STANTON TERRITORIAL HEALTH AUTHORITY

ETHICS FRAMEWORK AND STRATEGY

2014

Version 2.0

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FEEDBACK QUESTIONAIRE

1. INTRODUCTION [1]

What is Ethics

Ethics as a field of inquiry has no simple or uncontested definition. Generally, ethics is simply the examination of "how people treat each other and why we do the things we do." It is the systemic examination of beliefs, fact and values and the inquiry about the rightness and wrongness of ethical conduct. In many situations, ethical duties and responsibilities are clear and easy to fulfill. In other situations, knowing or doing the right thin may be unclear and difficult. This area of philosophy examines values, actions and choices to assist in decision-making when the choices are uncertain or conflicting values are in play. It is a system of examining a body of principles by which the individual moral content of human actions may be guided and appraised.

Ethical Frameworks

Stanton Territorial Health Authority (STHA) recognizes the importance of an ethical framework in influencing how health care providers make ethical decisions related to the provision of healthcare services. At all organizational levels ethical decisions are complicated by competing obligations. The fine balance between the ethical principles of "do no harm", beneficence and respect for autonomy can challenge obligations felt by health care organizations and provider to utilize all available resource to restore 'health' to patients in their care.

The recognition of inherent ethical challenges in healthcare requires organizations to attend to how health care providers work together and communicate around these difficult issues. In order to best support patients and families, the health care team requires effective tools to deal with ethical dilemmas. In using these ethics tools members of the health care team are better equipped to support patients and families in making informed health care choices. Given the serious implications of many of these situations and decisions it is important to create an environment where patients, families, and health care providers feel they can voice their concerns in a safe, appropriate place.

Code of ethics

The Code of Ethics outlines the responsibilities of a profession to society and expected ethical behaviour. The code describes a profession's guidelines for acceptable actions, behaviour or conduct. Within the STHA, health and on-health employees, such as Finance operate under the Code of Ethics of their professional group. In Appendix 1, STHA's professional and certified groups are listed as well as their affiliated professional association. A website link is provided to the Code of Ethic for each professional and certified group.

[1] South shore Health Ethical Decision Making in the Workplace, #AD-110-200, August 7/08, Version #2

2. STATNTON TERRITORIAL HEALTH AUTHORITY

Vision

The best health care for everyone.

Mission

Caring people providing excellent and culturally sensitive health services as a territorial referral centre to residents of the Northwest Territories and the Kitikmeot region of Nunavut.

Values

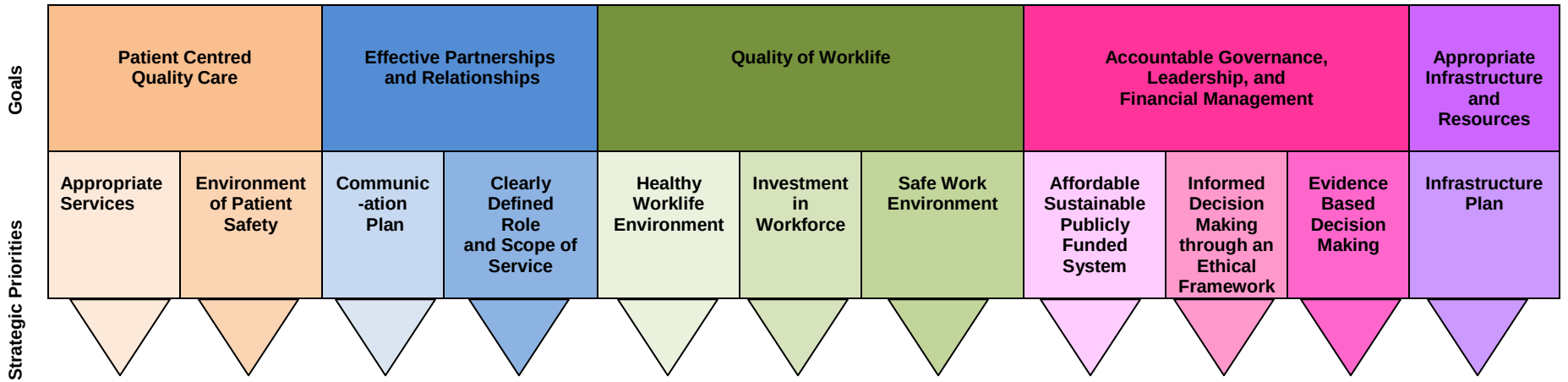
We Value:

- people, treat them with respect and dignity, and believe in their ability and desire to improve their health and make informed decisions about their health care.
- partnerships with individuals, families, and communities in addressing health care issues
- staff, their knowledge, skills, creativity, initiative, and expertise
- service delivery that is grounded in best practices and experience, and that meets the needs of those we serve
- the role of the regional health authorities

Stanton Territorial Health Authority

Strategic Plan (2009-2014)

GOALS AND STRATEGIC PROCEDURES



3. STANTON TERRITORIAL HEALTH AUTHORITY ETHICS COMMITTEE

STHA Ethics Committee

The STHA Ethics committee meets eight times a year and is responsible for providing resources for education and consultation on ethical issues related to health. The membership is diverse and included physicians, nurses, clergy, social workers, allied health, community representatives, a patient representative, and administrative representatives. The committee operates within a value system that includes communication; patient focus / cultural awareness' teamwork; accountability; and visibility / accessibility. The Terms of Reference for the Ethics Committee are provided in Appendix 2.

In recent years, the Ethics committee has been primarily focused on completing ethical reviews and ethical approval of all research protocols of the STHA and/or reviews at the request of the other regional health authorities. The committee ensures that he interests of human subjects are protected when research is approved. Other functions are also part of the mandate of the committee such as sharing ethical frameworks to aid staff / stakeholders / partners in ethical decision making;incorporing the ethical framework into decision making throughout the facility; providing policy ethical reviews; case consultations; establishing links with other cultures in order to provide a multicultural perspective as the need arise; and participating in public consultation, if appropriate and required.

The Ethics Committee has an important role in ethics education as well. Forums for education on bioethics issues and discussions on clinical ethical issues are planned with the purpose of enhancing capacity and understanding of ethics with STHA staff and stakeholders / partners. The *Ethics Framework and Strategy* document will be put on the STHA website along with the Ethical dilemmas, Problems and concerns Identification Form.

Management of Ethical Dilemmas, Problems and Concerns

. The workplan for 2014-2015 will focus on education, utilization of the ethics model and staff involvement in ethical dilemmas . One of the components of this workplan will be a detailed outline of how ethical dilemmas, problems and concerns are processed by the committee with Stanton Territorial Health Authority. The first step will be identification by the public, staff, stakeholders and partners, of ethical problems by filing out an submitting the Ethical Dilemma, Problem and Concern Identification Form **(Appendix 3)** that is available at the hospital or on the website for downloading.

4. STATNON'S THREE ETHICAL FRAMEWORKS / MODELS

Frameworks provide a model or system of problem analysis when ethical problems or decisions need to be addressed. They assist in the collection and organization of information and possible solutions. The framework is not a prescription for ethical discussion and action. It is merely a guide and should be flexible and adaptable.

