

# PERTH AND SMITHS FALLS DISTRICT HOSPITAL

## POLICY AND PROCEDURE

**TITLE:** Ethics Framework and Ethical Consultation Service

**CREATION DATE:** MAY 12, 2024

**REVISED DATE:**

**APPROVED BY:** VP CLINICAL SERVICES

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### **Ethics Framework:**

#### **Intent**

The intent of the ethics framework is to outline the structures that promote ethical practice and process of when and how to request a consultation from the Regional Ethicist.

#### **Policy Statement**

The Perth and Smiths Falls District Hospital (PSFDH) will promote ethical practice by ensuring that there is an ethics framework in place to assist all staff, physicians, midwives, leadership, board members, volunteers, students, patients, and their families in addressing clinical or organizational ethical issues. In addition, the hospital provides access to a clinical ethicist who is available for anyone, for any ethical issue that they encounter in their role within PSFDH.

#### **Procedure**

To access the Ethical Consultation Service (ECS), please refer to Appendix 'C' which outlines the required process. Refer to appendices 'D' for the supporting framework and documentation in support of ethical decision making.

### **Ethics Consultation Service Policy:**

#### **Intent**

The Perth and Smiths Falls District Hospital (PSFDH) recognizes the need to ensure access to an Ethics Consultation Service (ECS) for all staff, physicians, midwives, leadership, Board members, volunteers, students, patients, and their families who encounter ethical issues in their work. Left unresolved, ethical dilemmas can have a negative impact on patient care and may cause breakdowns in communication and moral distress.

Ethics Consultation Service provides assistance to all healthcare providers, patients, and families in the identification, analysis, and resolution of ethical dilemmas that arise in an organization. Any person can request an ethics consultation at any time including the patient, their family, and any member of the PSFDH community. Ethics consultations will be provided by a trained Ethicist from Kingston Health Science Centre (KHSC).

Ethics consultations will generally be done in collaboration with an interdisciplinary team. Unless a confidential consultation has been requested, the patient's attending physician may be notified that an ethics consultation has been requested, either by the person making the request, or by the ethics consultant based on the nature of the request.

This policy does not apply to research ethics issues.

## **Policy Statement**

This policy applies to all of the PSFDH community and relates to both Clinical and Organizational ethical issues.

It is the policy of PSFDH that Ethics Consultation Services may be requested by any member of the PSFDH community, for any reason, at any time. This may include any significant decision that:

- Affects patient care
- Might positively or negatively impact the mission of the organization and/or;
- Would affect local communities, vulnerable populations or the environment

An ethics consultation will be provided by a qualified ethics consultant from KHSC. The ethics consultant will not make treatment decisions in clinical cases, or offer binding requirements regarding actions to be taken. If capable, the decision is legally the patient's, if incapable it's the substitute decision maker or the most-responsible person is responsible for ensuring decisions are made in the patient's best interest. The recommendations of the ethics consultant are advisory only.

## **Definitions**

Ethical issue is any dilemma which represents:

- A conflict of values (organizational, personal, or professional) and ethical principles
- A lack of clarity over which ethical principles or values should apply to a specific case
- A violation of ethical principles and/or organizational, personal, or professional values eg. compassionate care
- A significant undue hardship or inappropriate harm to any stakeholder

Generally Accepted Ethical Principles: The following are examples of well-established and generally agreed upon principles of medical ethics:

- Beneficence
- Non-maleficence
- Respect or autonomy
- Justice

Other ethical considerations may include: Respecting privacy and confidentiality, treating others with respect, and allocating resources responsibly, among others.

Ethics Consultation Service (ECS): A support service designed to facilitate the resolution of ethical issues, ethical dilemmas, and moral distress.

Moral Distress: One's experience of believing one knows which course of action is most appropriate without being able to pursue or realize that course of action. Moral distress can be characterized by feelings of anxiety, guilt, responsibility, burnout, and depression.

Regular Working Hours: For the purposes of this policy, regular working hours are 0800 to 1700, Monday to Friday, holidays not included.

## **Procedure**

The procedure applies to both Clinical and Organizational ethical issues.

Clinical Ethics: When an ethical issue arises, the healthcare provider (HCP) should attempt to resolve the issue at the level closest to the situation, most often involving a multidisciplinary team. Should this not resolve the issue, the HCP involved will confer with the immediate manager and depending on the circumstances, clarify the need for an immediate decision versus the consequences of delaying the decision.

Organizational Ethics: Organizational ethics is an increasingly important aspect of the management and oversight at the Board and Administrative levels. Organizational ethics principles will be applied to administrative decision-making. PSFDH is committed to models that promote ethical behaviour and the creation of a more respectful work environment.

