

## Administration Manual

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SUBJECT:	<b>INTEGRATED ETHICS FRAMEWORK</b>	NUMBER:	<b>1-066</b>
ISSUED BY:	ETHICIST	DATE OF ISSUE:	FEBRUARY 2021
ENDORSED BY:	ETHICS COMMITTEE	REVIEWED DATE:	
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### Policy Statement:

At Campbellford Memorial Hospital (CMH), this Integrated Ethics Framework shall guide all staff, physicians, volunteers, and members of the Board of Directors in their conduct, and will serve as a resource by providing a standardized approach to working through ethical issues and making decisions.

### Background:

Having an ethics framework helps promote ethical behaviour and practices throughout an organization, and clarifies ethical issues when they arise.

The key resources contained in this Integrated Ethics Framework include:

- **Appendix A:** Our *Purpose, Promise, and Values* at Campbellford Memorial Hospital.
- **Appendix B:** The Board of Directors *Board Accountability* policy (#5-010).
- **Appendix C:** The *Ethics Consultation Guideline*, which deals with the resolution of ethical issues.
  - **Appendix C-1:** The *IDEA Ethics Framework Tool* intended to support clinical ethical decision-making.
  - **Appendix C-2:** The *Accountability for Reasonableness (A4R) Ethics Framework Tool* intended to support organizational ethical decision-making and priority setting.

Taken together these resources form the written foundation for ethical conduct and decision-making at CMH, and support the Hospital's core values – *Be Our Best, Better Together, Act Responsibly, Learn and Grow, Create Possibilities*.

This Integrated Ethics Framework does not apply to research ethics issues. See corporate policy *Ethical Review of Research Proposals 3-250* for ethical review of research at CMH.

Accountability for the ethics framework at CMH is assigned to the VP Patient Care and Chief Nursing Executive (CNE) and Ethicist, and is monitored by the Board of Directors.

**Definitions:**

Ethical issue: Fundamentally, ethics is concerned with what makes actions right or wrong. Ethical issues arise when values are in conflict with respect to a particular decision or situation and there is uncertainty or disagreement about which values should be given priority and guide action. These “value conflicts” can occur within individuals (e.g. you are pulled in two different directions by your personal or professional values), between individuals or groups (e.g. a disagreement between staff members or between staff and patients/families), or at an institutional level (e.g. resource allocation issues).

Ethics consultation: “Consultation” in this context refers to the act of an individual or group of individuals conferring with an Ethicist, seeking clarification about a specific issue or information, or asking for guidance or a recommendation about a particular event or course of action (e.g. to discuss with a patient's family his expressed wishes when capable). Ethics consultation can take many different forms depending on the circumstances, ranging from informal (e.g. Ethicist answering a question via e-mail), to more formal involvement (e.g. to attending a team-family meeting).

Ethicist (Bioethicist): A healthcare professional who holds a graduate degree and specialized training in Bioethics. The CMH Ethicist is a member of the University of Toronto Joint Centre for Bioethics.

Central East Regional Ethics Network (CEREN): The Central East Regional Ethics Network is a multi-partner ethics service providing clinical, organizational and research ethics support to the partners of the Network, such as CMH. Partner organizations are supported by Ethicists who provide consultation and other services to those partners- thereby creating a community of practice that promotes inter-organizational collaboration and common ethics support.

## **APPENDIX A: PURPOSE, PROMISE, AND VALUES**

All staff, physicians, volunteers, and members of the Board of Directors are expected to uphold the CMH Purpose, Promise, and Values when acting as a representative of the organization.

### **Our Purpose**

We touch lives with care.

### **Our Brand Promise**

Our best. Everyday.

### **Our Values**

#### **Be Our Best:**

We deliver excellent care with the compassion and respect that preserves dignity.

#### **Better Together:**

We optimize results, through our individual, collective, and partnership efforts, appreciating the contributions of all.

#### **Act Responsibly:**

We do the right thing. Always. We take ownership of our actions and commitments.

#### **Learn and Grow:**

We develop our skills and knowledge to improve patient and family-centered care to better ourselves, our organization, and our community.