Stanton Territorial Health Authority utilizes three frameworks / models in its ethical considerations; a framework for ethical decision-making (clinical) situations; an ethical decision-making model for system level decision making (resource allocation or when overall directions or policies are being developed; and a research ethical framework. These three are detailed in the following pages;

(A) A Clinical Ethical Framework:

A Framework for Ethical Decision-Making by Michael McDonald with additions by Paddy Rodney and Rosalie Starzomski.

(B) An Ethical Framework for system Level Resource Allocation / Policy Decisions

Ethical Framework for Making Middle level Health Care Allocation Policy Decisions by Michael McDonald

(C) An Ethical Model for Research and Studies:

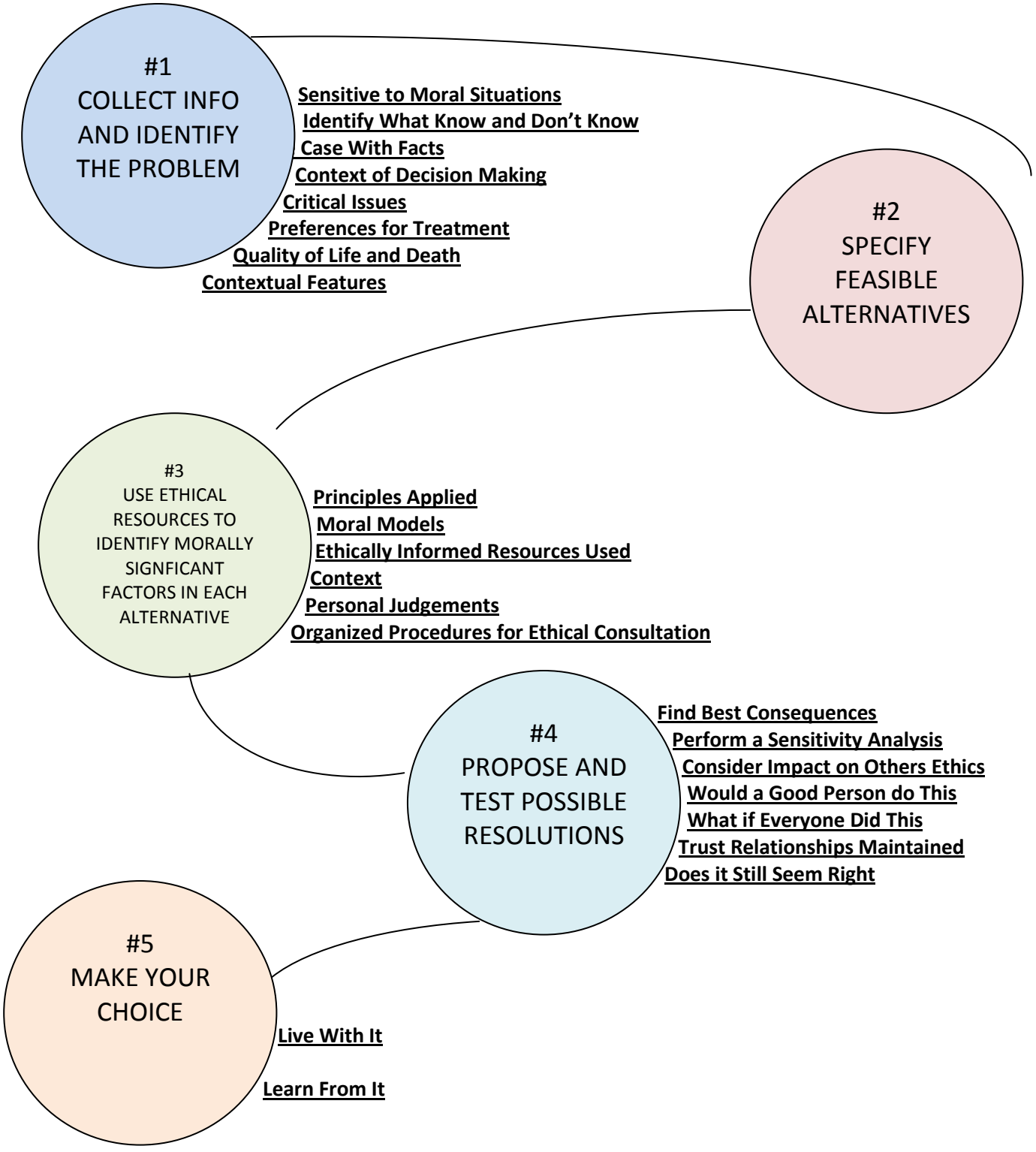
An Ethical Review of Research or Other Studies Involving Human Subjects developed and used by the STHA Ethics Committee

GUIDING PRINCIPLES FOR THE ETHICAL FRAMEWORKS

The following principles are most often used in health care ethics. They provide one of the filters used in the analysis of an ethical issue and are best used in conjunction with other ethical approaches:

- **Autonomy**: the duty to respect individual liberty, value, beliefs & choices
- **Non-maleficence**: the duty not to inflict harm or evil.
- **Beneficence**: the Duty to treat equals equally & those who are unequal by their need
- **Fidelity**: the duty to honor commitments
- **Confidentiality**: the duty no to disclose information shared in an intimate and trusted manner
- **Informed Consent**: to protect the autonomy of patients in therapeutic or research procedure. The act of consent must be genuinely voluntary, free of coercion and there must be adequate discloser of information.

Stanton Territorial Health Authority
A FRAMEWORK FOR ETHICAL DECISION-MAKING (Clinical)
By Michael McDonald



(A) A Framework for Clinical Ethical Decision-making

Version 6.0 Ethics Shareware (Jan. '01) by Michael McDonald (a) with additions by Paddy Rodney and Rosalie Starzomski (b)

1. Collect information and identify the problem

1.1 Be alert; be sensitive to morally charged situations. Look behind the technical requirements of your job to see the moral dimensions. Use your ethical resources to determine relevant moral standards (see Part III). Use your moral intuition.

1.2 Identify what you know and don't know. While you gather information, be open to alternative interpretations of events. So within bounds of patient; and institutional confidentiality, make sure that you have the perspective of patients and families as well as health care providers and administrators. While accuracy and thoroughness are important, there can be a trade-off between gathering more information and letting morally significant options disappear. So decisions may have to be made before the full story is known.

1.3 State the case briefly with as many of the relevant facts and circumstances as you can gather within the decision time available.

- What decisions have to be made?
- Who are the important decision makers? Remember that there may be more than one decision maker and that their interactions can be important.
- Be alert to actual or potential conflict–of-interest situations. A conflict-of–interest is "a situation in which a person, such as a public official, an employee, or a professional, has a private or personal interest sufficient to appear to a reasonable person to influence the objective exercise of his or her official duties." These include financial conflicts of interest (e.g. favoritism to a friend or relative). In some situations, it is sufficient to make known to all parties that you are in a conflict-of-interest situation. In other cases, it is essential to step out of a decision-making role.

(c)

1.4 Consider the context of decision-making. Ask yourself why this decision is being made in this context at this time? Are there better context for making this decision? Are the right decision makers included?

