CARLETON PLACE
& DISTRICT
MEMORIAL HOSPITAL

TITLE:	Ethical Framework		
Manual/Policy #:	I-16	**Division:**	CPDMH
Original Issue:	November 2007	**Issued by:**	Senior Team Committee
Previous Date Reviewed	April 2016	**Approved by:**	Board of Directors
Last Date Reviewed:	April 2019	**Cross References**	

1. POLICY STATEMENT:

The Board of the Carleton Place District and Memorial Hospital will ensure that the organization adopts an ethical framework to guide and support ethical behaviour and decision making of the Board, staff, physicians, volunteers and students.
The framework includes principles of ethical behaviour and guidelines for analysis and decision-making regarding clinical and organizational ethical dilemmas.
The Board will ensure access to an Ethics Consultation Service for all staff, physicians, patients, families and members of the health care team that encounter ethical issues in their work.

2. SCOPE:

This policy applies to all members of the Board, staff and medical staff at CPDMH who encounter either a clinical or organizational ethical dilemma.

3. GUIDING PRINCIPLES:

- To provide guidance for ethical decision making.
- To augment Professional Codes of Ethics where they apply.
- To support ethical behavior which includes, but is not limited to, maintaining confidentiality, protecting and properly using the organization's assets, and complying with laws, rules, and regulations.
- Ethics consultation can be initiated by any member of the health care team.
- All ethics consultation activities will comply with the CPDMH privacy policies
- Staff, physicians, midwives, volunteers and students will also be guided by the Patient's Bill of Rights and Responsibilities, organizational values, and professional codes of ethics.

4. DEFINITIONS:

Ethical Issue: An Ethical Issue is any dilemma that involves:

- A conflict of values (organizational, personal or professional) and ethical principles.
- A violation of commonly accepted ethical principles

- A violation of accepted organizational, personal or professional values e.g. compassionate care
- A significant undue hardship or inappropriate harm to any stakeholder

Ethical Principles:

Principles of ethical behaviour include: autonomy, justice, non-maleficence, beneficence, personal and professional responsibility, respect for human life and dignity, and balancing individual versus collective interest.

Autonomy

People have the right to autonomy and self-determination. An autonomous decision is one that is voluntary, informed, enduring, and consistent with the person's values and beliefs.

Justice

People are to be treated fairly – not discriminated against, abused or exploited. People are to be treated as individuals with rights to be honored and defended. Staff, volunteers, and physicians have the moral obligation to act in a fair and just manner toward each other and toward patients/clients.

Non-Maleficence

People have a duty to avoid, prevent or minimize harms to others

Beneficence

People have a moral obligation to do good while minimizing harm

Personal and Professional Responsibility

People are to be treated with courtesy. Staff, volunteers and physicians must protect the rights of others, and respect the diversity of cultures and peoples. In addition staff and physicians must adhere to their professional code of ethics.

Respect for Human Life and Dignity

People have a right to be respected at all times and to be treated in a manner that maintains their personal dignity (state of being worthy of honor and respect).

Balancing Individual versus Collective Interests

People have a right to express individual thoughts, beliefs, and concerns representing their own interests or those of a family member. Collective interests of a group may be presented while maintaining a balance and keeping lines of communication open throughout discussion of the issue/dilemma.

Relevant Stakeholder

Individuals involved to discuss issues and options in relation to an ethical dilemma. Relevant stakeholders may include the following as necessary or appropriate: Patient and/or family, staff/physician and/or care team and others as is deemed appropriate.

5. PROCEDURE:

The IDEA Decision Making Framework - For Clinical Ethical Issues

The IDEA Decision Making Framework (Appendix A) will be used to guide deliberations about clinical ethical issues. These guidelines should be adapted as appropriate to the given situation, as some steps may not be necessary.

The Accountability for Reasonableness Framework - For Organizational Ethical Issues

At the operational or governance level, a separate, broader framework, the Accountability for Reasonableness Framework (Appendix B), will be used to support ethical decision making.

Process to Follow:

1. Any person can request an ethics consultation at any time.
2. An ethical dilemma that is brought forward by a patient and/or family member and by a member of the health care team will be triaged by the local primary ethics contact, Manager of Patient Flow.
3. The Manager of Patient Flow will triage requests for ethics consultations into organizational or clinical consultations, confidential or non-confidential consultations or that the request does not meet the criteria for an ethical consultation.
4. The Manager of Patient Flow will assess the request and determines the appropriate course of action.
5. Ethical dilemmas that cannot be resolved at the local level will be forwarded to the Regional Ethicist at the Champlain Centre for Health Care Ethics.
6. The Regional Ethicist in collaboration with all relevant stakeholders will follow the clinical or organizational frameworks to develop recommendations regarding the ethical dilemma.
7. The Regional Ethicist will provide written recommendations to all relevant stakeholders in follow-up
8. All cases will be documented in the patient's chart if applicable and all organizational ethics requests will be tracked in the office of the VP Patient Services & CNE. All requests for consultation by the Regional Ethicist will be tracked by the Champlain Centre of Health Care Ethics. Specific metrics will be provided to the organization as required.

