



Provincial Health Services Authority



BC Cancer Ethics Framework

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Developed by:

Provincial Ethics Advisory Council with PHSA Ethics Services

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Introduction

Building a Culture of Ethics

Ethics is about determining what is right or what should be done in the face of uncertainty or conflict about values. BC Cancer is committed to supporting an ethical culture and promoting reflective practice in the delivery of health care. Determining what should be done can sometimes be challenging. While there may not always be one right choice, there will be better choices than others. Ethics-informed processes and analyses can contribute to determining what these better choices may be, and establish a basis upon which to make and explain decisions.

Living our Values

Ethics is also about thinking critically about how we act and make decisions on a daily basis, including how our values inform our behaviour. Our values define what we believe in and what we stand for as an organization. We use our values to inform our work, our decisions and our behaviour. Everyone at BC Cancer has a role to play in ensuring the ethical delivery and management of care, from bedside to boardroom. This includes decisions made and actions taken at the individual, departmental and organizational levels. An essential component of addressing ethical challenges at BC Cancer involves fostering a culture of ethics by ensuring procedural fairness in decision-making in accordance with PHSA policies, including our Code of Ethics and Standards of Conduct Policy. As BC Cancer aims to provide quality care in a resource-constrained environment, it often faces priority-setting challenges. Use of an ethical decision-making framework supports decisions that are ethically justified, fair and demonstrate public accountability.

Our values

PHSA Values:

- Respect people
- Be compassionate
- Dare to innovate
- Cultivate partnerships
- Serve with purpose

BC Cancer Values:

- We provide person-centred care and support
- We collaborate to deliver high-quality integrated care
- We treat all those we serve with compassion and kindness
- We serve with purpose and passion
- We inspire creativity and excellence through innovation

Ethics is About...

- Determining what we should do – i.e. what decisions are morally right or acceptable;
- Explaining why we should do it – i.e. justifying our decision using values; and
- Describing how we should do it – i.e. outlining a process for enacting the decision.

Common ethics themes in health care are:

- Shared decision making with patients/families
- Consent, assent and surrogate decision-making
- Ethical practices in end-of-life care
- Patient privacy and confidentiality
- Professionalism in patient care
- Ethical practices in research
- Ethical practices in business and management
- Ethical practices in resource allocation

Ethical issues are often framed as “should” questions. For example:

- Should life-sustaining treatment be continued for a patient for whom the treatment is burdensome with minimal benefit?
- How should we determine the best course of action when there are different opinions among or between family members and/or healthcare providers about treatment goals or the plan of care?
- If there is a shortage of care beds, how should decisions about who to admit be made?
- How should the organization make decisions about how to allocate funding across its many programs?
- Should a patient be informed of a “near miss” in his or her care?

Ethics Frameworks

Use of an ethical decision-making framework can help an individual, team or community to work through an ethical issue to reach an ethically appropriate decision. Ethical decision-making frameworks introduce a shared systematic process, present a shared language, facilitate communication, and build a common understanding of how to approach ethical challenges.

Adhering to such frameworks can help ensure procedural justice (i.e. fair process in decision-making), which is essential in reaching socially acceptable, publicly accountable and ethically appropriate decisions.

To support the different types of ethical issues faced by the organization, BC Cancer has three decision-making frameworks for use in three different areas:

