The Centre for Clinical Ethics provides consultative services to patients, families, hospital staff, volunteers, and students on a wide range of ethical issues across the lifespan. Frequently encountered issues include value conflicts around decisions such as withholding or withdrawing treatment, consent and capacity, resource allocation, and organizational ethics.

If you are facing a difficult situation and are unsure of the best course of action, we may be able to assist. Any patient, family member, staff member, physician, board member, senior leader, volunteer, or student can contact, in confidence, unless disclosure is required by law, the Centre for Clinical Ethics at 416-530-6750 during regular business hours.

Definition of Ethics

Ethics is the systematic study of morals – a branch of philosophy that critically considers what is “right,” “wrong,” “good” or “bad” and, most importantly, all of the “grey areas” when struggling with the best possible decision. Ethics hinges on the sound and valid justifications and reasons for decisions.

*Ethics crosses religious and cultural boundaries, and is directed at making inclusive and enlightened decisions in all aspects of human conduct.*

How Do You Know You Are Experiencing An Ethical Issue?

- Serious qualms or a sense of uneasiness
- No clear options
- Two or more equally (un)desirable alternatives
- Involves important value-laden issues e.g. rights, duties, justice, fairness
- Generally involves various stakeholders
- Has far-reaching implications
- Often overrides most other considerations
The Value of Reflective Decision-Making

- Evaluation of one’s own intuitions
- Appraisal of others’ arguments
- Stimulation of new ideas, perspectives and moral horizons
- Clarification and enabling of explicit justifications
- Cultivation of open dialogue
- Provision of shared cognitive framework for discussion
- Creation of greater sensitivity to moral issues

The Value of Ethical Decision-Making

- Justification by appeal to general principles and due process
- Consistency, transparency and accountability for decision-making
- Awareness of complexity of terms, ideas and expressions (e.g. “be fair,” “respect for life,” “dignity”)
- Recognition of fallibility as human beings
- Increased understanding, respect and tolerance
A Principle Based Framework for Ethical Decision Making (YODA)

The following principle based framework for ethical decision-making is grounded in the Mission, Vision and Values of the organization. At ANY TIME during this decision making process, please do not hesitate to contact the Clinical Ethicist at Hôtel-Dieu Grace Healthcare: Rosalind Abdool, PhD(c) at x76906; email: Rosalind.Abdool@hdgh.org

You can also access our 24/7 On-Call Pager for after hours ethics services or for an urgent request at: 9-1-416-664-1153

Steps for Resolving Ethical Dilemmas (YODA)

YOU

- Everyone is responsible for fostering an ethical work environment and culture
- “Ethics is everyone’s business”
- If you need help with this process, please don’t hesitate to contact the hospital’s Clinical Ethicist, Rosalind Abdool, x76906; email: rosalind.abdool@hdgh.org

OBSERVE

STEP ONE: Identify the Problem

Name the problem clearly. Where is the conflict?

- What is causing the qualm, uneasiness, or apprehension?
- Who are the legitimate stakeholders, and what does each have at stake?
- How much time is there to arrive at a decision?
- What are the relevant resources at the team's disposal?
- Why is there conflict and/or disagreement amongst team members and/or the patient and/or family members regarding treatment or placement options?

STEP TWO: Acknowledge Feelings

- What are the “gut” reaction, biases and/or loyalties?
- What are the intuitions about the issue?
STEP THREE: Gather the Facts

What are the ethically relevant facts? Have all the relevant perspectives been obtained? Who else do we need involved in this decision-making process? What do the institution’s policies or guidelines say? What does the relevant law say?*

* Legal information is not the same as legal advice, where legal advice is the application of law to an individual’s specific circumstances. We recommend that you consult a lawyer if you want professional legal advice in a subject area that is appropriate to your particular situation.

- **Clinical Ethics Issues** – Adapted from the Four-Box Method (Jonsen et al. 1992)
  - **Clinical Indications**
    - Does the patient/client have capacity to make this decision?
    - Who is the appropriate decision-maker(s)?
    - What is the patient’s medical diagnosis and prognosis?
    - What are the goals of treatment?
    - What are the likelihoods of benefits and harms associated with various treatment options?
  - **Quality of Life** (from the patient’s perspective)
    - What is the probability that the patient can return to a pre-hospital admission quality of life? What are the relevant changes given physical, mental and social needs now required?
    - What does the patient consider to be a good quality of life or an undesirable quality of life? What can health care providers do to enhance quality of life?
    - Are there any underlying conditions (e.g. depression, anxiety) that we can address in order to increase quality of life?
    - Should we change the treatment plan given assessments of quality of life, such as forgoing life-sustaining treatment?
  - **Patient/SDM Wishes**
    - What are the patient’s values, wishes and beliefs and how do they inform this specific decision?
    - If the patient has capacity, does she have all the relevant information to provide an informed decision regarding treatment/placement?
    - If incapable, does the patient have an Advanced Directive? Does she have any prior expressed capable wishes – how can the substitute decision-maker and team apply them to this current decision?
    - If even the patient is incapable, how can we involve her in decision-making? What are alternatives if the patient does not want to participate in the treatment?
  - **Contextual Features** – e.g. Religion, Culture, Psycho-social issues, Relationships
    - Are there religious or cultural issues that might affect clinical decisions?
    - What is the patient’s narrative? Where does she come from and who is part of her support system?
Are there financial factors that create conflicts of interest in clinical decisions?
Are there parties other than clinicians and patients, such as family members, who have an interest in clinical decisions?
What are the limits imposed on patient confidentiality by the legitimate interests of third parties?
Are there issues of public health and safety or infection control that affect clinical decisions?

