

<b>POLICY &amp; PROCEDURE</b>	
<b>Code - Title:</b> AE0810 – Ethical Decision-Making Framework	<b>Manual:</b> Administration
<b>Policy Steward:</b> Director, Quality & Risk Management	<b>Category:</b> AE – Legal, Ethical & Cultural

### **1.0 PURPOSE**

The purpose of an ethics framework is to guide decision-makers who are faced with situations involving complex ethical dimensions. Having an ethics framework can promote ethical behaviour and practices throughout the campus and help clarify ethical issues when they arise. The framework includes considerations that should be taken into account, ethical principles that should be upheld as much as possible, and a process to be followed in making recommendations. Having an ethics framework also helps to (Hamilton Health Sciences, 2010):

- Increase an understanding of the ethical dimensions of facility health care
- Support staff, physicians and leaders in identifying ethical dilemmas and issues
- Provide clear steps to analyze, deliberate and resolve ethical dilemmas and issues
- Encourage everyone to align their decisions and actions with relevant values, duties and principles.

The Louis Brier and Weinberg Residence Ethics Committee should be contacted whenever additional support with ethical issues is required

### **2.0 SPECIAL POINTS**

Every society, community, organization, and person operates routinely with various codes of right or good conduct (moral codes) that they take for granted. In health care, over the last fifty or more years, new medical technologies and procedures, together with increased cultural and religious pluralism and diverse moralities, has led to the rise of various moral questions and conflicts not covered by standard moral codes. Given these challenges, how is the right, the good and the fitting action or course of care to be discerned?

This framework for ethical decision-making has been developed to facilitate ethical decision-making in the context of inter-professional practice on the Snider campus. This framework is intended to

include, the resident, family/significant other, concerned member of the health care team, staff and administration.

While the framework focuses on issues related to residents and /families it is understood that other issues may arise, affecting residents, staff administrators and board of governor. When such issues arise, this framework can be adjusted and applied accordingly. . In using the framework, the appropriate decision-makers will be involved in every element of the process including obtaining information, determining possible options and recommending the most appropriate option. There are several key principles underlying the framework, including the following:

- Complex issues should not be addressed in isolation.
- All involved parties should have the information needed to come to a decision.
- Communication should be honest, open and transparent.
- Relationships should be respectful.
- Promises should be kept.
- There should be an awareness and accommodation for differences in position and power.

An ethical consultation/discussion focuses on ethical concerns, which are examined using the following principles, considerations and values:

### **1. Principles of Health Care Ethics**

- a.** Autonomy – One should have respect for persons, honour choices and avoid constraining the autonomous actions and choices of others. This includes attention to:
  - i.** Informed consent: One should provide the information required to make an informed choice.
  - ii.** Veracity: One should tell the truth and not lie, manipulate or deceive others.
  - iii.** Confidentiality/Privacy: One should, with very limited exceptions, respect an individual's right to determine to what extent information about the individual should be communicated to or shared with others.
  - iv.** Cross-cultural awareness and sensitivity: One should seek to learn about cultural considerations important to all parties involved and respect these to the extent possible.
  - v.** Fidelity: One should keep promises and foster trusting relationships
- b.** Nonmaleficence - One should do no harm to residents, families and/or others.

- c. Beneficence - One should “do good” - prevent harm, remove harm and promote well-being.
- d. Justice - One should be fair, treat similar cases equally, use fair procedures and aim to produce.

***Have all the above principles been taken into consideration in formulating recommendations and guiding decision making?***

## **2. Care & Relationships**

One should build-and maintain positive relationships, with open, transparent and respectful communication with all involved. One should seek to make the decision-making process as caring as possible by supporting residents, their families, administration and staff to deal with loss, grief, and/or uncertainty.

***Are we actively seeking to build positive, honest and safe relationships with all concerned?***

***Are we treating the resident and family as inherently valuable and worthy of our skill, attention and expertise?***

***Are we considering the personal principles and needs of our staff and administration?***

## **3. Worldview & Culture**

One should have an understanding of one's own basic convictions (i.e. usually taken for granted or "of course" beliefs about what is true or morally right about the world and what we should value) and consider how these may influence one's understanding of an individual who has different beliefs.

One must take into account the belief system of the individual, recognizing the inherent value of those beliefs in the individual's decisions, in spite of how they may differ from our own.

On occasion, the Jewish worldview of the Snider Campus can impact ethical decision making, and can be in conflict with the beliefs of individual residents, families, and/or staff.

Examples of belief systems or basic convictions include:

- What is the worth or value of human life even when impaired?
- What constitutes full human personhood?
- When does human life begin and end?
- What is the meaning of death?
- What constitutes human well-being and health?
- When is treatment considered to be futile?

***Are we aware of how our own values and beliefs (including the culture of healthcare) are influencing our understanding of a resident, staff member or administrator who has different beliefs?***

***Are we doing our utmost to understand the nuanced belief system and worldview of the decision-makers?***

***Are we taking into account the overarching Jewish values, philosophy, tradition and culture on the Snider Campus?***

### **3.0 POLICY**

- 3.1** The Louis Brier Ethical Framework will be used to guide decision-making when employees, physicians, residents, and families are faced with a situation involving a complex ethical dilemma.
- 3.2** All research activity (internal and external research) involving Louis Brier residents, families, or employees, will be reviewed for their ethical implications by the Louis Brier Ethics Committee using the Louis Brier Ethical Framework. Research proposals will be sent to the Louis Brier Ethics Committee Chair and projects will require Louis Brier Ethics Committee approval prior to commencing research activity.
- 3.3** The Louis Brier Ethics Committee should be contacted whenever additional support with ethical issues is required.

