

# IDEA<sup>1</sup>:

# Ethical Decision-Making Framework Guide<sup>2</sup> & Worksheets<sup>2</sup>

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<sup>1</sup> The IDEA: Ethical Decision-Making Framework was developed by the Regional Ethics Program based at Trillium Health Partners. It builds heavily upon 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 (2005).

<sup>2</sup> Modified and used with permission from Dianne Godkin, RN, PhD (Senior Ethicist, Trillium Health Partners, March 22, 2012).

**Introduction:**

Ethics is about making “right” or “good” choices and the reasons that we give for our choices and actions. Ethics promotes reflective practice in the delivery of health care. Ethics addresses the question “What should we do and why?”

Another way to describe ethics is as follows. It is about:

- Deciding what we should do – what decisions are morally right or acceptable;
- Explaining why we should do it – justifying our decision using language of values and principles; and
- Describing how we should do it – outlining an appropriate process for enacting the decision.<sup>3</sup>

Ethical issues arise every day in health care (See Appendix A). Everyone has a role to play in ensuring the ethical delivery of care, from bedside to boardroom. Saskatoon health Region and Saskatchewan Cancer Agency is committed to providing quality compassionate care to the community it serves. Ethical principles and values are incorporated into the way that decisions are made and care is delivered every day. Accreditation Canada expects that healthcare organizations will have in place a framework for guiding ethical behaviour that is publicly accessible and consistent with the law.

As healthcare organizations seek to provide quality care in the face of significant financial constraints, they face difficult decisions. Both technical (e.g., cost-effectiveness analyses) and principle-based solutions (e.g., distributive justice) alone are limited in their ability to resolve priority-setting challenges (Gibson, Martin, & Singer, 2005). Given that there may be competing goals and values, ensuring procedural fairness may be the best way to ensure that decisions are socially accepted and demonstrate public accountability (Gibson et al., 2005).

The purpose of the IDEA: Ethical Decision-Making Framework (see Figure 1) is to provide a step-by-step, fair process to help guide healthcare providers and administrators in working through ethical issues encountered in the delivery of healthcare. The Framework can be used to guide decision-making and actions about ethical issues that arise from the bedside to the boardroom. The framework addresses two general types of ethical decisions that lie across a continuum: clinical and organizational.

Clinical ethical decisions are typically those that involve and impact specific patients or staff members and focus on individual values (e.g., Should Mr. B’s life-sustaining treatment be discontinued?). Organizational ethical decisions are generally those that involve and impact groups of patients or staff members, units, systems, or the organization as a whole and centre on the values of the organization (e.g., Should the maternal-child program be expanded, reduced, or remain unchanged?). Some ethical decisions may be predominantly clinical in nature; others will be largely organizationally focused. A number of ethical decisions will have both clinical and organizational aspects.

Use of the framework can help an individual, team or community to work through an ethical issue. It can help a team or community work together by introducing a shared systematic process, facilitating effective communication, developing a shared language and building a common understanding of how to approach difficult ethical issues.

<sup>3</sup> Definition adapted from Dr. Barbara Secker, Joint Centre for Bioethics, University of Toronto.

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 centre of the framework there is a light-bulb (a further reference to the framework’s acronym, IDEA). The light-bulb contains 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. **I**dentify the facts.
2. **D**etermine the relevant ethical principles.
3. **E**xplore the options.
4. **A**ct.

The five conditions are:

1. **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).
2. **Publicity:**  
The framework (process), decisions and their rationales should be transparent and accessible to the relevant public/stakeholders (Daniels & Sabin, 2002).
3. **Relevance:**  
Decisions should be made on the basis of reasons (i.e., evidence, principles, arguments) that “fair-minded” people can agree are relevant under the circumstances (Daniels & Sabin, 2002).
4. **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).
5. **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).

