



Mount Sinai Hospital

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Research Institute

Ethics Framework

Department of Bioethics

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Introduction

Ethical decision making is foundational to healthcare organizations. Attending to the values underpinning our clinical, organizational, educational and research activity is critical to both the quality of these activities and our accountability to patients, families, and the broader community.

Bioethics is the application of ethics in healthcare. Bioethics as a discipline explores the moral defensibility and vulnerability of ethical issues. It requires critical thinking skills: analysis, justification and defense of an argument.

An ethics framework is an overall organizational strategy, which includes structures, policies and procedures, tools and resources, leadership, and expertise, to support ethical decision making for an organization. Sinai Health's Ethics Framework articulates our organization's approach to identifying, managing, and addressing bioethics-related issues and concerns.

The Bioethics Department at Sinai Health aims to improve awareness, exploration and management of bioethical issues. Department resources support members of the Sinai Health community (i.e. patients, families, staff, physicians, volunteers, learners, and the Board of Directors) as they address ethical challenges in all four domains of bioethics: clinical, organizational, education, and research. The priorities of the Bioethics Department align with the Strategic Plan, Our People Plan, and the Academic Practice Strategy.

When and How to Use the Ethics Framework

Sinai Health has many pathways, policies, and resources that support ethical decision-making. Decision-makers can choose supports which are best suited to their ethical issue. Ethical considerations in decision-making may range from simple to complex. Similarly, the resolution of ethical questions may be straightforward, addressed by a decision-maker(s), or may be supported by expert consultation from a Bioethicist. The Sinai Health IDEA Tool for Ethical Decision-Making (Appendix A) is a tool to guide ethical decision-making.

Sinai Health's Vision, Mission, Purpose and Values

The Bioethics Department works to support and operationalize Sinai Health's Vision, Mission, Purpose, and Values and to assist the organization in fulfilling its strategic direction.

Our Vision Sinai Health discovers and delivers life-changing care.

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Our Mission Sinai Health delivers excellent and compassionate care in hospital, community and home. Focusing on the comprehensive needs of people, we push boundaries for health solutions and innovative models that connect care across the continuum, and the lifespan. We discover and translate scientific breakthroughs, and educate future clinical and scientific leaders.

Our Purpose We care, create possibilities and offer hope

Our Values

Service Ensure high-quality, safe and compassionate care

Humanity Show respect and empathy

Inclusivity Foster awareness and a sense of belonging

Discovery Create new knowledge and embrace learning

Accountability and Reporting Structure

The Senior Bioethicist along with the Bioethicist, with the assistance of their VP Professional Practice, Nursing and Health Disciplines, are responsible for maintaining the Ethics Framework. The Board of Directors and the Patient and Family Councils review updates. Additionally, the Bioethics Department provides embedded support across Sinai Health by participating in a number of organizational committees and working groups.



Four Domains of Bioethics

The Bioethics Department is a consulting service that provides expertise in navigating ethical issues in healthcare. We offer services in the following four domains:



Clinical

The goal of clinical ethics is to improve the quality of patient care by identifying, analyzing and attempting to resolve the ethical problems that arise in the clinical context and often pertain to questions around the care of an individual patient. The Bioethics Department provides support for addressing these ethical issues. We offer clinical consultations to patients, families, employees, physicians, learners and volunteers. Bioethics consultation involves identifying values and viewpoints, exploring fair decision-making processes, and examining the ethics of different options. Additionally, support by way of individual or group debriefs, for our people in managing ethical complexities, including moral distress is available.

Organizational

Organizational ethics focuses on the ways in which organizational values are manifested in organizational structures and behaviour; these issues primarily arise at decision-making tables. Often, organizational ethics consultations result in the development or input into a policy that has ethics related content. Difficult priority setting decisions can be supported through organizational ethics consultation.

Education

Ethics education helps to raise awareness and develop knowledge about ethical issues in healthcare. Knowledge-building enhances the capacity of healthcare providers to manage ethical issues in practice. We provide training and capacity-building for staff and trainees across health-disciplines to recognize and analyze ethical issues. We are affiliated with and teach at the University of Toronto (U of T) and many other academic institutions.