1. Clinical
2. Organizational
3. Resource Allocation

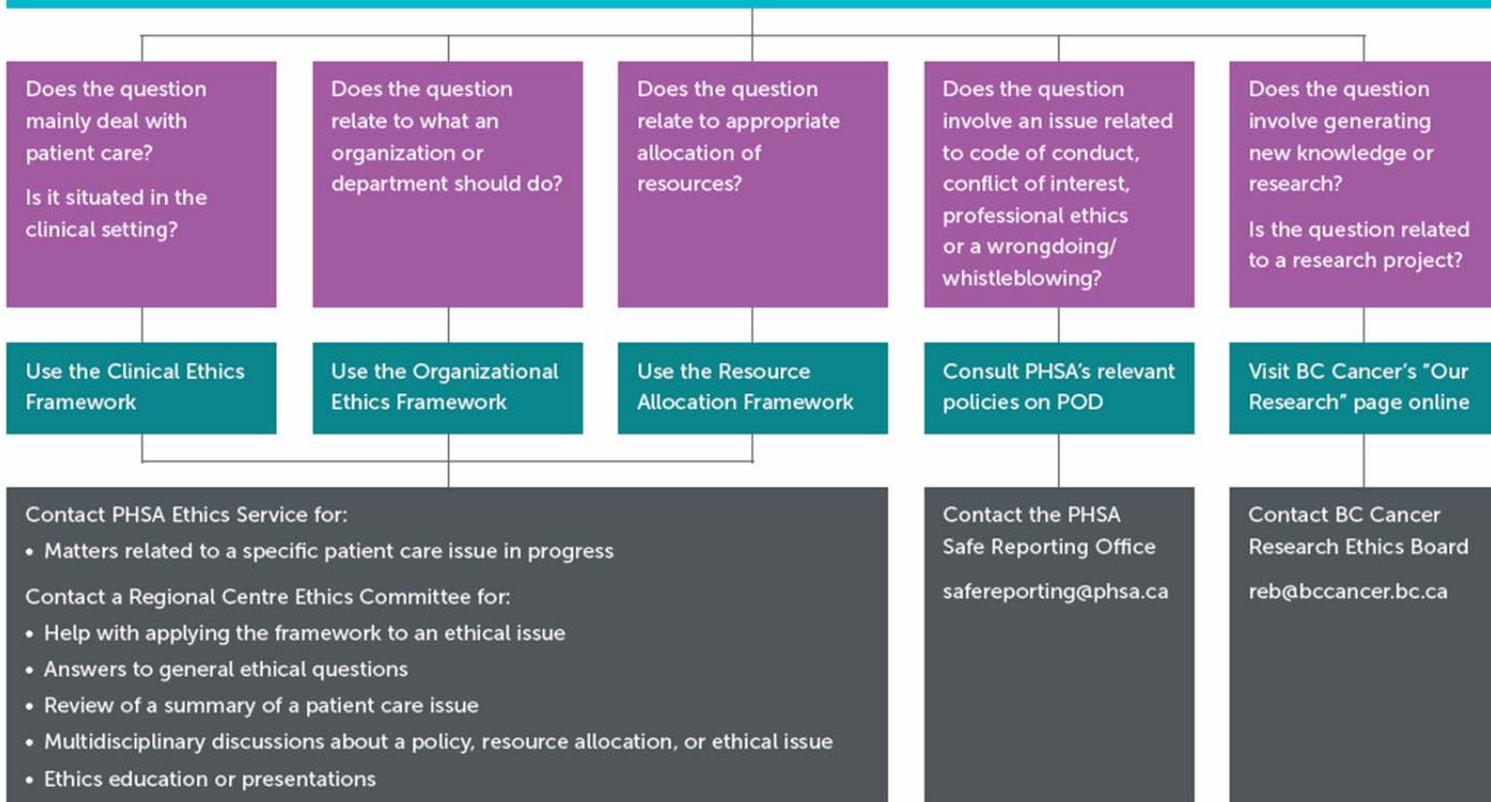
A fourth area is research ethics. Research ethics are the responsibility of the BC Cancer Research Ethics Board: <http://www.bccancer.bc.ca/our-research/ethics-oversight/research-ethics-board>

Use the flow chart on the next page to determine which framework most closely meets your needs.

Use this flow chart to determine which framework most closely meets your needs

Do you have an ethics question?

- Are you wondering "what is the right thing to do?"
- Are the differences expressed in value words such as "fairness" or "respect"?
- Are you feeling caught between two or more obligations such as promoting wellbeing and respecting choice?
- Do you know what to do but are encountering organizational or other barriers?
- Are you concerned about how to protect others from harm?
- Are you unsure about existing policy, guidelines, law or standard way forward?
- Would you describe yourself and others as feeling moral distress over an issue?



1. Clinical Ethics Framework

The Clinical Ethics Framework aims to:

- Enable staff, physicians, and leaders to identify ethical issues related to their work;
- Foster a culture of ethics at BC Cancer, in order to improve patient care and outcomes;
- Support patients and their families through difficult ethical decisions related to their, or their loved one's care;
- Empower staff, physicians and administrators to make confident, ethical decisions that align with organizational values and ethical principles;
- Assist personnel to analyze, reflect upon and resolve ethical dilemmas or issues via a step-by-step, fair process.

The Ethics Service helps healthcare professionals, patients, and families in the identification, analysis, and resolution of ethical dilemmas that arise in the care of individual patients. Clinical ethics consultations are conducted by an individual (ethicist) or team/small group (e.g. an ethicist with three to four members ethics committee members) using an established ethics framework.