# IDEA<sup>1</sup>:

## Ethical Decision-Making Framework

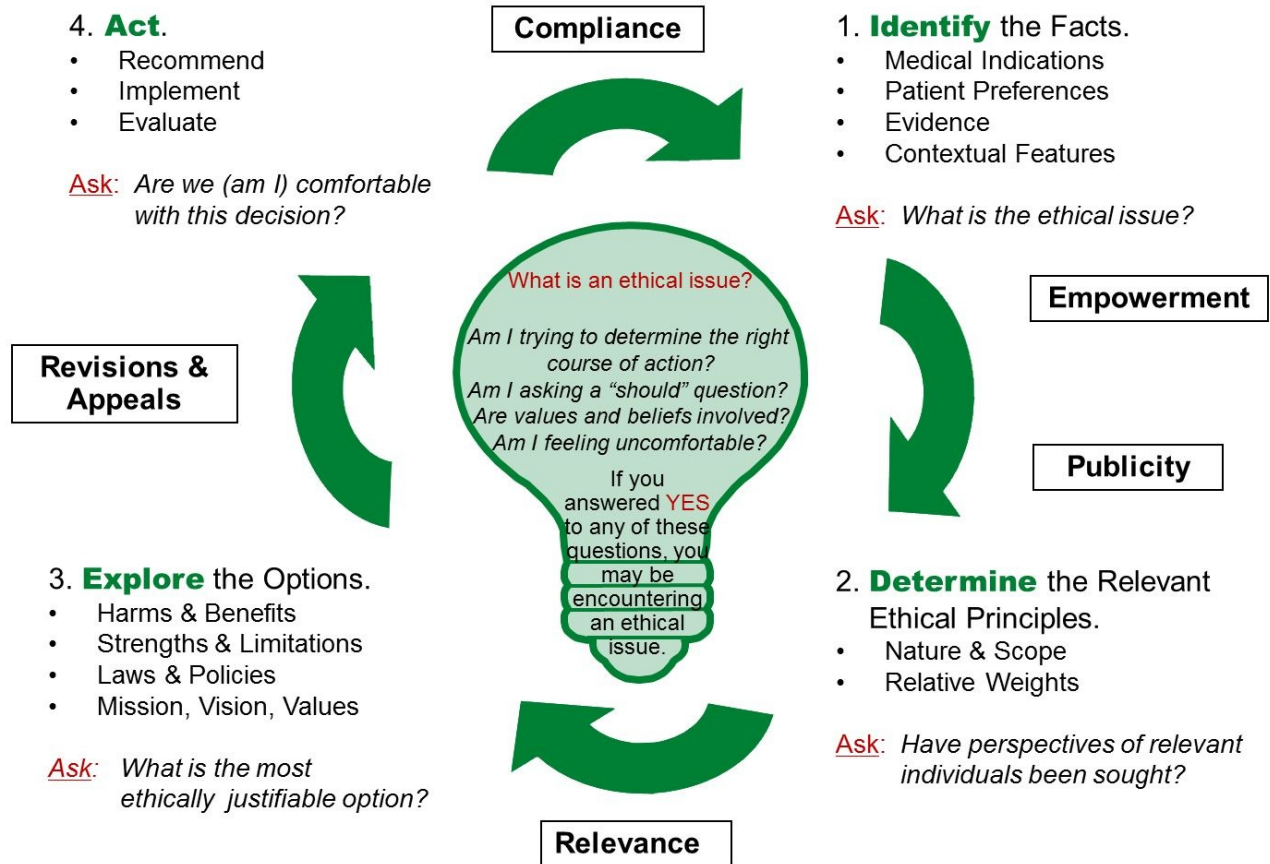


Figure 1:

<sup>1</sup> The IDEA: Ethical Decision-Making Framework was developed by the Regional Ethics Program based at Trillium Health Partners. It builds heavily upon 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 (2005).

### 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 bioethicist, ethics consultant, an ethics facilitator, or other professionals 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?
- What are the mission, vision, values, and strategic directions of the organization?

#### Personal Considerations:

- Is there any conflict of interest on the part of the healthcare providers or the institution?
- What are your personal emotions, feelings, values and biases regarding this case/issue?
- Is there a personal issue of conscious or a conflict of interest?
- 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? In some situations you might have to recuse yourself and inform the stakeholders and refer the issue.
- 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

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collection of relevant facts, the framing of the ethical issue requires modification.

### **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:

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 Option**

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:

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

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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:

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., bioethicist/ethics consultant/ethics facilitator, risk manager, professional practice expert, lawyer, patient/family council, supervisor, and administrator) to support, facilitate, or further inform the decision-making process.