Consider the following questions:

Clinical Issues

- What is the patient's medical history/diagnosis/prognosis
- Is the problem acute? chronic? critical? emergent? reversible?
- What are the goals of treatment?
- What are the probabilities of success?
- What are the plans in case of therapeutic failure?
- In sum, how can the patient be benefitted by medical, nursing, or other care, and harm avoided?

Preferences for Treatment

- What has the patient expressed about preferences for treatment?
- Has the patient been informed of benefits and risks; understood, and given consent?
- Is the patient mentally capable and legally competent? What is evidence of incapacity?
- Has the patient expressed prior preference, e.g. Personal Directives?
- If incapacitated, who is the appropriate surrogate? Is the surrogate using appropriate standards?
- Is the patient unwilling or unable to cooperate with treatment? If so, why?
- In sum, is the patient's right to choose being respected to the extent possible in ethics and law?

Quality of Life/Death

- What are the prospects, with or without treatment, for a return to the patient's normal life?
- Are there biases that might prejudice the provider's evaluation of the patient's quality of life?
- What physical, mental and social deficits is the patient likely to experience if treatment succeeds?
- Is the patient's present or future condition such that continued life might be judged undesirable by him/her?
- Are there any plans and rationale to forego treatment?
- What are the plans for comfort and palliative care?

Contextual Features

- What chapter is this in the patient's life?
- Are there family/cultural issues that might influence treatment decisions?
- Are there provider (e.g. physician and nurse) issues that might influence treatment decisions?
- Are there religious, cultural factors?

- Is there any justification to breach confidentiality?
- Are there problems of allocation of resources?
- What are the legal implications of treatment decisions?
- Is there an influence of clinical research or teaching involved?

2. <u>Specify feasible alternatives</u>

State the live options at each state of decision –making for each decision –maker. You then should ask what the likely consequences are of various decisions. Here, you should remember to take into account good or bad consequences not just for yourself, your profession, organization or patients, but for all affected persons. Be honest about our own stake in particular outcomes and encourage others to do the same.

3. <u>Use your ethical resources to identify morally significant factors in each alternative</u>

3.1 Principles: These are principles that are widely accepted in one form or another in the common moralities of many communities and organizations.

- **Autonomy:** Would we be exploiting other, treating them paternalistically, or otherwise affecting them without their free and informed consent? Have promises been made?

- **Non-maleficence:** Will this harm patients, caregivers, or members of the general public?

- **Beneficence:** Is this an occasion to do good to others? Remember that we can do good by preventing or removing harms.

- **Justice:** Are we treating others fairly? Do we have fair procedures? Are we producing just outcomes? Are we respecting morally significant rights and entitlements?

- **Fidelity:** Are we being faithful to institutional and professional roles? Are we living up to the trust relationships that we have with others?

3.2 Moral models: sometimes you will get moral insight from modeling your behaviour on a person of great moral integrity.

3.3 Use ethically informed sources: Policies and other source materials, professional norms such as institutional policies, legal precedents, and wisdom from your religious or cultural traditions.

3.4 **Context:** contextual features of the case that seem important such as the past history of relationships with various parties.

3.5 **Personal judgments:** Your judgments, your associates, and trusted friends or advisors can be invaluable. Of course, in talking a tough decision over with others, you have to respect client and employer confidentiality. Discussion with others is particularly important when other decision-makers are involved, such as your employer, co-workers, clients, or partners. Your professional or health care association may provide confidential advice. Experienced co-workers can be helpful. Many forward-looking health care institutions or employers have ethics committees or ombudsmen to provide advice. Discussion with a good friend or advisor can also help you listening and offering their good advice.

3.6 **Organized procedure for ethical consultation:** consider a formal case conference(s), an ethics committee, or an ethics consultant.

4. Propose and test possible resolutions

4.1 **Find the best consequences overall**
Propose a resolution or select the best alternative(s), all things considered.

4.2 **Perform a sensitivity analysis**
Consider your choice critically: which factors would have to change to get you to alter your decision? These factors are ethically pivotal.

4.3 **Consider the impact on the ethical performances of others**
Think about the effect of each choice upon the choices of other responsible parties. Are you making it easier or harder for them to do the right thing? Are you setting a good example?

4.4 **Would a good person do this?**
Ask yourself what would a virtuous person – one with integrity and experience – do in these circumstances?

4.5 **What if everyone in these circumstances did this?**
Formulate your choice as a general maxim for all similar cases.

4.6 **Will this maintain trust relationships with others?**
If others are in my car or otherwise dependent on me, it is important that I continue to deserve their trust.

4.7 Does it still seem right?

Are you and the other decision maker still comfortable with your choice(s)? If you do not have consensus, revisit t he process. Remember that you are not aiming at "the" perfect choice, but a reasonably good choice under the circumstances.

5. Make your choice

5.1 Live with it

5.2 Learn from it

This means accepting responsibility for your choice. It also means accepting the possibility that you might be wrong or that your will make a less-than-optimal decision. The object is to make a good choice with the information available, not to make a perfect choice. Learn from your failures and successes.

Postscript

This framework is to be used as a guide, rather than a "recipe" ethical decision-making is a process best done in a caring and compassionate environment. It will take time, and may require more than one meeting with patient, family, and team members.

Feel free to share this framework with others. If you reprint or distribute it, please let the author know, Comments are welcomed. All substantive comments and request to the author at: mcdonald@ethics.ubc.ca

a. The W. Maurice Young Centre for applied Ethics, University of British Columbia. Dr. Michael McDonald is an ethicist and philosopher in the Centre for Applied Ethics.