Clinical ethics consultations seek to:

- Bring clarity as a response to ethical questions as appropriate
- Identify and help balance various, sometimes conflicting, interests in a particular case
- Assist in developing and evaluating a care plan
- Assist in identifying choices that will lead to consensus

Clinical Ethics Framework

1. Identify the concerns and best decision-making context	<ul style="list-style-type: none">•What is the problem as you currently see it?•Who are the appropriate decision-makers in this case?•When does a decision need to be made?•Who needs to be involved? In what context?
2. Gather the relevant information (See four box framework on page 14)	<ul style="list-style-type: none">•Patient/ family preferences, including whether patient is competent•Medical indications: what you know and don't know about the patient's medical situation•Quality of life•Contextual factors
3. Identify options	<ul style="list-style-type: none">•What are the realistic alternatives, care plans or treatment options? (look for more than two)
4. Consider consequences of each option	<ul style="list-style-type: none">•Consider the possible harms and benefits of each option for the patient•Consider other consequences of each option•Which values and principles support each option? (consider: PHSA's values; respect for autonomy; beneficence; nonmaleficence; patient and family-centered care; open communication and teamwork; standards of practice; professional and personal ethics; utility and justice) *
5. Make a choice, implement and evaluate It	<ul style="list-style-type: none">•Choose the most ethically justifiable option•Anticipate criticisms & how you would answer them•Identify how best to implement, communicate & document the decision•Elicit feedback from patients and family members•Reflect on the decision. What would you do differently next time?

* Patients and family members can use the supplementary "Decision Making Tool for Patients and Families Facing Difficult Healthcare Decisions" to aid in complex decision making. See Appendix A.

2. Organizational Ethics Framework

Organizational ethics is an emerging field in health care ethics, which examines the ethics dimensions of decision-making in health organizations. This includes enabling people to utilize shared values to set goals and direct actions as well as to clarify and evaluate policies and practices. An organizational ethics consultation process encourages the application of an ethics “lens” to decisions made at all levels of BC Cancer.

The purpose of this framework is to integrate ethical analysis into organizational health care decision-making to address organizational-level ethical issues. The range of issues appropriate for organizational ethics consultation is quite broad. They include, but are not limited to, questions about partnering with external organizations, employment relationships, and addressing situations of potential conflicts of interest.

Specifically, the Organizational Ethics Framework aims to:

- Enable staff, administrators, and leaders to identify ethical issues related to their work;
- Foster a culture of ethics at BC Cancer;
- Empower staff, leaders and administrators to make confident, ethical decisions that align with organizational values and ethical principles;
- Assist personnel to analyze, reflect upon and resolve ethical dilemmas or issues via a step-by-step, fair process.

Organizational Ethics Framework

1. Recognize an ethical issue	<ul style="list-style-type: none">• Does this decision involve a choice between a good and bad alternative, or perhaps between two "goods" or between two "bads"?• Could this decision be seen as a breach of organizational, professional or personal values or a conflict of interest?• Could this decision cause undue harm to someone / some group?
2. Gather the relevant information	<ul style="list-style-type: none">• What are the relevant facts of the case? What facts are not known?• What individuals and groups have an important stake in the outcome and will they have a reasonable opportunity to participate in the process?• Are some concerns more important? Why?• What are the options for acting?
3. Evaluate alternative actions	<ul style="list-style-type: none">• Which option will produce the most good and do the least harm?• Which option best respects the rights of all who have a stake?• Which option treats people equally or proportionately?• Which option best serves the community, not just some members?• Which option best supports the mandate and values of the organization?
4. Make a decision and implement it	<ul style="list-style-type: none">• Considering all these approaches, what is the most ethically justifiable option?• How can the decision be implemented with the greatest care and attention to the concerns of all stakeholders?
5. Evaluate outcome	<ul style="list-style-type: none">• How did the decision turn out and what have we learned from this specific situation?

3. Resource Allocation Framework

The purpose of this framework is to integrate ethical analysis into meso-level health care decision-making. It incorporates evidence and ethics to guide decision makers in making resource allocation decisions.

Specifically, the Resource Allocation Decision Framework aims to:

- Enable staff, administrators, and leaders to identify ethical issues related to their work;
- Empower staff, leaders and administrators to make confident, ethical decisions that align with organizational values and ethical principles;
- Assist personnel to analyze, reflect upon and resolve ethical dilemmas or issues via a step-by-step, fair process.

