

Vancouver Coastal Health

Clinical Ethical Decision-Making Framework

Guidance for all staff



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INTRODUCTION

Clinical Ethics

In health care, over the last fifty or more years, new medical technologies and procedures, together with increased cultural and religious pluralism and diverse moralities, has led to the rise of questions around what may be the right, or most fitting action or course of health care in a particular situation.

Clinical ethics primarily considers the ethical implications of direct patient care. Clinical ethics might pose questions such as:

- *Is the person capable of choosing to live at risk? If not, who should decide? How much risk is acceptable?*
- *What should be done when a person or their family/support person¹ requests treatment or a care plan that is not supported by the health care team?*
- *How do healthcare practitioners balance the maintaining of their safety at work while fulfilling their duty of care to client/patient/residents?*

Purpose

Ethical decision-making involves the process of identifying and prioritizing the values and principles we seek to uphold and addressing conflicting values to determine the most ethically justifiable course of action.

This framework has been developed to facilitate ethical decision-making in the context of inter-professional clinical practice and reflects a process that supports decision-making. Within this framework, decision-makers are understood to include the client/patient/resident (hereafter referred to as 'person'), their family/ support persons, and members of the health care team. In using the framework, all decision-makers are expected to be involved throughout the decision-making process.

This Clinical EDMF aims to

1. Provide a tool to help [GUIDE](#) clinical decision-making when there are competing or conflicting values, or when there is uncertainty over which option is optimal.
2. Offer a systematic process for making an ethically justifiable decision consistent with the organizational values of Vancouver Coastal Health (VCH).
3. Mitigate the moral distress of those affected by or involved in the decision.
4. Facilitate improved health outcomes, quality care, and service delivery.
5. Increase accountability, awareness and confidence in decision-making by following an ethical process and transparently communicating the rationale for decisions that are made.

¹ Support Person" is any person that the patient designates (e.g. family, friend) that can support them during their healthcare journey

VCH Organizational Values



ETHICAL VALUES AND PRINCIPLES

Ethical values and principles related to clinical decision-making fall into two categories:

PROCEDURAL AND SUBSTANTIVE

- A. **Procedural considerations:** *How do we make decisions together and work collaboratively?* ([Appendix A](#))

Note: All procedural values and principles must be upheld throughout the decision-making process (See page 5).

- B. **Substantive considerations:** *What goals or ends should we pursue and how should the values be weighed against one another?* ([Appendix B](#))

Note: When it is not possible to uphold all substantive values and principles, they must be prioritized with justification provided for those prioritized and those set aside (see [GUIDE section 2](#)).