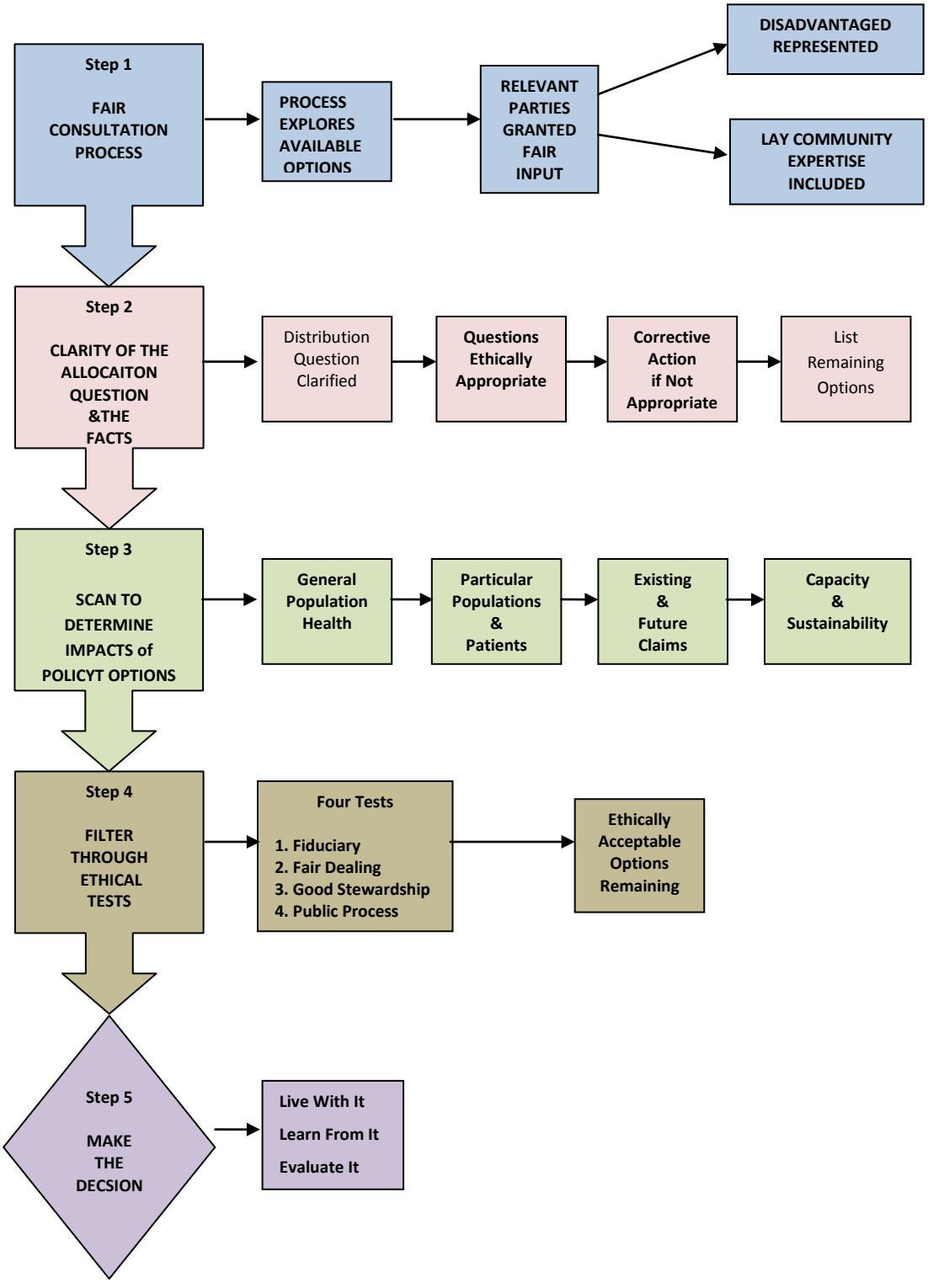
b. School of Nursing, University of Victoria

c. See "Ethics and conflict of Interest" by Michael McDonald at http://www.ethics.ubc.ca/people/mcdonald/conflict.htm

Stanton Territorial Health Authority

ETHICAL FRAMEWORK FOR RESOURCE ALLOCATION

APRIL 2009



(B) An Ethical Framework for Resource Allocation

An Ethical Framework for Making Middle Level health Care Allocation Policy Decisions
By Michael McDonald

Step One

Set-up a good and fair consultation process

Fairness is not simply about what you decide but it is also about how you decide. The process matters in tow crucial respects:

1. Is the process likely to yield useful information about available options?

2. Does the process make room for the relevant parities to have a fair say, especially when they are likely to be seriously impacted by the decision?

    - Does the process include competent representation of the interests of those who are unable or disadvantaged speaking for themselves? If not, what steps will be taken to remedy this?

    - Is participation in the process sufficiently inclusive of lay community expertise?
        - Does the process avoid professional and expert imperialism?
        - Does the process assume a deficit model of patient, family, and public understanding?

Step Two

Get the allocation question and relevant facts clear

1. Clarify the distribution question by asking:
    - What is being (re)distributed?
    - By which decision-makers?
    - To what persons?
    - From which persons?
    - For what reasons?

2. Are any of these ethically inappropriate?
    - Watch for the wrong goods, wrong decision-makers, wrong recipients and wrong reasons!
    - Wrong goods or bads – e.g. assessing social worth
    - Wrong decision-makers – e.g. lack of expertise, conflicts of interest
    - Inappropriate recipients – e.g. over-served populations

- Bad or weak reasons – e.g. prejudicial, lacking a sufficient health care rationale, too much or too little professional discretion.

3. If the answer to any of the above is positive, take appropriate corrective action, (e.g. by bringing in unbiased decision-makers or adding expertise).

4. List the options remaining.
   - If you identify the need for more information, then repeat Step One as needed within the time available for decision-making. If you need to repeat the process, think again about the adequacy of the consultation process in Step One.

Step Three

Look up, look down and look all around: determine impact of various policy options.

As a meso level decision-maker you are in the middle so you need to look up (to major-level policy), look down (to micro-level policy) and all around (to impacts of the policy on the rest of the meso level).[2] In particular, examine the implications of the policy options for:

1. General population health
   - What is the situation without a policy change?
   - How will the situation be altered by various policy options?
   - Is the situation better or worse than before?

2. Particular populations and patients
   - Identify special health care needs and issues
   - Watch for situations where specific populations or individuals are continually being sacrificed for the good of others
     - Put yourself in the shoes of members of affected populations, and ask if you would feel that you had been fairly treated?

3. Existing & future claims (including claims of professionals, other health service providers, communities and patients)
   - Who is entitled to what, from whom, and under what conditions?
   - How will each option change this?
   - Is this a legitimate change?

[2] See Glossary

4. Systemic capacity and ethical sustainability
    - Watch out for robbing Peter (one part of the health care system) to pay Paul (another part)
        - Are you simply off-loading costs to patients, patient families and the general community?
    - Do you have the right accountability measures and relationships in place?
        - Don't ignore care, palliation, chronic illness
    - Are you making it harder for other people in or affected by the health care system to do the right thing?

Step Four

Ethical tests and considerations

In conduction an ethics-based analysis of policy options, certain ethical issues deserve special attention.

1. Use four key tests to evaluate the choices available.
    - Fiduciary Test: are you dealing fairly with all parties by respecting their rights
        - All parties includes patients, families, providers, and the general population
        - Rights include legal and moral rights; some rights are to specific outcomes and others are to fair processes
    - Good Stewardship Test: are you acting as a good steward by using public resources efficiently for legitimate intended purposes
    - Public Processes Test: are you using open and accountable processes
2. Are there any ethically acceptable options remaining?
    - Not everyone will necessarily agree on the best option. Sometimes you will be choosing from within a range of relatively good options and at other times it will be a choice from a set of relatively poor options. But remember that there are times when principles people have to say there are no morally acceptable options remaining. As a meso level (middle) decision-maker you can be put between a rock and a hard place by those at the macro (top) level, the meso level or the micro (lower) level.
3. If yes, proceed to Step 5.

4. If no, then act with integrity.

    - Ask for moral space from those who have left you with no room to make an ethically acceptable choice whether it be from the micro, meso or macro level.
    - If they can't or won't provide this space, then you have hard decisions to make about resignation and going public.

Step Five

From the remaining options (if any) make your decision & learn from it

1. Make the decision.

2. Live with it.

3. Learn from it.

    - Formal steps for evaluating decision and policy-making processes can be very helpful for ensuring that everyone learns from the policy-making experience. This highlights the need for good CQI processes and measures.
    - Develop and use an informative consultation process to test the perspectives of affected groups to see how your decisions impacted them.
        - The questions in Step One can also be helpful for this.

