

# IWK Ethics Tool: A Staff Guide for Addressing Ethical Issues



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Adapted from “AVH Ethics Tool: A Guide for Addressing Ethical Issues” authored by Annapolis Valley Health (2008). The AVH document was itself influenced by “Guidelines for Ethical Decision-making” from the Sudbury Regional Hospital (2006) and “A Method for Ethical Deliberation: RICE” by A. Frolic

## **INTRODUCTION**

This tool was designed as part of the IWK's overall ethics strategy to help build ethics capacity and confidence throughout the IWK as well as to help identify areas where increased ethics support is needed. The Ethics Tool has questions to help you think about what is important to you as you face ethics questions and issues related to your role or the care you provide at the IWK. Resources for you are also included in the Appendix.

This tool helps build ethics capacity and confidence by providing individuals and teams with assistance in working through ethics issues independently. The tool will help to identify relevant information and assist in working through the information in a systematic manner, thereby empowering individuals and teams to address ethical issues without directly involving the ethics committee or clinical ethics consultation service.

This tool can also function as a preliminary step in accessing the ethics committee (for organizational issues) or clinical ethics consultation service (for clinical issues), such that if individuals or teams encounter difficulty in working through the various steps, they can identify more specifically the nature of the support that they need from the ethics committee, which in turn helps the ethics committee to focus its educational activities and other capacity-building enterprises. Please see "What Happens When I Call?" in Appendix D.

The expectation is not that this tool will replace support from the ethics committee, nor will the use of this tool be mandatory. It is meant to be a support in addressing ethics in and of practice. This is a living document and will be regularly revised based on feedback from individuals and teams using it.



## **PRELIMINARY QUESTIONS: IDENTIFYING THE ISSUE**

### ***1. Is this an ethical issue?***

A “gut feeling” that something is wrong or that someone is being treated inappropriately is often the first indicator of an ethical issue, but further investigation or thought should reveal one of the following features of an ethical issue.

- a. There seems to be a conflict of important values (organizational, personal, or professional) or of ethical principles (such as doing the best for the patient and family, doing as little harm as possible, honesty, fairness, supporting caring relationships, or acting in accordance with patient wishes).
- b. There seems to be a breach of commonly accepted ethical principles.
- c. There seems to be a breach of organizational, personal or professional values
- d. There seems to have been significant undue hardship or inappropriate harm to a stakeholder.

The feeling that something is “not right” might be due to a lack of communication, interpersonal conflict, or misunderstanding. The key feature that identifies an ethics issue is that values are either in conflict with each other or have been breached. There may also be a question of which values apply in your particular situation. For a list of ethics principles and concepts, please see the appendix at the end of the document.

### ***2. I'm pretty certain that I am facing an ethical issue. Should I use this tool?***

Absolutely. This tool was developed to help all IWK staff, physicians, and volunteers work through ethical issues in a careful and thoughtful manner. You are also free to adapt this tool to suit a particular context or a specific set of needs. If you feel that this tool is not appropriate for your situation, contact the Ethics line and you will be directed to the correct service for support or to find out about other tools and processes that might help you.

### ***3. When can I use this tool?***

Any time you believe you are facing an ethical issue that needs to be addressed and you feel that a structured framework might be helpful in thinking through the problem. Individuals or teams may use this tool as they work through ethics issues.

Sometimes it is helpful to use the tool *after* working through a situation when feelings of distress or uncertainty remain. Feelings of moral distress or moral residue can persist long

after the situation has passed, and this tool may be helpful in identifying and coping with those feelings.

**4. *If I need further support or if I have questions about this tool, is there someone who can help me?***

The Ethics Committee is available to provide support and guidance; you can call the ethics request line at 470-8053. All requests are treated as confidential. Feedback regarding this tool is always appreciated.



## GETTING STARTED

It is important to remember when dealing with ethical issues that:

- There may be more than one answer or approach to the issue,
- The best possible outcome may not feel totally right,
- Sometimes ethical decision-making is a matter of doing the least bad thing.

Using this ethics tool, however, may help lead to better decision-making. It may also help you feel better about the decisions you make.

### To Consider:

- ❖ This guide can be used by teams and groups or by individuals to work through an ethics issue.
- ❖ The following questions can be used to help structure conversations and thinking or as a checklist to ensure that all aspects of a case have been discussed or considered.
- ❖ You may also allow discussion and thinking to evolve naturally by moving back and forth between questions. Similarly, these questions may require more than one discussion to address all aspects of the issue and will likely lead to seeking out more details as gaps in information become clear.
- ❖ Finally, not all of the questions need to be answered or will be applicable to the issue(s) you are considering. If you come to a point where you need further support or assistance, feel free to contact the ethics request line (470-8053).

