Ethical Decision-Making Framework

EVIDENCE INFORMED PRACTICE TOOL

Winnipeg Regional Health Authority
Caring for Health
Office régional de la santé de Winnipeg
À l'écoute de notre santé

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PURPOSE AND INTENT

This framework is intended to be a resource for people who are faced with a difficult ethical decision. It is not a prescription or a care map. Rather, 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. It is meant to be general enough to apply to most **values*** conflicts in most health care settings, including acute care, community settings, long-term care, and administration. While it may not match everyone's decision-making style, it has been developed as a resource to help provide some clarity around most situations of ethical **uncertainty**.

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 ethics, a systematic method for deciding right and wrong, can be of use. For example, while there may not always be one right 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 in an ethical situation. They support patient/resident/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.

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* Words in **bold** are defined in the Glossary (Appendix B).

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It can also be challenging to know who, in the end, gets to make the final decision. In clinical cases, the choice generally belongs to the patient/resident/client or their family. When a decision belongs to a team, a consensus must be built, often in the context of vastly different (and strong) opinions. Other times, the decision has been made that a team finds difficult. A framework can help to clarify the values and concepts, and to resolve some of the associated **moral distress**. Occasionally, a tool like this can be helpful for personal decisions. Determining the main decision-maker will clarify the issue, and whose interests the decision most affects.

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 patient/client/resident and family
- Work toward an acceptable solution or decision that best represents the person's wishes, balanced against ethical considerations such as policy, professional standards, and best interests.

BACKGROUND

We know that involving a mediator, facilitator or clinical ethics consultant early can help prevent a difficult situation from escalating, but the reality is that many areas do not have access to these services. This framework was developed to help you think through a difficult situation in a logical way and support your goal of providing the best care possible. You can use this framework on your own, with a colleague or your team.

When we face ethical questions in our work, they can cause significant distress and have an impact on all of the people involved. They may be rooted in clinical practice and systems of care, in how the organization functions and makes decisions, or in how agencies and systems outside of the organization interact with the individual seeking or receiving care, and his or her situation.

It is common for people working in health care to encounter difficult situations. We believe that it can be very helpful to have reliable resources and strategies that support good decisions when faced with **uncertainty**. An ethical decision-making framework is the place to start.

A review of the literature reveals a number of studies that demonstrate improvements in the quality of the decision-making process, teamwork, awareness of the ethical dimensions of a

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clinical scenario, and understanding the links between ethics theory and clinical practice[1-3]. In difficult situations, the use of an ethical framework can reduce suffering for patients/clients/residents, their families[1,] and the staff involved.

This framework has developed as a Practice Guide for staff in Manitoba's health care system, based on the available evidence, and expert opinion, as indicated by the common use of ethical decision-making frameworks in health care. It is an amalgamation of several excellent tools that are in use across Canada[4-9], which were developed and tested by academic and clinical ethicists.

Decision-making frameworks help people identify all relevant stakeholders, and to have systematic and thorough discussions so nothing important is missed or forgotten. They can also help address some of the moral distress that goes along with difficult ethical situations, by ensuring a good process is followed and a decision is made that everyone can understand and live with, even when they might not agree 100%.

In many situations where ethical uncertainty is identified in a direct care situation, the patient/resident/client and family will be included in the discussion to the extent they wish. At times, when the uncertainty is confined to the team's response to a situation, it may be appropriate to work through the framework without the direct involvement of the patient/client/resident/family. For non-clinical situations, a framework can also help to clarify questions and concepts, and ensure all relevant factors have been covered. In the end, a framework can help everyone feel comfortable that everything was discussed *and* the best possible decision was made, in this particular circumstance.

The steps in this framework do not necessarily need to be followed in order. Nor will all apply in every situation. The questions and considerations listed under each step are a guide – you may find some don't apply, while other things that are not listed need to be explored in depth. Not all steps or questions will be relevant to your case. Feel free to skip over steps that don't seem to fit with the situation you are working on. As long as you give some thought to each step, you will have covered all the major considerations.

SCOPE AND LIMITATIONS OF FRAMEWORK

This guideline should help you find the most ethical solution to an **ethical conflict**, most of the time. It is possible that not everyone involved will agree with the chosen solution, but it is important that **stakeholder**s can at least support the plan. Keep in mind that sometimes the most ethical choice is to do nothing.

The framework will not tell you the answer. The answer will only become known through systematic and thorough discussion and consideration. For this reason, try to use this guide collaboratively if at all possible. Talking through the decision with a colleague or supervisor may

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produce a better solution than thinking through it on your own. Ensure the patient/client/resident and family are involved where applicable. Although we recommend using the tool in a group setting, often the responsibility for implementing a decision falls to one person. That person must have a thorough understanding of the rationale for the decision, and be able to acknowledge it is the most ethical choice. Make sure the decision-maker is identified and plays a central role in the discussion.