(C) An Ethical Framework for Research and Studies

"Ethical Review of Research or Other Studies Involving Human Subjects"

A Framework for Decision –Making

Research project name:_____

Principles Investigators:_____

Other STHA Staff Involved in project;_____

			*Expected Response
1.	**AUTONOMY**		
	Would we be:		
	a) exploiting others	yes___no___	No
	b) treating them paternalistically	yes___no___	No
	c) affecting them without their free & informed consent	yes___no___	No
	d) have promises been made	yes___no___	No
2.	**NON-MALEFICENCE**		
	Will this harm:		
	a) patients	yes___no___	No
	b) caregivers, or	yes___no___	No
	c) members of the general public	yes___no___	No
3.	**BENEFICENCE**		
	a) is this an occasion to do good to others	yes___ no___	Yes
	b) balancing benefit/risk	yes___no___	Yes
4.	**JUSTICE**		
	a) are we treating others fairly	yes___no___	Yes
	b) do we have fair procedures	yes___no___	Yes
	c) are we producing just outcomes	yes___no___	Yes
	d) are we respecting morally significant rights and entitlements	yes___no___	Yes
5.	**CONSENT**		
	a) is consent clearly written and easy to understand	yes___no___	Yes
	b) is the information sheet clearly written & easy to understand	yes___no___	Yes

***In order for approval, all criteria must meet expected response in all 5 categories.**

Ethics Committee Reviewers & Signatures

1. _____

2. _____

3. _____

Approved:_____ Not Approved_____

.....

(This section to be completed after Ethics Committee Meeting in which research project is officially approved.)

Date approved at Ethics Committee:_____

Signature of Ethics Chairperson(s):

_____

_____

5. STRATEGIES TO INCREASE ETHICS CAPACITY & AWARENESS

The goal of STHA is to increase capacity and awareness in the area of ethics through education and discussions targeted primarily for the Ethics Committee, staff, and stakeholders and partners.

As a small health authority, Stanton Territorial Health Authority does not have a specific position dedicated to the ethics area. Staff who sit on the Ethics Committee have many other duties associated with their positions and limited time to dedicate to ethics capacity and awareness.

Ethics Committee

- The Ethics Committee will develop a work plan to increase capacity of the committee, STHA staff, and partners and stakeholders.
- Committee members, along with senior management staff, will identify and participate in ethics education sessions to increase their capacity and understanding.
- Committee members will attend staff meetings to discuss the role of the Ethics Committee, and ethical issues brought forward.
- Committee members, with middle management staff, will arrange for regular staff sessions with ethical scenarios that will include health and non-health staff.

STHA Staff

- Each group of staff deals with different ethical issues so sessions must be targeted to the appropriate group
- Information sessions on ethics with practical scenarios will be most beneficial to the staff
- Middle Management will participate in the sessions and the organization of the sessions

Partners & Stakeholders

- One key issue a year could be addressed in a forum format with partners and stakeholders invited. Awareness will slowly increase.

6. REFERENCES

WEBSITES:

Applied Ethics Resources on the Worldwide Web
http://www.ethicsweb.ca/resources/

George Washington University – A Framework for Resolving Ethical Dilemmas in Healthcare
http://learn.gwumc.edu/hscidist/LearningObjects/EthicalDecisionMaking/index.htm

Government of the Northwest Territories Department of Health and Social Services:
http://www.hlthss.gov.nt.ca/English/publications/pubresult.asp?ID=178 (this link does not work)
http://www.hss.gov.nt.ca/ (so I replaced it with this one)

Markkula Centre for Applied Ethics – Santa Clara University, CA. USA
http://www.sce.edu/ethics/practicing/decision/ - (this link does not work)
http://www.scu.edu/ethics/practicing/focusareas/medical/ (so I replaced it with this one)

National Institutes of Health, the Department of Bioethics (USA)
http://www.bioethics.nih.gov/research/clinical.shtml (this link does not work)
http://www.bioethics.nih.gov/home/index.shtml (so I replaced it with this one)

Provincial Health Ethics Network (Alberta)
http://www.phen.ab.ca/

South Eastman Health (Manitoba)
http://www.sehealth.mb.ca/

South Shore Health – Nova Scotia, Canada
http://www.ssdha.nshealth.ca/

UNESCO/IUBS/EUBIOS Bioethics Dictionary
http://www.unescobkk.org/index.php?id=3613(this link does not work)
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University of Toronto – Joint Centre for Bioethics
http://www.jointcentreforbioethics.ca/services.consultation.shtml (this link does not work)
http://www.jointcentreforbioethics.ca/ (so I replaced it with this one)

Vancouver Island Health Authority Ethics
http://www.viha.ca/ethics (this link does not work)
http://www.viha.ca/rnd/research_ethics/ethical_principles_and_standards.htm (so I replaced it with this one)

W. Maurice Young Centre for Applied Ethics – University of British Columbia
http://www.ethics.ubc.ca/

World Health Organization, Health and Ethics
http://www.who.int/ethics/en/

7. GLOSSARY[3]

Autonomy: In bioethics, autonomy typically refers to the patient's right to self-determination concerning medical care. It supports such moral and legal principles as respect for persons and informed consent.

Beneficence: The principle of beneficence involves duties to prevent harm, remove harm, and promote the good of another person.
In bioethics, beneficence refers to the obligation of health care professionals to seek the wellbeing or benefit of the patient.

Confidentiality: This is fundamentally an issue of who is to control the dissemination of certain information.
In the pledge of confidentiality typically found in codes of professional ethics, the professional promises no to reveal information about a patient and/pr client without consent. Ethical questions are acute when protecting the confidence of a client and/or patient would result in general social harem or infringements of the rights of other parties.

Consequentialism: The name given to ethical theories that hold that moral right, wrong, and obligation depending solely on the value of the consequences (effects, results) of what we do.

Ethical Dilemma: Being in the situation where two or more values seen relevant and they support different, even inconsistent, courses of action.

Ethics: The critical examination of norms and reasons for human conduct from the moral point of view – i.e. attempting insofar as possible to achieve full information, sensitivity to and impartiality between the interests of all parties involved, and mutual agreement between all those taking this perspective.

> **Bioethics** is a form of applied normative ethics that involves the application f general ethical principles and rules to specific moral problems that arise in medical practice, the provision of health care, and scientific research.

Informed Consent: According to the requirement of informed consent, no procedure can be performed until the patient or client (a) has been informed of the nature of the procedure, risks, alternative, and the prognosis if the procedures is not done; (b0 has been determined to be mentally competent to give or refuse consent; and (c) has given a free and willing consent to having the procedure done. This is a principle of law and general ethics, as well as a provision in some professional codes of ethics. In emergency situations, consent to life-saving treatment is 'presumed".

