



## Integrated Ethics Framework

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### PURPOSE AND SCOPE:

Having an ethics framework helps promote ethical behaviour and practices throughout an organization, and clarifies ethical issues when they arise.

The documents contained in this Integrated Ethics Framework include:

- **Appendix A:** The *Code of Behaviour* for Markham Stouffville Hospital.
- **Appendix B:** The *Board Code of Conduct*.
- **Appendix C:** The *Ethics Consultation Guideline* which deals with the resolution of ethical issues.
  - **Appendix C-1:** The *IDEA Ethics Framework Tool* intended to support clinical ethical decision-making.
  - **Appendix C-2:** The *Accountability for Reasonableness (A4R) Ethics Framework Tool* intended to support organizational ethical decision-making and priority setting.

Taken together these documents form the written foundation for ethical conduct and decision-making at Markham Stouffville Hospital, and support the Hospital's core values of Respect, Trust, Commitment, Compassion and Courage.

This policy does not apply to research ethics issues. For review of the ethical implications of research, to determine whether a research project requires ethics approval, or when new innovations are considered research and a process to assess the implications of and approve patient participation in research projects is required, please see policy "090.914.914.015 Research Ethics Board Terms of Reference & Review Process". Alternatively, the Markham Stouffville Hospital Manager of Research Ethics may be contacted.

### POLICY STATEMENT(S):

At Markham Stouffville Hospital, this Integrated Ethics Framework shall guide all staff, physicians, volunteers, and members of the Board of Directors in their conduct, and will serve as a resource by providing a standardized approach to working through ethical issues and making decisions.

### DEFINITION(S):

Ethical issue: Fundamentally, ethics is concerned with what makes actions right or wrong.

Ethical issues arise when values are in conflict with respect to a particular decision or situation and there is uncertainty or disagreement about which values should be given priority and guide action. These "value conflicts" can occur within individuals (e.g. you're

pulled in two different directions by your personal or professional values), between individuals or groups (e.g. a disagreement between staff members or between staff and patients/families), or at an institutional level (e.g. resource allocation issues).

Ethics consultation: “Consultation” in this context refers to the act of an individual or group of individuals conferring with an Ethicist, seeking clarification about a specific issue or information, or asking for guidance or a recommendation about a particular event or course of action (e.g. to discuss with a patient's family his expressed wishes when capable). Ethics consultation can take many different forms depending on the circumstances, ranging from informal (e.g. Ethicist answering a question via e-mail), to more formal involvement (e.g. to attending a team-family meeting).

Ethicist (Bioethicist): A member of the Health Ethics Alliance who holds a graduate degree or specialized training in Bioethics, and typically has completed a post-graduate Fellowship in Clinical and Organizational Ethics. Ethicists on staff are members of the University of Toronto Joint Centre for Bioethics.

Health Ethics Alliance (HEA): The HEA is a multi-partner ethics service providing clinical, organizational and research ethics support to the members of the alliance. Alliance member organizations are supported by Ethicists embedded in or consulting to our partners- thereby creating a community of practice that promotes inter-organizational collaboration and common ethics support. Markham Stouffville Hospital is a member of the HEA, and is supported by an Ethicist on-site.

**REFERENCE(S):**

Accreditation Canada, Qmentum. (2018). Standards – Leadership.

Gibson, J.L., D.K. Martin and P.A. Singer. “Priority Setting in Hospitals: Fairness, Inclusiveness, and the Problem of Institutional Power Differences.” Soc. Med. . 2005 Dec;61 (11):2355-62. Epub 2005 Jun 9; and Daniels N, Sabin JE. Setting limits fairly: Can we learn to share medical resources? Oxford: Oxford University Press, 2002

Ontario Hospital Association, Guide to Good Governance, second edition

TORONTO CENTRAL COMMUNITY CARE ACCESS CENTRE (COMMUNITY ETHICS NETWORK), JULY 2008 document entitled, “Ethical Decision-Making in the Community Health and Support Sector, Community Ethics Toolkit”

**RELATED DOCUMENTS:**

080.901.130 Workplace Violence Prevention

070.901.050 Whistle Blower Policy for Accounting Internal Accounting Controls or Auditing Matters

090.914.914.015 Research Ethics Board Terms of Reference & Review Process

**RESPONSIBILITY:**

Required Endorsements	Sponsor	Approval Authority
Clinical and Corporate Ethics Committee	Chair, Clinical and Corporate Ethics Committee	Board of Directors

