LOUIS BRIER
Home & Hospital

ETHICAL DECISION MAKING FRAMEWORK

A Roadmap To Providing Exemplary Care
To Our Residents And Their Families

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HOME & HOSPITAL

PURPOSE & INTENT OF FRAMEWORK

The Louis Brier Home & Hospital is committed to the delivery of safe quality care that is resident and family centered. The Ethical Decision Making Framework serves as integral component of this commitment. This framework is intended to be a resource for people who are faced with a difficult ethical decision. It is a guide to help individuals and teams have effective conversations to find ethical solutions to difficult problems, and prepare to engage in discussions with patients, clients, residents, families and staff. Having and ethics framework also helps to (Hamilton Health Sciences, 2010):

- Increase an understanding of the ethical dimensions of LTC 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.

WHAT IS ETHICS?

Ethics is about ways in which we do, and should, treat each other. This extends from the 'bedside to the boardroom' and everywhere in between, and includes individuals as well as groups. Determining what should be done can sometimes be challenging. This is where knowledge on ethics and a systematic method for deciding right and wrong, can be of use. For example, while there may not always be one correct choice, there will usually be a choice that is better than others.

Using ethics-informed processes and analyses can help determine which is better, and provide a basis for explaining our decisions to others. Ethical choices reflect the values of those involved and those of the organization in an ethical situation. They support patient, resident, and client-centered care. They help health care providers manage and learn from some of the distress they experience from work they do.

Ethical decision-making is an integral part of high-quality care. Tools and resources to support ethically sound decision-making help teams prepare for difficult conversations, and produce better outcomes for all involved. Ethical situations can be hard to identify. They are different from clinical dilemmas, personality conflicts, and other difficult situations, even though they can cause similar emotions. The situations that benefit from the use of an ethical decision-making tool like this one involve disagreements between the values of the people in the situation. These differences become problems if a choice needs to be made about which values are most important.

PRACTICE OUTCOMES

The goals of using an ethical decision-making framework are to:

- Identify situations that would benefit from consideration of ethical implications

- Apply a systematic method for making a difficult decision

- Promote discussion of ethically relevant considerations with all relevant stakeholders, including the resident and family.

- Work toward an acceptable solution or decision that best represents the resident's wishes, balanced against ethical considerations such as policy, professional standards, best practice, and the Mission Vision and Values of the organization.

BACKGROUND

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 the board of governance. 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.

- Accountability will be shared amongst all involved parties to ensure maximum participation and engagement during ethical decision making process.

- Communication should be honest, open and transparent.

- Relationships should be respectful.

- There should be an awareness and accommodation for differences in position and power.

PRINCIPLES & VALUES

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, honor 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.

   b) Non-maleficence - 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 as 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 person-hood?
- 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?

FRAMEWORK OVERVIEW

The Ethical Decision-Making Framework is comprised of 4 main components:

1. **Identify the Facts**

    a) Identify Uncertainty

    b) Analyze your Biases

    c) Clarify the Question

    d) List the Major Stakeholders

2. **Determine the Ethical Principles and Organizational Values**

    a) Clinical/Medical Issues

    b) Context

    c) Consider All Relationships

    d) List the Risks and Consequences

    e) Applicable Rules and Duties

    f) List the Ethical Principles Involved

3. **Explore Options and Solutions**

    a) List Options

    b) Make a Choice and Justify it

4. **Act - Implementation and Evaluation**

    a) Make an Action Plan

    b) How do you and Others Feel?

    c) What Have I Learned

    d) Is There Any Moral Distress or Residue?

    e) Are There Implications for Policy?

DECISION-MAKING PROCESS (IDEA)

1. Identify the Facts

a) Identify Uncertainty

This is the first and most important step in solving your problem. It is easy to get off on the wrong track, or to jump to premature conclusions. Take some time to consider the nature of the problem and how you know it's a problem. Use your ethical sensitivity.