## IDEA: Ethical Decision-Making Framework Guide & Worksheets



### References:

Beauchamp, Tom and Childress, James. 2001. *Principles of Biomedical Ethics*, 5th edition. Oxford University Press.

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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](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/Principles<sup>4</sup>****Principles:****Respect for 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).

**Related values:**

- Liberty
- Voluntariness
- Informed consent
- Privacy
- Confidentiality
- Truth-telling (veracity)
- Fidelity

**Beneficence:**

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

**Related Values:**

- Quality of life
- Common good
- Advocacy
- Solidarity
- Utility

**Non-maleficence:**

First do no harm. Harms should never outweigh the benefits (harms versus benefits assessment).

**Related values:**

- Safety

**Justice:**

Treating 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 (resource allocation) and opportunities, including fair distribution (priority setting) of benefits and burdens). The principle of Justice underlines resource allocation and priority setting.

**Related values:**

- Fairness
- Inclusiveness
- Respect for Rights
- Stewardship
- Transparency
- Avoiding and or disclosing conflict of interest



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### Values:

#### Saskatoon Health Region Values:

- **Respect for Human Dignity:** Respect the dignity of all human beings (treat beings in a way that honours their intrinsic value or worth).
- **Compassion:** To show care and concern for others.
- **Excellence:** The quality of being outstanding.
- **Stewardship:** The careful and responsible management of something entrusted to one's care.
- **Collaboration:** Working together to achieve a common goal.

#### Saskatchewan Cancer Agency Values:

- **Courage**
- **Integrity**
- **Vision Driven**
- **Innovation**
- **Collaboration**

### Common good:

A specific "good" that is shared and beneficial for all (or most) members of a given community. The common good includes that which is essential for human flourishing and by extension, includes environmental concerns.

### 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/or one's obligations to one or more individuals or groups).

### 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 (accommodate, 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.



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### **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).

### **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).

### **Cultural Safety:**

The provision of quality care to people of different ethnicities and cultures, within their own values and norms. It involves an awareness of power imbalances in the health care system and the challenges of cultural diversity.

### **Rights:**

Protect the rights of individuals and groups (honour 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.

### **Transparency:**

Make decision-making transparent (communicate and make accessible decisions and their rationales to all stakeholders).

**Utility:** Maximizing the greatest possible good for the greatest possible number of individuals.

**Veracity:** To tell the truth, adherence to fact.

**Fidelity:** Faithfulness to obligations and or duties.

**Quality:** An inherent characteristic or a degree of excellence.

**Accountability:** Answerable to someone for an activity.

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<sup>4</sup> This is not an exhaustive list. There may be other ethical values/principles at play in a particular situation.



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### Appendix C: Ethics Resources at Saskatoon Health Region (SHR) and Saskatchewan Cancer Agency (SCA)

#### **Ethics Facilitators:**

These are individuals who have attended the Ethics Facilitator Course. The role of an ethics facilitator is to:

1. Act as a local champion for ethics within home program/unit/department.
2. Model ethical awareness, imagination, and decision-making processes within home program/unit/department.
3. Serve as first contact for staff members who express ethical concerns and suggest ethics consult for complex issues. Participate in ethics consult process with the on call ethics consultant.
4. Assist the bioethicist to identify educational needs and to coordinate ethics education within home program/unit/department (rounds, in-services).

#### **Ethics Consultants:**

On call ethics consultants are available to address ethical issues during regular work hours. As per our SHR Ethics Consultation Service Policy (Number: 7311-60-009) the consultation team member will speak with the individual requesting assistance as soon as possible, usually within 24 hours. Patient records will be reviewed if necessary. If a review meeting is required, every effort will be made to schedule this meeting within 3 working days following receipt of the request for Ethics Case Review. Additional meetings will occur as necessary.

#### **Ethics Consultant Trainee:**

These are trainees who are working with the on call ethics consultants and are working towards meeting the core competencies for ethics consultation set by the American Society for Bioethics and Humanities. They are the first on call on the ethics on call rota.