ETHICAL PROCESS – UPHOLDING PROCEDURAL VALUES

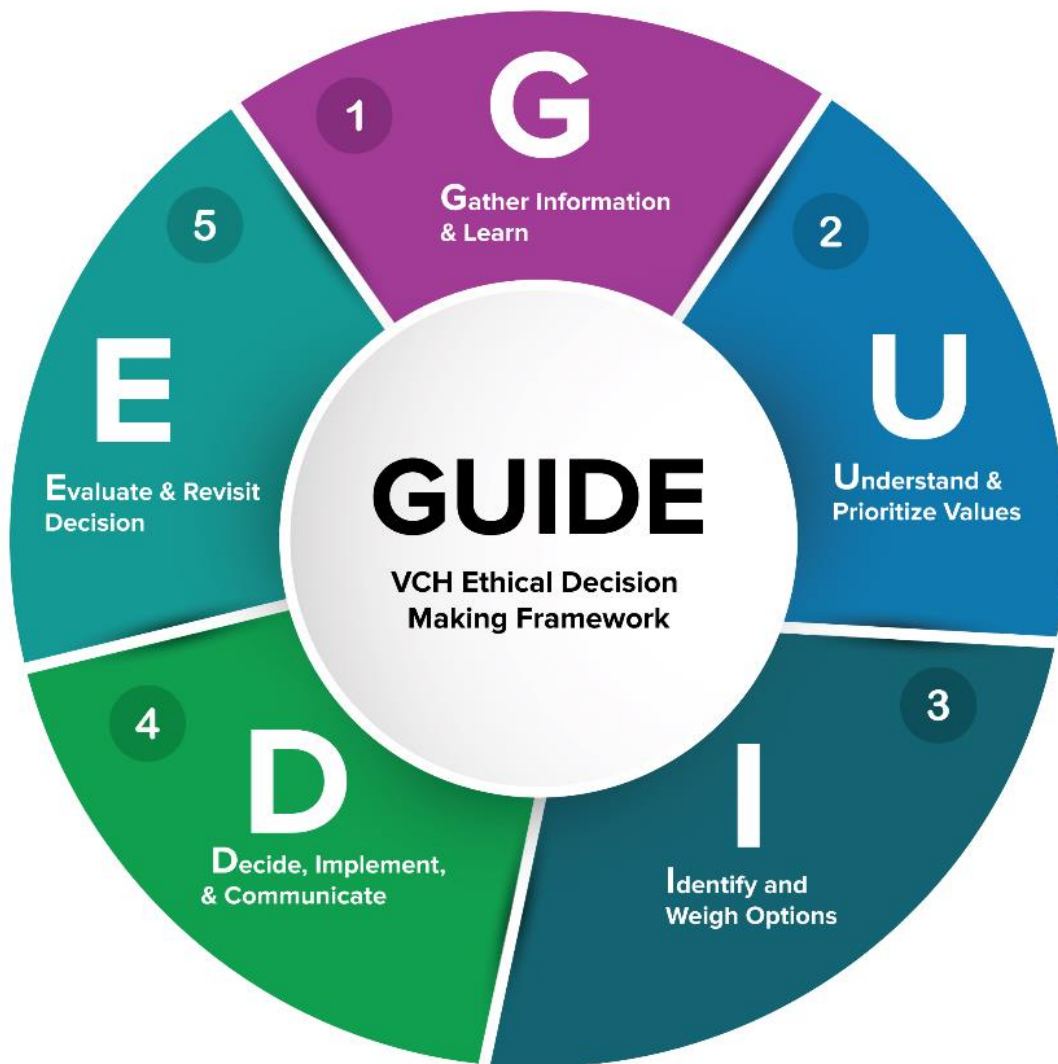
Before engaging with the [GUIDE](#) ethical process outlined below, it is important to recognize that clinical ethical decision-making is not a linear process.

To ensure that all procedural values are upheld throughout the decision-making process, at each stage in the GUIDE below, ask the following questions:

Ask:

- ✓ How will all the procedural values (Appendix A) be upheld throughout the decision-making process?
- ✓ Cultural humility and Cultural Safety - Does the process uphold respectful engagement with Indigenous Peoples that recognizes systemic inequities in healthcare and the rights of Indigenous Peoples?
- ✓ Effectiveness – How well does the process lead to an outcome that achieves the intended goal(s)?
- ✓ Efficiency – Does the process maximize benefits of available resources and streamline resources to minimize redundancies?
- ✓ Flexibility – Is the process able to incorporate and adapt to new relevant knowledge and evidence?
- ✓ Integrity – Does the process align with prioritized values?
- ✓ Procedural Justice – Is the process:
 - Transparent?
 - Inclusive?
 - Accountable?
 - Reasonable?
 - Consistent?
- ✓ Respect – Does the process promote cultural respect, acknowledge worldviews and dignity for all involved?
- ✓ Solidarity – Does the process promote meaningful collaboration and support those making the decision and those who must carry out the decision?