VALUES

No matter what option is being discussed, any viable solution to an ethical situation will need to reflect the **values** of all parties involved. This can be challenging when values are incompatible or when differences of opinion exist on how they should be ranked. It is critically important to understand what values influence you, and what needs to be respected or upheld as options are being considered.

Corporate

Know and understand your organization's stated values. Regional health authorities and health service organizations each have a mission, vision, and value statement. Sites, facilities and programs within the larger organization may also have additional values. Some facilities are faith-based, and ethical solutions in those facilities will need to reflect the values of that particular faith. Most health organizations in Manitoba have a Declaration of Patient Values, as determined through extensive consultation with patients, clients, residents and family members. These must be considered in any decision.

Professional

Actions taken by members of a profession must be consistent with the values set out in the profession's code of ethics. See Appendix A for a list of values from the Colleges of a sample of health professions.

Personal

Staff, clients/patients/residents and families will always bring their own personal values to a discussion. It is important to identify and consider the perspectives and goals of each person who might be affected by the decision. Some people's perspectives and goals will carry more weight than others. Think about why that might be. Think about how each person's values may be reconciled with others'.

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LANGUAGE DISCLAIMER

The Winnipeg Health Region is vast and diverse, and it is difficult to find language that encompasses all areas and aspects of care at the same time. For this reason, we will use the terms *person, people,* and *individual* throughout the document. These terms are intended to include any actual or potential recipient of care, including patients, clients, residents, and their families. We also intend for it to include anyone providing care or working in any capacity within the system, such as professional and paraprofessional clinical staff, physicians, allied health professionals, support staff, volunteers, people working in non-clinical positions, managers and administrators.

CONTEXT

We acknowledge that the contexts where care is provided vary considerably across the organization. Ethical priorities are often different in primary care than in tertiary care, in community care than in long term care, in home care than in acute care, in palliative care than in critical care. Each of these contexts will have its own special challenges that may not be shared by other sectors, where choices and solutions are affected by geography, the population of people receiving care, or the setting where the situation is occurring. This framework is applicable in any of these contexts. Users are encouraged to consider engaging stakeholders across sectors and outside of the organization, where their input will contribute to a thorough process of conflict resolution (e.g. First Nations communities, Manitoba Housing, Fire & Paramedic Services, Family Services, Public Trustee and Guardian, etc.).

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SECTION ONE

FRAMEWORK OVERVIEW

ETHICAL DECISION-MAKING PROCESS

I. CLARIFYING THE PROBLEM

1. **IDENTIFY THE UNCERTAINTY**
2. **ANALYZE YOUR BIASES**
3. **CLARIFY THE QUESTION**
4. **LIST THE MAJOR STAKEHOLDERS**

II. DESCRIBING THE ETHICAL CONSIDERATIONS

5. **CLINICAL/MEDICAL ISSUES***
    a. Clinical/Medical Indications
    b. Preferences
    c. Quality of Life
6. **CONTEXT**
7. **LIST THE RISKS AND CONSEQUENCES**
8. **CONSIDER APPLICABLE RULES AND DUTIES**
9. **LIST THE ETHICAL PRINCIPLES INVOLVED**

III. CHOOSING A SOLUTION

10. **LIST OPTIONS**
11. **CONSIDER ALL RELATIONSHIPS**
12. **MAKE A CHOICE AND JUSTIFY IT**

IV. IMPLEMENTING AND EVALUATING

13. **MAKE AN ACTION PLAN**
14. **HOW DO YOU AND OTHERS FEEL?**
15. **WHAT HAVE I LEARNED?**
16. **IS THERE ANY MORAL DISTRESS OR RESIDUE?**
17. **ARE THERE IMPLICATIONS FOR POLICY?**

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* Adapted from Jonsen, Seigler & Winslade (2010). *Clinical Ethics*