#### **Ethics Consultants:**

The role of the ethicist is to facilitate and support ethical decision-making throughout the organization through the identification, analysis, and resolution of ethical issues. Ethics consultants may be volunteers or staffs who work in different departments of the organization. There are two full time bioethicists who may be approached at any time.

#### **Bioethicists:**

- 1) Saskatoon Health Region & Saskatchewan Cancer Agency Bioethicist  
Tel: 306 655 2068 Fax: 306 655 1037
- 2) St Paul's Hospital & Catholic Health Association of Saskatchewan Bioethicist  
Tel: 306 655 5197 Fax: 306 655 5809

#### **Ethics Administrative Supports:**

- 1) Saskatoon Health Region & Saskatchewan Cancer Agency Ethics Administrative Coordinator  
Tel: 306 655 2877 Fax: 306 655 1037
- 2) SPH Ethics Administrative Support  
Tel: 306 655 5808 Fax: 306 655 5809



Name \_\_\_\_\_

PHN \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Physician \_\_\_\_\_

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Reference the [IDEA: Ethical Decision-Making Framework Guide](#) to complete this worksheet.

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

**Step 1: Identify the Facts.**

*What is the presenting issue(s)?*

*What are the relevant medical or other indicators?*

*What are the patient(s) preferences? (If applicable)*

*What is the evidence?*

*What are the contextual features?*

*What are your personal considerations? (e.g. issue of conscious, conflict of interest, emotions, bias)*

**What is the ethical issue?**

\_\_\_\_\_



**Step 2: Determine the relevant ethical principles.**

<i>Who are the stakeholders (relevant parties)?</i>	<i>What values/principles does each believe are relevant to the issue?</i>	<i>Which values/principles do stakeholders agree are most important in the current context? (Rate from 1 to .....)</i>
		1)
		2)
		3)
		4)
		5)
		6)
		7)
		8)
		9)
		10)
		11)
		12)
		13)
		14)
		15)

*Are there any other factors that need to be considered?*

**Have perspectives of relevant individuals been sought?**



Name \_\_\_\_\_

PHN \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Physician \_\_\_\_\_

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<b>Step 3: Explore the Options.</b>					
<i>Option 1:</i>		<i>Option 2:</i>		<i>Option 3:</i>	
<input type="checkbox"/> Consistent with laws <input type="checkbox"/> Consistent with policies <input type="checkbox"/> Consistent with mission, vision, values & strategic directions		<input type="checkbox"/> Consistent with laws <input type="checkbox"/> Consistent with policies <input type="checkbox"/> Consistent with mission, vision, values & strategic directions		<input type="checkbox"/> Consistent with laws <input type="checkbox"/> Consistent with policies <input type="checkbox"/> Consistent with mission, vision, values & strategic directions	
<i>Benefits/Strengths:</i>		<i>Benefits/Strengths:</i>		<i>Benefits/Strengths:</i>	
<i>Harms/Limitations:</i>		<i>Harms/Limitations:</i>		<i>Harms/Limitations:</i>	
<i>Meets Decision Making Criteria (Create a check list)</i>		<i>Meets Decision Making Criteria (Create a check list)</i>		<i>Meets Decision Making Criteria (Create a check list)</i>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Additional Resources Needed:</i>		<i>Additional Resources Needed:</i>		<i>Additional Resources Needed:</i>	
<b>What is the most ethically justifiable option?</b>					

**Step 4: Act.**

*Documentation/Communication of Decision (who, what, where, how):*

*Implementation Plan:*

*Evaluation Plan:*

<b>Did the process meet the five principles/conditions?</b>	<b>What is the evidence?</b>	<b>Reviewed by:</b>
<i>Empowerment:</i>		
<i>Publicity:</i>		
<i>Relevance:</i>		
<i>Revisions and Appeals:</i>		
<i>Compliance (Enforcement):</i>		

**Are we (am I) comfortable with this decision?**

The IDEA: Ethical Decision-Making Framework was developed by the Regional Ethics Program based at The Credit Valley Hospital and Trillium Health Centre. It builds heavily upon 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 (2005). Modified and used with permission from Dianne Godkin, RN, PhD (Senior Ethicist, The Credit Valley Hospital & Trillium Health Centre), March 22, 2012.