Resource Allocation Framework

1. Ensure the allocation question and relevant facts are clear	<ul style="list-style-type: none">• Clarify the distribution or allocation question by asking:<ul style="list-style-type: none">• What is being (re)distributed? For what reasons?• By which decision-makers?• To what persons? From which persons?
2. Substantive issues	<ul style="list-style-type: none">• What is the situation without the change in allocation/distribution of resources?• How will the situation be altered by various allocation-distribution options?• How will the proposed options change this?• Will any units/departments/group be unduly 'burdened' or disadvantaged for the good of others? If so, what efforts will be made to attend to this or to ensure reciprocity?• Are all parties being dealt with fairly (patients, families, providers)?
3. Procedural justice	<ul style="list-style-type: none">• Does the process make room for <i>all</i> relevant parties to have a fair say?• Do the decision-makers have the necessary information?<ul style="list-style-type: none">• Will those most seriously impacted by the decisions have reasonable opportunity to participate in the process?• Will consultations be carried out with stakeholders with respect to the impact and acceptability of the proposed change?• Is the process used to make decisions open and accountable?• Are appropriate measures for assessing impact of change be in place?• What processes will be in place to hear and consider complaints?
4. Duties and obligations	<ul style="list-style-type: none">• Does the proposed option/change promote the health care interests of present and future patient populations?• Is the proposed option consistent with the mandate and values of the organization?• Could the proposed option/change undermine public trust in the health care organization?• Identify areas where proposed option/change may create or be perceived as being in conflict of interest and address these.• Is the proposed option/change consistent with good stewardship?• Is the proposed option/change sustainable? Does it take into meaningful account the sustainability of resources needed?
5. Make a choice, implement and evaluate It	<ul style="list-style-type: none">• Choose the option with best balance of values and outcomes• Anticipate criticisms and how you would answer them• Identify how best to implement, communicate and document the decision• Reflect on the decision. What would you do differently next time?

Four basic principles of bioethics

Respect for Autonomy

This principle promotes the rights and dignity of the individual. In the clinical care context, this means that patient preferences, values and beliefs guide decision making in relation to the individual's care and treatment. This principle is the ethical basis for the informed consent requirement.

Some relevant questions in relation to this principle include, for example:

- What does the patient want?
- What are the patient's values, hopes and goals?"
- How well has the patient been informed and/or supported?
- How well does the patient understand their situation? Do they understand their treatment options and the associated risks and benefits, including risks of declining treatment?
- What explicit or implicit promises have been made to the patient?
- Is the patient informed enough to consent to, or refuse, care?
- If the patient lacks decision making capacity, who is the appropriate substitute decision maker for the patient?

*Informed consent is a key aspect of respecting autonomy:

- Ethical and legal foundations for the right of competent adult patient to decide what is done with his or her own body;
- For patients without capacity to make their own health care decisions, consent must be sought from a proxy decision maker and be based on previously expressed wishes (if known) or, if not known, best interests standard;
- Consent in either case must be both free (i.e., from undue influence or coercion) and informed (including, but not limited to, nature of the proposed investigation or treatment; its anticipated outcome; the material risks; and alternatives available). The information should be provided in a way that is accessible and meaningful to the patient/substitute decision maker.

Beneficence

This principle reflects the well-established duty of health care providers to be of a benefit to the patient, as well as to take positive steps to prevent and to remove harm from the patient.

Some relevant questions in relation to this principle include, for example:

- Will this benefit the patient? Others?
- Are you fostering trust in patient/family/team relationships?
- Will the patient and family be supported as they deal with loss, grief, and/or uncertainty?

Non-maleficence

This principle articulates the fundamental commitment of health care providers to do no harm to their patients. At its essence, it encapsulates the duty to not intentionally create a harm or injury to the patient either through acting or failing to act (i.e. either through acts of omission or commission).

Some relevant questions in relation to this principle include, for example:

- Will this harm the patient? Others?
- Will not telling (e.g., diagnosis/prognosis) cause harm?
- Will telling (e.g. diagnosis/prognosis) cause harm?
- Will forcing care cause harm?
- Will not forcing care cause harm?

Justice

This principle requires the health care professional to act in a just and fair manner in relation to all patients, and includes consideration of the just distribution of health care resources and services. It is applicable both at the bedside, and (perhaps more effectively) at a systems level, for example in relation to the laws and policies of society that govern the access of a population to health care.

Some relevant questions in relation to this principle include, for example:

- Is this fair use of resources?
- Would I treat all those who are similarly situated in a similar way?

****The principles of justice, beneficence, and non-maleficence can also be applied more broadly to society and to the social consequences of supporting or denying particular treatments.**

For example, and in relation to beneficence, the good health of a particular patient is an appropriate goal of medicine, and the prevention of disease through research and the employment of vaccines is the same goal expanded to the population at large.

In their broader application, these principles also often inform ethical analysis under the organizational and resource allocation frameworks.