[3] Glenn C, Graber's Applied Ethics Glossary. Provincial Health Ethics Network (Alberta); and UNESCO/JUBS/EUBIOS Bioethics Dictionary; and South Shore Health Ethical Decision Making in the Workplace, #AD-110-200, August 7/08, version#2, and Vancouver Island Health Authority Clinical Ethics – Health Ethics Handbook

Justice: As a general moral concept, justice requires that persons be given what they are due. Theories of justice have specified different criteria upon which such a determination can be made of, for example, societal benefits might be distributed to persons based on equality, need, effort, merit or contribution to society. In bioethics, distributive justice is especially important in decisions about the fair allocations of health care resources.[4]

Macro: Macro decisions concern the allocation of resources at the provincial and national government level. These kinds of decisions determine how much should be allocated to health care in comparison to the amount of resources that are allocated to education or other areas of the government budget. It is important to note that macro and meso level allocation decisions profoundly affect micro level allocation decisions by those working in health care.[5]

Meso: Meso level resource decision making occurs at the organizational level. This could be at the intuitional level or at the regional level of STHA. Meso allocation decisions concern how to divide health care resources. How much should we spend on pre-natal care, emergency care, long-term care and so on?[6]

Micro: Micro allocation is the distribution of services to individual patients. The primary decision here is a professional determination of whether the individual would benefit from a service, and whether the person wants the service. Individual health care professionals or health care teams typically make micro-allocation decisions[7].

Moral Problems: Moral problems present a clash of competing rights, values, or goods. Professional technical analysis may be important to the solution of these problems, but ethical analysis is necessary as well.

Nonmaleficence: The principle of nonmaleficence prohibits the infliction of harm injury, or death upon others, and supports more specific moral rules such as the prohibition of killing. Nonmaleficence is related to the maxim primum non nocere ("above all, or first, do no harm"), which is widely used to describe the duties of health care professionals. The duty no to harm others is typically considered more stringent than the duty to benefit others and it also imposes moral limits on autonomy. [8]

Pain and Suffering: "Pain" in its broadest sense includes suffering and refers to any quality of feeling which is normally experienced as disagreeable or undesirable and which we normally wish to avoid for its own sake.
In a narrower sense, however, pain and suffering may be distinguished as follows:

[4] Carol Levine (ed.) Cases in Bioethics: Selections from the Hastings Centre Report (New York: St. Martin's Press, 1989), pp 287-290
[5] Vancouver Island Health Authority, Clinical Ethics – Health Ethics Handbook; p51
[6] ibid
[7] ibid
[8] Carol Levine (ed.) Cases in bioethics: Selections from the Hastings Centre Report (New York; St. Martin's Press, 1989), pp 287-290

"Pain" in the narrower sense refers to localized bodily disagreeable feelings such as those resulting from bodily lesions, infections, cuts, bruises, burns, cramps, broken bones, poisons, stings, etc.
"Suffering" by contrast refers to such non-localized disagreeable feelings as are involved in depression, anxiety, uncertainty, guilt, shame, grief, boredom, sadness, fear, anger, terror, alienation, loneliness, etc.

Paternalism: paternalism assumes a parent (father)-child relationship in which an authority figure acts to benefit the subordinate party even against his or her desires or choices.
Medical paternalism normally involves the refusal of a health care professional to accept the wished, judgments or acts of a patient on the grounds that the health care professional knows best.
Paternalism is widely viewed as morally suspect because of its assumptions of moral inequality in the professional-patient relationship and because it violates patient autonomy. However, paternalism is usually considered warranted if the patient's capacity for autonomous choice and competent decision-making is restricted or impaired.[9]

Professional: A professional is a person who has made a specific commitment to meet a need, and has received certification by a largely self-regulating body to which she or he belongs, confirming public expectations of training and skill to meet that need. Contrast terms are "nonprofessional" or "layperson"

Professional Ethics: A set of ethical principles generated by a group of professionals and designed specifically to govern their professional practice. Controversy arises when principles of professional ethics appear to claim immunity on behalf of professionals from general ethical obligations – e.g. when a doctrine of therapeutic privilege is invoked to justify deception.

Proxy Consent: Voluntary informed consent given on behalf of another who is for some reason incapable of giving it for herself or himself. The proxy, frequently a family member or relative, may be appointed by the court or designated by the patient through an advance directive.

Resource: A source of supply for some human necessity, deficiency or desire. Resources may be financial, information, aid or support, material, energy or features of the natural environment.

Resource Allocation: Societal or institutional decisions about the distribution of available resources, for example resource allocation to and within government policies, research programs, health care and medical resources.

[9] ibid

Respect for Persons: The moral principle of respect for persons is based on the maxim that a person should never be treated simply as a means, but always as an end. At a minimum, it requires providing reasons or moral justification for actions that infringe upon the liberty and life plans of others. Respect for persons supports moral rules, such as privacy, confidentiality, and telling the truth.[10]

Risk-Benefit Analysis: Risk-benefit analysis weighs the probability and magnitude of potential harm against the probability and amount of potential benefit. Various measures of harm and risk are sued. This form of analysis is widely used to set standards of safety and health for the workplace and to assess medical technologies.[11]

Values: What we choose as worthwhile or believe to have merit, in a general or broad sense. Values should be freely and thoughtfully chosen.

Values Conflict: When those things we value are in opposition to another's value or organizational code of ethics.

Virtues: Values turned into actions.

[10] ibid
[11] ibid

8. APPENDICES

APPENDIX 1

CODE OF ETHICS – STHA PROFESSIONAL GROUPS

THE CODE OF ETHICS FOR STHA PROFESSIONAL GROUPS

The following professional / certified groups make up the STHA workforce and follow a Code of Ethics though their professional association. Certified groups may not have a Code of Ethics but may have A Code of Conduct / Practice through their certification associations. Provided below are the groups and their associations as well as websites to their Code of Ethics wherever possible.

GNWT Department of Human Resources – Code of Conduct for all employees

Biomedical Engineering
Certified Ophthalmic Technicians
Certified Ophthalmic Medical Technologists
Certified Professional Purchasers
Dieticians
Finance
- **Certified General Accountant**
- **Certified Management Accountants**
- **Chartered Accountant**

Health Service Executives
Licensed Practical Nurses
Medical laboratory Technologists
Medical Radiation Technologists
Occupational Therapists
Pharmacists
Physicians
Physiotherapists
Recreational Therapists
Registered Nurses (includes Nurse Practitioners)
Respiratory Therapists
Speech-Language Pathologists
Social Workers

GNWT Department of Human Resources: Code of Conduct for GNWT Employees

http://www.hr.gov.nt.ca/intranet/publications/documents/CodeofConduct.pdf (this link did not work)
http://www.hr.gov.nt.ca/human-resource-manual/0000-code-conduct/001b-code-conduct-general (I replaced it with this one)

Biomedical Engineering: Association of Professional Engineers, Geologists and Geophysicists of the Northwest Territories (NAPEGG)

The amplification of the Code of Ethics NAPEGG By-Laws can be found on the flowing website:

http://www.napegg.nt.ca/pub.htm (this link did not work)

http://www.napeg.nt.ca/files/Document%20Library/NAPEG%20Code%20of%20Ethics%20-%20Approved%20May%2015,%202013.pdf (I replaced it with this one)

Certified Ophthalmic Technician and Certified Ophthalmic Medical Technologist: Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO)