## ADDRESSING AND CLARIFYING THE ISSUE

1. What are you worried about? What is the problem you're having? What sorts of things are making you feel this way?

2. Take a moment to think about your biases and intuitions. What are your gut feelings about the case? What are the sources of your intuitions (e.g. your moral training, professional norms, personal history, social position, religious beliefs, relationships with the people involved, etc.)? What is your role in this case? What are your expectations and goals as they pertain to this case?

3. What are the issue(s) that need to be addressed? What is the key question? What are the values at stake? (See Appendices if necessary for lists of values and principles).



4. How significant are the possible harmful consequences of the existing situation?  
What are the possible harms?

5. Does this issue need to be dealt with now? How important is this to you?

6. Who, if anyone, should to be a part of the discussion about this issue? Who is accountable for making the decision(s) (if applicable)?

7. What do you already know about what's going on? What are the relevant, known facts? This includes reference to the contributing policies, values, feelings, beliefs, legislation, and evidence (sometimes these are in conflict).

8. What do you need to know or find out? What are the relevant but unknown facts? (e.g.: Something unknown, such as the values of the patient, which might influence your evaluation of the issue).

9. Should you consult or bring others with relevant expertise into the conversation? (E.g.: Human Resources, Quality Resources, Risk Management and General Counsel, the Ethics Committee, and/or community advocacy groups).

10. Who are the major stakeholders? (e.g.: client, patient, family member, caregiver, health professional, a particular community, society at large, etc.)







13. What are the possible approaches to address this issue or change what is happening? Below is an example of a chart for listing your alternatives, which you can adapt to suit the situation. You may explore more options than shown, and remember that doing nothing (Option #1) is a valid possibility and should be explored.

	<b>Option #1</b>	<b>Option #2</b>	<b>Option #3</b>	<b>Option #4</b>	<b>Option #5</b>	<b>Option #6</b>
<b>Describe Options</b>	Do nothing					
<b>Supportive Values or Principles</b>						
<b>Conflicting Values or Principles</b>						

All things considered, the best possible option is # \_\_\_\_.

14. Why is your chosen option the best approach? When you say it out loud, does it sound reasonable? Are you comfortable with it? Are others comfortable with it?

15. Describe your plan for action and communication. Think about: who needs to hear the decision(s)? Who will communicate them? What is the best way to do this?

## WRAP-UP QUESTIONS

1. How do you feel at the end of the process?
2. Are you comfortable with the outcome?
3. Are you confident that others are also comfortable with the outcome?
4. Is there any distress or residue from the case that needs to be considered or acted upon?
5. Were any broader policy issues raised during this discussion that warrant further investigation or follow-up?
6. How do you feel about the process that was used to address this issue? Did it meet your expectations?

The Ethics Committee welcomes feedback on this tool or about any support that they have provided for this process.

## APPENDIX A: PRINCIPLES AND CONCEPTS IN HEALTHCARE ETHICS

**Beneficence:** To “do good”. This requires that providers perform acts that will benefit clients. Good care requires that the provider understands the client from a holistic perspective that respects the client’s beliefs, feelings, wishes and values, as well as those of the client’s family or significant others. Beneficence involves acting in ways that demonstrate caring, listening, supporting and nurturing.

**Best interests:** The benefits and risks for stakeholders of a proposed course of action, considered from the following perspectives: physical, mental, emotional and spiritual.

**Confidentiality:** The obligation to keep patient and organizational information confidential. Professional standards and privacy legislation provide guidance on the conditions under which health information can be ethically and legally disclosed.

**Fidelity:** Faithfulness to the health care relationship and/or your role and the trust related to this relationship. Persons must act in accordance with the expectations surrounding their respective roles.

**Justice:** The obligation to be fair to all people, regardless of their race, sex, sexual orientation, marital status, medical diagnosis, social standing, disability, economic level, and/or religious beliefs. *Distributive justice* requires a fair distribution of resources, based on legitimate health needs and available resources. *Formal justice* requires that individuals and groups of people or patients the same unless there is a demonstrable difference between them that justifies different treatment. *Social justice* involves attention to the disadvantages and vulnerabilities of certain groups who will be directly impacted by health care decision making. *Procedural justice* asks us, among other things, to ensure that participants from all the relevant stakeholder groups are engaged in a defensible, accountable and transparent decision making process.

**Non-Maleficance:** Avoidance of or protection from harm. This requires that providers do not harm their client, even if they cannot protect themselves. Hazards in the workplace may put the client at risk. Staff are expected to identify such risks and act to prevent them.

