



ETHICS FRAMEWORK

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Saskatchewan Health Authority Ethics Framework

Introduction

Every day, people in our organization make decisions about how to provide the best care possible for patients, residents, clients and families. Ethics is about making “right” or “good” choices and the reasons that we give for our choices and actions. The Saskatchewan Health Authority’s (SHA) [Mission, Vision, Values and Strategic Direction](#) ground these decisions. The *SHA Ethics Framework* builds on SHA’s foundational work and outlines the many ways that our organization can create a strong ethics culture. To accomplish this goal, ethics reflection and action must be embedded into all aspects of healthcare across the organization from ‘bedside to boardroom’.

Organizational Ethics is the integration of an organization’s mission, vision and values and ethical principles into decision-making processes. Collectively, these determine the institution’s ethos (or character). This stream of ethics fosters an organizational culture that is just, empowering and guided by an ethics framework that is applicable at all levels of the organization. To be most effective, ethics frameworks must be aligned, integrated, sustainable and include formal accountability within the organizational structure.¹ Individual and organizational commitments and resources are necessary to sustain it.

The *SHA Ethics Framework* articulates our organization’s approach to identifying, managing, and addressing ethics-related issues and concerns associated with its activities. It represents an overall organizational strategy that connects [policy](#), ethics services, guides and checklists to assist day-to-day decision-making processes of individuals and teams within the SHA. The *Ethics Framework* encompasses the range of activities in which SHA engages including: organizational ethics (governance, leadership and management), clinical ethics, research ethics, population/public health ethics and education. It emphasizes meaningful and effective engagement with SHA’s personnel, patients/residents/clients and families, including Patient Family Advisory Councils, and stakeholders in a manner that is empowering and respectful. Based on a consultative approach, the *SHA Ethics Framework* considers best practice and is evidence informed by current literature, including 2018 Accreditation Canada Qmentum Standards for Leadership and Governance.

¹ Gibson J, Faith K, Kaufman H, & Winsor S. *Ethics framework development at the SE CCAC*, 2011.

Guiding Principles

The following principles informed the development of the SHA's *Ethics Framework*.

1. Integration:

Ethics is integrated into daily decisions and actions from the front-line to the boardroom to:

- I. Increase awareness of ethical dimensions in the provision of health care to patients/residents/clients in Organizational Ethics, Clinical Ethics, Public/Population Health, Research Ethics and Educational settings.
- II. Enable all employees, physicians, governance and leadership at all levels to identify ethical issues related to their work and/or role.
- III. Educate all employees, physicians, governance and leadership on access to local ethics resources for additional support when needed.

2. Strategic Alignment:

Decision-making is aligned and grounded in the SHA's mission, vision, values and strategic direction.

3. Sustainable and Measurable:

Sufficient resources are committed to increase awareness of ethical dimensions in the provision of SHA's services and activities. The SHA's Ethics Program will track ethical issues using the Ethics Consultation Database and report trends. The database allows documentation of ethical issues and can be used to enhance leadership's understanding of the ethical climate and opportunities to improve quality of care.

4. Accountable:

The SHA commits to using the Ethics Checklist ([Appendix A](#)) to guide governance and leadership decision-making by the Board and Executive Leadership Team (ELT). The IDEA Ethical Decision-Making Guide ([See Appendix B](#)) will be used by SHA's Ethics Committees and staff for complex ethical issues.

All employees, physicians, governance and leadership must be able to identify and disclose conflicts of interest, loyalty or obligations (real, potential and perceived) related to their work and/or role.

Disclosure brings about transparency in decision-making and builds public trust.

5. Inclusiveness:

Leadership recognizes and upholds the delivery of services that are patient/resident/client, family, and community centered. In clinical and research settings, the decision-making process will be inclusive of SHA's personnel, physicians, patients/residents/clients and their families. In organizational settings, the decision-making process will involve patients and families, as well as relevant Patient and Family Advisory Councils and/or the Patient Family Leadership Council and First Nations and Métis Councils. Leadership will engage in a meaningful manner and empower patients and families to collaboratively work through the decision-making process on organizational ethics issues. Leadership at all levels will uphold the [Bill of Rights](#) and [Resident Rights and Responsibilities](#).

Governance

The Board of Directors is “accountable for overall management and control of the SHA and is accountable to the Saskatchewan Minister of Health to achieve the provincial goals and objectives for health services.”² Members of the Board will be familiar with and adhere to the governance philosophy, know their role and attendant responsibilities, policies, code of conduct, obligations and duties of Directors as outline in SHA’s [Governance Charter](#). The Board uses the Ethics Checklist to enable ethical decision-making (See Appendix A).

