



Ethical Decision-Making

Framework and Guide SMH

The IDEA: Ethical Decision-Making Framework is a tool to support individual staff and health teams to work through an ethical issue. The Framework introduces a shared systematic process, facilitating effective communication, developing a shared language and building a common understanding of how to approach difficult ethical issues. ¹

¹ The IDEA: Ethical Decision-Making Framework builds upon the Trillium Health Centre Ethical Decision-Making Framework (2017), which is closely referenced to the Toronto Central Community Care Access Centre *Community Ethics Toolkit* (2008, which was based on the work of Jonsen, Seigler & Winslade (2002); the work of the Core Curriculum Working Group at the University of Toronto Joint Centre for bioethics; and incorporates aspects of the accountability for reasonableness framework developed by Daniels and Sabin (2002) and adapted by Gibson, Martin & Singer(2002)

THE IDEA: Clinical and Organizational Ethical Decision-Making Framework is comprised of four steps and incorporates five conditions identified as important in the accountability for reasonableness framework developed by Daniels and Sabin (2002) and adapted by Gibson, Martin, and Singer (2005). The first letter of each step in this framework forms the acronym “**IDEA**.” In the center of the framework there is a set of questions to assist healthcare providers/administrators in the identification of ethical issues to which the framework can be applied. The framework is depicted as circular, suggesting that decisions need to be revisited as new facts emerge.

The four steps are:

1. Identify the facts.
2. Determine the relevant ethical principles.
3. Explore the options.
4. Act.

The five conditions are:

Empowerment: There should be efforts to minimize power differences in the decision-making context and to optimize effective opportunities for participation (Gibson et al., 2005).

Publicity: The framework (process), decisions and their rationales should be transparent and accessible to the relevant public/stakeholders (Daniels & Sabin, 2002).

Relevance: Decisions should be made on the basis of reasons (i.e., evidence, principles, and arguments) that “fair-minded” people can agree are relevant under the circumstances (Daniels & Sabin, 2002).

Revisions and Appeals: There should be opportunities to revisit and revise decisions in light of further evidence or arguments. There should be a mechanism for challenge and dispute resolution (Daniels & Sabin, 2002).

Compliance (Enforcement): There should be either voluntary or public regulation of the process to ensure that the other four conditions are met (Daniels & Sabin, 2002).

IDEA¹:

Ethical Decision-Making Framework

COMPLIANCE



Act

- Recommend
- Implement
- Evaluate

Ask: Are we (am I) comfortable with this decision

4. Act

Identify the Facts.

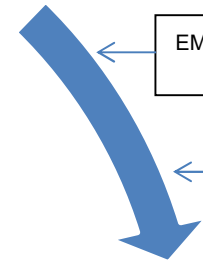
- Medical indications
- Patient Preference
- Evidence
- Contextual Features

Ask: What is the ethical issue?

1. Identify

EMPOWERMENT

PUBLICITY



What is an Ethical issue?

- Am I trying to determine the right course of action?
- Are values and beliefs involved?
- Am I feeling uncomfortable?

If you answered yes to any of these questions, you may be encountering an ethical issue.

2. Determine



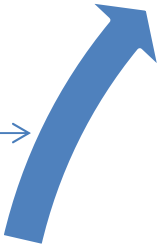
Explore the Options

- Harm & Benefits
- Strength & Limitations
- Laws & Policies
- Mission, Vision, Values

Ask: What is the most ethically justifiable option?

3. Explore

REVISIONS & APPEALS



RELEVANCE

Determine the Relevant Ethical Principles

- Nature & Scope
- Relative Considerations

Ask: Have perspectives of relevant individuals been sought?

Step by Step Guidelines

For each step in the framework, a number of guiding questions and/or considerations and an overarching question are posed. Some of the questions may be more relevant for clinical decisions; others for organizational decisions. In addition the conditions that should be met during each step of the process are described. At any point in the process, you can seek the assistance of a member of the Ethics Committee by emailing ethics@smhosp.on.ca or contact Quality & Risk Director at ext: 4282 if additional support is required (ie: ethicist, ethics facilitator) to help work through the process and resolve any areas of contention (see Appendix C).

Step 1: Identify the Facts

Given that ethical issues often arise because of a lack of sufficient information or evidence, as well as disagreements about the facts, the first step in the ethical decision-making process is an explicit call for identification of the facts. This may help to resolve some conflicts and sets the stage for an effective process in others. Begin by asking the question, "What is the ethical issue that has been identified?"