## **Appendices**

This framework includes the following structures as appendices:

- Appendix A: PSFDH's Mission, Vision, and Values which serve as a foundation for behaviours and conduct towards each other and patients
- Appendix B: The Clinical Ethics Committee Terms of Reference
- Appendix C: The Ethics Consultation Service Procedure
- Appendix D: Clinical and Organizational Ethical Decision-Making Tools (Framework)
- Appendix E: Research Ethics
- Appendix F: References, Related Practices and/or Legislation

## **Appendix A: PSFDH Mission Vision, and Values**

### **Our Mission:**

We provide our community with a high-quality environment for person-centred care built on collaboration and partnerships

### **Our Vision:**

To be a leading community healthcare organization, chosen by people to support their care from birth to end-of-life and recognized as a preferred place to work and volunteer

### **Our Values:**

- Respect
- Inclusion and Diversity
- Stewardship and Accountability
- Collaboration and Partnership

## **Appendix B: Clinical and Organizational Ethics Committee Terms of Reference**

### **Purpose:**

The PSFDH's Ethics Committee is a multidisciplinary team that can be utilized to discuss areas of ethical concern within our organization. The Ethics Committee follows a framework for ethical decision making which provides support to enable the provision of case consultation on ethical matters to any individual, department, or body in the hospital. The Ethics Committee will provide recommendations that may assist with maintaining ethical standards, assist in adhering to PSFDH's Code of Conduct and support the resolution of potential ethical dilemmas. The Ethics Committee will always consider best practices, appropriate legislation, education and collaborative discussions with the health care team, patients and their families as part of the decision making process.

### **Roles & Responsibilities:**

- To provide input into the development and review of policies and guidelines that will promote high standards of ethical practice within the hospital in order to facilitate sound and informed practice and decision making.
- To review consultation outcomes in partnership with Kingston Health Science Centre (KHSC) in response to requests from staff, patients or their families.
- To review and share information related to clinical research projects that PSFDH is participating in

- To review ethical conflicts in partnership with KHSC
- To coordinate educational opportunities within PSFDH that helps to approach patient care with a strong commitment to ethical standards and the promotion of wellness.
- To participate in ethics education sessions to support continued learning for the Ethics Committee Members

**Membership:**

VP of Patient Care (Chair)	
Clinical Manager (2)	Registered Nurse (1)
Allied Health (1)	Occupational Health (1)
Manager of Professional Practice (Co-Chair)	Manager of Privacy/Patient Relations (1)
Patient and Family Advisor (1)	Non-Clinical (1)
Recording Admin Assistant (1)	

**Ad Hoc Membership:**

President & CEO	Ethics Consultant (1)
Lawyer (1)	Spiritual Care (1)
Manager of Finance (1)	
Other Community, Hospital Representatives as required.	

**Quorum:**

- 50% + 1 of the members of the Ethics Committee will constitute a quorum.
- All regular members of the Ethics Committee are voting members.
- Meetings are held at least two times a year, or on an ad hoc basis at the call of the Chair.
- Educational opportunities will be presented in addition to regular scheduled meetings as they become available.

**Minutes/Reporting**

Minutes will be maintained and reviewed by the Chair and committee members as required.

## **Appendix C: Ethics Consultation Service Procedure**

### **Step 1: Reception and Triage of Ethics Consultation Requests**

- 1.1 Any person may request an ethics consultation at any time and these requests will be brought to the attention of the Vice President, Patient Care
- 1.2 The referral may be requested by the department manager on behalf of themselves, and/or staff, physicians, volunteers, patients, leadership, families and members of the health-care team
- 1.3 The majority of requests will be addressed within 24-48 hours of receipt; however, it may not be possible to address all consultations during this time period (eg. if a meeting needs to be organized but certain key participants are not available)
  - 1.3.1 All phone requests will be received and triaged by the KHSC ethics consultant
  - 1.3.2 All email requests will be received by the KHSC ethics consultant
  - 1.3.3 All ethics requests received by other means eg. in-person will be forwarded to the ethics consultant
- 1.4 The ethics consultant will triage ethics consultations into organizational/clinical and into non-confidential/confidential consultations
  - 1.4.1 If a request is determined to be urgent, the ethics consultant will respond as soon as reasonably possible
- 1.5 A non-ethics consultation will be directed to the appropriate unit/department as determined by the ethics consultant
- 1.6 The ethics consultant will initiate both non-confidential and confidential clinical ethics consultations. Feedback of themes, trends, and anonymized cases will be provided to the Ethics Committee. It is the responsibility of the ethics consultant to initiate, conduct and provide recommendations as an individual ethicist
- 1.7 **Organizational ethics consultations** will be handled by the ethics consultant

**Note:** Although it is recognized that this will occur at times, it is never ideal to conduct an ethics consultation on an emergency basis. Under normal circumstances, every effort should be made by the requestor to identify potential ethical issues early and request an ethics consultation when such issues have been identified.