Senior Leadership Team

**DOCUMENT HISTORY:**

Type	Individual/Committee	Date	Outcome
Draft	Ethicist/Clinical and Corporate Ethics Committee	01/06/2018	New Document
Review/Approval	Board of Directors	21/06/2018	Approved

**APPENDICES:  
APPENDIX A: CODE OF BEHAVIOUR**



CODE  
OF  
BEHAVIOUR

Core Value	At MSH, when I live these words...
Respect	I embrace diversity and inclusion and treat everyone with dignity.
Trust	I am reliable and show integrity in everything I do.
Commitment	I take accountability to follow through.
Compassion	I approach all relationships with empathy, sensitivity and understanding.
Courage	I take ownership of my actions and responsibility for solving problems.



## **APPENDIX B: BOARD CODE OF CONDUCT**

Excerpt from Board of Directors Policy Manual. (Pg. 31-33)

### **RESPONSIBILITIES AS AN ELECTED DIRECTOR, EX-OFFICIO DIRECTOR AND COMMUNITY MEMBER OF BOARD STANDING COMMITTEES**

The following is a statement of responsibilities for elected Directors, ex-officio Directors and community members of committees which should also be understood as the Board of Directors Code of Conduct. The legal expectations of ex-officio Directors and community members of committees are the same as those expected of elected Directors. All Directors will complete a Director's declaration of commitment to and compliance with these responsibilities annually. The word Director is intended to include Director, ex-officio Director and community members of committees.

#### **Fiduciary Duty and Duty of Care**

As a fiduciary of the organization, a Director acts ethically, honestly, and in good faith with a view to the best interests of the hospital and in so doing, supports the hospital in fulfilling its mission and accountabilities. A Director exercises the care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances. Directors with special skill and knowledge are expected to apply that skill and knowledge to matters that come before the Board or committees

A Director does not represent the specific interests of any constituency or group. A Director acts and makes decisions that are in the best interest of the organization as a whole. A Director commits to the vision, mission and core values of the Corporation and complies with the Public Hospitals Act, the Corporations Act, other applicable laws and regulations, the Corporation's Articles of Amalgamation and by-laws, and Board policies.

#### **Exercise of Authority**

A Director carries out the powers of office only when acting as a member during a duly constituted meeting of the Board or one of its committees. A Director respects the responsibilities delegated by the Board to the CEO and Chief of Staff, avoiding interference with their duties but insisting upon accountability to the Board and reporting mechanisms for assessing organizational performance.

#### **Conflict of Interest**

A Director does not place him/herself in a position where his/her personal interests conflict with those of the Corporation. A Director complies with the conflict of interest provisions in the Corporate By-laws. Where a Director is in a conflict of interest they are required to acknowledge this at the start of a meeting and follow the Corporate By-laws.

#### **Team Work**

A Director maintains effective relationships with other Directors, management and stakeholders by working positively, cooperatively and respectfully with others in the performance of his/her duties while exercising independence in decision making.

### **Participation**

A Director expects to receive relevant information in advance of the meetings and reviews pre-circulated material and comes prepared to Board and committee meetings and educational events, asks informed questions, and makes a constructive contribution to discussions. A Director considers the need for independent advice to the Board on major corporate actions.

### **Formal Dissent**

A Director reviews the minutes of the previous meeting on receipt and insists that they record any Director's disclosure, abstentions or dissent. A Director who is absent from a Board meeting is deemed to have supported the decisions and policies of the Board taken in his/her absence unless he or she formally records a dissenting view with the Board secretary. While an absent Director may formally record a dissenting view at the next meeting at which the Director is in attendance, this does not change the decision reached by the Board.

### **Board Solidarity**

The official spokesperson for the Board is the Chair or the Chair's designate. A Director supports the decisions and policies of the Board in discussions with outsiders, even if the Director holds view or voiced another view during a Board discussion or was absent from the Board meeting. A Director refers requests for statements on behalf of the Board to the Chair.

### **Confidentiality**

Every Director shall respect the confidentiality of the information of the Corporation, including matters brought before the Board and all committees, keeping in mind that unauthorized disclosure of information could adversely affect the interests of the organization.