Medical Indications:

- What is the patient's healthcare problem (or the healthcare problem for a group of patients)? What is the diagnosis, prognosis?
- Is the problem acute, chronic, critical, emergent, reversible?
- What are the goals of treatment/intervention for this patient/patient population?
- What are the probabilities of success for this patient/patient population?
- What are the plans in case of therapeutic failure for this patient/patient population?
- What are the benefits of the treatment/intervention? How can these be maximized?
- What are the harms of the treatment/intervention? How can these be minimized?

Patient Preferences:

- What are the patient(s) preferences re: treatment/ intervention?
- What is the patient's assessment of quality of life with and without treatment/ intervention?
- Is the patient's decision voluntary and informed?
- If patient isn't capable of making the decision, who is SDM? Is SDM following principles governing substitute decision-making?
- If patient is a child, has his/her ability to consent/assent been ascertained?
- Has patient expressed prior wishes (in writing, orally or in any other manner)?
- Is patient unwilling or unable to cooperate with treatment/ intervention? If so, why?
- Is patient's right to choose being respected to the extent possible in ethics and law?

Evidence:

- What is the standard of practice?
- What data to inform decision is available locally, regionally, provincially, etc.?
- What research findings/literature are available to inform decision?
- What documentation is available (e.g., Advance directives)?

Contextual Features:

- Are family issues possibly influencing decisions about the treatment/ intervention?
- Are there any religious or cultural factors?
- Are there any health provider/administrator biases that might influence decision, including judgments about quality of life?
- Is clinical research or teaching involved?
- Is there any relevant legislation?
- Are there any confidentiality concerns, limits?
- What are the financial implications associated with the decision?
- What organizational policies are relevant to the decision?
- Is there any conflict of interest on the part of the healthcare providers or the institution?
- What are the mission, vision, values, and strategic directions of the organization?

Personal Considerations:

- What are your personal emotions, feelings, values and biases regarding this case/issue?
- How might the above influence you in your professional role? Are you able to respond professionally (as opposed to personally)? If this is difficult, what steps can you take to rectify this?
- How will you address expectations that don't align with your role or are beyond your scope?

Conditions:

1. Empowerment

Strategies to minimize power differentials and optimize effective opportunities for participation should be implemented at the outset and incorporated throughout the process. Such strategies reflect the condition of “empowerment” and, depending on the nature of the situation, may include community engagement, encouraging expression of divergent views, democratic voting procedures, secret ballots, ample preparatory time, and capacity building (Gibson et al, 2005).

2. Publicity

Similarly, the condition of “publicity” should be evident at each step of the process. This requires establishing and maintaining open channels of communication between relevant parties and transparency about the process.

Overarching Question:

Before proceeding to Step 2, revisit the question: “*What is the ethical issue(s)?*” Sometimes after the collection of relevant facts, the framing of the ethical issue requires modification. Ask: “Is this an Ethical issue, legal or other?” If determined ethical proceed to step 2; if considered legal or other refer to resource options listed in Appendix C.

Step 2: Determine the Relevant Ethical Principles

In the second step, open discussion about the dominant values and principles of the relevant parties (individuals and/or groups, as well as those of the organization) is necessary to further clarify the ethical issue(s) at hand. This step requires an exploration of the nature and scope of the identified ethical principles and consideration of the relative weights to assign to each principle (see Appendix B for a list of ethical principles). The agreed upon set of prioritized principles (decision-making criteria) will be used to guide the decision-making process.

- What principles/values do stakeholders consider most relevant to this issue?
- Which principles/values do the stakeholders agree are most important?
- Are there any additional factors that ought to be considered?

Condition:

1. Relevance

Completion of Step 2 of the process helps to satisfy the condition of relevance, that is, decisions should be made on the basis of reasons (evidence, principles) that “fair-minded” people can agree are pertinent and important given the current context.

Overarching Question:

Before proceeding to Step 3, the question: “*Have perspectives of relevant individuals been sought?*” should be considered.

Step 3: Explore the Options

The third step encourages brainstorming and reflection on a range of possible alternative courses of action. In any given situation, an attempt to identify at least three options should be made. Strengths and limitations of each option are explored. Options consistent with relevant laws and policies are identified. Options must be consistent with mission, vision, and values of organization. The agreed upon principles of decision-making as identified in Step 2 are applied to each viable option.

