law, although it is usually ethical to obey the law. A good system of law does incorporate many ethical standards, but law can deviate from what is ethical. Law may have difficulty designing or enforcing standards in some important areas, and may be slow to address new problems. Also, laws are not always specific enough to give clear guidance in particular situations.
- Ethics is not just following culturally accepted practices. Some cultures are quite ethical, but all have elements that can be questioned ethically and can become blind to important ethical concerns. "When in Rome, do as the Romans do" is not a satisfactory ethical standard.
- Ethics is not science. Social and natural science can provide important data to help us make better ethical choices. But science alone does not tell us what we ought to do. Science may provide an explanation for what humans are like, but ethics provides reasons for how humans ought to act. And just because something is scientifically or technologically possible, it may not be ethical to do it. Science gives us facts and information about the world. Facts are important background to the formation of ethical judgments, but ethics is fundamentally the application of values to particular circumstances. Facts cannot resolve ethical dilemmas or tell us what we ought to do when there is a conflict of values.

6. What are two fundamental problems in identifying the ethical standards we are to follow:

- a. How do we determine our ethical standards?
- b. How do we apply those standards to the specific situations we face?

7. How do we determine our ethical standards?

- a. Many philosophers and ethicists have proposed answers to this critical question and have suggested a variety of different sources for the ethical standards we should use.
- b. See appendix II for a summary of six of the most prevalent approaches to understanding the source and justification for moral action:

8. How do we apply ethical standards to the specific situations we face?

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Issue Date:	Nov-2006	Revision Date:	2015-Jul-14
Manual:	Clinical Manual	Page:	5 of 12

Subject: Ethical Dilemma and Framework for Ethics

- a. It is important to recognize that none of the approaches by itself gives an appropriate guide to right conduct. Each of these approaches has philosophical and practical limitations. However, each also expresses important truths about ethics and right conduct. It is worthwhile reflecting on the important insights that each of these approaches offers in seeking to resolve a difficult ethical problem.
- b. The more novel and difficult the ethical choice we face, however the more we need to rely on discussion and dialogue with others about the dilemma. Only by careful exploration of the problem, aided by the insights and different perspectives of others, can we make good ethical choices in such situations.
- c. The following framework for ethical decision making has been found to be a useful method for exploring ethical dilemmas and identifying ethical courses of action.

9. How do we know when a problem is an *ethical* dilemma?

- a. An ethical problem or dilemma is characterized by the presence of a conflict between values that we accept as important. In healthcare, the following values are seen as the primary ones:
 - i. autonomy (showing respect for individual dignity)
 - ii. welfare (benefiting others and not doing them harm)
 - iii. justice (being fair and distributing goods and resources fairly)
- b. Other important ethical values include compassion, honesty, patience, courage, sincerity, trust, sincerity, forgiveness, and there are of course many others that have broad acceptance as being ethically important.
- c. But when two or more of these values come into conflict, such as when good value-based reasons can be given for each of the possible courses of any choice you can make.
- d. Ethical dilemma cannot be resolved by appeals for more information, because the heart of an ethical dilemma is in the values and the uncertainty

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Authorized By:	Chief Executive Officer and Multidisciplinary Committee	Version:	8.0
Issue Date:	Nov-2006	Revision Date:	2015-Jul-14
Manual:	Clinical Manual	Page:	6 of 12

Subject: Ethical Dilemma and Framework for Ethics

about the application of values -- ethical principles -- to the situation, not the facts.

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Issue Date:	Nov-2006	Revision Date:	2015-Jul-14
Manual:	Clinical Manual	Page:	7 of 12

Subject: Ethical Dilemma and Framework for Ethics

Appendix I: Framework for Resolving Clinical Dilemmas (IDEA) (available on Medworxx under clinical documents)

Ethical Decision Making Framework I-D-E-A

This worksheet is designed as a tool to guide you through the process in dealing with an ethical issue.

STEP 1: INFORMATION GATHERING & DESCRIBE SITUATION

A) Gather Information/facts on the case.

B) Describe the different emotions.

Information gathering & Describe situation
↓
Explore options
↓
Act on your decision

Consider:

- Re-state the details of the case
- What are the main issues or areas of concern/tension?
- Who are the individuals involved/who else needs to be involved?
- How does the person's history/prognosis affect this case?
- Are there other factors to consider, including company policies, directives and regulation?

Consider:

- The emotions of: 1) the person, 2) family/others and 3) you
- Examine the emotional factors influencing each individual:
 - Existing feelings
 - Loyalties
 - Values
 - Biases
 - Prior experiences

Ask yourself:

- How do I feel about this particular person/family?
- How are my life experiences influencing my reaction?
- What are the family/cultural/societal traditions and customs that are influencing my decision?
- Who owns this decision?

