

Ethics Framework

Department of Bioethics

Launched 2016; Revised 2024

Endorsed by Executive Committee

Approved by Ethics Committee: November 14, 2016

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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) and Accountability for Reasonableness (A4R) (Appendix B) are tools 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 specialized care in hospital, community and home, focusing on the comprehensive needs of people. We discover and translate scientific breakthroughs, push boundaries for health solutions and innovative models that connect care across the continuum and the lifespan, 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

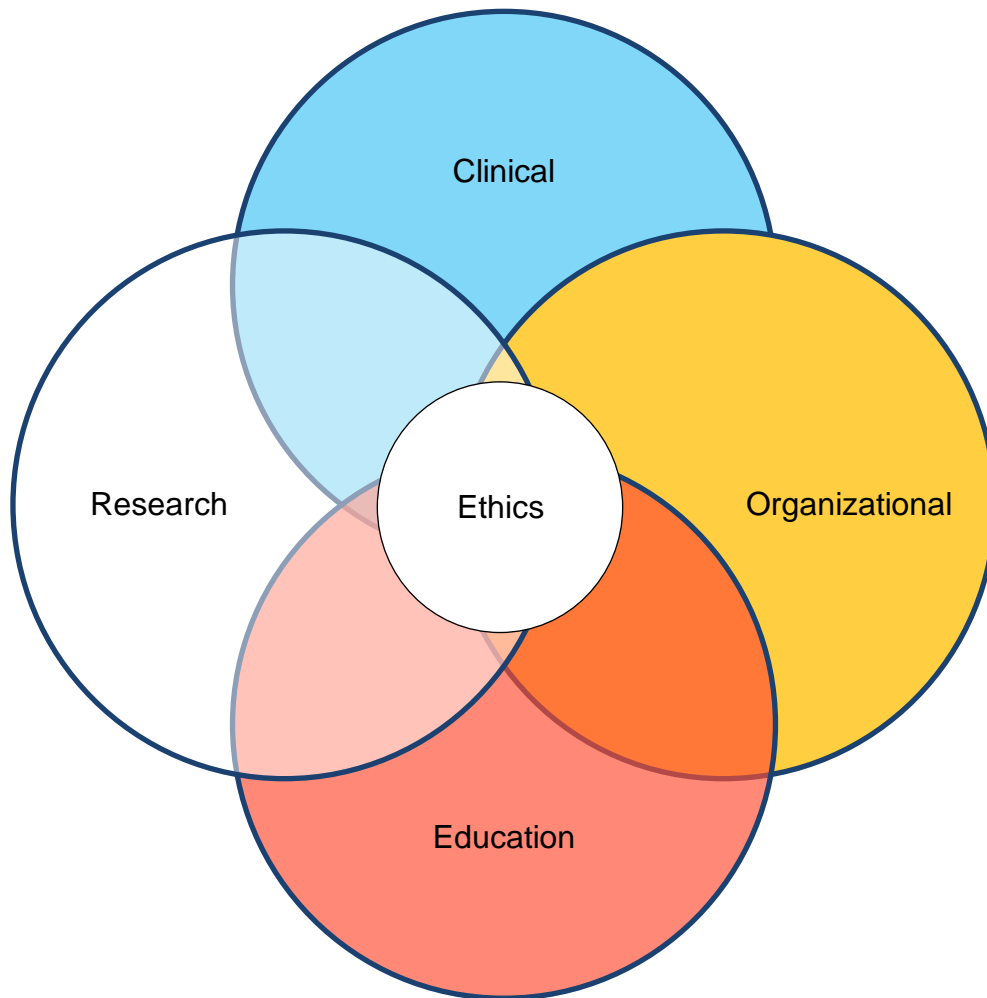
Accountability and Reporting Structure

The Bioethics department, made up of three bioethicists, along with the assistance of their VP Professional Practice, Nursing & Health Disciplines, is responsible for maintaining the Ethics Framework. The Board of Directors and the Patient and Family Advisory Committees 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 members of the Joint Centre for Bioethics and are affiliated with and are faculty members at the University of Toronto (U of T).

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?