Research

We believe it is important to lead research and scholarship pertaining to ethics based questions that arise in the care of patients at Sinai Health. Working within a healthcare setting allows our Department to explore, and at times, conduct research, into important ethical questions which are at the forefront of healthcare delivery. We publish our work for academic and public audiences, prepare grants, and collaborate with other institutions on research projects.

When and How to Contact the Bioethics Department

What is ethics?¹

Ethics can be described as a way of critically looking at value based issues that includes:

- Deciding what we should do (what decisions are right or acceptable)
- Explaining why we should do it (justifying our decision using ethical principles)
- Describing how we should do it (the method or manner of our response)

How do I know if it is an ethical issue?

The issue includes value based choices for which there is concern, uncertainty, disagreements, or ambiguity. Signs of an ethical issue or dilemma include:

- Sensing that something isn't right, or a feeling of moral angst or distress
- Thinking you know the “right” thing to do, but factors prevent doing the right thing
- Encountering conflicting values, beliefs & goals, or difficult alternatives
- Having conflicting obligations or responsibilities
- Concerns with rights, fairness and justice

What is a bioethics consultation?

A bioethics consultation aims to support ethical practice and decision-making by providing support to those who have an ethical dilemma or are experiencing moral distress.

Who can request a bioethics consultation?

Patients, family, employees, physicians, learners, and volunteers can request a consult.

Who provides the consultation?

Bioethicists, who have been trained to identify and analyze ethical issues, provide consultation.

What are examples of bioethical issues appropriate for a consultation?

¹ Definition paraphrased from Dr. Barbara Secker, University of Toronto Joint Centre for Bioethics.

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- Disagreements regarding a patient's treatment plan (e.g., Goals of Care decisions)
- Feeling morally distressed – that your actions are not congruent with your beliefs
- Questions regarding the substitute decision maker; who should it be, are they capable?
- Questions regarding withdrawal / withholding of life-sustaining treatment

What are the objectives of a bioethics consultation?

- Identify the bioethical issues
- Support stakeholder engagement and facilitate a fair and inclusive process
- Explore options and their ethical defensibilities and vulnerabilities
- Facilitate decision making
- Optimize a supportive environment

How do I request a bioethics consultation?

Email: bioethics@sinaihealth.ca

Phone: 416-461-8252 ext. 2223

Resources, Services and Activities of the Bioethics Department at Sinai Health across the Four Domains of Bioethics

	Clinical	Organizational	Education	Research
Tools	<ul style="list-style-type: none"> • IDEA tool for ethical decision making (Appendix A) <ul style="list-style-type: none"> ○ Guide ○ Worksheet ○ Quality check for decisions 	<ul style="list-style-type: none"> • Accountability for Reasonableness (A4R) (Appendix B) • Sinai Health Mission, Vision, Purpose, Values • Sinai Health Code of Ethical Conduct 	<ul style="list-style-type: none"> • Brochures <ol style="list-style-type: none"> 1. Ethics consultation 2. Enteral feeding 3. Substitute decision-making 4. Advance care planning 5. Resuscitation / DNAR • Medical Assistance in Dying resources and FAQ 	<ul style="list-style-type: none"> • Tri-Council Policy Statement
Services	<ul style="list-style-type: none"> • Clinical Consultation • Bioethics Debriefs • Bioethics M&M Rounds • Moral Distress Debriefs • Care and Reflective Ethics Dialogue (CARED) • Attending Patient Care Rounds 	<ul style="list-style-type: none"> • Policy Development and Review (e.g. MAiD, Consent, Resource Allocation, ACP, COVID-19, etc.) • Priority Setting • Committee and Working Group support and participation (e.g. JPAC, Academic Practice, Organ and Tissue, Mount Sinai Fertility Ethics Committee) • Health system collaboration to enable consistent development and adoption of principles, policies and guidance 	<ul style="list-style-type: none"> • Department of Bioethics Grand Rounds • Brown Bag Ethics Lunch • Team/Department Education • Grand Rounds <ul style="list-style-type: none"> • Education for learners in health-disciplines and medicine • Mentorship for learners in health-disciplines and medicine 	<ul style="list-style-type: none"> • Research in Ethics

Appendix A: IDEA Tool for Ethical Decision Making

Step 1: Identify the Facts

Given that ethical issues often arise because of a lack of sufficient information or evidence, as well as disagreements about the facts, the first step in the ethical decision-making process is an explicit call for identification of the facts. This may help to resolve some conflicts and sets the stage for an effective process in others. Begin by asking the question, “What is the ethical issue(s) that has been identified?”