#### **Create Possibilities:**

We find a way. We generate innovative solutions for today and tomorrow using imagination and tenacity.

**APPENDIX B: BOARD OF DIRECTORS – PRINCIPLES OF GOVERNANCE AND  
ACCOUNTABILITY**

**Board of Directors: 5-010 Board Accountability**

The duty of The Board of Directors, including *Ex-officio* Directors, of Campbellford Memorial Hospital is to make decisions that are in the best interests of the Hospital. These decisions will align with and further the Hospital’s mission, vision and values, but also discharge the Hospital’s accountabilities to its stakeholders.

The purpose of this policy is to identify and describe Hospital accountabilities in order to guide the Board in making decisions in the best interests of the Hospital.

The Board confirms the following accountabilities of the Hospital:

To patients and families	For quality services, patient safety, patient and family-centered care and best practices.
To the community we serve	For efficient utilization of resources, clear communication, transparent processes, advocacy and inclusivity.
To the Ministry of Health and Long-Term Care and the Ontario Health-East Region	For compliance with legislation, regulation and policies, expenditure management and performance of the HSAA
To donors	For financial stewardship and support of fundraising bodies such as the Foundation and the Auxiliary.
To staff, volunteers and physicians	For collaborating, establishing and communicating expectations and providing a safe work environment.
To Health system partners	For cooperation and collaboration.

## **APPENDIX C: ETHICS CONSULTATION GUIDELINE**

### **Purpose and Scope:**

Ethics consultations are a facilitated communication and educational processes that support ethical patient care, as well as the integrity of health care providers and the health care system. Ethics consultations can be provided for clinical or organizational issues, or a hybrid of these issues. Ethics consultations are available to all stakeholders who require assistance in resolving an ethical issue or making an ethical decision, including patients, family members, health care providers, physicians, residents, students, administrators, governors, and volunteers. While ethical issues should aim to be addressed as close to the issue as possible (e.g. with the patient-care team if a clinical issue), CMH supports that the ethicist can be accessed by anyone, at any time, and for any reason, without fear of retribution.

Depending on the situation, an ethics consultation may have one or more of the following objectives:

- To clarify the ethical issue(s) or question(s) and educate stakeholders about the ethical dimensions of the case;
- To facilitate communication between people involved in the case/situation and, where necessary, to help resolve conflict or disagreement;
- To assist in identifying alternative courses of action and, if appropriate, to provide recommendations for or against certain options;
- To facilitate an ethical decision-making process;
- To promote reflective practice;
- To help address moral discomfort or moral distress experienced by staff members and physicians;
- To enhance the capacity of stakeholders to identify ethical issues, and use appropriate frameworks/approaches toward ethical decision-making. See Appendix C-1 and C-2 for the organization's ethical decision-making framework tools.
- To propose, assist with, or lead, when appropriate, follow-up measures to ensure a more durable and proactive resolution to the ethical challenge identified; these measures can include debriefing sessions, educational rounds, or policy/guideline development.

The Ethicist shall be accountable to the VP Patient Care and Chief Nursing Executive (CNE), CMH.