The Chief Executive Officer (CEO) is accountable for providing strategic and operational leadership of the SHA. Saskatchewan Health Authority’s Governance Charter outlines the CEO’s Responsibilities and Accountabilities. The CEO is responsible for the delivery of healthcare and is assigned deliverables to achieve the organization’s mission and vision. The Board and health system’s stakeholders expect the CEO will model and promote the organization’s ethos and values: [Compassion, Accountability, Respect, Equity, Safety](#) and a commitment to the [Philosophy of Patient and Family Centred Care](#). The primary ethics accountability of the CEO is to ensure strategic initiatives and decision-making align with fair process principles of the Ethics Checklist. Specifically, that relevant stakeholders have been consulted and that all the relevant facts, principles, legislation and evidence are considered. For provincial initiatives, SHA’s Provincial Ethics Committee is considered a relevant stakeholder. The reporting structure (see diagram page 9) includes appeal to the Board to address concerns related to CEO’s ethics accountability.

²SHA. *Governance Charter*.

The Ethics Checklist should help guide the CEO, the Board of Directors, Executive and Senior Leadership's decision-making. Individual and organizational commitment to ethical leadership and to the *SHA Ethics Framework* is required at all levels of the organization. The necessary conditions for ethical decision-making are outlined in the Checklist and are based on fair process principles:

- Empowerment,
- Publicity
- Relevance
- Revisions and Appeals and Compliance (Enforcement); the authority granted by the organization to ensure that the other four conditions are met (Daniels & Sabin, 2002).

These principles are associated with SHA's values of Accountability and Respect. Leadership at all levels of the organization are expected to communicate and model the values of the SHA.

Leaders' roles, when they use the fair process principles for procedural justice, align with the functions of facilitators and advisers. Fair and transparent processes apply to all departments, including finance and human resources.

One integral function of the SHA Ethics Program is organizational ethics. Three essential services of the Ethics Program are to assist with policy review and development, assist with decisions related to resource allocation, and assessing new and/or innovative provincial initiatives, e.g., organ procurement programs. The Ethics Program is responsible for developing and revising the *Ethics Framework*.

Clinical Ethics

Clinical ethics is the practical discipline that provides a structured approach to assist health care providers in identifying, analyzing and resolving ethical issues in clinical settings.³ Medical ethics principles are used along with an ethical decision-making framework to emphasize ethical considerations in the provision of health care to patients/residents/clients and their families. SHA's philosophy of Patient and Family Centred Care mandates incorporating 'The Ethics of Care' in the *SHA*

³ Albert R. Jonsen, Mark Siegier and William J. Winslade. *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine*, 6th Ed. New York: McGraw-Hill, 2006.

Ethics Framework. The Ethics of Care is based on the theory that the caring relationship is the foundation of morality.⁴ The Ethics of Care stresses reciprocal commitments, interdependence and cooperation, care and concern for the most vulnerable to the consequences of decisions, and that contextual elements are considered.⁵

SHA's values of Safety, Accountability, Respect, Collaboration and Compassion align with the four principles of biomedical ethics outlined by Beauchamp and Childress:⁶ Autonomy (Respect); Nonmaleficence (Safety); Beneficence (Compassion); and Justice (Accountability, Collaboration).

All professionals who work for, or contract with, SHA are expected to adhere to their profession's codes of ethics and professional practice standards and communicate and demonstrate SHA's values. In 2023, Patient and Family Centered Care developed [Our Commitment to Each Other: Patient Rights and Responsibilities](#). The document outlines what we can expect from each other during the care, no matter where the care is received in the province. It highlights the many ways we already commit to safe and patient family centred care.

For the SHA's Ethics Committees and Ethicists to effectively carry out their role, leadership must allow them to function as independently as possible to eliminate or minimize any conflicts of interest, loyalty or obligation and to preserve professional integrity. The SHA must also allocate adequate resources to enable leadership, staff, patients and families access to ethics resources and education.

Anyone (including leadership, physicians, staff, patients/residents/clients, families, learners and volunteers) can raise ethical concerns. Ethics resources can be accessed by contacting the Chair of a Local Ethics Committee or local ethicist or sending an e-mail to ethics@saskhealthauthority.ca. In collaboration with Emmanuel Health and the Saskatchewan Cancer Agency, the SHA Ethics program has developed and distributed [a brochure](#) outlining its services and directs people seeking an ethics consult to contact [811 Healthline](#). An 811 Healthline operator will transfer the caller to the appropriate

⁴ Burton, Brian K. and Dunn, Craig P. "Ethics of care" Ethics and philosophy. *Encyclopaedia Britannica*. @ <https://www.britannica.com/topic/ethics-of-care>. Accessed June 24, 2019.