ETHICAL DECISION-MAKING GUIDE





1. Gather Information and Learn

Seek a **shared understanding** of the ethical issue(s) of concern, **identify who** ought to be involved in the decision-making process, and **explore the perspectives and worldviews** informing the decision:

ASK:

- What is the ethical issue?
- Who needs to be involved and what is their role in the decision e.g., lead, practice support, advisor, information provider, consultant, partner?
- When and at what stage should these participants be involved?
- Are persons/groups/communities most likely to be impacted involved?
- What are we attempting to achieve in our decision?
- Are we aware of any underlying assumptions or biases involved in the decision?
- What do we know? What do we not know? What can we learn?
- What are the relevant considerations about the person that needs to be gathered?
 - See examples in the 4 boxes below for questions to ask to help gather information related to the person's:
 - **Clinical information,**
 - **Goals and preferences,**
 - **View of life,** and
 - other relevant **contextual factors.**

Clinical Information	Person's Goals and Preferences
<ul style="list-style-type: none"> • <i>What is the person's medical status?</i> • <i>Is the situation acute? chronic? critical? emergent? reversible?</i> • <i>What are the potential benefits and disadvantages of interventions?</i> • <i>Are interventions temporary or long term?</i> • <i>What is the person's prognosis with and without the intervention?</i> • <i>What is the usual experience of persons in similar conditions?</i> 	<ul style="list-style-type: none"> • <i>What is the person's/substitute decision maker (SDM)'s understanding of the situation? Do they understand potential benefits and risks?</i> • <i>What is the person's choice? Is this choice informed?</i> • <i>What are the person's values, hopes, and goals?</i> • <i>Are there spiritual and cultural needs and, if so, how can these be met?</i> • <i>If the person lacks decision-making capacity, who is the decision maker for the person and do they know the person's previously expressed preferences about their care? Are there advance care plans?</i> • <i>If the person's wishes are not known, what would others from similar backgrounds and in similar situations generally prefer?</i>
View of life	Contextual Factors
<ul style="list-style-type: none"> • <i>How does the person view their current life?</i> • <i>What gives/gave the person enjoyment and meaning in their life?</i> • <i>What physical, mental, and social challenges is the person likely to experience with or without the intervention(s)?</i> • <i>How does the person evaluate their potential life?</i> • <i>Does the person have past experiences that may help guide this decision?</i> • <i>Are there biases or previous experiences that might affect the decision?</i> 	<ul style="list-style-type: none"> • <i>Are there family issues, spiritual/religious beliefs, financial considerations, and/or social and cultural factors that may influence the person's/SDM's preference or available choices?</i> • <i>What are the legal issues?</i> • <i>What is the SDM authorized to do? Are there any restrictions?</i> • <i>Are there impactful relationships in the person's life that might be relevant to the case?</i> • <i>What is the person's/SDM's previous experiences with medical interventions, hospitalization, and death of loved ones or others?</i> • <i>Is there awareness of a potential history of trauma, neglect and/or poor outcomes in healthcare? Is there mistrust that needs addressing?</i> • <i>Are there resource limitations or facility constraints with certain options?</i> • <i>How does the person's cultural and psychosocial context impact discharge possibilities?</i> • <i>Is there moral distress among any HCPs and, if so, what is contributing to it and how is it being addressed?</i>



2. Understand and Prioritize Values

Explore which substantive values and principles are relevant to the decision and which ones of these relevant values and principles are to be prioritized. Provide a rationale for substantive values and principles that are prioritized (**Appendix B**):

ASK:

- Which substantive values and principles are most relevant to the decision?
- Which substantive values and principles must be upheld to make this decision?
- What might be lost if a substantive value is set aside, what would justify doing so and what is the rationale?
- Is there consensus? If not, have those who are accountable for the decision provided a rationale for the decision?
- Have decision-makers who are accountable for the decision provided reasons for their decision after all voices and perspectives have been heard and considered equally?



3. Identify and Weigh Options

Given known information and the prioritized substantive values and principles, propose the feasible option(s). Be creative. If additional resources are required beyond what is currently available, provide justification:

ASK:

- Have we explored a range of options?
- What are the possible options?
- Does each option uphold VCH values and the prioritized substantive values and principles?
- What are the trade-offs of each option? If an option explored must set aside a prioritized substantive value, what is the rationale?