## PROCEDURE

<b>ACCESS TO CONSULTATIONS</b>	
Requestor of Consultation	<p>When an issue of ethical concern arises with respect to the care of an individual patient or patients in general, and when those who have made initial attempts to address the ethical issue(s) (e.g. Speaking with other members of the team who may be involved, or the unit manager, etc.) believe they could benefit from assistance in this area, a request for such assistance may be made, at any time, to the Ethicist by:</p> <ul style="list-style-type: none"> <li>• a patient;</li> <li>• a family member directly involved in the patient's care;</li> <li>• the patient's legal guardian;</li> <li>• a member of the health care team directly involved in the patient's care</li> <li>• any physician, hospital staff member, governor, or volunteer concerned about an ethical issue related to clinical care or organizational practice</li> </ul> <p>Although individuals involved in the patient's care can refuse to participate in an ethics consultation, no one has the right to obstruct or interfere with the consultation process (i.e. by blocking access to the patient record or preventing others from requesting or participating in a consultation).</p> <ul style="list-style-type: none"> <li>• The Central East Regional Ethics Network Ethicist operates under normal business hours (Monday to Friday, 0900-1700h). A request for an ethics consultation can be submitted by e-mail at <a href="mailto:ethics@cmh.ca">ethics@cmh.ca</a>, or by calling the Ethics Office at 905-375-2716. Emergencies afterhours should be referred to the Administrator on call.</li> </ul>
Ethicist	<p>After a consultation has been received, it will proceed in the following manner:</p> <p><b>Step 1: <u>Requesting the consultation.</u></b> This request will be received by an available Ethicist, and will be follow-up within 2 business days of receipt of the request, usually by phone. This follow-up will clarify from the individual requesting the consultation the reason for the request (i.e., the ethical question or issue) and the pertinent background information. Depending on the situation, this follow up may be done in person, over the phone, or through email. For consultations concerning a patient's care, the gathering of background information may involve speaking with others involved in the patient's care (e.g. staff, the unit manager, patient, family members) and reviewing the patient's health record.</p> <p><b>Step 2: <u>Determining the level of response required.</u></b> Consultations may be completed over the phone or via email for less complex or more factual questions, or they may require more active involvement (e.g. attending a committee meeting, family conference, or team meeting, speaking directly with the patient/family). In collaboration with the parties involved in the consultation, the Ethicist determines the appropriate response based on the complexity of the</p>

	<p>situation, the amount of additional information required, and the needs of the individual(s) requesting the consultation.</p> <p><b>Step 3: <u>Consultation with others as appropriate.</u></b> To assist with the resolution of an ethical issue, the Ethicist may seek input from other professionals. These may include other CMH staff members, or colleagues from the University of Toronto Joint Centre for Bioethics. Patient privacy and confidentiality will be maintained, unless required by law.</p> <p><b>Step 4: <u>Ongoing involvement (if required) and follow-up.</u></b> Some situations may require ongoing ethics support, such as policy-related and organizational issues or complex clinical cases that evolve over time. For all consultations, effort will be made to follow up with those involved in the consult to record the outcomes and offer continued support.</p>
<b>NOTIFICATION</b>	
Ethicist	When a request for an ethics consultation is received directly from a patient and/or family member, notify the Most Responsible Physician, the Patient Care Manager or delegate to inform them of the consultation request.
<b>DOCUMENTATION</b>	
Ethicist	When a consultation involves direct patient/family contact, document in the patient's electronic health record, or supply documentation that will be placed in the patient's health record.
Ethicist	Enter every consultation into the Central East Regional Ethics Network Consultation Database for statistical monitoring of activities. This information is used to identify trends in the organization's ethical issues, challenges, and situations. The information will also be presented to and reviewed by Senior Team and the Board a minimum of annually, or at their request. Information entered in the database or presented to CMH Committees is de-identified and is meant to capture general activities and specific types of consultation requests for the generation of departmental reports, and does not contain personal health information.

<b>CONSULTATION FOLLOW-UP</b>	
Ethicist	<p>Depending on the nature of the ethics consultation, follow-up from the ethics consultation service may include one or more of the following services which the Ethicist can provide or support:</p> <p><u>Ethics Debriefing</u> When ethically challenging situations occur, members of the interdisciplinary team can be left with a sense of moral discomfort or distress. An ethics debriefing session provides both emotional and didactic support for those members of the care team involved in such situations. In particular, debriefings are intended to provide a morally open space for reflective dialogue, sharing of experience, and prospective problem solving. The goal is to increase participants' abilities and confidence in dealing with morally troubling situations, to provide an environment for frank discussion of those situations, and to provide the opportunity to plan effective management of similar situations in future. Ethics debriefing sessions are not the same as Critical Incident Stress Debriefing (CISD), which address all forms of distress following a critical/traumatic event, with primary focus on the psychological trauma.</p> <p><u>Ethics Education</u> A particular consultation may identify a need for an ethics education event, which can be designed to enhance ethics knowledge, decision-making skills, as well as, to help staff address similar ethical considerations that can arise in the future.</p> <p><u>Policy Review or Development</u> An ethics consultation can identify an organizational need for revision or development of a policy or guideline to support decision-making in similar situations.</p>
<b>CONFIDENTIALITY</b>	
All Participants	<p>Confidentiality will be respected within the terms of the process outlined above, except as required by law. Additionally, through the Ethicist's association with the University of Toronto, Joint Centre for Bioethics, specific cases may be brought forward to the Clinical, Organizational and Research Ethics (CORE) group for discussion. These discussions are conducted with a confidentiality agreement signed by all participants and only de-identified information is shared during this process.</p>