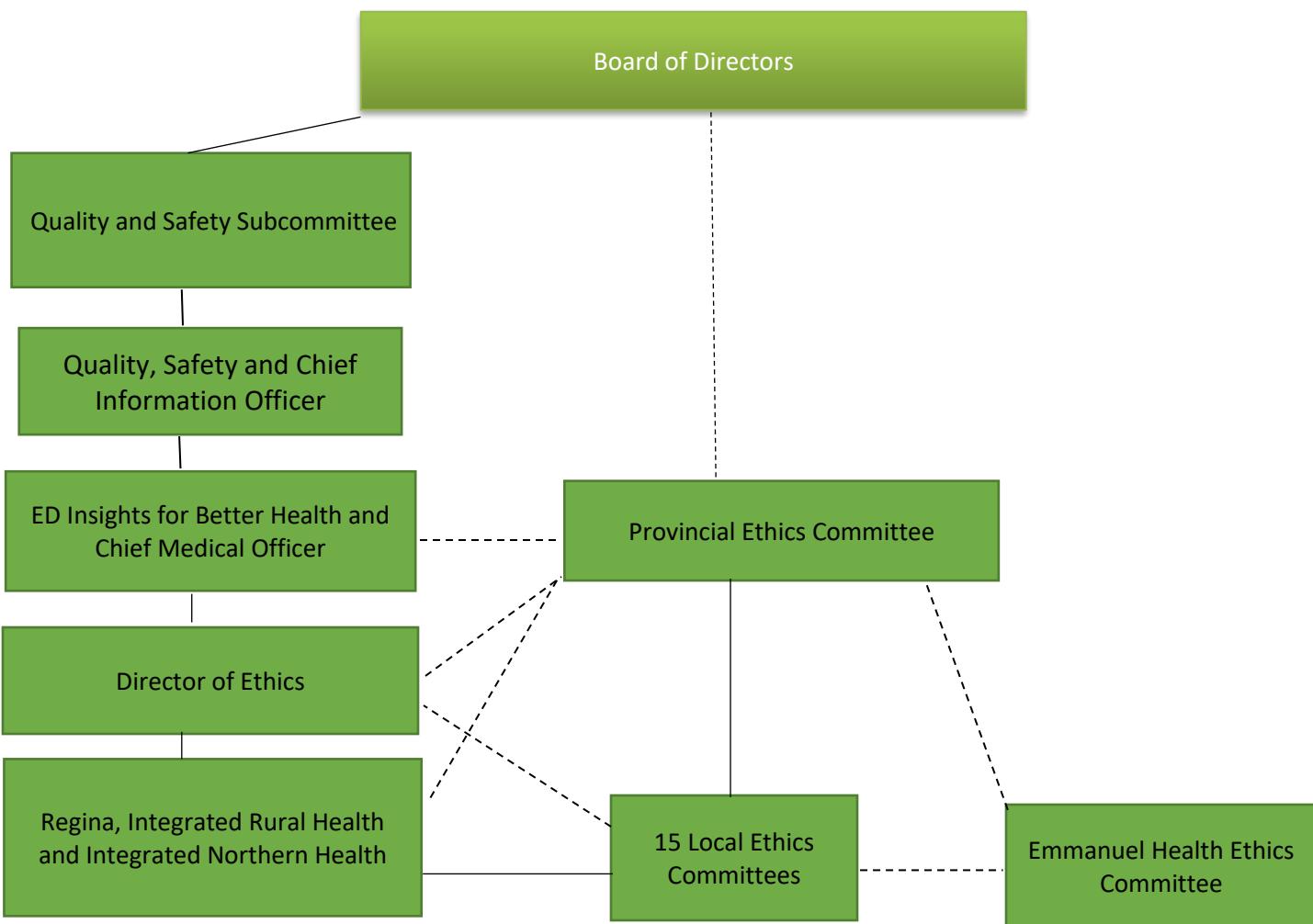
⁵ "Main principles of Ethics of Care". BRAINMASS @ <https://brainmass.com/anthropology/society-and-culture/main-principles-of-ethics-of-care-366244>. Accessed June 24, 2019.