- Name the problem clear
- What are you worried about?
- What is making you feel this way?
- State the facts.

b) Analyze Your Biases

Identifying and acknowledging your own values, assumptions, commitments and biases is a critical process. Your gut feelings and personal motivations can have a profound effect on your decisions. Consider these objectively to make sure your decision-making process is based on the most important considerations, and results in the best decision, all things considered.

- Take a moment to think about your biases and intuitions.
- What are your gut feelings about the situation?
- 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 assumptions are you making? Have they been confirmed?
- What is your role in this situation?
- What are your expectations and goals as they pertain to this situation?

c) Clarify the Question

Now that you've considered the dilemma and your own position on it, think about the question a little further. What is the nature of the conflict and the problem that needs to be solved? Ethical dilemmas are often framed using the word "should".

- Revisit the facts.
- What information is missing?
- What are the issue(s) that need to be addressed?
- What else is needed to move forward with the decision-making process?
- Who is the ultimate decision-maker?
- What is the key question?
- What are the underlying drivers?
- What are the values at stake? Whose values are they? How does each value rank according to the individual at the center of the situation?

- Is this a clinical (care) issue, an organizational issue, or one that involves agencies, systems and/or the community beyond the organization?

d) List the Major Stakeholders

The list of stakeholders or people who could be affected by the decision can be very long. It can also be quite different than the list of people who should be involved in the decision. Understanding the perspectives, values and goals of each stakeholder will improve quality of the ultimate decision.

- Who will be affected by the decision?

- Who, if anyone, should be a part of the discussion about this issue?

- Who is accountable for making the decision(s) (if applicable)? (E.g. patient, client, resident, family member, caregiver, health professional, a particular community, society at large, etc.)

- If possible, take some time to talk with the major stakeholders with the goal of hearing their stories, gathering information, and understanding their perspectives on the issue. What are the major interests, expectations, central issues and values that play important roles in their stories? What are the stakeholders' goals, hopes and desired outcomes?

- Reflect on the similarities and differences between your perspectives and values and the stakeholder perspectives and values. How might these similarities and differences influence your feelings about the question? Has learning about other people's points of view changed how you feel or what you think is the "right" thing to do?

- Who should be involved in this decision? (e.g. Human Resources, Quality Improvement, Patient Safety, Risk Management, Legal or Privacy Department, person and/or their family, Senior Management). This might be different than the list of stakeholders?

2. Determine the Ethical Principles & Organizational Values

a) Clinical/Medical Issues

Consider each of these topics for clinical (direct care) situations. Questions for discussion and consideration are listed below each topic. Some might be relevant; others might not. You may need to expand on some more than others considering other principles and values that might be applicable. What is important is that all the relevant considerations under the topic be given time and opportunity for discussion.

i. Clinical / Medical Indications

*Guiding Principles: **Beneficence** and **Non-maleficence***

- What is the person's medical/clinical issue? History? Diagnosis? Prognosis?
- Is the issue acute? Chronic? Critical? Emergent? Reversible?
- What are the goals of the intervention?

- What are the probabilities of success?
- What are the plans in case of therapeutic failure?
- In sum, how can this person be benefitted by our interventions and how can harm be avoided?

ii. **Preferences**

*Guiding Principle: **Autonomy***

- Is the person mentally capable and legally competent? Is there evidence of incapacity?
- If competent, what is the person stating about preferences for treatment/intervention?
- Has the person been informed of benefits and risks, understood the information and given consent?
- If incapacitated, who is the appropriate substitute decision-maker? Is the substitute decision-maker using appropriate standards for decision- making?
- Has the person expressed prior preferences? (e.g. Health Care Directive)
- Is the person unwilling/unable to participate in medical treatment/interventions? If so, why?
- Is the person's right to choose being respected to the fullest extent possible?