**APPENDIX C-1: IDEA ETHICAL DECISION-MAKING FRAMEWORK TOOL**

Thinking about ethics is an integral part of service delivery for all involved in health care. Ethics is about making ‘right’ or ‘good’ choices, and providing reasons for those choices. Unfortunately, which options are ‘right’ or ‘good,’ can often 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 clinical ethical issues that arise in the delivery of health care.

**The IDEA Decision-Making Framework**

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| <p>1. IDENTIFY the facts</p> <p>3. EXPLORE the options</p> | <p>2. DETERMINE ethical principles in conflict</p> <p>4. ACT and evaluate</p> |
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<p><b><u>Step 1: Identify the Facts</u></b></p> <p>Identify what is known versus what is not known.</p> <ul style="list-style-type: none"> <li>● Medical Indications</li> <li>● Patient Preferences</li> <li>● Quality of Life, and</li> <li>● Contextual Features,</li> </ul> <p>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.</p>	<p><b><u>Step 2: Determine Ethical Principles in Conflict</u></b></p> <p>Identifying the ethical principles in conflict will not provide solutions; however, this step will assist in further clarifying and articulating the issues.</p> <p>Common ethical principles to consider might include, but are not limited to:</p> <ul style="list-style-type: none"> <li>● Autonomy</li> <li>● Beneficence (or doing good)</li> <li>● Non-maleficence (or doing no harm) or</li> <li>● Justice</li> </ul>
<p><b><u>Step 3: Explore Options</u></b></p> <p>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).</p> <p>Do the options fit with the patient’s preferences?</p> <p>Do the options comply with corporate policy, professional standards, and the law?</p>	<p><b><u>Step 4: Act and Evaluate</u></b></p> <p>Develop and document the action plan in the patient’s chart.</p> <p>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.</p> <p>Self-evaluate your decision. What have you learned?</p>

**APPENDIX C-2: ACCOUNTABILITY FOR REASONABLENESS (A4R) ETHICAL DECISION-  
MAKING TOOL**

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 publicly 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 process is available for stakeholders to follow, and expectations are set to consider relevant values in the justification of organizational decisions. Five of such values are considered below:

<u>Value</u>	<u>Description</u>
Empowerment	Efforts should be made to minimize power differences in the decision-making context and to optimize participation.
Relevance	Decisions should be made explicitly with stakeholder views in mind, and there should be opportunities for stakeholders to be engaged in the decision-making process.
Transparency	Decisions should be publicly defensible. The process by which decisions were made must be open to scrutiny and the basis upon which decisions are made should be publicly accessible to affected stakeholders.
Revisions and Appeals	There should be opportunities to revisit and revise decisions as new information emerges, as well as mechanisms to address disputes and complaints.
Compliance	There should be either voluntary or public regulation of the process to make sure that the other four conditions are met.

## **References**

1. Accreditation Canada, Qmentum. (2018). Standards – Leadership.
2. Gibson, J.L., D.K. Martin and P.A. Singer. “Priority Setting in Hospitals: Fairness, Inclusiveness, and the Problem of Institutional Power Differences.” Soc. Med. . 2005 Dec;61 (11):2355-62. Epub 2005 Jun 9; and Daniels N, Sabin JE. Setting limits fairly: Can we learn to share medical resources? Oxford: Oxford University Press, 2002
3. Markham Stouffville Hospital Integrated Ethics Framework, 2018 Ontario Hospital Association, Guide to Good Governance, second edition
4. Toronto Central CCAC - Community Ethics Network. July 2008 document entitled, “Ethical Decision-Making in the Community Health and Support Sector, Community Ethics Toolkit”

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### **REVISION HISTORY:**

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