⁶ Tom L. Beauchamp, James F. Childress. *Principles of Biomedical Ethics*. 6th Ed. Oxford University Press, 2009.

Ethics Committee Chair and/or ethicist. Afterhours, if the call is urgent or emergent, Chairs of the Committee will direct calls to the Executive Director or Director on-call in their area.

The SHA's Director of Ethics reports to the Vice President of Quality, Safety and Information and the Chief Medical Officer via the Executive Director of Insights for Better Health. The Provincial Ethics Committee and the Local Ethics Committees also report to Executive Director of Insights for Better Health. Quarterly reports to the Board will be provided through its Quality and Safety Committee (QSC) by the Vice President of Quality, Safety and Strategy and the Chief Medical Officer. Reports to the QSC will include an ethics trends analysis by data recorded in the Ethics Consultation Database. SHA's Ethics Services will work with leadership at all levels of the organization to ensure ethics accreditation standards are met.

Provincial Ethics Service Reporting Structure



Public/Population Health Ethics

Public health ethics is a relatively new field that helps guide practical decisions related to community or population health. “Population health ethics can be distinguished from medical ethics by its focus on: *populations* (vs. individuals); a range of interventions occurring *outside of health care settings*; and *prevention* of illness and disease. It calls attention to issues of equity (justice) and the social determinants of health”.⁷ The World Health Organization defines health inequities as health difference that are socially produced, systematic in their distribution across the population, and unfair.⁸ Terms like “inequity” and “unfair” imply an ethical obligation to respond. In partnership with communities and government, the SHA aims to identify, study, and address inequities between populations (e.g. Indigenous and non-Indigenous communities).

Public health and medicine share a common set of values and ethical principles, but the nature of challenges encountered differ. Public health’s focus on communities and populations emphasizes the common good. As such, public health often uses the utilitarian calculus: the greatest good for the greatest number.

Ethical dilemmas result when individual rights conflict with the common good (e.g. mandatory vaccination of school children and health professionals). Such conflicts must be addressed thoughtfully by weighing the risks and benefits to both individuals and communities.

Another distinguishing characteristic is that government agencies and/or government agents deliver public health.⁹ Therefore, the exercise of executive powers becomes a concern. Because of the differences, public health has developed a distinct Code of Ethics.¹⁰ Public health professionals who are members of a profession should follow their professional code of ethics. Because public health officers have the authority (privilege) to exercise state powers in order to protect the public good/health, public health officers have additional duties and responsibilities and are called to be judicious in their discretion to exercise their power and authority.

⁷ Government of Canada. Canadian Institutes of Health Research. Population and Public Health. *Population Health Ethics*. Accessed July 19, 2019.

⁸ World Health Organization (WHO). 2007. [A conceptual framework for action on the social determinants of health](#) (Discussion paper draft). Geneva: Commission on Social Determinants of Health, World Health Organization.

https://www.who.int/social_determinants/resources/csdh_framework_action_05_07.pdf. Accessed August 6, 2019.

⁹ James C. Thomas, Michael Sage, et.al. “A Code of Ethics for Public Health.” [Editorial] *American Journal of Public Health*, v. 92, no. 7, July 2002, p. 1057.

¹⁰ Public Health Leadership Society. *Principles of the Ethical Practice of Public Health*. [s.n.] : Public Health Leadership Society, 2002.

In response to the COVID-19 pandemic, the SHA Ethics program participated in pandemic planning and developed an *Ethics Framework for Pandemic Response*. The SHA's procedural (good decision-making), distributive (equity and fairness) and natural justice (respect and minimizing harm) principles were incorporated and augmented with public/population health's principle of solidarity.

Research Ethics

Research ethics is the practical discipline that deals with identifying, analyzing and resolving ethical issues in a research setting. In such circumstances medical ethics principles are used with principles of research ethics to emphasize ethical considerations involving SHA personnel, patients/residents/clients and physicians in research. SHA's "personnel will ensure the highest level of research rigour and integrity in conducting research, including accurate and appropriate recording, analyzing, interpreting, reporting, and publishing of findings."¹¹