### **4.0 PROCEDURE**

#### **4.1 What Is Included In The Process For Making Ethical Decisions?**

It is important to note that the process is not necessarily linear. The aim is for the best possible choice.

- a.** Identify the current issue of concern.
  - What is the ethical issue?
  - Why is there difficulty in coming to a decision
- b.** Gather the relevant information and study the facts
  - Gather and interpret information relevant to the concern/situation/case from all relevant sources
  - (e.g. resident, chart, resident's supports/family/NOK, interdisciplinary care professionals, staff and/or administrators involved).

- Identify all involved persons and other health professionals and/or collaterals from whom input should be sought.
- Identify any assumptions made and seek any missing information.
- Include a family assessment; their roles, relationships, and relevant 'stories'.
- Take into consideration the individual's or resident's and family's point of view, worldview or religious and cultural lens as well as acknowledging that the Snider Campus is a Jewish organization. See quadrants below for possible issues to consider. These will vary from case to case.

<p><b>Medical/ other information (Examples)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Diagnosis</li> <li><input type="checkbox"/> Prognosis</li> <li><input type="checkbox"/> Mental health</li> <li><input type="checkbox"/> Emotional well-being</li> <li><input type="checkbox"/> Goals of treatment</li> <li><input type="checkbox"/> Probability of success</li> <li><input type="checkbox"/> Benefits &amp; harms of options</li> <li><input type="checkbox"/> Facts in question or dispute</li> <li><input type="checkbox"/> Unknowns that can or cannot be determined</li> </ul>	<p><b>Client Preferences (Examples)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Capability of client</li> <li><input type="checkbox"/> Capable client choice</li> <li><input type="checkbox"/> Incapable client current preference</li> <li><input type="checkbox"/> Incapable client prior preferences</li> <li><input type="checkbox"/> Substitute decision-maker (SDM) - designation and preferences</li> <li><input type="checkbox"/> Client/SOM informed of benefits, risks, alternatives</li> </ul>
<p><b>Client Well-being (Examples)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prospects with/without treatment (short &amp; long term)</li> <li><input type="checkbox"/> Client and HCPs values re: evaluating client well-being</li> <li><input type="checkbox"/> Factors other than medical procedures that will improve client well-being</li> <li><input type="checkbox"/> Client's past experience with likely/prospective scenarios</li> <li><input type="checkbox"/> Restrictiveness of setting - home vs. facility</li> </ul>	<p><b>Contextual Features (Examples)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Family perspectives/ issues</li> <li><input type="checkbox"/> HCPs perspectives/issues</li> <li><input type="checkbox"/> Stage of life</li> <li><input type="checkbox"/> Cultural/ethnic/ religious/spiritual issues</li> <li><input type="checkbox"/> Language</li> <li><input type="checkbox"/> Financial situation</li> <li><input type="checkbox"/> Living conditions</li> <li><input type="checkbox"/> Access to care</li> <li><input type="checkbox"/> Resource issues</li> <li><input type="checkbox"/> Legal issues - risk management and the law</li> </ul> <p><b>Risk issues (Examples)</b></p> <ol style="list-style-type: none"> <li>1. Risk to client and/or others</li> <li>2. Nature of risk</li> <li>3. Probability of risk of harm</li> <li>4. Severity/permanency of risk outcome</li> <li>5. Possibility of reducing risk of harm</li> </ol>

- c. Identify and be aware of personal values, biases, self-interest and stressors that may impact a decision.
- d. Identify all options that may help resolve the situation:
  - Be creative and look for alternative options.
  - Tailor the options to the individual's particular circumstances.
  - Be open to previously unconsidered options or options that may not have worked before but may have potential in this situation.
  - Identify what can be done to minimize conflicts
- e. Identify how various alternatives might be implemented (e.g. time trials).
- f. Use the points from "What is the focus of an ethics consultation/discussion?" section to evaluate alternative courses of action
- g. Select the best alternative. Explain the rationale for your recommendation and how it should be implemented
- h. Consider how the plan will be evaluated.
- i. Document.

## **6.0 REFERENCES**

1. Jansen, A.R., Siegler, M., & Winslade, W.J. (2006). Clinical ethics: A practical approach to ethical decisions in clinical medicine (6th Ed.). New York: McGraw Hill, Medical Pub. Division.
2. Storch, J., Starzomski, R., & Rodney, P. (Eds.). (2013). Toward a moral horizon: Nursing ethics for leadership and practice (2nd ed.). Don Mills, ON: Pearson Education Canada.
3. Authors (in alphabetical order)  
Terry Anderson, Bethan Everett, Rosalie Starzomski & Jenny Young, VCH Ethicists
4. Accreditation Canada (2017)
5. BCASW website Hamilton Health Sciences Ethics Framework
6. Adapted from VCH Ethics Framework

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