### **Time and Commitment**

A Director is generally expected to commit the necessary time required to fulfill Board and committee responsibilities including preparation for and attendance at Board meetings and assigned committee meetings and events. The average monthly time commitment expected of Directors is eight to 10 hours.

To maximize their role on the board, it is anticipated that a Director will attend a minimum of 80 per cent of the meetings of the Board and 80 per cent of committee meetings of which he/she is a member in person or by electronic means in a given calendar year. If a Director is absent for three consecutive regular meetings of the Board or if a Director is absent for four meetings during the regular board year, the Director will be subject to review by the Chair and may be asked to step down from the Board. All Directors are expected to serve on at least one Board committee and to represent the Board and the hospital in the community when requested by the Chair.

## Skills, Expertise and Essential Competencies

A Director actively contributes specific skills and expertise and possesses the following essential competencies and qualities which are necessary to fulfill their responsibilities:

- i) Personal and professional integrity, wisdom and judgment
- ii) Commitment to ethical standards and behaviour
- iii) Experience in and understanding of governance including the roles and responsibilities of the Board and individual Directors and the difference between governance and management
- iv) Ability to participate assertively and communicate effectively as a member of the team with other members of the Board and senior management
- v) Ability to think critically and ask relevant questions at a strategic level

## Education

A Director seeks opportunities to be educated and informed about the Board and the key issues in the organization and broader healthcare system through review of the Board orientation materials, participation in Board orientation and ongoing Board education.

## Evaluation and Continuous Improvement

A Director is committed to a process of continuous self-improvement. All Directors participate in evaluation of the Board. Elected Directors participate in individual peer assessment and act upon results in a positive and constructive manner.

## Fundraising Activities

A Director supports the fundraising and philanthropic activities of the foundations.

**APPENDIX C: ETHICS CONSULTATION GUIDELINE**

**PURPOSE AND SCOPE:**

Ethics consultations are a facilitated communication and educational processes that support ethical patient care, the integrity of health care providers, and the health care system. Ethics consultations can be provided for clinical or organizational issues, or a hybrid of these issues. Ethics consultations are available to all stakeholders who require assistance in resolving an ethical issue or making an ethical decision, including patients, family members, health care providers, physicians, residents, students, administrators, and volunteers.

**POLICY STATEMENT(S):**

Depending on the situation, an ethics consultation may have one or more of the following objectives:

- To clarify the ethical issue(s) or question(s) and educate stakeholders about the ethical dimensions of the case;
- To facilitate communication between people involved in the case/situation and, where necessary, to help resolve conflict or disagreement;
- To assist in identifying alternative courses of action and, if appropriate, to provide recommendations for or against certain options;
- To facilitate an ethical decision-making process;
- To promote reflective practice;
- To help address moral discomfort or moral distress experienced by staff members and physicians;
- To enhance the capacity of staff members and physicians to identify ethical issues, and use appropriate frameworks/approaches toward ethical decision-making. See Appendix C-1 and C-2 for the organization’s ethical decision-making framework tools.
- To propose, assist with, or lead, when appropriate, follow-up measures to ensure a more durable and proactive resolution to the ethical challenge identified; these measures can include debriefing sessions, educational rounds, or policy/guideline development.

The Ethicist shall be accountable to the Director of Interprofessional Practice and Education, Markham Stouffville Hospital, and the Director of the Health Ethics Alliance, or, in the case of the Director of the Health Ethics Alliance, accountable to the Vice President of Quality and Patient Safety, Sunnybrook Health Sciences Centre. As a member of the Health Ethics Alliance, Markham Stouffville Hospital would like to acknowledge the Ethics Departments and the Ethicists from Sunnybrook Health Sciences Centre, North York General Hospital, the Hospital for Sick Children, and the Hamilton Health Sciences Centre in allowing us to adapt a modified version of their consultation policies.