For research involving human subjects there are eight generally accepted [ethical principles](#). These principles are: Respect for persons [autonomy], Beneficence, Non-Maleficence, Justice, Informed Consent, Confidentiality and data protections, Integrity and [avoiding] Conflict of Interest.¹² Researchers employed by or affiliated with SHA will conduct themselves and their studies in accordance with [quality research](#)¹³ and ethics standards and align with SHA's vision, mission and values. "Any fabrication, falsification, destruction of research records, plagiarism, invalid authorship, inadequate acknowledgement, mismanagement of conflict of interest, failure to comply with relevant policies, misrepresentation in a funding application, and/or mismanagement of funds will be considered a breach of Scholarly Integrity."¹⁴ The research ethics standards that researchers should follow include, but may not be limited to, the *Declaration of Helsinki*, the Interagency Advisory Panel on Research Ethics' *Tri-Council Policy Statement* (TCPS), and the International Council for Harmonization of Technical Requirements for Pharmaceuticals for Human Use's *Good Clinical Practice Guidelines*. Researchers are also responsible to disseminate, via presentation and publication, information gained through research.¹⁵

¹¹ SHA [Regina Qu'Appelle Health Region]. Policy: [Scholarly Integrity](#). Regina : Research and Performance Support, 2017, p. 1.

¹² City. University of London. [Research] Principles of research ethics. @ <https://www.city.ac.uk/research/ethics/ethics-approval-process/principles-of-research-ethics>. Accessed July 8, 2019.

¹³ Research Connections. Assessing Research Quality. @ <https://www.researchconnections.org/content/childcare/understand/research-quality.html>. Accessed July 8, 2019.

¹⁴ SHA (Regina Qu'Appelle health Region. Policy: Scholarly Integrity. Regina : Research and Performance Support, 2017, p. 1.

¹⁵ SHA. Research and Performance Support. Philosophy and Goals. @ <http://www.rqhealth.ca/department/research-and-performance/philosophy-and-goals>. Accessed July 5, 2019.

A Research Ethics Board (REB) must review research projects involving people or their health information. This includes research involving human participants, biological materials, human embryos, fetuses, fetal tissue, reproductive materials and stem cells. This applies to materials derived from living and deceased individual.¹⁶ REBs are independent and autonomous bodies.

Research studies are to be reviewed and approved by a REB approved by the Minister of Health. The Research Ethics Boards of the SHA, the University of Saskatchewan (Biomedical and Behavioral Ethics Boards) and the University of Regina have moved to a policy of full reciprocity. This means that if an application has been approved by one REB that approval will be accepted by the other two institutions

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Local Ethics Committees will participate in the review of research protocols (within the SHA REB process) to ensure that communities retain the ability to participate in their approval. Community stakeholders will have a better understanding of local populations and circumstances and can help to ensure that research is done safely and in a way that provides benefit.

¹⁶ Government of Canada. Panel on Research [Ethics. Tri-Council Policy Statement 2](http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter2-chapitre2/#toc02-1a). Article 2.1. @ <http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter2-chapitre2/#toc02-1a>. Accessed June 24, 2019.

¹⁷ SHA. [Regina Qu'Appelle Health Region]. News release: [New Agreement in Effect for Research Ethics Boards in Saskatchewan](#). Regina: Research and Performance Support, 2018.

Education

SHA's provision of safe and quality care relies on the education, knowledge, training and skills of its staff and physicians. SHA benefits from the education and training its staff and physicians receive at other institutions and is obligated to reciprocate and provide opportunities for education and training of student learners. All health professionals have ethical obligations to participate in continuous learning.

SHA's relationships with the academic community enables opportunities for practical education, skills development, and research. As such, the SHA should promote a culture of continuous learning and a safe and supportive learning environment. Learners are to be treated with dignity and respect; bullying, intimidations and all other disrespectful behaviors are unethical and unacceptable. As with research, students and learners, instructors, teachers and mentors are expected to adhere to the values denoted by the term 'scholarly integrity:' "honesty, trust, fairness, respect and responsibility."¹⁸

A central function of SHA's Ethics program is ethics education. The Ethics program encourages and assists leadership, physicians and staff to build their capacity to use the *Ethics Framework* and enhance their knowledge of ethics. A mixed method approach will be taken, including didactics and casuistry (e.g. Ethics Rounds via WebEx and/or team-specific education). Ethicists will mentor interested learners and offer an Ethics Facilitator training program to advance individuals knowledge and skills.

¹⁸ SHA [Regina Qu'Appelle health Region]. Policy: [Scholarly Integrity](#). Regina : SHA. Research and Performance Support, 2017, pg. 3.