Relevant Facts/Evidence:

- Describe the relevant facts of the case/issue.
- What are the main problems or areas of concern/tension?
- Who are the individuals involved, and who else needs to be involved?
- What is the standard of practice, relevant laws and policies?
- What data and research findings/literature can inform a decisions?
- What documentation is available (e.g., advance directives)?

Medical/Clinical Indications:

- What is the individual’s diagnosis, prognosis?
- Is the problem: acute, chronic, critical, emergent, reversible?
- What are the goals of treatment/intervention?
- What are the probabilities of success?
- What are the plans in case of failure?
- What are the benefits of the treatment/intervention? How can these be maximized?
- What are the harms of the treatment/intervention? How can these be minimized?

Patient Preferences:

- What are the patient’s preferences?
- What is the patient’s assessment of quality of life and goals of care?
- Has the patient expressed prior wishes (written, verbally)?
- Is the patient unwilling or unable to cooperate? If so, why?
- Is the patient’s autonomy being respected to the extent possible in ethics and law?
- Is the patient’s decision voluntary and informed?
- If the patient isn’t capable, who is the substitute decision-maker(s) (SDM)? Is the SDM following principles governing substitute decision-making?

Contextual Features:

- What are the familial considerations and perspectives?
- Are there any religious or cultural factors?
- Are there any stakeholder biases that might influence decision?
 - What are your personal emotions, feelings, values and biases?
 - How might the above influence you in your professional role?
- Are there any confidentiality concerns, limits?
- What are the mission, vision, values, and strategic directions of the organization?

Overarching Question:

Before proceeding to Step 2, revisit the question: “*What is the ethical issue(s)?*”

Sometimes after the collection of relevant facts, the framing of the ethical issue requires modification.

Step 2: Determine the Relevant Ethical Principles

In the second step, open discussion about the dominant values and principles of the relevant parties (individuals and/or groups, as well as those of the organization) is necessary to further clarify the ethical issue(s) at hand. This step requires an exploration of the nature and scope of the identified ethical principles and Sinai Health values; along with consideration of the relative weights to assign to each ethical principle. The agreed upon set of prioritized principles (decision-making criteria) will be used to guide the decision-making process.

- What principles/values do stakeholders consider most relevant to this issue?
- Which principles/values do the stakeholders agree are most important?
- Are there any additional factors that ought to be considered?

Overarching Question:

Before proceeding to Step 3, consider the question: “*Have perspectives of relevant stakeholders been sought?*”

Step 3: Explore the Options

The third step encourages brainstorming and reflection on a range of possible alternative courses of action. In any given situation, an attempt to identify at least three options should be made. Strengths and limitations of each option are explored. Options consistent with relevant laws and policies are identified. Options must be consistent with Sinai Health’s mission, vision, purpose, and values. The agreed upon principles of decision-making as identified in Step 2 are applied to each viable option.

Overarching Questions:

Where are the ethical vulnerabilities in the options? What is the most ethically justifiable option?

Step 4: Act and Evaluate

Finally, the fourth step focuses on action. The most ethically justifiable option as identified in Step 3 is recommended for implementation. The decision(s) and the process used to arrive at the decision(s) is documented and communicated to relevant parties. An implementation plan is articulated. A process for evaluating the decision is determined.

The following questions can be helpful in assessing if the option is ethically justifiable:

1. Have we answered the underlying question, problem or issue?
2. Have we gathered all relevant data?
3. Have we consulted all appropriate stakeholders?
4. Do the likely benefits of the decision outweigh any potential harms?
5. Will the decision keep the problem from recurring or establish a good precedent?
6. Could we justify the decision to others?
7. Has the process been transparent?

Overarching Question:

Were the steps of the framework completed (i.e. was a fair decision-making process used)? Is the option identified the most ethically justifiable and accompanying rationale substantiated?