iii. **Quality of Life**

*Guiding Principles: **Beneficence, Non-maleficence, Autonomy***

- What are the person's views on what constitutes a desirable quality of life?
- What are the prospects, with or without treatment, for a return to a desirable life?
- What physical, mental, and social deficits is the person likely to experience if treatment/intervention succeeds?
- Are there biases that might prejudice the provider's evaluation of the person's quality of life?
- What is the person's subjective acceptance of likely quality of life?
- Is there any plan or rationale to forego treatment?
- Are there plans for comfort and palliative care?

iv. **LBHH Mission, Vision and Values**

*Guiding Principles: **Caring, Health and Safety, Accountability, Integrity. To provide exemplary care to our Jewish elders.***

- Have the Mission, Vision and Values been considered?
- Has someone with knowledge of Jewish traditions and culture been included in the process?
- Do the MVV and Strategic Plan have the potential to affect the solutions?

b) Context

Context will be important to consider for clinical and non-clinical situations. Understanding the constraints and parameters within which decisions are being made will contribute to a well-rounded process.

Guiding Principles: ***Loyalty, Fairness,*** *and* ***Faith***

- Are there family issues that might influence treatment decisions?
- Are there health care provider issues that might influence treatment decisions?
- Are there financial and economic factors?
- Are there religious or cultural factors?
- Are there limits on confidentiality?
- Are there problems of access or allocation of resources?
- Are there fiduciary obligations?
- How does the law affect decisions?
- Is clinical research or teaching involved?
- Is there any conflict of interest on the part of the providers or the institution?
- Is there a risk of harm to others?

c) Consider All Relationships

The decisions we make all occur within a complex set of relationships and interconnections. Rarely are decisions purely autonomous. The relationships in our lives profoundly influence our decisions. This is especially true in the context of emotionally- charged health decisions. What might not seem rational to a health care provider makes perfect sense to the person who is considering the decision's potential effects on the people in their life.

- List all the relationships.
- How might each option affect the important relationships in the situation?
- Can you accept the implications?

d) List The Risks And Consequences

Think about the possible outcomes of the situation. Sometimes a decision will be made on the basis of what will/might happen as a result, and whether the decision-maker is prepared to live with the consequences.

- What are the possible harms? Consider the likelihood and level of risk.
- Does this issue need to be dealt with now?
- How important is it to you? To the person and their family? To the wider community?

e) Consider Applicable Rules And Duties

Identify all the rules, guidelines, codes, and obligations that might need to be considered. These can be formal and binding, like laws, policies or professional standards, or informal, like social norms and cultural practices.

- What rules, duties, procedures or guidelines apply to this situation?
- How binding are they?

- Are there professional codes of ethics that can provide guidance?
- Are there legal considerations?

f) List The Ethical Principles Involved

Ethical principles are rules or obligations that guide action. Often, an ethical situation involves conflicts between and among principles.

- What conflicts exist between/among:
    - Respect for Autonomy
    - Beneficence
    - Non-maleficence
    - Justice
    - Veracity
    - Fidelity
- Consider carefully how these principles will be ranked when there are several that are equally relevant. This will be different in each situation.

3. Explore Options and Solutions

a) List Options

Brainstorming can help at this stage, but try to reduce your options to the most realistic three or four for detailed discussion and consideration. List the options that are most acceptable to the individual or group that is most responsible for implementing the action plan.

- What are the possible approaches to address this issue or change what is happening?
- Are compromises possible?
- Remember that choosing to do nothing is a valid possibility and should be explored.

b) Make a Choice and Justify It

Think back to the person you identified as the ultimate decision-maker. At this point, a decision needs to be made. It needs to be something that those most responsible for implementing can act on – logistically and morally. It may not be unanimous, but all stakeholders should be able to understand the rationale and be able to live with the decision.

- Based on all your deliberations and discussions, decide what is the best option.
- Why is your chosen option the best approach?
- When you say it out loud, does it sound reasonable?
- Are you and others comfortable with it?