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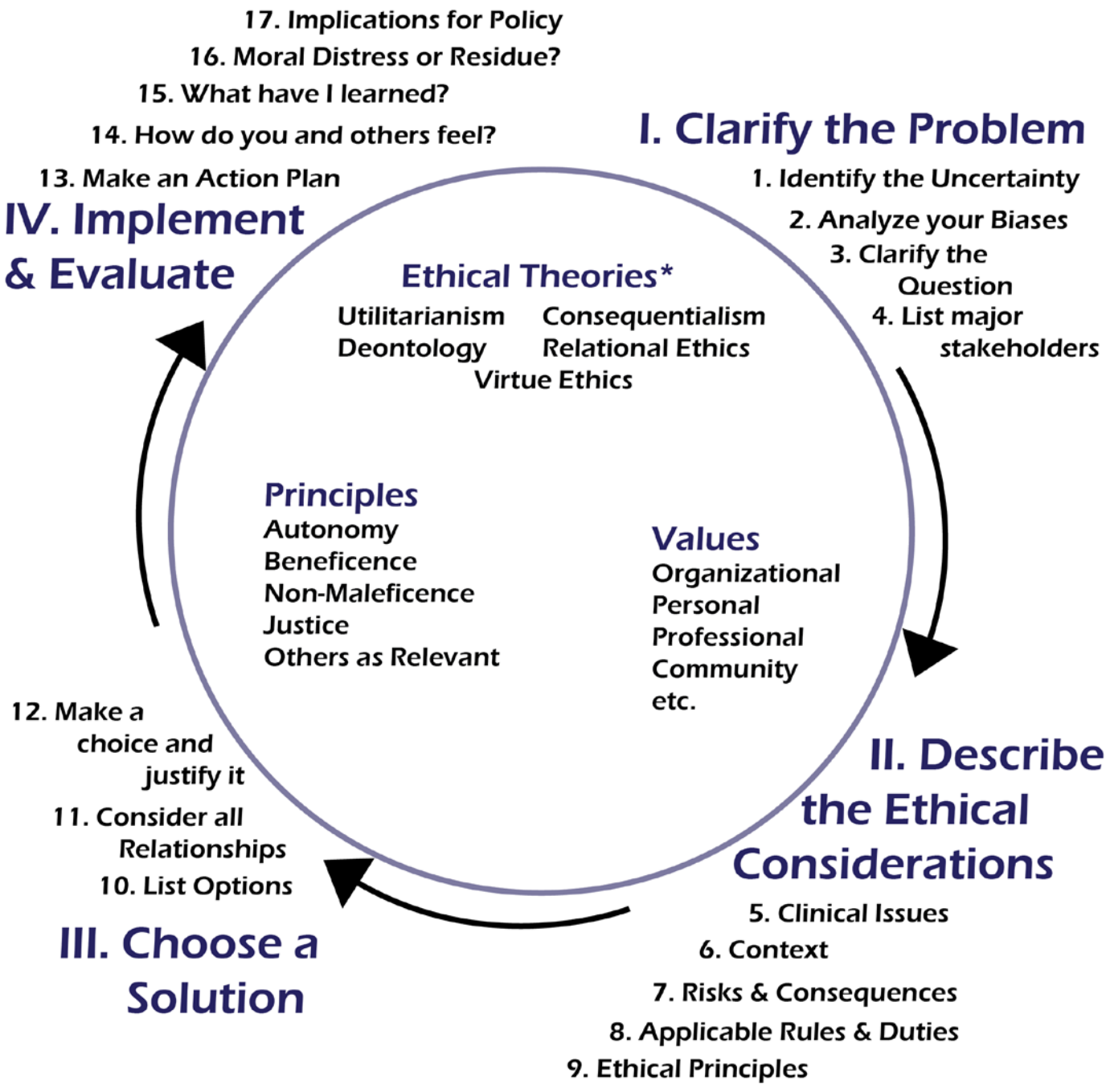
Ethical Decision Making



*These terms are defined in the Glossary

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SECTION TWO

ETHICAL DECISION-MAKING PROCESS

I. CLARIFYING THE PROBLEM

1. IDENTIFY THE 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.

a) Name the problem clearly.
b) What are you worried about?
c) What is making you feel this way?
d) State the facts.

What is the main problem?
Why is it a problem? What worries you about the situation?

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Why are you worried?
What do you know for sure about it? What are the facts?
What information is missing?

2. 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.

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

What are your biases?
What are your gut feelings? What assumptions are you making?
Where are these feelings/assumptions coming from?

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What is your role?
What are your expectations and goals?

3. 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".

a) Revisit the facts.
b) What information is missing?
c) What are the issue(s) that need to be addressed?
d) What else is needed to move forward with the decision-making process?
e) Who is the ultimate decision-maker?
f) What is the key question?
g) What are the underlying drivers?
h) What are the values at stake? Whose values are they? How does each value rank according to the individual at the centre of the situation?
i) Is this a clinical (care) issue, an organizational issue, or one that involves agencies, systems and/or the community beyond the organization?

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Revisit the facts: what you know, what you need to find out.
What are the most important issues?
What do you need in order to move forward?
What is the key question to be answered?

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What values are involved? How much weight should they have in the final decision?

4. 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.

a) Who will be affected by the decision?
b) Who, if anyone, should be a part of the discussion about this issue?
c) 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.)
d) 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?
e) 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?
f) 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.