Appendix B: Ethical Values/Principles*

*This is not an exhaustive list. There may be other ethical values/principles at play in a particular situation

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).

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

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

Common good: A specific "good" that is shared and beneficial for all (or most) members of a given community.

Compassion: Be sympathetic to the distress of others and work towards alleviation or amelioration of distress. Provide latitude to deal with exceptional circumstances based on compassion and caring for the wellbeing of others.

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).

Discovery: Create new knowledge and embrace learning. Encourage and support new ideas and creative ways of doing our work.

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

Duty to care: An obligation of healthcare providers to avoid acts or omissions, which could be reasonably foreseen to injure or harm other people and to provide care to patients, respond to suffering and minimize harms.

Efficacy: Decisions should be grounded on evidence.

Equity: Aim to ensure fairness in the ways services and information are provided, to include communities in decision-making processes, sharing power and resources and to ensure actions are reflective of the diversity of our society.

Humanity: Show respect and empathy. Provide care, concern and understanding regardless of circumstance.

Inclusiveness: Foster awareness and a sense of belonging. Actively reaching out, in culturally appropriate and respectful ways, to include and welcome people from diverse communities to participate in the decision-making process.

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).

Least restraint/restrictive: 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.

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

Professionalism: Practice using trained skills, good judgement, respectful behaviour and attitude.

Proportionality: Proportionality requires that restrictions to individual liberty and measures taken to protect the public from harm should not exceed what is necessary to address the actual level of risk to, or critical need of, the community.

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Protection of the public from harm: This principle requires that citizens comply with imposed restrictions in order to ensure public wellbeing or safety e.g. limit or preclude visitors to protect patients and staff [so they can care for others].

Reciprocity: Reciprocity requires that society supports those who face a disproportionate burden in protecting the public good and takes steps to minimize their impact as far as possible.

Respect: Recognizing, valuing, and respecting different views, values, orientations, histories and cultures of diverse groups, while acknowledging the significance of child welfare legislation and the CAST mission statement, Code of Ethics and any other relevant agency policies.

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 clients, families, caregivers, staff and other members of the community; promote a culture that reports errors and near-misses and strives to improve the safety of the environments in which you work).

Service: Ensure high-quality, safe and compassionate care.

Solidarity: Requires consideration of the extended community and acting in such a way that reflects concern for the well-being of others.

Stewardship: The careful and responsible management of something entrusted to one's care (e.g., public funding).

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

Trust: Trust is an essential component in the relationships between clinician and patient, between staff and the hospital, between the public and health care providers, and between member organizations of any health system.

Utility: Maximizing the greatest possible good for the greatest possible number of individuals.

Reference:

http://www.trilliumhealthcentre.org/about/documents/TrilliumIDEA_EthicalDecisionMakingFramework.pdf

Appendix C: Accountability for Reasonableness (A4R)

Organizational ethics focuses on the ways in which organizational values are manifested in organizational structures and behaviour; these issues primarily arise at decision-making tables. Difficult priority setting/resource allocation decisions are common organizational ethics issues and can be supported through bioethics consultation and the use of a framework for ethical priority setting

What is the A4R framework?

Priority setting and resource allocation in healthcare poses an enduring challenge. In a context where resources are generally limited, we must attempt to balance a wide range of interests with the knowledge that some needs of some people will not be met. When stakeholders disagree about which interests or values are most important, it may not be clear how to reach a fair decision.

The *Accountability for Reasonableness* framework offers guidelines for a fair process when making priority-setting decisions in healthcare. The A4R framework does not tell decision-makers what is most important or what they should prioritize. Instead, it is a framework to ensure that decisions about what to prioritize are reached in a fair and justifiable way.

What does the A4R framework do?

“In the absence of consensus on principles, a fair process allows us to agree on what is legitimate and fair. Key elements of fair process will involve transparency about the grounds for decisions; appeals to rationales that all can accept as relevant to meeting health needs fairly; and procedures for revising decisions in light of challenges to them. Together these elements assure ‘accountability for reasonableness.’”¹

On this basis, the A4R framework is generally understood to include five core principles: relevance, publicity, revisions/appeals, empowerment and enforcement.