General Inquiries:

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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. Bioethics consultation 2. Substitute decision-making 3. Advance care planning 4. Consent to Treatment 5. Decision-Making Capacity • 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 • Moral Distress Debriefs • Attending Patient Care Rounds | <ul style="list-style-type: none"> • Policy Development and Review (e.g. MAiD, Consent and Capacity, 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, etc.) • Health system collaboration to enable consistent development and adoption of | <ul style="list-style-type: none"> • Department of Bioethics Grand Rounds • Team/Department Education • Education for learners in health-disciplines and medicine • Mentorship for learners in health-disciplines and medicine • Participation in fellowship programs and UofT Medicine education | <ul style="list-style-type: none"> • Research in Ethics |

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|--|--|--------------------------------------|--|--|
| | | principles, policies and guidance | | |
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Appendix A: IDEA Tool for Ethical Decision Making

Step 1: Identify the Facts

Ethical issues often arise due to a lack of sufficient information or evidence, as well as disagreements about facts or perspectives. The first step in the IDEA ethical decision-making process is to identify the facts and relevant information in a manner inclusive of all parties' perspectives, as the views of harm/benefit and success/failure may differ. This may help to resolve some conflicts and sets the stage for an effective process which will address the current issue. Begin by asking the question, "What is the ethical issue(s) that has been identified?"

Relevant Information/Evidence:

- Describe the relevant facts of the case/issue from all parties' perspectives.
- 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 the decision?
- What documentation is available (e.g., advance directives)?
- What accommodations are required?

Medical/Clinical Indications:

- What is the patient's past medical history, diagnosis, and prognosis?
- Is the problem: acute, chronic, critical, emergent, reversible?
- What are the anticipated results of treatment/intervention?
- What are the probabilities of success and failure of the proposed treatment/intervention?
- Is there consensus or conflicting perspectives on how success and failure are defined among the relevant parties?
- What are the plans in place in case the proposed treatment/intervention is unsuccessful?
- What are the expected benefits of the treatment/intervention? How can these be maximized?
- What are the expected harms of the treatment/intervention? How can these be minimized?

Patient Perspective:

- What are the patient's preferences in terms of needs, beliefs and values?

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- How does the patient view their quality of life and what are their perceived goals of care?
- Has the patient expressed prior wishes (written, verbally)?
- Does the patient feel empowered to actively participate in decision-making? Do they have all the relevant information and feel safe to speak up and express any concerns?
- Is the patient facing challenges with participating in decision-making? Have efforts been made to explore the underlying reasons, and to facilitate their inclusion and accommodation (if required)?
- Is the patient's autonomy being respected to the highest extent possible in accordance with relevant law and ethics?
- Does the patient wish to try alternative therapies, such as traditional remedies? Is there evidence to support or oppose its use? Can this be accommodated?
- Is the patient's decision voluntary and informed? Does the patient need more time or information?
- If the patient isn't capable, who is the substitute decision-maker(s) (SDM)? Is the SDM following the principles for substitute decision-making in accordance with relevant legislation?

Contextual Features:

- What are the considerations and perspectives of the family and/or caregiver?
- Are there any religious or cultural factors that may influence care or decision-making?
- Is the patient from an equity deserving group where factors such as bias, discrimination, stereotyping or power differentials may influence the decision-making process or care being received?
- Are there systemic barriers in place that may impact the access, type and quality of care or the decision-making process?
- How might the individual's personal, social and economic status impact their care?
- Is there a relevant history related to past experiences with the healthcare system or healthcare team that may influence the patient's decision-making?
- Does the patient feel safe and willing to disclose aspects of their race, ethnicity, gender, disability or religious identity if it influences their care?
- As a health care provider or team member,
 - What are your personal emotions, feelings, values and biases that could be influencing this decision? Is there any conflict of interest?
 - How might the above influence you in your professional role?
- Are there any confidentiality concerns or limits?
- How does the mission, vision, values, and strategic directions of the organization align or conflict with the requests/wishes/direction of this case?

Overarching Question:

Before proceeding to Step 2, revisit the question: “*What is the ethical issue(s)?*” Sometimes after the information is gathered, the framing of the ethical issue will require modification if other key considerations have arisen.

Step 2: Determine the Relevant Ethical Principles

In the second step, discuss the prominent values and principles, specifying to whom their relevance and importance lies. Additionally, acknowledge values or principles where there is consensus among the involved parties and address those where conflicts exist. This will allow us to clarify the ethical issue(s) at hand before prioritizing a set of values and principles that align with Sinai Health’s mission, vision, purpose, and values to guide the decision-making process.

- Are there any additional factors that ought to be considered?
- Which ethical principles/values are relevant to this issue?

Overarching Question:

Before proceeding to Step 3, consider the question: “*Have principles and values been identified in an inclusive manner acknowledging concerns and conflicts?*”

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. Options are explored in terms of benefits, harms, strengths, limitations, timelines, feasibility, resources required, along with alignment with relevant policies, legislation and Sinai Health’s mission, vision, purpose, and values. The values and principles identified in Step 2 are applied to the available options to further assess associated ethical concerns and benefits.

Overarching Questions:

What is the most ethically sound option?

The following questions can be helpful in assessing the options:

1. Have we gathered all the relevant information?
2. Have we consulted all relevant parties?
3. Have we answered the underlying question or issue?
4. Do the likely benefits of the decision outweigh any potential harms?
5. Will the decision set a favourable precedent?
6. Can the decision be justified to internal and external parties?
7. Has the process been transparent?