**PROCEDURE:**

<b>ACCESS TO CONSULTATIONS</b>	
<b>Requestor of Consultation</b>	When an issue of ethical concern arises with respect to the care of an individual patient or patients in general and when those who have made initial attempts to address the ethical issue(s) believe they could benefit from assistance in this area, a request for such assistance may be made to the Ethicist by:

	<ul style="list-style-type: none"> <li>• a patient;</li> <li>• a family member directly involved in the patient’s care;</li> <li>• the patient’s legal guardian;</li> <li>• a member of the health care team directly involved in the patient’s care</li> <li>• any physician, hospital staff member, or volunteer concerned about an ethical issue related to clinical care or organizational practice</li> </ul> <p>Although individuals involved in the patient's care can refuse to participate in an ethics consultation, no one has the right to obstruct or interfere with the consultation process (i.e. by blocking access to the patient record or preventing others from requesting or participating in a consultation).</p> <p>The Markham Stouffville Hospital Ethicist operates under normal business hours for the hospital (Monday to Friday, 0900-1700h). A request for an ethics consultation can be submitted by e-mail at <a href="mailto:ethics@msh.on.ca">ethics@msh.on.ca</a>, or by calling the Ethics Office at x6937. Emergencies afterhours should be referred to the Administrator on call.</p>
<p>Ethicist</p>	<p>After a consultation has been received, it will proceed in the following manner:</p> <p><b>Step 1: <u>Requesting the consultation.</u></b> This request will be received by an available Ethicist, and will be follow-up within 2 business day of receipt of the request, usually by phone. This follow-up will clarify from the individual requesting the consultation the reason for the request (i.e., the ethical question or issue) and the pertinent background information. Depending on the situation, this follow up may be done in person, over the phone, or through email. For consultations concerning a patient's care, the gathering of background information may involve speaking with others involved in the patient's care (e.g. staff, patient, family members) and reviewing the patient's health record.</p> <p><b>Step 2: <u>Determining the level of response required.</u></b> Consultations may be completed over the phone or via email for less complex or more factual questions, or they may require more active involvement (e.g. attending a committee meeting, family conference, or team meeting, speaking directly with the patient/family). In collaboration with the parties involved in the consultation, the Ethicist determines the appropriate response based on the complexity of the situation, the amount of additional information required, and the needs of the individual(s) requesting the consultation.</p> <p><b>Step 3: <u>Consultation with others as appropriate.</u></b> To assist with the resolution of an ethical issue, the Ethicist may seek input from other professionals. These may include other Markham Stouffville Hospital staff members, Health Ethics Alliance team members, Clinical and Corporate Ethics Committee members from the strategic program involved, or colleagues from the University of Toronto Joint Centre for Bioethics. Patient privacy and confidentiality will be maintained, unless required by law or Markham Stouffville Hospital policy.</p> <p><b>Step 4: <u>Ongoing involvement (if required) and follow-up.</u></b> Some situations may require ongoing ethics support, such as policy-related and organizational issues or complex clinical cases that evolve over time. For all consultations, effort will be made to follow up with those involved in the consult to record the outcomes and offer continued support.</p>

NOTIFICATION	
Ethicist	When a request for an ethics consultation is received directly from a patient and/or family member, notify the Most Responsible Physician, the Patient Care Manager or delegate to inform them of the consultation request.
DOCUMENTATION	
Ethicist	When a consultation involves direct patient/family contact, document in the patient's electronic health record.
Ethicist	Enter every consult into the Health Ethics Alliance Consultation Database for statistical monitoring of activities. This information is used to identify trends in the organization's ethical issues, challenges, and situations. The information will also be brought to the attention of the Clinical and Corporate Ethics Committee quarterly, or at their request – which reports to the Quality Committee – to be used to improve the quality of services. Information entered in the online database or presented to the Clinical and Corporate Ethics Committee (or others) is de-identified and is meant to capture general activities and specific types of consult requests for the generation of departmental reports and does not contain personal health information.
CONSULTATION FOLLOW-UP	
Ethicist	<p>Depending on the nature of the ethics consultation, follow-up from the ethics consultation service may include one or more of the following services which the Ethicist can provide or support:</p> <p><u>Ethics Debriefing</u> When ethically challenging situations occur, members of the interdisciplinary team can be left with a sense of moral discomfort or distress. An ethics debriefing session provides both emotional and didactic support for those members of the care team involved in such situations. In particular, debriefings are intended to provide a morally open space for reflective dialogue, sharing of experience, and prospective problem solving. The goal is to increase participants' abilities and confidence in dealing with morally troubling situations, to provide an environment for frank discussion of those situations, and to provide the opportunity to plan effective management of similar situations in future. Ethics debriefing sessions are not the same as Critical Incident Stress Debriefing (CISD), which address all forms of distress following a critical/traumatic event, with primary focus on the psychological trauma.</p> <p><u>Ethics Education</u> A particular consultation may identify a need for an ethics education event, which can be designed to enhance ethics knowledge, decision-making skills, as well as, to help staff address similar ethical considerations that can arise in the future.</p> <p><u>Policy Review or Development</u> An ethics consultation can identify an organizational need for revision or development of a policy or guideline to support decision-making in similar situations.</p>