4. Decide, Implement and Communicate Decision

Decide and explain how the decision reflects prioritized values and principles and mitigates any shortfalls from values and principles that have not been prioritized. **Implement** and **communicate** the decision:

ASK:

- What is the justification for the decision?
- Who is required to implement the decision? Does everyone understand their roles and responsibilities?
- Has the decision been implemented in a manner that supports the prioritized substantive values and all the procedural values?
- Has the rationale for the decision been effectively communicated to those affected?
- How will the outcomes be assessed?



5. Evaluate and Revisit Decision

Evaluate the need to **revisit** and/or follow up on outcomes of the decision. Adapt the decision based on new information, changing circumstances, or unforeseen consequences:

ASK:

- What circumstances or timeline would prompt a revision and who is responsible for revisiting the decision?
- Is there a need to revisit the decision (e.g., new relevant knowledge, perspectives, voices that may have been missed, an appeal)?
- What lessons can be learned to inform this decision or similar decisions in the future?
- Have those involved been informed of supports for moral distress experienced as a result of the decision?

Appendix A) Procedural Values and Principles

How do we make decisions and work together?

Note: All procedural values and principles must be upheld throughout the decision-making process

Cultural safety and Cultural humility (source ICS policy via VCH policy office)

Cultural Humility – Engage in a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

(Indigenous) Cultural Safety – Reach a desired outcome that can only be defined by the Indigenous person receiving care in a manner that is safe and does not profile or discriminate against the person but is experienced as respectful, safe and allows meaningful communication and service. It is a physically, socially and emotionally and spiritually safe environment, without challenge, ignorance or denial of an individual's identity. It is an outcome of cultural competency, defined and experienced by Indigenous Peoples who receive the service, and their family. To be culturally safe requires positive anti-racism stances, tools and approaches and the continuous practice of cultural humility (*In Plain Sight*, 2020).

Effectiveness - Assess how well something produces an intended goal(s).

Efficiency - Maximize the benefit of available resources and avoid waste.

Flexibility - Adapt to new knowledge and evidence.

Integrity - Align decision-makers' prioritized values with their decisions and actions, to promote trust.

Procedural Justice - Ensure a fair and transparent process throughout the planning and implementation of decisions and uphold:

1. *Transparency:* Act openly and honestly, in a manner that ensures decision making and actions can be understood by people not involved in these activities. Any planning, policy and actions are clear and open to participants' input as well as available to the public as much as possible.

2. Inclusioness: Involve interested persons to the greatest extent possible, address barriers that may impede engagement and promote trust.
3. Accountability: Accept responsibility for one's actions and document and describe the rationale for the decisions made or not made.
4. Reasonableness: Confirm decisions are well grounded, free as possible of bias, evidence-informed, defensible, guided by appropriate process, timely, practical, and open to review and appeal.
5. Consistency: Respond in the same manner to similar circumstances and justify any changes to the ethical decision-making process, guidance, analyses, or rationale to promote trust

Procedural justice includes recognition of reciprocal accountabilities with First Nations, and inclusion of VCH Indigenous Health through all phases of the process.

Respect - Promote, consider, and recognize cultural preferences, worldviews, autonomy/self-determination, and perspectives of people, as possible, to respect the intrinsic worth and dignity of every person and community; provide environments that are socially, spiritually, physically, emotionally and psychologically safe.

Solidarity - Adopt collaborative approaches to understand each other's needs and cooperate in formulating strategic responses and to promote fair and just responses.

Appendix B) Examples of Substantive Values and Principles

Substantive Considerations

What goals or ends should we pursue and how should the values be weighed against one another?

Notes:

- When it is not possible to uphold all substantive values, they must be prioritized with justification provided for those prioritized and those set aside.
- Substantive values/principles should be identified based on the context of the decision/issue being addressed by all relevant parties.
- These are examples of common substantive values/principles in healthcare ethics. This is not an exhaustive list.

Accountability – Be responsible for one's actions and provide justification for one's conduct.

Autonomy – Promote, consider, and recognize the self-determination and perspectives of people.

Beneficence – Engage in actions that promote the well-being of a person or population.

Common Good – Act towards a collective goal (specific "good") that is shared and beneficial for all (or most) members of a given population.