Condition:

1. Revisions and Appeals

Before a decision is acted upon, a mechanism for revisions and appeals is established, if not already in place. The decision may be revisited and revised in light of new or additional evidence. These procedures are necessary to satisfy the condition of “revisions and appeals.”

Overarching Question:

What is the most ethically justifiable option?

Step 4: Act.

Finally, the fourth step focuses on action. The most ethically justifiable option as identified in Step 3 is recommended for implementation. The decision(s) and the process used to arrive at the decision(s) is documented and communicated to relevant parties. An implementation plan is articulated. A process for evaluating the decision is determined.

Condition:

1. Compliance (Enforcement)

Lastly, to satisfy the condition of “compliance (enforcement)” the decision-making process should be reviewed to ensure that all of the conditions have been satisfactorily met. Although this review can be carried out by those directly involved in the decision-making process, validation by an individual or group that has not been directly involved is preferable as it is likely to be perceived as less biased.

Overarching Question:

Lastly, it is important to ask the question: *“Are we (am I) comfortable with this decision?”* The decision arrived upon might not be the one that would be most preferred by particular individuals or groups. However, those involved in the decision-making process should feel comfortable with the decision and the process that was used to reach the decision. If decision-makers are not feeling comfortable with the decision, further exploration of the reasons for the discomfort is warranted prior to implementation. Another way to think about this question is to consider: *“If this decision and the reasons for it were published in the paper tomorrow, would I be able to adequately defend the decision and the process?”*

Using the Ethics Worksheet

The Ethics Worksheet (see Appendix D) has been developed to document and facilitate the use of the IDEA: Ethical Decision-Making Framework. Each step in the IDEA Framework is identified and key questions to address are outlined. For each step, consider the scope of your role and level of expertise and whether you should involve other resources (e.g. ethics committee, facilitator/unit council member, risk manager, professional practice expert, lawyer, supervisor, and administrator) to support, facilitate, or further inform the decision-making process.

References

- Beauchamp, Tom and Childress, James. 2001. *Principles of Biomedical Ethics*, 5th edition. Oxford University Press.
- Daniels, N., & Sabin, J. (2002). Setting limits fairly: Can we learn to share scarce resources? Oxford: Oxford University Press.
- Gibson, J. L., Martin, D. K., & Singer, P. A. (2002). Priority setting for new technologies in medicine: A transdisciplinary study. BMC Health Services Research, 2,14.
- Gibson, J. L., Martin, D. K., & Singer, P. A. (2005). Priority setting in hospitals: Fairness, inclusiveness, and the problem of institutional power differences. Social Science & Medicine, 61, 2355-2362.
- Jonsen, Albert, Seigler, Mark, and Winslade, William. 2002. *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine*, 5th edition. McGraw-Hill, Inc.
- Kapiriri, L., Norheim, O. F., Martin, D. K. (2009). Fairness and accountability for reasonableness. Do the views of priority setting decision makers differ across health systems and levels of decision making? Social Science & Medicine, 68, 766-773.
- Martin, D., Shulman, K., Santiago-Sorrell, P., & Singer, P. (2003). Priority-setting and hospital strategic planning: A qualitative study. Journal of Health Services Research & Policy, 8(4), 197-201.
- Toronto Central Community Care Access Centre (2008). Community Ethics Toolkit. Accessed on-line January 4, 2010
http://www.jointcentreforbioethics.ca/partners/documents/cen_toolkit2008.pdf

Appendix A: What is an Ethical Issue?

Ethics is about:

- Deciding what we should do (what decisions are morally right or acceptable);
- Explaining why we should do it (justifying our decision in moral terms); and
- Describing how we should do it (the way we respond).

Ethical issues are often framed as “should” questions. For example:

- How *should* the organization make decisions about how much funding to provide to each of its programs?
- If there is a shortage of critical care beds, how *should* decisions about who to admit (and who not to admit) be made?
- *Should* life-sustaining treatment be continued for a patient for whom the treatment is burdensome with minimal benefit?
- *Should* a colleague’s alcohol abuse be reported?
- *Should* a patient be informed of a “near miss” in his or her care?