The Certified Ophthalmic Technicians and the Certified Ophthalmic Medical Technologists follow the Code of Ethics (for Ophthalmic Allied Health Personnel) through the Association of Technical Personnel in Ophthalmology that can be found on the following website:

http://www.atpo.org/2007%20Codeof%20Ethics.pdf (this link did not work)
http://www.atpo.org/Documents/New/2007%20Code%20of%20Ethics.pdf (I replaced it with this one)

Certified Professional Purchaser: Purchasing Management Association of Canada

The Certified Professional Purchaser (C.P.P.) designation sets the national standard for excellence in supply chain management in Canada. Adherence to the following code of ethics ensures the highest level of integrity:

http://www.pmac.ca/about/ethics.asp (this link did not work)
http://www.humber.ca/purchasing/policies/pmac_codeofethics.pdf (I replaced it with this one)

Dietitians: Canadian Dietitian Association

Professional dietitians/nutritionists practicing the art and science of dietetics have the following code of ethics:

http://www.dietitians.ca/public/content/career_in_nutrition/code_of_ethics.asp (this link did not work)
http://www.dietitians.ca/downloadable-content/public/code_of_ethics.aspx (I replaced it with this one)

Finance: CGA; CMA; and CA

Certified General Accountants: Certified General Accountants Association of Canada

The code of Ethical Principles and rule of conduct for Certified General Accountants can be found on the following website:

http://www.cma-canada.org/index.crf?ci_id=1375&1a+id=1 (this link did not work)
http://www.cga-canada.org/en-ca/Pages/default.aspx (I replaced it with this one)

Certified Management Accountants: Certified Management Accountants National

Each CMA jurisdiction in Canada has its own code of Ethics. Review partner Codes by going through the website at www.cma-canada.org and by clicking on "Provinces" on the top line and then selecting a province such as Ontario, British Columbia, etc.

http://www.cma-canada.org/index.cfm?ci_id=1375&1a_id=1

Chartered Accountants: Canadian Institute of Chartered Accountants

The Code of Ethics for Chartered Accountants can be found on the following website:

http://ocaq.qc.ca/pdf/ang/2_protection/2_3_concordance.pdf

Health Service Executives: Canadian College of Health Service Executive

In fulfilling their responsibilities, members are expected to maintain high ethical standards in their personal and professional behaviour and to act in accordance with the College values. Every management decision affects the health and well being of individuals, organizations and communities therefore executives must assess the consequences of their decisions and actions and accept responsibility for their results. Members must speak out and strive for the most ethical course of action, both by themselves and thought the organizations they lead. All members of the College are required to comply with the Code of Ethics and the related policies and procedures.

Members of the College shall maintain a high standard of conduct, and act with fairness, integrity and dignity, and in a manner not detrimental to the interest of the public, their employer or the College. They shall not violate any laws in the performance of their duties.

http://www.cchse.org/default_membership.asp?active_page_id=2212 (this link did not work)

https://cchl.in1touch.org/document/536/CCHL_CodeEthics_EN.pdf (I replaced it with this one)

Licensed Practical Nurses; Practical Nurses Canada

The Code of Ethics for LPNs can be found on the following website:

http://www.pncanada.ca/who.shtml#code (this link did not work)
http://www.clpna.com/wp-content/uploads/2013/02/doc_CCPNR_CLPNA_Code_of_Ethics.pdf (I replaced it with this one)

Medical Laboratory Technologists: Canadian Society for Medical Laboratory Science

The society does not have a code of Ethics but the following Code of Professional Conduct encompasses many of the ethical issues affecting the profession:

http://www.csmls.org/englich/conduct.htm (this link does not work)
http://www.csmls.org/About-Us/Who-We-Serve/Code-of-Conduct.aspx (I replaced it with this one)

Medical Radiation Technologists: Canadian Association of Medical Radiation Technologists (CAMRT)

The Canadian Association of medical Radiation Technologists (CAMRT) Code of Ethics has been developed by members to articulate the ethical behaviour expected of all medical radiation technologists and to serve as a means for reflection and self evaluation. Members of the Canadian Association of Medical Radiation Technologists (CAMRT) recognize their obligation to identify, adopt and promote exemplary professional standards of practice, conduct and performance.

http://www.camrt.ca/english/career/code_ethics.asp (this link did not work)
http://www.camrt.ca/abouttheprofession/codeofethics/ (I replaced it with this one)

Occupational Therapists: Canadian Association of Occupational Therapists (CAOT)

Occupational therapy is a health profession concerned with promoting health and quality of life through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life.

CAOT members are expected to abide by this Code of Ethics. The goal of the Code of Ethics is to achieve and maintain high standards of professional integrity toward clients, colleagues, partners, stakeholders the public and CAOT. The Code describes expected conduct of all CAOT members in occupational therapy practice, including those involved in direct service to clients, management, administration, education, research and/or business.

http://www.caot.ca/default.asp?pageid=35

Pharmacists: Canadian Pharmacist Association and Canadian Society of Hospital Pharmacists

The Northwest Territories Pharmacy Association is not a licensing body. Therefore, Pharmacists working in the NWT are licensed under the jurisdiction from which they originate and each of these jurisdictions will have a Code of Ethics.

The guideline on the ethics of relationships between pharmacists and the pharmaceutical manufacturers can be found on the following website from the Canadian Pharmacists Association:

http://www.pharmacists.ca/content/about_cpha/who_we_are/policy/pdf/EthicsrelationshipsStatement-Final.pdf (this link did not work)
http://www.cma.ca/physician-industry-interactions (I replaced it with this one)

Physicians: Canadian Medical Association

This code has been prepared by the Canadian Medical Association as an ethical guide for Canadian physician, including residents, and medical students. Its focus is the core activities of medicine – such as health promotion, advocacy, disease prevention, diagnosis treatment, rehabilitation, palliation, education and research. It is based on the fundamental principles and values of medical ethics, especially compassion, beneficence, non-maleficence, respect for persons, justice and accountability. The Code, together with CMS policies on specific topics, constitutes a compilation of guidelines that can provide a common ethical framework for Canadian physicians.

http://policybase.cma/PolicyPDF/PD04-06pdf. (this link did not work)
http://policybase.cma.ca/dbtw-wpd/PolicyPDF/PD04-06.pdf (I replaced it with this one.)

Physiotherapists: Canadian Physiotherapy Association

A code of Ethics formulated and accepted by a professional association sets forth the ethical principles governing the conduct of that association's members. Such a Code must reflect societal ethics of the time as well as the value systems and moral principles of the members as a collective group.