4. Act- Implementation and Evaluation

a) Make an Action Plan

A plan for implementing the preferred choice is the final step.

- Describe your plan for action and communication.
- How will you achieve consensus if there are those who do not agree?
- Who needs to hear the decision(s)?
- Who will communicate them?
- What is the best way to do this?

b) How Do You and Others Feel?

This stage is often neglected. Once the decision is made, communicated and implemented, it is important to review it so you can hopefully sleep more easily, knowing you made the best possible choice. Usually, ethical situations will differ in subtle and not-so-subtle ways, so this decision might not strictly apply to another one, but there will always be elements you can take and learn from.

- How do you feel at the end of the process?
- How do others who were involved feel?
- Are you comfortable with the outcome?
- Are you confident that others are also comfortable with the outcome?

c) What Have I Learned?

- Did the process and outcome achieve the desired results?
- Were there any unforeseen consequences?
- What I might do differently in similar circumstances in the future?

d) Is There Any Moral Distress Or Residue?

- Is there any moral distress or residue from the situation that needs to be considered or acted upon?
- Make a plan to follow up?

e) Are There Implications For Policy?

- Were any broader policy issues raised during this discussion that warrant further investigation or follow-up?
- What will you do to escalate the issue?

CONCLUSION

This tool was developed by Louis Brier Home and Hospital by adapting and combining a number of frameworks in use across Canada. If using this framework, please include all references and attributions.

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College of Physicians and Surgeons of BC	• Transparent • Objective • Impartial • Fair	CPSBC Mission, Mandate and Values https://www.cpsbc.ca/about/mission-mandate-and-values
Canadian Nurses Association	• Providing safe, compassionate, ethical and competent care • Promoting health and well-being • Promoting and respecting informed decision making • Preserving dignity • Maintaining privacy and confidentiality • Promoting justice • Being accountable	Canadian Nurses Association Code of Ethics for Registered Nurses https://www.cna-aiic.ca/en/nursing/regulated-nursing-in-canada/nursing-ethics
Association of Social Workers	• Respect for Dignity and Worth • Pursuit of Social Justice • Service to Humanity • Integrity • Confidentiality • Competence	**Canadian Association of Social Workers website** https://www.casw-acts.ca/files/attachements/casw_code_of_ethics.pdf
College of Pharmacists of British Columbia	• Responsibility to Patient • Act in Best Interest of Patient • Respect for Patient • Patients Right to Confidentiality • Participate in Ethically Valid Research • Committed to benefiting society • Personal and Professional Integrity • Avoid Conflict of Interest • Participate in Ethical Business Practices • Professional Development • Lifelong learning	College of Pharmacists of BC Code of Ethics https://library.bcpharmacists.org/6_Resources/6-1_Provincial_Legislation/5019-Code_of_Ethics_Detailed.pdf

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Professional Association	Stated Values	Reference
College of Physiotherapists of British Columbia	- Respect for Autonomy - Beneficence - Least Harm - Justice - Responsibility - Excellence - Trustworthiness - Honesty - Integrity - Professionalism - Dignity - Communication - Collaboration - Advocacy - Transparency - Well-being - Collegiality	CPTBC Code of Ethical Conduct https://cptbc.org/legislation-standards/code-of-ethical-conduct/
College of Dental Surgeons of British Columbia	- Patient autonomy & informed consent - Compassion - Beneficence - Fairness - Integrity	CDSBC Code of Ethics https://oralhealthbc.ca/wp-content/uploads/2022/08/07.02.002-code-of-ethics.pdf

GLOSSARY OF TERMS

Autonomy (Respect for): the moral principle that actions are ethically right if they comply with a person's self-determined choice.

Beneficence: the principle that actions are ethically right if they produce positive (good) outcomes.

Benevolent paternalism: intervention intended for the benefit of the patient/client/resident, usually without their express consent (and sometimes against their express objections), to prevent harm to the individual or others. Often the provider will justify the intervention on the basis that the condition being treated is impairing the person's insight into the benefits of the treatment, and with treatment, the person's true preferences will eventually be possible to determine and support.