Business/ Organizational Ethics Issues:
Examples:
- Governance
- Partnerships and cooperation
- Allocation/Rationing of Scarce Resources
- Conscientious Objection
- Employer/Employee Relationships
- Conflict of Interest
- Alternative Sources of Revenue
- Abuse of Care Providers
- Whistle blowing
- Zero budgeting and reduction in service
- New funding formulas
- Care of the homeless and issues of justice
- Uninsured patient populations
- Safety – patients, staff, volunteers, co-patients, families, visitors
- Morality, compassion fatigue, burnout
- Erosion of trust and collaboration with ministry
- Disclosure of error
- Fundraising and naming opportunities

Who are the relevant stakeholders? What are the needs of the stakeholders?
Given that we are stewards of health care resources, how can we responsibly utilize these resources in order to maintain both sustainability and excellent quality care?
How can we strengthen ties with other community organizations/ members to better serve our patient populations?
What is the perceived image of the organization in the community and how can we foster a positive image through transparency and accountability?
How can we maintain and encourage a safe workplace for patients/ residents, staff and physicians?
How can we foster diversity in the organization and respect unique values and beliefs of our employees and patients/ residents? Will this compromise quality and safe care? If yes, how?
How do you address the tensions between quality/safety and fiscal responsibility?
How far does an institution’s duty to care extend?
How does the ethical issue relate to the values of the organization?
DELIBERATE

STEP FOUR: Consider Alternatives
- What are the alternative courses of actions? What are the likely consequences of each?
- Consider all of the benefits and the risks/ harms associated with each alternative.

STEP FIVE: Examine Values
- What are the preferences of the person (or the people) receiving care? Are other values relevant? Which of the values conflict?
- How do the values of the organization inform the ethical issue?

STEP SIX: Evaluate Alternatives

VALUES Rank all relevant values i.e., Values of the organization:

- Respect
- Teamwork
- Compassion
- Social Responsibility

These values are derived from the values as set out in the CHAC Health Ethics Guide: dignity of every human being and the interconnectedness of every human being. They also ground the ethical values of respect for autonomy, beneficence/non-maleficence and justice (Beauchamp and Childress 2006).

PRINCIPLES

What principles apply and to whom? Justify ranking the alternatives by appealing to principles as set out in the Catholic Health Alliance of Canada’s Health Ethics Guide.

- **Principle of Totality** - a holistic perspective of the human person and/or the institution
- **Principle of Double Effect** - cannot intentionally desire to cause harm in order to do good
- **Principle of Proportionality** - that the benefits must be equal to or greater than burden/harm
- **Principle of Legitimate Cooperation** - cannot intend to cooperate with immoral acts
- **Principle of Subsidiarity** - decisions should be taken as close to the grass roots as possible; all relevant stakeholders should be involved (when possible) and considered
- **Principle of Informed Choice** – information should be provided as outlined in the Health Care Consent Act 1996
- **Principle of Confidentiality** – following Personal Health Information Protection Act 2004 and respecting patient confidentiality, when required
Other Questions to Help Ranking

- What harms should and can we prevent and/or remove? How realistic is this?
- What benefits should one be aiming towards? How realistic is this?
- Have any promises/expectations been made? Should we honor them?
- Would staff be acting paternalistically, and is this rationally justifiable?
- Would anyone be exploited in the process and, if so, exactly whom and why, and how can this be avoided?
- What choice is most likely to offer the best overall consequences, short and long term?
- What choice is most likely to prevent the most harm, short and long term, to stakeholders, especially the patient who invariably has most at stake?
- Would any of the proposed choices violate the institutional policies and values, the law and professional codes of ethics?
- What choice would all stakeholders be most willing to live with?
- What choice would serve as a good example for others in a similar situation to follow?
- What choice is most justifiable by appealing to universal ethical principles rather than personal preferences?
- What do you honestly believe another reasonable group of individuals would choose given the same circumstances?
- What if the staff and patient roles were reversed?

_Evaluate the consequences in terms of values, principles and probing questions. What alternatives are excluded?_

**ACT**

**STEP SEVEN: Articulate the Decision**

- Which alternative best reflects the ranking of values/principles?
- Which alternative best balances more of the values/principles?
- Have any other or new alternatives come to light?
- Who is most appropriate to implement choices arrived at?
- When is the best time to implement the decision?
- When do you expect to see results?

**STEP EIGHT: Implement the Plan**

- How should the decision be communicated?
- Who needs to know it?
- How best should we document the process?
- Who needs to act?
- What kind of follow-up is necessary?
STEP NINE: Concluding Review

- What are the feelings of those involved?
- Were the effects those that were expected and, specifically, did the decision resolve the dilemma that one was faced with?
- Did the results occur within the time frame that you anticipated?
- Are there other consequences that were unforeseen, and were new difficulties created? Might these require further deliberation and intervention?
- Was this decision the most ethically justifiable under the circumstances?
- How can we do things differently in future similar cases?
- What additional resources/ training would be useful?
- How can we better engage the community proactively on issues such as this one?
- Is there a need to modify current policies/procedures/guidelines in order to prevent a recurrence in future?
- Would an operational and/ or emotional debrief be useful?

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Rosalind Abdool, PhD(c) at x76906; email: rosalind.abdool@hdgh.org

Resources


Tom Beauchamp and James Childress, Principles of Biomedical Ethics, 6th ed. (Oxford University Press, 2006).


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