Compassion – Recognize and respond with empathy to the suffering, needs and emotions of others.

Confidentiality – Protect information, unless the disclosure has been appropriately authorized by the persons concerned, through informed consent, or is permitted by law.

Conflict of Interest – Recognize real or perceived situations where a person or population has conflicting responsibilities or interests, causing undue influence from those affiliations.

Conscientious Objection – Withdraw from participating in certain activities or in a particular situation in order not to violate one's categorical (i.e., 'always' or 'never') commitment.

Cultural Respect – Approach persons and populations with respectful inquiry of their unique identity, culture, worldview, and lived experiences in a manner that is emotionally, physically, psychologically and spiritually safe.

Dignity – Acknowledge the inherent worth of every person to be treated with respect and integrity.

Disclosure – Provide information needed to make an informed decision, and information about errors or adverse events in healthcare treatment and/or research.

Distributive Justice – Promote equitable distribution (fairness): Everyone matters equally, but not everyone may be treated the same (See Equality & Equity).

Diversity – Accommodate, support and protect differences, among persons and populations including but not limited to cognitive, cultural, gender/sex-based, physical, political, racial, social, spiritual, and other differences

Duty to Care – Uphold a healthcare practitioner's professional responsibility or legal obligation to provide care to all people in their care.

Empowerment – Enable persons to make informed decisions by providing tools to act in accordance with their choices, values and preferences.

Equality – Ensure all persons are treated with equal respect such that those with similar situations are treated similarly.

Equity – Identify and address unfair burdens on persons and populations, working to minimize systemic or structural inequities by distributing resources to reduce disparities in access.

Family-centered Care – Promote and provide care that facilitates participation of families and support person(s) in collaborative healthcare decision-making.

Fidelity – Uphold trust and loyalty between healthcare practitioners and persons in their care.

Harm Principle – Enable all persons to be free to act as they wish as long as their actions do not cause harm to others.

Integrity – Act according to a set of moral or ethical principles that one has identified as priority.

Least restrictive least coercive – Minimize the limitations and restrictions placed on the autonomy of a person and their ability to make choices for themselves.

Non-maleficence – Act to do no harm or to minimize harm (including but not limited to cognitive, cultural, emotional, physical, racial, social, spiritual).

Objectivity – Maintain impartiality and fairness by evaluating situations or making decisions without bias or personal influence.

People-centered care – Provide care that aligns with a person's needs, values, and preferences, whenever possible.

Privacy – Protect from unwanted intrusion into a person's personal space, private information, and personal affairs.

Proportionality – Ensure that responses are weighed appropriately to the benefits that can be achieved and the harm that may be caused.

Public Good – Promote and support the well-being and benefit of the population, ensuring access to resources and opportunities that improve collective welfare.

Reciprocity – Encourage, as appropriate, mutual exchange and fairness to which persons or populations provide something of equal or commensurate value in return for the benefits received.

Relational Autonomy – Recognize that persons are socially situated and interdependent and make decisions within the context of their relationship(s) with people, places, lands, institutions, and systems.

Respect – Recognize the worth, rights, self-determination, and perspectives of others.

Restorative Justice – Address harms caused by unethical practices in healthcare and work towards rectifying injustices.

Rights – Affirm legal entitlements that protect, and respect, fundamental liberties granted to all persons and populations as authorized by law or society.

Safety – Prevent or reduce harms and implement measures to avoid injury.

Social Justice – Act in manner that explicitly aims to address root causes and existence of inequalities in society.

Social Responsibility – Acknowledge the broader impact of healthcare decisions on society and act accordingly.

Solidarity – Adapt collaborative approaches to understand each other's needs and cooperate in formulating strategic responses.

Stewardship – Manage resources for the benefit of present and future generations.

Utility – Weigh the benefits and the harms, and make decisions, in general, that promote health and minimize the overall harms as much as possible.

Veracity – Communicate based on accurate, relevant, and complete information sufficient so those being informed can make factual and trustworthy decisions.

Voluntariness – Engage in a course of action, freely without coercion.