6. REFERENCES (If applicable):

*Mental Health Act (2001).*www.e-laws.gov.on.ca:81/ISYSquery/IRL472D.tmp/30/doc

Public Hospitals Act
http://www.elaws.gov.on.ca/html/statutes/english/elaws_statutes_90p40_e.htm

Human Rights Code http://www.search.e-laws.gov.on.ca/en/isysquery/532fe0da-7e4a-4bba-a45a-933cf5b4e0d4/6/frame/?search=browseSource&context=

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Paula Chidwick, Jennifer Bell, Eoin Connolly, Michael Coughlin, Andrea Frolic, Laurie Hardingham & Randi Zlotnik Shaul. Exploring a Model Role Description for Ethicists. *HEC Forum* 22 (1):31-40 (2010).

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Rushton C, Younger SJ, Skeel J. Models for Ethics Consultation: Individual, Team, or Committee? In: Aulisio MP, Arnold RM, Younger SJ, editors. *Ethics Consultation: From Theory to Practice.* Baltimore: John Hopkins UP, 2003: 88-95.

National Centre for Ethics in Health Care. Veteran Health Administration. Intergrated Ethics. Improving Ethics Quality in Health Care. *Ethics Consultation. Responding to Ethics Questions in Health Care.* Available at http://www.ethics.va.gov/ECprimer.pdf

American Society for Bioethics and Humanity. Task Force: Core Competencies in Health Care Ethics Consultation, 2nd Edition - See more at: http://www.asbh.org/publications/content/asbhpublications.html#sthash.IleEoYm9.dpuf

7. APPENDICES (If applicable):
N/A

Evaluation

This policy will be reviewed every 2 years.

Appendix A

Ethical Decision-Making Frameworks

Thinking about ethics is an integral part of service delivery for all involved in health care, from the bedside, to the boardroom. Ethics is about making morally justifiable choices, and providing reasons for those choices. Unfortunately, which options are 'right' or 'good,' can be unclear. It is for this reason that the IDEA Framework was developed.

This framework provides a fair, step-by-step process to assist in the navigation and resolution of complex ethical issues that arise in the delivery of health care.

Step 1: Identify the Facts	Step 2: Determine Ethical Principles in Conflict
Identify what is known versus what is not known. • Medical Indications • Client Preferences • Quality of Life, and • Contextual Features, Users of the framework should take into account all of the relevant considerations and stakeholders; this often includes facts that may not be known initially.	Identifying the ethical principles in conflict will not provide solutions; however, this step will assist in further clarifying and articulating the issues. Common ethical principles to consider might include, but are not limited to: • Autonomy • Beneficence (or doing good) • Non-maleficence (or doing no harm) or • Justice
Step 3: Explore Options The intent of this section is to brainstorm different alternatives and to consider the potential outcomes and impacts of each one (e.g., evaluate the potential positive and negative considerations of each option). Do the options fit with the resident's preferences? Do the options comply with corporate policy, regulations, and the law?	**Step 4: Act and Evaluate** Develop and document the action plan in the resident's chart. Evaluate the plan. Were the intended results obtained, or is additional follow-up and/ or action required? Ongoing documentation and communication of the evaluation is necessary. Self-evaluate your decision. What have you learned?

Appendix B

<u>The Accountability for Reasonableness Framework (A4R)</u>

In recognizing that not all ethical issues that arise in health care are clinical in nature, an ethical decision-making framework has also been accepted for organizational decision-making. The Accountability for Reasonableness Framework (A4R) is based on the notion of public accountability which requires that reasons and rationales for limit-setting decisions be publically available. In organizational limit-setting decisions, it is very difficult to agree on fair outcomes or fair principles. This makes using a clinical decision-making tool for these issues challenging. The goal of this framework is to ensure that a fair <u>process</u> is available for stakeholders to follow, and expectations are set to consider relevant values in the justification of organizational decisions. Five conditions/values are considered below:

Conditions/Values	Description
Relevance	Rationales for priority setting decisions must rest on reasons (evidence, principles, values) that 'fair-minded' people can agree are relevant in the context. 'Fair-minded' people seek to cooperate according to terms they can justify to each other – this narrows, though does not eliminate, the scope of controversy, which is further narrowed by specifying that reasons must be relevant to the specific priority setting context.
Publicity	Priority setting decisions and their rationales must be publicly accessible - justice cannot abide secrets where people's well-being is concerned.
Revisions/Appeals	There must be a mechanism for challenge, including the opportunity for revising decisions in light of considerations that stakeholders may raise.
Empowerment	Efforts should be made to minimize power differences and to ensure effective stakeholder participation.
Enforcement	There is either voluntary or public regulation of the process to ensure that the first four conditions are met.