



Ethics Worksheet

- I** Identify the facts
- D** Determine relevant ethical principles
- E** Explore the options
- A** Act - Recommend and implement

Step 1: Identify the Key Question and Facts

Key Question:

To ensure that the group is working on the same issue, asking the right question is key to help solve that issue. There may be many questions however the challenge is to decide which should be addressed in the time immediately available. Also ensure the right stakeholders are at the table.

State question here:

Clinical/Medical Indications*:

•Client's current health status – history, diagnosis, prognosis? •Type of problem – acute, chronic, critical, emergent, reversible? •Goals of treatment/ intervention? •Probabilities of success? •Plans in case of therapeutic failure? Alternate therapies? •Benefit of treatment/ intervention to client? Harm to be avoided? •Medical risks if service is discontinued?

Client Preferences*:

•Client's preferences re. treatment/intervention? •Is the client capable of making this decision? •If yes, are client's wishes informed, understood, voluntary? •If no, who is substitute decision maker? Does the SDM understand their role? •Does the client have prior expressed capable wishes identified (oral, written, or any other means)? •Client willing or ability to cooperate? If not, why not? •Client's right to choose respected to extent possible in ethics and law?

Quality of Life*:

•Client's assessment of quality of life with and without treatment/ intervention? •Views and concerns of care providers? •Examine the emotional factors influencing each individual, such as existing feelings, values, biases and prior experiences.

Contextual features*:

•Other family involved/significant relationships? •Family issues influencing decisions re. treatment/ intervention? Relevant religious or cultural factors? •Health practitioner issues influencing decisions, e.g., judgments about QOL? •Organizational issues influencing decisions, (e.g., financial/economic factors, wait lists, staffing, resource allocation, etc.), internal hierarchy, internal culture, teaching or research? •Legal implications of decisions regarding treatment/ intervention? •Systemic considerations influencing decision, e.g., determinants of health, stigma, vulnerable/disadvantaged groups, governments' social priorities? •Limits on confidentiality? •Conflict of interest on the part of the providers or the organization? •Organizational values to consider?

****If this ethics case/issue focuses on a particular client/family, discuss whether the consultation should be documented in the client's health record and by whom.***

Adapted from Jonsen, A., Siegler, M., Winslade, W. Clinical Ethics: A Practical Approach to Ethics Decisions in Clinical Medicine, Publisher: McGraw-Hill Medical; 5th Ed., May 22, 2002.

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Step 2: Determine the Relevant Values and Ethical Principles

Identify the relevant values and corresponding ethical principles. Which, if any, principles are unclear, being overlooked, and/or apparently in conflict? In this table, specify the values and principles each stakeholder is trying to uphold and note how these apply to the issue/case.

Values and ethical principles	Application to case/issue?

Step 3: Explore Options

Identify and assess options and alternative courses of action. In this table, identify each option and assess its strengths and limitations relative to Steps 1 and 2. Which relevant statutes, regulations, policies, standards, etc from Step 1 are consistent with each option? Which principles from Step 2 would each option advance or thwart? What are the likely outcomes of each option and how would key stakeholders be affected?

Option	Strengths	Limitations

Which option is most ethically justifiable?

Identify the most ethically defensible option and rationale based on ethical principles, values, likely outcomes, etc. If key stakeholders disagree, can an ethically acceptable compromise be reached?

Step 4: Act & Evaluate

Develop an action plan for the option chosen in Step 3. What action steps should be taken? Who is the best person/group to implement the plan, including a plan to communicate the decision and its rationale? How will the plan be monitored and followed up?

If an ethically defensible option cannot be agreed upon/has not been selected, the following steps will be taken:

Values & Principles

Ontario Shores Values

Excellence – We achieve exceptional performance in all we do through leadership and learning

Innovation - We support the advancement of mental health care through research and creative approaches

Safety – We provide a safe and healing environment for our clients and a sense of security for our patients’ families, our employees and the community at large

Respect – We encourage diversity and treat everyone with dignity, while embracing the rights, beliefs, opinions and contributions of others

Community – We work together as one team, and with families, providers, and the public as our partners, while maintaining mutual trust, transparency and shared purpose to enhance our patients’ quality of life.