**CONFIDENTIALITY**

All Participants	Confidentiality will be respected within the terms of the process outlined above, except as required by law or Markham Stouffville Hospital policy. Additionally, through the Health Ethics Alliance's association with the University of Toronto, Joint Centre for Bioethics, specific cases may be brought forward to the Clinical, Organizational and Research Ethics group for discussion. These discussions are conducted with a confidentiality agreement signed by all participants and only de-identified information is shared during this process.
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**APPENDIX C-1: IDEA ETHICAL DECISION-MAKING FRAMEWORK TOOL**

Thinking about ethics is an integral part of service delivery for all involved in health care. Ethics is about making ‘right’ or ‘good’ choices, and providing reasons for those choices. Unfortunately, which options are ‘right’ or ‘good,’ can often be unclear. It is for this reason that the IDEA Framework was developed. This framework provides a fair, step-by-step process to assist in the navigation and resolution of complex clinical ethical issues that arise in the delivery of health care.

**The IDEA Decision-Making Framework**

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

<p><b><u>Step 1: Identify the Facts</u></b></p> <p>Identify what is known versus what is not known.</p> <ul style="list-style-type: none"> <li>• Medical Indications</li> <li>• Patient Preferences</li> <li>• Quality of Life, and</li> <li>• Contextual Features,</li> </ul> <p>Users of the framework should take into account all of the relevant considerations and stakeholders; this often includes facts that may not be known initially.</p>	<p><b><u>Step 2: Determine Ethical Principles in Conflict</u></b></p> <p>Identifying the ethical principles in conflict will not provide solutions; however, this step will assist in further clarifying and articulating the issues.</p> <p>Common ethical principles to consider might include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Autonomy</li> <li>• Beneficence (or doing good)</li> <li>• Non-maleficence (or doing no harm) or</li> <li>• Justice</li> </ul>
<p><b><u>Step 3: Explore Options</u></b></p> <p>The intent of this section is to brainstorm different alternatives and to consider the potential outcomes and impacts of each one (e.g., evaluate the potential positive and negative considerations of each option).</p> <p>Do the options fit with the patient’s preferences?</p> <p>Do the options comply with corporate policy, regulations, and the law?</p>	<p><b><u>Step 4: Act and Evaluate</u></b></p> <p>Develop and document the action plan in the patient’s chart.</p> <p>Evaluate the plan. Were the intended results obtained, or is additional follow-up and/ or action required? Ongoing documentation and communication of the evaluation is necessary.</p> <p>Self-evaluate your decision. What have you learned?</p>

## **APPENDIX C-2: ACCOUNTABILITY FOR REASONABLENESS (A4R) ETHICAL DECISION-MAKING TOOL**

In recognizing that not all ethical issues that arise in health care are clinical in nature, an ethical decision-making framework has also been accepted for organizational decision-making. The Accountability for Reasonableness Framework (A4R) is based on the notion of public accountability which requires that reasons and rationales for limit-setting decisions be publically available. In Organizational limit-setting decisions, it is very difficult to agree on fair outcomes or fair principles. This makes using a clinical decision-making tool for these issues challenging. The goal of this framework is to ensure that a fair process is available for stakeholders to follow, and expectations are set to consider relevant values in the justification of organizational decisions. Five of such values are considered below:

<u>Value</u>	<u>Description</u>
Empowerment	Efforts should be made to minimize power differences in the decision-making context and to optimize participation.
Relevance	Decisions should be made explicitly with stakeholder views in mind, and there should be opportunities for stakeholders to be engaged in the decision-making process.
Transparency	Decisions should be publicly defensible. The process by which decisions were made must be open to scrutiny and the basis upon which decisions are made should be publicly accessible to affected stakeholders.
Revisions and Appeals	There should be opportunities to revisit and revise decisions as new information emerges, as well as mechanisms to address disputes and complaints.
Compliance	There should be either voluntary or public regulation of the process to make sure that the other four conditions are met.