### **Step 2: Determination of Courses of Action for Clinical Ethics Consultation**

- 2.1 The ethics consultant assesses the requests and determines the appropriate courses of action
- 2.2 The ethics consultant gathers initial information eg. meets with the requestor
- 2.3 The ethics consultant, as described above, does not make treatment decisions in clinical cases

### **Step 3: Progress of the Clinical Ethics Consultation**

- 3.1 All ethics consultations will be performed by a Regional Ethicist from KHSC, with the inclusion of relevant stakeholders as deemed necessary or appropriate
- 3.2 The ethics consultant will take steps to gather information prior to making any recommendations. Depending on the nature of the request, this may involve: reviewing specific research, having discussions with relevant stakeholders, studying precedent cases, etc.
- 3.3 Subsequent to the gathering of information, the ethics consultant may recommend that a meeting take place between relevant stakeholders to discuss the issues and any options. Relevant stakeholders may include the following as necessary or appropriate:
  - 3.3.1 Patient/Family
  - 3.3.2 Staff/Care Team
  - 3.3.3 Administration
  - 3.3.4 Others
- 3.4 Depending on the nature of the request, the ethics consultant will provide recommendations, guidance, advice, information, mediation, or conflict resolution as a means to help resolve the ethical issue in question.
- 3.5 Ethics consultations will address ethical issues by using PSFDH's accepted frameworks – IDEAS and Accountability for Reasonableness (A4R)

### **Step 4: Recommendations**

- 4.1 The ethics consultant will provide recommendations if required to appropriate stakeholders, including for example:
  - 4.1.1 The ethics consultation requestor
  - 4.1.2 The Patient/Family
  - 4.1.3 The Care Team including the attending physician
  - 4.1.4 Administration
  - 4.1.5 Others as appropriate

### **Step 5: Debriefing and Follow-Ups**

The ethics consultant will:

- 5.1 Review ethics consultation themes, trends, or anonymized cases with the Ethics Committee, when applicable
- 5.2 Discuss cases with the Ethics Committee for capacity-building of committee members when appropriate

## **Step 6: Follow-up with the Requestor or Patient/Family within One Month Following the Consultation**

6.1 The ethics consultant will endeavour to follow up with the requestor within one month of the consultation to share the findings of the consultation

## **Step 7: Track and Review All Ethics Consultations**

7.1 Ethics consultations will be documented as follows:

7.1.1 If the consultation is related to a clinical case, details will be documented in the patient's medical record when appropriate

7.1.2 If appropriate, a detailed "Ethics Consultation Summary" can be prepared for the requestor. The PSFDH VP, Patient Care will be notified by the ethicist if a consultation summary is required.

7.1.3 Once consultations have been initiated, specific metrics may be tracked and shared with PSFDH as a means to identify educational needs, statistics, policy and procedure needs, service areas or departments that require specialized support, and to support quality improvement. The PSFDH VP, Patient Care will be notified if metrics and other needs are identified.

7.2 All ethics consultation activities will comply with all applicable PSFDH policies

## **Ethics Consultation**

### **Contact Information for Ethical Consultation Service:**

	<b>Regular Working Hours 0800-1700 (Holidays not included)</b>
<b>Location</b>	Contact Switch Board and ask for an Ethics Consultation Service: <b>Dr. David Campbell, PhD</b> <b>Ethicist</b> Kingston Health Sciences Centre – KGH Site 76 Stuart Street Kingston, Ontario, K7L 2V7
<b>Email</b>	<a href="mailto:David.Campbell@kingstonhsc.ca">David.Campbell@kingstonhsc.ca</a>
<b>Telephone</b>	Tel: 613-549-6666 ext 8146 Cell: 613-329-8365