The Code of Ethics and rule of conduct of the CPA stresses the necessity for each physiotherapist to act with integrity, accountability and judgement in the best interests of the client, society and the profession.

http://www.physiotherapy.ca/public.asp?WCE=C=47%7CK=222827%7CRefreshT=222511%7CRefreshS=Container%7CRefreshD=2225112 (this link did not work)

http://www.physiotherapy.ca/About-Physiotherapy/Code-of-Ethics?lang=en-ca (I replaced it with this one)

Recreation Therapist: Canadian Therapeutic Recreation Association

The Canadian Therapeutic Recreation Association and its members endorse and practice the following Code of Ethics:

http://www.canadian-tr.org/pdf/CTRA%20Code%20of%20Ethics.pdf (this link did not work)
http://www.canadian-tr.org/Code-of-Ethics (I replaced it with this one)

Registered Nurses (includes Nurse Practitioners): Canadian Nursing Association

The Canadian Nurses Association's *Code of Ethics for Registered Nurses* is a statement of the ethical values of nurses and of nurses' commitments to persons with health-care needs and persons receiving care. It is intended for nurses in all contexts and domains for nursing practice and at all levels of decision-making. It is developed by nurses for nurses and can assist nurses in practicing ethically and working through ethical challenges that arise in their practice with individuals, families, communities and public health systems.

http://cna-aiic/CNA/documents/pdf/publications/Code_of_Ethics_2008_e.pdf (this link did not work)
http://www.cna-aiic.ca/~/media/cna/page%20content/pdf%20fr/2013/09/05/18/05/code_of_ethics_2008_e.pdf (I replaced it with this one)

Respiratory Therapists: Canadian Society of Respiratory Therapists

While performing their professional activities, respiratory therapists shall uphold the vision of the Canadian Society of Respiratory Therapists by adhering to the following principles of ethical and professional conduct:

http://www.csrt.com/about.php?display&en&7 (this link did not work)
http://www.csrt.com/en/professional/code_ethics.asp (I replaced it with this one)

Speech-Language Pathologists: Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA)

The CASLPA adopted a new Code of Ethics in 2005, setting forth fundamental values, principles and standards to guide members' professional conduct and to help maintain public accountability and credibility.

The Code governs all CASLPA members and requires that they observe the values of integrity, professionalism, caring and respect, high standards and continuing competency. This code of Ethics also addresses core standards that must be adhered to, including business practices, conflict of interest, records, research, privacy and other elements:

http://www.caslpa.ca/PDF?code%20of%20ethics.pdf (this link did not work)

https://www.sd5.bc.ca/programs/StudentServices/Partners%20Handbook/Documents/5.2%20CODE%20OF%20ETHICS%20-%20CAN.%20ASSOC.%20of%20Speech%20Language%20Pathologists%20and%20Audiologists.pdf (I replaced it with this one)

Social Workers: Canadian Association of Social Workers (CASW)

The CASW 2005 code of Ethics and CASW 2005 Guidelines for Ethical Practice can be found on the following site:

http://www/casw-acts.ca/practice/code3_e.html (this link did not work)
http://www.casw-acts.ca/sites/default/files/attachements/CASW_Code%20of%20Ethics_0.pdf (I replaced it with this one)

APPENDIX 2

STHA ETHICS COMMITTEE TERMS OF REFERENCE

ETHICS COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

The Ethics Committee is responsible for providing resources for consultation and advice on ethical issues related to health matters.

2. MEMBERSHIP

- •**Two (2) Co-Chairs: Three (3) Physicians**
- **Three (3) Registered Nurses (1 NP/Clinical Coordinator, ICU, plus 2 RN's)**
- **Three (3) Community Representatives**
- **One (1) Aboriginal Wellness Program Representative**
- **One (1) Ministerial Representative**
- **One (1) Social Worker**
- **One (1) Allied Health Representative**

- Director, Patient Care Services, and

- Coordinator, Quality/Risk Management, Patient Rep

•

Executive Assistant, Patient Care is the Recorder responsible for producing Minutes.

The Committee consists of t fifteen (15) members. Quorum consists of 50% plus one voting member.

3. ADHOC MEMBERSHIP

Other individuals can be invited if their area of expertise is required (non-voting).

4. SCHEDULING OF MEETINGS

Meetings will be conducted eight (8) times per year (January, February, April, May, June, September, October and November). Additional meetings can be called during that time if the need is identified.

A quorum consists of 50% plus one voting member. **DUTIES AND RESPONSIBILITIES**

To provide an ethical framework to aid decision making and utilize in practice;

To provide education on ethics and the ethical frameworks;

To provide policy ethical review;

To provide case consultation using the ethical frameworks;

To participate in public consultation, if appropriate and required;

To complete ethical review and ethical approval of all health research protocols of the STHA or at the request of other territorial healthcare organizations

6. COMMITTEE PERFORMANCE GUIDE

Chairperson: The chairperson will be elected by the committee for a one year term, renewable options.

Executive Assistant: The Executive Assistant to the Director of Patient Care Services will provide administrative support.

Other Members: Membership will be reviewed by the committee annually.

Other: Individuals with expertise specific to the situation being addressed may be invited by the Chairperson to attend selected meetings.

The Committee continuously monitors its performance using a self-evaluation method and the goals of the Committee as a measurement tool.

7. REPORTS TO

The committee via minutes reports to the Clinical Practice Advisory Committee.

8. MEETING FORMAT

Call to Order

Guest

Additions/Approval of Agenda

Review/Approval of Previous Minutes

Business Arising from the Minutes

New Business

Meeting Evaluation (self-evaluation of goals)

Next Meetings

Adjournment

APPENDIX 3

ETHICAL DILEMMA IDENTIFICATION FORM

ETHICAL DILEMMA / PROBLEM / CONCERN

IDENTIFICATION FORM

Date: _____

Name of Person Identifying the Ethical Dilemma / Problem / Concern:

_____

Home Phone #: (_____) _____Work Phone # :(_____) _____

Ethical Dilemma / Breach of Framework (please be detailed):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Place this completed form in a sealed envelope marked *CONFIDENTIAL – Ethics Committee Co-Chair Person* and forward to the Stanton Quality / Risk Management Office.

(Form adapted from the *WCA Ethical Dilemma / Breach of Ethical Framework Form*)

Ethical Dilemma / Problem / Concern Guide

1) **Define the problem or situation:**

_____
_____
_____
_____
_____

2) **Who are the persons involved in the problem / situation?**

_____
_____

3) **Identify facts related to the situation:**

_____
_____
_____
_____
_____

4) **Identify the values, beliefs, and principles of those involved:**

_____
_____
_____
_____

5) **Review similar cases and/or decisions:**

_____
_____

6) **Identify the risks and benefits of possible solutions**
(Does this decision accord with legal and organizational rules):

_____
_____
_____
_____

7) **Choose and identify best options:**

_____
_____

Action Taken:

_____
_____

By whom:_____**Date:**_____

Stanton Territorial Health Authority

ETHICS FRAMEWORK AND STATEGY

FEEDBACK QUESTIONNAIRE

Please use the questions below as a feedback guide for the Ethics Framework and Strategy document. Thank you for taking the time to provide feedback that will assist STHA in improving the document.

Please return your comments to: **Heather Chang, Co-Chair STHA Ethics Committee and Quality/Risk Management, Patient Representative** or heather_chang@gov.nt.ca

1) Is the information in this document relevant and useful to you?

2) Are the Bioethical Frameworks easy to understand? Did you find the Frameworks a useful guide in addressing and resolving ethical dilemmas, problems and concerns?

3) What additional information would you suggest to include in this document?

4) Please comment on any other aspect of the document not already mentioned.