How is the A4R framework implemented at Sinai Health?

A4R is embedded through Sinai Health when managing organizational ethics issues and priority setting. It aligns with the institution’s mission, vision and values. The Bioethics Department is available to help implement and operationalize A4R in decision-making.

Relevance	Decisions should be made on the basis of reasons (evidence, principles, values) that ‘fair-minded’ people agree are relevant under the circumstances. ^
Publicity	The process, decisions, and their rationales should be transparent and accessible to relevant stakeholders. This requires establishing and maintaining open channels of communication between relevant parties and transparency about the process. ^
Revision & Appeals	Before a decision is acted upon, a mechanism for revisions and appeals is established, if not already in place. The decision may be revisited and revised in light of new or additional evidence. ^
Empowerment	Strategies to minimize power differentials and optimize effective opportunities for participation should be implemented at the outset and incorporated throughout the process. Such strategies reflect the condition of “empowerment” and, depending on the nature of the situation, may include community engagement, encouraging expression of divergent views, democratic voting procedures, secret ballots, ample preparatory time, and capacity building (Gibson et al, 2005).
Enforcement	There should be either voluntary or public regulation to ensure that the other four conditions are met. Although this review can be carried out by those directly involved in the decision-making process, validation by an individual or group that has not been directly involved is preferable as it is likely to be perceived as less biased. ^

^Daniels & Sabin, 2002

The following are some considerations in employing A4R:

RELEVANCE

Decisions should be made on the basis of reasons (evidence, principles, values) that ‘fair-minded’ people agree are relevant under the circumstances.

- **Define** your mandate and the question you are trying to answer.
- **Identify** your stakeholders and include their perspective in decision-making.
 - Stakeholders may be involved as decision-makers or as consultants in decision-making.
 - The aim is to ensure a broad range of ideas and stakeholder perspectives.
- **Determine** the evidence or data needed to inform your decision.
- **Clarify** your decision-making procedure upfront:
 - Identify organizational values and strategic priorities, and any additional values or principles that are relevant,
 - Develop and prioritize criteria from those values,
 - Generate options,
 - Judge quality of the different options against those criteria, and
 - Select option.
- **Provide** a statement of rationale for each decision.
 - Ethical decision-making requires attention to the ‘why’ (rationale) and ‘how’ (process) of value/principle-based decisions.

PUBLICITY

The process, decisions, and their rationales should be transparent and accessible to relevant stakeholders.

- **Communicate** the decision and its rationale to stakeholders.
 - Decision-makers and stakeholders alike need to know and understand:
 - a) how decisions were or will be made, and
 - b) how and on what basis they can revisit decisions.

REVISIONS AND APPEALS

There should be opportunities to revisit and revise decisions in light of new evidence or arguments and a mechanism to resolve dispute.

- **Revisit and revise** decisions on the basis of new evidence or arguments brought forward either through a formal appeals mechanism or through consultation with stakeholders.

EMPOWERMENT

There should be efforts to minimize power difference in the decision-making context and to optimize effective opportunities for participation.

- Efforts will be taken to ensure all evidence, voices and perspectives are considered equally and ensure there was opportunity to understand and explore minority views.

ENFORCEMENT

There should be either voluntary or public regulation to ensure that the other A4R conditions are met.

- **Evaluate** how successful the decision-making process met the conditions of A4R. There may be gaps between *what you do* and *what you should be doing*. To close this gap, you need to be able to evaluate your success.
- **Improve** the decision-making process to make it more ethical. The gaps you identify are areas of improvement for subsequent iterations of decision-making. Learning from experience demonstrates our corporate commitment to being publicly accountable and to seeking excellence in how we do business as a health care institution.

Adapted from material developed by Lakeridge Health and The Centre for Clinical Ethics.

Daniels, N., & Sabin, J. (2002). *Setting limits fairly: Can we learn to share scarce resources?* Oxford: Oxford University Press.

Gibson, J. L., Martin, D. K., & Singer, P. A. (2005). Priority setting in hospitals: Fairness, inclusiveness, and the problem of institutional power differences. *Social Science & Medicine*, 61, 2355-2362.