## **Confidentiality:**

- A. It is the responsibility of the requestor to notify the Ethics Consultant whether they would prefer that the consultation remain confidential, and to what extent. The ethics consultant may believe that the interdisciplinary health-care team should be involved or that consultation with another hospital service is warranted. It is up to the requestor to inform the ethics consultant who they believe should or should not be involved in a consultation. Reasons for requesting confidentiality may include:
  - i) Concerns related to a co-worker, supervisor, or other specific individual;
  - ii) Patient concerns that they do not want to share with others (eg. Family);
  - iii) Questions relating to concerns of a personal nature
- B. If the requestor desires some or full confidentiality, the ethics consultant will inform them of any concerns or limitations, legal or otherwise, and will make every effort to accommodate the request. A preliminary discussion will take place before the consultation to anticipate, as much as possible, whether the request for confidentiality can reasonably be respected
- C. If a request for confidentiality cannot be accommodated, the ethics consultant will inform the requestor, with as much notice as possible. The ethics consultant will explain why the request cannot be accommodated.
- D. Any information relating to a consultation that is brought to the PSFDH Ethics Committee for educational or other purposes will be anonymous and have all identifying information removed

## **When to Contact – General Guidelines:**

- A. Ethics consultations are generally provided to clarify the limits of acceptable ethical disagreement to facilitate a choice among ethically acceptable alternatives. In pursuing these ends, ethics consultation services confront three broad categories of questions: 1. Question of professional duty; 2. Questions of law; 3. Questions of general morality
- B. Feelings of apprehension or uncertainty regarding when or why to request an ethics consultation are common among all healthcare providers. It should be remembered that the Ethics Consultation Service is designed and intended to provide support to physicians, staff, patients, volunteers, leadership, and family members. When faced with moral and ethical dilemmas, individuals should feel free to consult the Ethics Consultation Service without fear of retaliation or any sense of personal failure.
- C. In order to maximize the effectiveness of the ECS, it is recommended that the service be contacted as soon as possible once an ethical issue is identified. Seeking feedback from the ECS earlier rather than later will allow for an optimal process to be applied to a particular issue or question and maximizes the opportunity for the service to be supportive to those involved.

D. The ECS is available to address general questions, recurrent issues, and organizational issues (policy development and review, resource allocation, and others). If difficult questions arise that are not related to a specific patient or clinical case, it is perfectly appropriate and highly encouraged that the ECS be contacted.

### **Appendix D: Clinical and Organizational Ethical Decision-Making Tools (Framework)**

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.

#### **The IDEA Decision-Making Framework:**

<b>1. IDENTIFY the facts</b>	<b>2. DETERMINE ethical principles in conflict</b>
<b>3. EXPLORE the options</b>	<b>4. ACT and evaluate</b>

<p><b>Step 1: IDENTIFY the facts</b></p> <p>Identify what is known versus what is not known.</p> <ul style="list-style-type: none"> <li>• Medical Indications</li> <li>• Client 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>Step 2: DETERMINE ethical principles in conflict</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>Step 3: EXPLORE the options</b></p> <p>Brainstorm different options and consider the potential outcomes and impacts of each one (eg. evaluate the potential of positive and negative considerations of each option)</p> <p>Do the options fit with the patient’s preferences and ethical principles from Step 2?</p> <p>Do the options comply with corporate policy, regulations, and the law?</p>	<p><b>Step 4: ACT and evaluate</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>

## The Accountability for Reasonableness Framework: (A4R)

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 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:

<b>Value</b>	<b>Description</b>
<b>Accountability</b>	There should be mechanisms in place to ensure that ethical decision-making is sustained
<b>Inclusiveness</b>	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
<b>Openness and Transparency</b>	Decisions should be publicly defensible. That means 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
<b>Reasonableness</b>	Decisions should be based on reasons (ie. Evidence, principles, values) that stakeholders can agree are relevant to meeting health needs and they should be made by people who are credible and accountable
<b>Responsiveness</b>	There should be opportunities to revisit and revise decisions as new information emerges as well as mechanisms to address disputes and complaints

A core principle for the A4R framework is that priority-setting decisions should be reasonable and be based on evidence and principles accepted by the stakeholders as relevant for meeting health needs fairly in their context. The use of relevant, explicit principles will improve the quality of decisions and thereby enhance public confidence.

A second important mechanism of change is openness and transparency. The A4R framework assumes that an open and transparent decision would offer staff and members of the community better access to information on decisions pertaining to them.

The responsiveness mechanism is intended to have three roles: it should give members of the planning team and the public access to a fair process, through which to reverse adverse priority-setting decisions; it should give participants an opportunity to air their point of view in the planning and priority-setting process; and lastly it should show respect for those who disagree with a particular decision, and provide them with a way of engaging with decision makers.

The accountability and inclusiveness mechanisms of the A4R framework requires that there must be regulation of the decision-making process to ensure that relevance and appeal mechanisms are met.