Recovery Principles

Hope – inspiring and supporting a vision of optimism for the future that can assist to sustain an improved quality of life

Identity – regaining identity with accepting an illness as but a small part of the whole self

Meaning – Find meaning in their life despite an illness

Responsibility – taking responsibility for one’s own Recovery, including self-management of symptoms and well-being

Substantive Principles re: Preventative Practices

(This list is not exhaustive; other principles may apply).

Recovery focus: Begin from a position of maximizing the freedoms, liberty and autonomy of patients and treating them in ways that are humane and compassionate. Consider how this preventive practice promotes Hope, Identity, Meaning and Responsibility. Would this be an acceptable way to treat a non-patient in our society?

Least Restrictive Measures: Implement the least restrictive strategy necessary to (reasonably) mitigate the harm. It may not be necessary or reasonable to eliminate the risk completely. Consider less risky alternatives prior to preventing access to potential hazards.

Proportionality: Determine individual risk and apply the preventive practice proportionate to the risk. Consider the likelihood and potential magnitude of the harm. The duty to mitigate harm generally increases as the likelihood and magnitude of harm increases.

Equality: Preventive practices should be applied consistently to patients who pose the same/very similar risks in terms of type, magnitude and likelihood.

Equity: Different restrictions/levels of precaution should be applied to individuals or groups of patients insofar as different levels of risk are presented. Ask: Is it necessary or fair to apply the preventive practice to a whole group of people? Will it unduly restrict some people who pose little risk?

Safety Benefits: Determine if the negative effects of the preventive practice outweigh the safety benefits to patients and staff? (e.g., is the potential conflict that the practice may cause is more substantial than the safety increase?)

Consistency: Communicate the preventive practice to everyone involved in the patient's care and carry it out consistently. At regular intervals (or on an 'as required' basis), determine if it is still necessary to employ the practice.

Reciprocity: For every freedom that is restricted, there is a duty to reciprocate by implementing a less risky alternative.

Principles Commonly Used in Healthcare

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

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

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).

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

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

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

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

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

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

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

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

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

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

Code of Ethics for the Community Health and Support Sector

We, as employees of Community Health and Support Sector organizations, are committed to being an integral part of the communities we serve. We are responsible for: acting professionally and in a client-centred manner; upholding the dignity and honour of our clients; and practising in accordance with ethical principles. This Code of Ethics is intended to provide us with specific ethical principles to address situations that we may encounter, and to guide us in our relationships with clients, family members and others in the support team, other health care practitioners, and the public. This code is intended to complement laws, codes and standards of professional practice.

Advocacy: We have the responsibility to help improve the awareness, the accessibility and the quality of our services by advocating on behalf of our clients. We will seek guidance both internally and externally from our organization for those situations that could place the organization and/or its clients at risk.

Client and Employee Safety: We recognize that the community setting represents a unique environment for community and health sector employees. We will take available steps to assess and minimize risk to clients, while being sensitive to their wishes. We will also take necessary measures to ensure the personal safety of employees, and safety concerns of both clients and employees will be reported and addressed in a supportive and non-threatening way. After all options have been considered, we may withdraw services if employee safety is compromised.

Commitment to Quality Services: We are committed to providing the highest quality services that will benefit our clients within available resources.

Confidentiality: Client information is confidential; we will ensure that clients and their legal substitute are informed of their right to consent to the sharing of necessary information with individuals and organizations directly involved in the client's care.

Conflict of Interest: We will not compromise services to our clients for our own personal benefit.

Dignity: In all our interactions we will demonstrate profound respect for human dignity. We will be responsive and sensitive to the diversity among our clients and staff groups.

Fair and Equitable Access: We believe that each individual is entitled to an assessment. We will ensure that services are based on clients' needs, regardless of their income, age, gender, ethnicity or race, physical or mental ability, and any other factors such as diverse behaviors or lifestyle.

Health and Well Being: We will use a holistic approach to clients' health care needs by acknowledging all things important to them in their community.

Informed Choice and Empowerment: We believe that most individuals have the ability and the right to make decisions about their health. We will assist clients to make care plans and life choices in keeping with the client's values, beliefs and health care goals. We will ensure that clients are fully informed of their options and have all the information they need to make informed decisions about their health. Following due process, if the client is determined to be incapable of making these decisions, we will take directions from the client's legal substitute.

Relationships Among Community Agencies: We recognize there may be a competitive element in our working relationships, however we agree to respect one another's roles and to work together in the spirit of collaboration to maximize the effectiveness of client services.