Four box framework

Adapted from Jonsen, A.R., Siegler, M., Winslade, W.: Clinical Ethics: a practical approach to ethical decisions in clinical medicine, 8th Edition. New York: McGraw-Hill, 2015

<p>Medical Indications</p> <p>The Principles of Beneficence and Non-maleficence</p> <ul style="list-style-type: none"> • What is the patient’s diagnosis/prognosis? • Is the problem acute? Critical? Chronic? Emergent? Reversible? Terminal? • What are the goals of treatment? • In what circumstances are medical treatments not indicated? • What are the risks/benefits of treatment? • For each treatment option, consider: <ul style="list-style-type: none"> • Does it fulfill the goals of medicine (e.g. reversal of some/all components of the disease; relief of symptoms, pain and suffering)? • What are the probabilities of success? • What are plans in case of therapeutic failure? • In sum, how can this patient be benefited by medical and nursing care and how can harm be avoided? 	<p>Patient Preferences</p> <p>The Principle of Respect for Autonomy</p> <ul style="list-style-type: none"> • Has the patient been informed of benefits and risks of diagnostic and treatment recommendations, understood this information and given consent? • Is the patient mentally capable and legally competent or is there evidence of lack of capacity? • If capable, what preferences re treatment is patient stating? • If incapacitated, has the patient expressed prior preferences? • Who is the appropriate surrogate to make decisions for this patient? What standards should govern the surrogate’s decision? • Is the patient unwilling or unable to cooperate with medical treatment? If so, why?
<p>Quality of Life</p> <p>The Principles of Beneficence, Non-maleficence, and Respect for Autonomy</p> <ul style="list-style-type: none"> • What are the prospects with or without treatment for a return to normal life and what physical, mental and social deficits might the patient experience even if treatment succeeds? • On what grounds can anyone judge that some quality of life would be undesirable for a patient who cannot make or express such a judgment? • Are there biases that may prejudice the provider’s evaluation of the patient’s quality of life? • What ethical issues arise concerning improving or enhancing a patient’s quality of life? • Do QoL assessments raise any questions that might contribute to a change of treatment plan, such as forgoing life-sustaining treatment? • Are there plans to provide pain relief and comfort after a decision has been made to forgo life-sustaining interventions? • Is medically assisted dying ethically or legally permissible? 	<p>Contextual features</p> <p>The Principles of Justice and Fairness</p> <ul style="list-style-type: none"> • Are there professional, interprofessional or business interests that might create conflicts of interest in the clinical treatment of patient? • Are there other parties other than clinical and patient (e.g. family members) who have legitimate interest in clinical decisions? • Are their family/cultural/religious factors that might influence treatment decisions? • What are the limits imposed on patient confidentiality by the interests of third parties? • Are there financial factors that create conflicts of interest in clinical decisions? Are there legal issues that might affect clinical decisions? • Are there considerations of clinical research, medical education, and/or public health that affect clinical decisions? • What costs are involved (economic, emotional, societal)? • Are there problems of allocation of resources?

PHSA Ethics Service

The primary goal of the PHSA Ethics Service is to enhance clinical care and its outcomes for patients and their families through the provision of specialized consultation, education, advice and information in identifying, analyzing and resolving ethical uncertainty or conflicts that arise in health care. The Ethics Consultation Service provides:

- Clinical ethics consultation - available to assist healthcare providers or interdisciplinary teams, patients, and families in the identification, analysis, and resolution of ethical dilemmas that arise in the care of individuals. Clinical ethics consultations are conducted by an individual ethicist or team/small group (ethicist with three to four ethics committee members). Ethics consultation may be helpful for addressing issues such as: discrepancies between clinical judgment and the wishes of patients or their surrogates; limitation of treatment; surrogate decision-making; patient's capacity to give consent; the appropriate goals of therapy; respecting patient confidentiality; and resolving tensions related to religious beliefs or cultural backgrounds. In other situations, the requestor may seek input on the ethical permissibility of a proposed course of treatment.
- Organizational ethics consultations – organizational ethics examines the ethics dimensions of decision-making in health organizations. The issues appropriate for organizational ethics consultation are broad and they range from questions about resource allocation to partnering with external organizations to employment relationships and addressing situations of potential conflicts of interest. An ethics consult can be requested by anyone in our organization, and they are designed to facilitate discussion of an organizational issue within a unit, department or site.
- Annual Report - The Ethics Service compiles an Annual Report detailing ethics consultation trends, educational activities, policy/ guideline initiatives and other relevant work conducted by the Ethics Service team. The report is presented at a variety of leadership forums and is used to track trends in order to develop an appropriate strategy for ongoing and future education, training and research projects.

A PHSA Ethicist can be contacted by e-mail at nina.preto@cw.bc.ca or by phone at 604-875-2360. Please also visit ethics on the POD for quick links to frameworks, ethics resources and educational opportunities: <http://pod/hcq/ethics/pages/Default.aspx>