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Stakeholder	Value	Rank/Weight

Who will ultimately make the final decision?
Who will be affected by the decision?
What information about the perspectives of these stakeholders needs to be considered?

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How are the various perspectives (including yours) similar?
How are the perspectives different?
How does this affect the problem being considered?
Who else should be included in the discussion? What is their role?

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II. DESCRIBING THE ETHICAL CONSIDERATIONS

The considerations may be different for clinical (care-related) and non-clinical (organizational) problems. If your situation concerns organizational issues like resource allocation, policy, conflict of interest or other things not directly involving an individual's care, you may find it helpful to skip Step 5 and go right to Step 6.

5. CLINICAL/MEDICAL ISSUES[10]

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.

a. MEDICAL/CLINICAL 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?

b. 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?

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c. 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?

Medical Indications
Patient/Client/Resident Preferences
Quality of Life

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6. 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*** *and* ***Fairness***

- 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?

Context

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7. 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.

a) List all the relationships.
b) How might each option affect the important relationships in the situation?
c) Can you accept the implications?

Relationships

8. 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.

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

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Risks/Harms/Negative Outcomes	Benefits/Advantages/Positive Outcomes

9. 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.

a) What rules, duties, procedures or guidelines apply to this situation?
b) How binding are they?
c) Are there professional codes of ethics that can provide guidance?
d) Are there legal considerations?

Rules/Duties/Obligations

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10. List the Ethical Principles Involved (see Appendix B for Definitions)

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

a) What conflicts exist between/among
   i. Respect for Autonomy
   ii. Beneficence
   iii. Non-maleficence
   iv. Justice
   v. Veracity
   vi. Fidelity
   vii. Loyalty
   viii. Fairness
   ix. Benevolent Paternalism
   x. Other

b) Consider carefully how these principles will be ranked when there are several that are equally relevant. This will be different in each situation.

List the principles involved	Whose are they?	Rank principles from most important to least important

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III. CHOOSING A SOLUTION

11. 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.

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

Viable Options	Rank – Most preferable to least preferable

12. MAKE A CHOICE AND JUSTIFY IT

Think back to the person you identified in Steps 4 (c) 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.

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

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IV. Implementing and Evaluating

13. Make an Action Plan

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

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

Implementation Plan	Who is responsible?

Communication Plan

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14. 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.

a) How do you feel at the end of the process?
b) How do others who were involved feel?
c) Are you comfortable with the outcome?
d) Are you confident that others are also comfortable with the outcome?

15. What have I Learned?

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

16. Is there any moral distress or residue?

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

17. Are there implications for policy?

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

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CONCLUSION

The tool was developed by the Manitoba Provincial Health Ethics Network and WRHA Ethics Services by adapting and combining a number of frameworks in use across Canada. You are welcome to print, copy, share and use this document freely as long as all attributions, references and contact information are maintained. Please share your feedback with us via ethics@wrha.mb.ca.

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SECTION THREE

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PRIMARY AUTHOR(S)

Jennifer Dunsford, RN, MN
Regional Director, WRHA Ethics Services
Chair, MB-PHEN
204-926-7124
Jdunsford@wrha.mb.ca

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APPENDIX A

Professional Association	*Stated Values*	*Reference*
College of Physicians and Surgeons	• Client focus • Respect • Non-discrimination • Communication • Confidentiality • Trustworthiness	College of Physicians and Surgeons of Manitoba Code of Conduct (**http://cpsm.mb.ca/cjj39alckF30a/wp-content/uploads/Code-of-Conduct-2010.pdf**)
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://cna-aiic.ca/~/media/cna/files/en/codeofethics.pdf**)
Canadian 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 (**http://www.casw-acts.ca/sites/default/files/attachements/CASW_Code%20of%20Ethics.pdf**)**
College of Pharmacists of Manitoba	• Integrity • Respect • Excellence • Accountability • Collaboration • Lifelong learning	College of Pharmacists of Manitoba Mission/Vision/Values (**http://mpha.in1touch.org/site/mission?nav=about**)
College of Physiotherapists of Manitoba	• Service • Integrity • Confidentiality • Competence • Fitness to practice • Collegiality	College of Physiotherapists of Manitoba Code of Ethics (**http://www.manitobaphysio.com/wp-content/uploads/CodeofEthics.pdf**)
Manitoba Dental Association	• Patient autonomy & informed consent • Non-Maleficence • Beneficence • Competence • Veracity	Manitoba Dental Association Code of ethics (**https://www.manitobadentist.ca/PDF/feb2014/Bylaw%20for%20Code%20of%20Ethics.pdf**)

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APPENDIX B

GLOSSARY OF TERMS[11-13]

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

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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 behaviour; 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.

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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.

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