### **Perth and Smiths Falls District Hospital Guiding Principles**

PSFDH will:

1. Maintain patient and staff safety and quality of care
2. Evaluate the impact of our resource allocation decisions on our patients, staff, leadership, families, physicians, volunteers and the healthcare community
3. Engage staff, physicians and patient advisors in a collaborative, transparent and evidence based decision making process
4. Commit, when efforts have been successful to reduce expenses or generate income, to reinvest, when feasible, in patient care
5. Communicate our budget process, decisions and rationale clearly as defined in our “Accountability for Reasonableness Framework” to all stakeholders (all staff, physicians, midwives, leadership, Board members, volunteers, students, patients, and their families, Patient and Family Advisors, community partners)
6. Align with Ontario Health’s Strategic Plan

### **Appendix E: Research Ethics**

PSFDH does not have a Research Ethics Board (REB). All requests for research to be conducted at PSFDH (internal and external), must be reviewed to ensure that ethical principles related to conducting research with human subjects are adhered to. Both internal and external Principle Investigators must apply for an ethics review before the start of the study.

## **Internal Research/Principle Investigator**

If the Principle Investigator(s) and the research content is PSFDH-based only, the Ethics Committee, Physician Department Head, Privacy Officer, VP Patient Care and Chief Nursing Officer must review the study from both an ethical and staff/patient impact perspective. The Principle Investigator(s) must complete a Research Review Form and submit it to the Chair of the Ethics Committee for review and distribution to the reviewers listed above.

## **External Research/Principle Investigator**

If the Principle Investigator(s) are external to PSFDH, the Chair of the Ethics Committee will request a Research Ethics Board approval from the host hospital of the research via the Principle Investigator. The Ethics Committee, Physician Department Head, Privacy Officer, VP Patient Care and Chief Nursing Officer must review the study from both an ethical and a PSFDH staff/patient impact perspective prior to approving the commencement of the research. A PSFDH employee or Physician must be identified and act as a Local Site Principle Investigator

Note: For any drug/medication related research led by a PSFDH employee or physician, an external REB will be contracted to review the research for approval.

## **Appendix F: References, Related Practices and/or Legislation**

### **References:**

The Ottawa Hospital. Corporate Policy and Procedure Manual. Ethics Consultation. Accessed January 2015  
Loma Linda University Medical Center. Clinical Ethics Consultation Policy  
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)  
Robert D. Orr and Wayne Shelton. A Process and Format for Clinical Ethics Consultation. Journal of Clinical Ethics 20 (1): 1-11 (2009)  
Rushton C. Younger SJ, Skeel J Models for Ethcis Consultation: Individual, Team, or Committee: John Hopkins UP, 2003: 88-95  
National Centre for Ethics in Health Care. Veteran Health Administration. Integrated Ethics. Improving Ethics Quality 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, 2<sup>nd</sup> Edition <http://www.asbh.org/publications/content/ashbpublications.html#sthash.lleEoYm9.dpuf>

### **Related Practices and/or Legislations:**

Mental Health Act (2001) [www.e-laws.gov.on.ca:81/ISYSquery/IRL472D.tpm/30/doc](http://www.e-laws.gov.on.ca:81/ISYSquery/IRL472D.tpm/30/doc)  
Public Hospitals Act <http://www.e-laws.gov.on.ca/html/statutes/english/elaw.statutes.90p40e.htm>  
Human Rights Code <http://www.search.e-laws.gov.on.ca/en/isysquery/53fe0da-7e4a-4bba-a45a933cf5b4e0d4/6/frame/?search=browseSource&context>  
Health Care Consent Act, 1996 <http://www.search.e-laws.gov.on.ca/en/isysquery/4b60f045-2289-45a3-a887-68as1761d986/7/frame/?search=browseSource&context>  
Personal Health Information Protection Act, So. O 2004 <http://www.search.e-laws.gov.on.ca/en/isysquery/6a42b664-aa0d-47ec-8ed2-a0c7b4a2406/1/doc/?search=browseSource&context=#hit1>  
Regulated Health Professions Act, 1991 <http://www.search.e-laws.gov.on.ca/en/isysquery/d7698839-a03e-42f3-b222-4f15bb63bf73/12frame/?search=browseSource&context=>  
Criminal Code of Canada (R.S., 1985, c. C-46). <http://laws.justice.gc.ca/en/C-46/Health>  
Protection and Promotion Act <http://www.search.e-laws.gov.on.ca/en/isysquery/d2871201-2d59-42c4-bfea-4bbdd51491a7/10/doc/?search=browseStatutes&context=#hit1>

## **Revision History**

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