Step 4: Act and Evaluate

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Finally, the fourth step focuses on action. The most ethically justifiable option as identified in Step 3 is recommended for implementation. The decision-making process is documented and communicated to relevant parties, along with an implementation plan. This plan should include an evaluation process to assess success, identify needed changes, or additional action as this process may influence future cases, procedures or policies.

Overarching Question:

Were the steps of the IDEA tool completed (i.e. was a fair decision-making process used)? Was the decision-making process fully documented, communicated to relevant parties, and accompanied by an evaluation plan?

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 people's right to self-determination or self-governance such that their views, decisions and actions are based on their personal values and beliefs.

Accountability: Take ownership of actions and inactions; have clear governance structures in place that identify who is responsible for which decisions.

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

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 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 both real and perceived conflicts between one's self interest and/or one's obligations to one or more individuals or groups.

Cultural Humility: Being aware of how people's culture can impact their health behaviours and using this awareness to cultivate sensitive approaches in providing care. This requires a process of self-reflection to understand personal and systemic biases and privilege; acknowledge potential gaps in the practice of culturally competent care.

Dignity: Respect the dignity of individuals in a way that honors their value or worth.

Disclosure: Disclose information that people or groups have a right to know in order to make an informed decision.

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

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

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Duty to care: The professional and ethical obligation to provide the standard of care to those in need and to ensure that no one is left behind; facilitate the transfer of care to colleagues when appropriate.

Equity: Aim to ensure the fair treatment, access and opportunities for individuals from diverse backgrounds, ensuring their full participation in decision-making processes.

Humanity: Show respect and empathy for each individual. Appreciate their uniqueness, autonomy, dignity and human rights while providing care; show concern and understand our existence and connection with others.

Inclusiveness: Fostering awareness and a sense of belonging by the active, intentional, and ongoing engagement with diversity, where each person's distinctive skills, experiences, and perspectives are valued. Each person is provided with the opportunity to participate fully in the decision-making process and the care they receive.

Integrity: Prioritize 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 in decision-making by treating similar 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: Consider the least restrictive options that uphold patient autonomy and beneficence while mitigating and minimizing harm.

Non-maleficence: "Do no harm." Avoid causing harm to individuals or groups, or risking harms of significant magnitude and probability.

Person-centred care: Provide care to individuals and/or their family in ways that respect and respond to their values, beliefs, preferences, decisions or self-identified best interests.

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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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.

Rights: Protect the rights of individuals and groups by honoring their legitimate moral and legal claims.

Safety: Aim to provide care in a trauma informed manner, 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: The shared commitment and responsibility towards all members of society demonstrated by fostering connection, reflecting concern and acknowledging the associated costs to support and promote well-being and equitable access to healthcare.

Stewardship: The careful and responsible management of organizational resources.

Transparency: Make decision-making transparent. Communicate decisions and their rationales to all relevant parties in an accessible manner.

Trust: The belief in the reliability, truth, ability or strength of something or someone. 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.

Reference:

<https://trilliumhealthpartners.ca/aboutus/Documents/IDEA-Framework-THP.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 included parties 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 all relevant parties. This requires establishing and maintaining open channels of communication 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, and values) that ‘fair-minded’ people agree are relevant under the circumstances.

- **Define** your mandate and the question you are trying to answer.
- **Identify** all relevant parties and include their perspective in decision-making.
 - Relevant parties may be involved as decision-makers or as consultants in decision-making.
 - The aim is to ensure a broad range of ideas and perspectives.
- **Determine** the evidence or data needed to inform your decision.
- **Clarify** your decision-making procedure upfront:
 - Identify organizational values, goals, strategic priorities, and any other relevant values or principles,
 - Develop and prioritize criteria based on the information from above,
 - Generate options,
 - Consider the expected strengths/limitations and benefits/harms of the different options against those criteria
- **Provide** a statement of rationale for each decision/option.
 - 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 parties.

- **Document and communicate** the decision and its rationale to relevant parties.
 - Decision-makers and individuals involved 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 relevant parties.
- **Evaluate** decisions to assess efficacy, outcome, adherence to values and principles, inclusion of all relevant parties, transparency and communication of decisions

EMPOWERMENT

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

- Efforts should be taken to ensure all evidence, voices and perspectives are considered in an equitable, inclusive and accessible manner while ensuring all barriers are removed and any forms of discrimination and bias are accounted for.
- Establish an environment characterized by safety where every individual feels empowered to express themselves while ensuring all perspectives are equally considered and valued.

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.

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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.

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<https://canadacouncil.ca/glossary>