Ethical issues may involve one or more of the following:

- Ethical Violation – when an action that appears to be unethical is being proposed or carried out (e.g., a patient is being given a treatment without providing a valid consent)
- Ethical Dilemma – when there are competing courses of action both of which may be ethically defensible (e.g., conflicting values) and there is a difference of opinion as to how to proceed
- Ethical Uncertainty – when it is unclear what ethical principles are at play or whether or not the situation represents an ethical problem
- Ethical (Moral) Distress – when you find yourself in a situation of discomfort, if you have failed to live up to your own ethical expectations, or if you are unable to carry out what you believe is the right course of action due to organizational or other constraints

Appendix B: Ethical Values/Principles²

AUTONOMY: Respect for autonomy (respect people's right to self-determination or self-governance such that their views, decisions and actions are based on their personal values and beliefs; the vehicle for this principle in health care and research is generally the free and informed consent process).

BENEFICENCE: Act beneficently toward others (contribute to the welfare of others, which may include preventing harm, removing harm, promoting well-being, or maximizing good).

COMMON GOOD: A specific "good" that is shared and beneficial for all (or most) members of a given community.

CONFIDENTIALITY: Keep private information confidential (keep identifying personal information as well as confidences secret, unless consent to disclose this information is given by the person to whom it belongs or disclosure is required by law).

CONFLICT OF INTEREST: Disclose conflicts of interest and avoid disqualifying conflicts of interest (disclose both real and perceived conflicts between one's self-interest and one's obligations to one or more individuals or groups).

DIGNITY: Respect the dignity of morally valuable beings (treat beings in a way that honors their value or worth based on morally significant qualities, e.g., sentience, relationally, rationality).

DISCLOSURE: Disclose information that people or groups have a right to (provide information needed to make an informed decision, and information about errors or adverse events in treatment or research).

DIVERSITY: Respect diversity (accommodates, protect or support differences, including religious, cultural, political and other differences, among people and groups).

INCLUSIVENESS: Involvement/representation of everyone who is part of a problem situation based on notion that each brings knowledge or expertise needed to address the problem and feel ownership of the solution.

INTEGRITY: Act with integrity (give priority to ethical considerations even when there is a strong drive for self-interest or other desires, or where violating ethical requirements could pass unnoticed).

JUSTICE: Promote justice and fairness (treat people and groups fairly by treating morally relevant cases alike, by promoting fair relations among individuals and social groups, and by ensuring fair and equitable access to resources and opportunities, including fair distribution of benefits and burdens).

NON-MALEFICENCE: Act so as to do no harm (avoid causing harm to individuals or groups, or risking harms of significant magnitude and probability).

² This is not an exhaustive list. There may be other ethical values/principles at play in a particular situation.

PATIENT-CENTRED or FAMILY-CENTRED CARE: Provide patient-centred or family-centred care (organize and provide therapies, services, interventions and interactions in ways that respect and respond to the patient's or family's values, preferences, decisions or self-identified best interests).

RIGHTS: Protect the rights of individuals and groups (honor the legitimate moral and legal claims of individuals or groups).

SAFETY: Ensure safety (avoid injury and reduce risks of harm to patients, research participants, families, staff and other members of the community; promote a culture that reports errors and near-misses and strives to improve the safety of clinical, research and organizational environments).

SOLIDARITY: Requires consideration of the extended community and acting in such a way that reflects concern for the well-being of others.

STEWARDSHIP: The careful and responsible management of something entrusted to one's care (e.g., public healthcare dollars).

TRANSPARENCY: Make decision-making transparent (communicates and makes accessible decisions and their rationales to all stakeholders).

UTILITY: Maximizing the greatest possible good for the greatest possible number of individuals.

Appendix C: Ethics Resources at Stevenson Memorial Hospital

Ethics Committee: The Ethics Committee is an active multi-disciplinary group which provides leadership in areas of ethics education, research, policy development, review, and consultation. The committee members are hospital staff, physicians, and community partners. Communications for the committee can be addressed to: ethics@smhosp.on.ca

Ethics Facilitators: Committee members.

Colleges and licensing standards: All colleges and licensing bodies e.g. (CNO practice standards; College of Physicians of Ontario; College of Social work) inclusive to all professional designations.

Appendix D: Ethics Worksheet – IDEA Framework



IDEA Ethics
worksheet- for the €

Ethical Decision Making

Remember these key steps when you have an ethical dilemma.



Information gathering and **Describe** situation

- a) gather information/facts on the case
- b) describe the different emotions
- c) identify ethical issues

Explore options and analyze

- d) explore options and consider their strengths and weaknesses

Act on your decisions and evaluate

- e) develop an action plan
- f) evaluate the plan
- g) self-evaluate your decision

Remember

- document the actual plan in the chart
- seek help if necessary and consult with the person you report to