Bias: a frame-of-mind, perspective, point of view, or inclination. This can be affected by a person's beliefs, values, educational or social background, assumptions, demographic characteristics, and life experiences. Bias is important to recognize and acknowledge because it affects one's opinions and views on what is right and wrong and is highly influential in decision-making.

Consequentialism: an ethical theory emphasizing the moral relevance of actual or likely consequences. By this theory, a decision with positive outcomes is ethically justified, while one that has negative outcomes is not ethically justified. The net benefits are considered when deciding whether something is right or wrong. Even if there are some negative consequences, the decision was "right" if there were more positive than negative effects.

Decision-maker: the person most responsible for making decisions in a situation of ethical uncertainty. In most health care situations, the patient/client/resident (or their authorized substitute decision-maker) is the decision-maker. Occasionally, there will be situations that do not directly affect or involve a patient/client/resident, in which case the decision-maker is the one who is most responsible for carrying out a decision.

Deontology: an ethical theory emphasizing the role of rules, duties and obligations in determining whether something is ethical or unethical. For deontologists, rationally derived rules (such as laws, policies and codes of ethics) apply universally, irrespective of the possible outcomes of the decision. The right option is the one that is consistent with the rules.

Dilemma: a problem that arises when there is a choice to be made, with no obvious reason to prefer one option over the other; a choice between two or more conflicting options, or a choice between two options that cannot both be carried out.

Ethical conflict: tension that arises when a value judgment must be made, especially when two (or more) values must be weighed and ranked, and a decision made on which is most important in the situation.

Ethics: the study or morality and moral life; a system for deciding what is right and what is wrong. A systematic way of evaluating values and actions.

Fidelity: the ethical principle that action is ethically right if it involves keeping promises or commitments.

Justice: the principle that action is ethically right if it treats people in similar situations equally.

Moral distress: the negative feelings that occur when one knows the right thing to do but is prevented from doing it through some barrier or constraint. This leads to the sense that one has compromised their integrity, and can cause significant personal emotional reactions.

Moral residue: the negative feelings that arise from involvement in morally distressing situations, that can last for many years, and may manifest via physical, emotional and professional symptoms, including illness, anxiety, depression, and job turnover.

Non-maleficence: the principle that actions are ethically right if they avoid producing bad consequences.

Principles: rules or norms that guide behavior; often a starting point for considering ethical problems and may lead to more specific rules of conduct in some contexts.

Relational ethics: an ethical theory that situates ethical action in the context of the involved relationships. The emphasis is on how the context of a situation, including interpersonal commitments and connections affects ethical decisions. This is especially important in care situations, as most health care decisions will be made in consideration of how they will affect the individual and those close to them, as well as the effects of and on the unique context within which the decision is being made.

Stakeholder: the people and groups who will be affected by a decision; those who have a legitimate voice in the discussion. Different from decision-maker.

Uncertainty: indecision, lack of clarity, when one is unsure of what the ethical problem actually is, and/or which values or principles apply in a situation. This often arises as a sense of something not being quite right, and there may not be anything concrete to suggest what it might be.

Utilitarianism: an ethical theory emphasizing the consideration of the net good, measured by happiness that is produced by a decision. A consequentialist theory, this view states that the decision that produces the most happiness is the most ethically justified.

Values: a person's individual perspective, opinions, beliefs, and views about what is important. Values guide actions by suggesting what is most important when decisions are made. Values are highly individual, and ethical conflicts often arise when values must be ranked in importance in order to decide the right thing to do.

Veracity: the ethical principle that actions are right if they involve truthful communication and avoid dishonesty.

Virtue Ethics: This ethical theory focuses on moral character, and considerations of what a virtuous person might do in a given situation. This theory is often contrasted with rule- or consequence-based justifications.