Page 1 of 4 July 2015

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Manual:	Clinical Manual	Page:	8 of 12

Subject: Ethical Dilemma and Framework for Ethics

Appendix II: Approaches for Moral Action

Six of the most prevalent approaches to understanding the source and justification for moral action:

- **The Utilitarian Approach:** Some emphasize that the right action is the one that provides the most good or does the least harm, or, to put it another way, produces the greatest balance of good over harm. The ethical action is the one that produces the greatest good and does the least harm for all who are affected. It is appealing because it responds to two important insights we have about ethics. First, it says that consequences matter, and second, it treats all people equally.
- **The Rule-Based Approach (Deontology):** This approach dictates that there are formal ethical rules that must be followed, no matter what the consequences. To act ethically is to act from no other motive than to do the right thing according to valid moral rules. So, rules like 'do not lie' or 'murder is wrong' form the basis of an ethical system.
- **The Rights Approach:** Others suggest that the ethical action is the one that best protects and respects the moral rights of those affected. This approach starts from the belief that humans have dignity based on human nature, or on their ability to choose freely what to with their lives. On the basis of such dignity, people have the right to be treated as ends in themselves and not merely as means to the ends of others. Rights imply the duty not to inhibit the legitimate exercise of the rights of others.
- **The Fairness or Justice Approach:** Another proposed approach to moral action lies in the idea that people in the same position should be treated equally, or at least equitably. That is to say that all people have equal moral worth and so ethical behaviour is based on treating all human beings equally, or if unequally, then equitably -- fairly based on some defensible standard. It may be fair, for example, to pay people more based on their harder work or their greater contribution.
- **The Communitarian Approach:** This is the view that that life in community is a good in itself and our actions should contribute to the welfare of the community. This approach suggests that the interlocking relationships of society provide the basis for ethical reasoning and that respect and

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Issue Date:	Nov-2006	Revision Date:	2015-Jul-14
Manual:	Clinical Manual	Page:	9 of 12

Subject: Ethical Dilemma and Framework for Ethics

compassion for all others - especially the vulnerable - are requirements of such reasoning.

- **The Virtue Approach:** This very ancient approach is that ethical actions ought to be consistent with certain ideal virtues that provide for the full development of our humanity. These virtues are dispositions and habits that enable us to act to promote the highest potential of our character. Honesty, courage, compassion, generosity, tolerance, love, fidelity, integrity, fairness, self-control, and prudence are all examples of virtues because they are characteristics of a morally good person.

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Manual:	Clinical Manual	Page:	10 of 12

Subject: Ethical Dilemma and Framework for Ethics

Appendix III: Identifying Relevant Factors for Ethical Issues

Medical Indications <ul style="list-style-type: none">• What is patient's medical problem, history diagnosis, prognosis?• Is problem acute, chronic, critical, emergent, reversible?• What are the goals of treatment?• What is the likelihood of success?• Plans in case of treatment failure?• Overall, what are the benefits of alternative treatments/care plans and can harm be avoided?	Patient Preferences <ul style="list-style-type: none">• Is the patient capable?• Has the patient been fully informed?• What are patient preferences?• If incapable:<ul style="list-style-type: none">▪ Who is appropriate SDM?▪ Has patient expressed prior wishes eg POAPC?▪ Is surrogate using proper standards of decision-making?▪ What are patient's views?• Is the patient cooperative with treatment options?
Quality of Life <ul style="list-style-type: none">• Will the patient be able, with or without treatment, to return to normal living?• What physical, mental, emotional, or social deficits are likely if treatment succeeds/fails?• Are there any provider biases in assessing patient's quality of life?• Might patient's continued life be judged undesirable in present or future?• Is there a plan for foregoing treatment and/or for palliative/comfort care?	Contextual Factors <ul style="list-style-type: none">• Family issues that affect decision-making?• Healthcare provider issues that might affect treatment decision-making?• Financial/economic or legal factors?• Problems with confidentiality?• Resource allocation issues?• Are there conflict of interest issues?

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Issue Date:	Nov-2006	Revision Date:	2015-Jul-14
Manual:	Clinical Manual	Page:	11 of 12

Subject: Ethical Dilemma and Framework for Ethics

This approach focuses ethical deliberation on four types of questions relating to the patient's circumstances and preferences.

- i. Questions under medical indications focus on the clinical circumstances of the patient and potential outcomes from available treatment options, including no treatment.
- ii. Patient preferences focuses on identifying the patient's wishes both in terms of treatment goals and the desirability of particular treatments, including no treatment. The patient preferences also address issues of capacity and the need for and process of substitute decision-making.
- iii. Quality-of-life questions address the potential outcomes of alternative treatment options as they may affect the patient's life and on-going functioning.
- iv. Contextual factors are those non-clinical factors including family, social, cultural, religious, economic, legal and other factors that may be significant to patient and health care provider decision-making.

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Issue Date:	Nov-2006	Revision Date:	2015-Jul-14
Manual:	Clinical Manual	Page:	12 of 12

Subject: Ethical Dilemma and Framework for Ethics

Revision History:

Revision Date	Version	Revision Description
2009-Jan-01	2.0	See November, 2006 policy which is archived.
2009-Nov-18	2.1	New policy number assigned. New formatting
2012-May-29	3.0	Modified footer: removed reference to Y Drive.
2013-Oct-13	4.0	Policy reviewed with minor changes. Section 8 – heading changed to Identifying Relevant Factors “related to clinical ethics issues” Pertinent Questions to Answer section first statement under number one changed from “undesirable courses of action that you may have discounted implicitly” to “Courses of action that may have discounted initially but may nevertheless have merit”.
2014- Mar-14	5.0	Policy removed from body of document and moved to policy section. Policy revised to include organizational dilemmas. Section 3.4 reference to Appendix two removed and framework for resolving organizational dilemmas added Section 9 Framework for resolving organization Dilemmas added. Document renumbered to reflect the revisions.
2015-Jul-14	8.0	Added that ethics subcommittee organizes education sessions for staff. Added position on research ethics. Frameworks from sections 10 and 11 were removed and replaced with the IDEA framework. All ethics approaches from section 7.2 and 9.2 were added to Appendix II. Section 10 was added to Appendix III. Version number updated to reflect Medworxx versioning.

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