**Paternalism:** The practice of controlling, monitoring, or deciding what is good for an individual other than letting them choose for themselves (the opposite of autonomy). This includes restricting someone’s freedom to act to prevent them from harming themselves (e.g.: the use of restraints, suicide prevention) and restricting someone’s autonomy. Paternalism is rarely justifiable with a mentally competent adult client.

**Quality of life:** The principle that mere biological existence does not in itself have value; rather that life gives rise to activities and experiences that provide pleasure, satisfaction and well-being. The person whose life is in question is the only reliable judge of that life's quality.

**Respect for autonomy:** The right to self-determination, independence and freedom. It involves the provider's willingness to provide information to the client so that they may make informed decisions and subsequently respect a client's right to choose what is right for them, even if the provider does not agree with the client's decision. *Informed consent* is an example of how this principle is applied.

**Veracity:** Being truthful or not intentionally misleading or deceiving clients. Based on mutual trust and respect for human dignity, this would require open and honest communication in a way that helps clients deal with the anxiety this knowledge may create. Concealing or guarding clients from the truth to "protect" them is rarely ethically justifiable.

**Moral uncertainty:** Occurs when one is unsure what the most morally appropriate course of action is.

**Moral dilemma:** Occurs when two or more opposing courses of action seem to be correct and an agent can only carry out one of them.

**Moral distress:** Occurs when one is confident as to the morally appropriate course of action but is unable to act in accordance with that course of action.

**Clinical ethics:** Addresses ethical issues that arise "at the bedside" and between patients, families, and health care providers in the context of direct patient care.

**Organizational ethics:** Addresses ethical issues that arise in the process of or as a result of decision making at senior leadership or management levels in an organization and which may have significant impact on patient care.

## **APPENDIX B: CORE VALUES**

At the IWK, our decisions and actions are based on:

### **Care and Passion**

- Taking pride in providing safe, high quality care to the populations we serve
- Building successful relationships with patients and families as partners in decision-making and care
- Making a positive difference in people's lives
- Contributing to a culture of inclusion and diversity

### **Excellence and Leadership**

- Building our reputation for excellence in the Maritime community and beyond
- Contributing to a sustainable health care system through formal and informal partnerships
- Pursuing excellence in care, teaching and research through a spirit of discovery and innovation
- Leveraging our reputation and influence to advocate for the health of the population
- Being accountable for our relationships, decisions and actions

### **Worklife and Relationships**

- Bringing collaboration and teamwork to all that we do
- Creating a supportive work environment that values and respects all members of our team
- Being open and honest
- Supporting employees, physicians and volunteers in achieving and maintaining a healthy lifestyle

### **Our Mission**

- To make a difference in the health and well being of women, children, youth and families
- To bring together care, research, teaching and advocacy for the best possible results
- To be global leaders in research and knowledge sharing

### **Our Vision**

Healthy families. The best care.

In accordance with the core values of the organization, the following are expected behaviors

Everyone is expected to:

- Treat each other with dignity, fairness, and respect
- Communicate openly, honestly, and respectfully
- Avoid any form of abuse, harassment, aggression or violence
- Be responsible for actions and behaviors
- Respect and support each person or group's human rights

In addition, staff, doctors, volunteers and students at the IWK will:

- Arrive ready to work or provide service
- Keep personal information about patients, clients, and health care team members private
- Act safely
- Be familiar with and follow IWK policies, procedures and guidelines

## **APPENDIX C: OTHER FRAMEWORKS AVAILABLE FROM THE ETHICS COMMITTEE**

General Frameworks:

*Framework for Ethical Decision-Making (Ethics Shareware)* – Michael McDonald, Paddy Rodney and Rosalie Starzomski

<http://www.ethics.ubc.ca/upload/A%20Framework%20for%20Ethical%20Decision-Making.pdf>

Targeted Frameworks Developed by the Nova Scotia Health Ethics Network and/or IWK Ethics Committee:

- Priority setting
- Responsible partnering
- Adverse event disclosure
- Partners in care

## **APPENDIX D: WHAT HAPPENS WHEN I CALL?**

When you call the Ethics Request Line (470-8053) you will be immediately connected with an answering machine. Messages are checked daily (Monday to Friday) and all calls are kept confidential. Please leave a message with your name, contact information and a brief description of your situation or question.

Your call will be screened or triaged to the most appropriate ethics service to meet your needs. Clinical issues (bedside, directly patient related) will be forwarded to the Clinical Ethics Consultation Coordinator, and organizational issues (system issues, business-related) will be sent to the Chair of the Ethics Committee. Your call will be returned within 24 hours (Monday to Friday).

When you are contacted, further discussion and more details about your specific situation will be obtained. A plan will be made regarding next steps in assisting you with your question. There are many options, such as a face-to-face meeting, a facilitated team meeting, a clinical consultation or other consultation by the appropriate ethics service.