Ethics Consultation Services

Consultation services are provided by professional ethicists and Local Ethics Committees. The purpose of an ethics consultation is to provide support to patients, residents, clients, families, health professionals and leaders that are facing difficult ethical questions regarding the care of a patient or a planning/policy decision. A facilitated process is used that includes the relevant people to clarify the nature of the concern, explore acceptable alternatives, and to identify a path forward.¹⁹

Principles of the Ethics Consult Services

Access to confidential ethics consultation is essential to address organizational and clinical ethics issues. Anyone (including leadership, physicians, staff, patients/residents/clients, families, learners and volunteers) can raise ethical concerns. Consultees need not seek permission to request an ethics consult. The consultation process draws from established philosophical, moral and religious approaches as well as legal precedence. Ethics consultation services play a key role in upholding the fair process principles (empowerment, publicity, relevance, revisions and appeals, compliance) in decisions made throughout the organization.

Ethics consultations aims to positively influence quality improvement, efficiency, safety and consistency in health care delivery and to contribute to staff wellbeing and retention by mitigating the negative consequences of moral distress, conflict and inconsistencies in health care delivery.

Ethics consultations are available for administrators, staff, physicians, contractors, learners, patients, clients, families and the public, all of whom are stakeholders in the delivery of health care.

As per 2018 Accreditation Canada Qmentum Standards, the SHA Ethical Decision Making Guide (see SHA Ethics Framework, Appendix B) will be used to guide decision making where ethical dimensions exist.

¹⁹ Canadian Bioethics Society. Accessing an Ethics Consultation. Accessed August 2022 @ <https://www.bioethics.ca/accessing->

Ethics provides education related to Accreditation Standards. Ethicists are available to support the use of the framework via an ethics consult request. For provincial initiatives, the SHA's Ethics Program and the Provincial Ethics Committee are considered to be essential stakeholders. For local initiatives, Local Ethics Committees are valuable contributors and should be consulted.

A network of Local Ethics Committees facilitate consult requests and inform the work of the Provincial Ethics Committee. In collaboration with an Ethicist, the Local Ethics Committee will have designated members to conduct ethics consults. A designated Ethicist will serve on, support and facilitate local committee's capacity and activities.

The Ethicist may meet with the requestor independently to complete the consultation, or they may work in conjunction with the Local Ethics Committee to collect, consider and present the facts of an ethics consult to inform ethically sound recommendations for health care delivery.

Ethics consults may include informal individual conversations, formal consults, or educative/collaborative dialogue with groups. Consults may be on an ongoing or episodic basis, and may be clinical, organizational, debriefing staff and/or conflict resolution.

Ethicists are subject to legislated privacy and confidentiality obligations during the course of consultations (see SHA Privacy and Confidentiality Policy and Confidentiality Agreement). Individuals (staff, contractors, patients and families or public) will have the opportunity to request confidential conversations with ethicists.

Confidential Information means information that has been disclosed in a relationship of trust and with the expectation that it will not be divulged to others in ways that are inconsistent with the understanding of the original disclosure without permission. Confidential information includes all information, documents, data and software (including passwords), personal information and personal health information.

Ethicists and Ethics committee chairpersons have the ability to access existing organizational and clinical documents/records for examination and engage stakeholders (e.g. physician, manager, patient and family) to gather background information related to consult requests.

To maintain transparency, activities of ethics consultants and ethics committees are supervised and guided by the SHA Director of Ethics, reporting to the Executive Director of Insights for Better Health.

Ethics consultations will result in recommendations that do not have the authority to direct actions. However, where there is harm or risk of harm to a patient, the Ethicist is required to escalate the situation as per applicable policy (SHA Critical Incident Reporting Policy Directive) (SCA Unusual Occurrence Management System). Ethicist/Consultant may communicate concerns and recommendations to Leadership that arise from organizational consultations that could pose a risk of harm to the organization, e.g., financial or reputational risk arising from conflict of interest, duties or roles.

Consultants will not be responsible to carry out disciplinary or legal action against any party but may advise that such action may be taken.

Ethical Decision-Making Guides

The *IDEA: Ethical Decision-Making Framework*²⁰ provides a step-by-step process to help guide healthcare providers, patients and families, administrators and leaders through ethical issues encountered in the delivery of healthcare. Both the *IDEA Decision-Guide* and the *Ethics Checklist* (Appendix A and B) are adaptations and an amalgamation of commonly used ethical decision-making guides. The *IDEA Decision Making Framework* is the amalgamation of the *Four Box Method*²¹ and Gibson's et al²² modification of Daniels' *Accountability for Reasonableness*.²³ The *IDEA Decision Making*

²⁰ The IDEA: Ethical Decision-Making Framework was developed by the Regional Ethics Program based at The Trillium Health Partners. It builds heavily upon the Toronto Central Community Care Access Centre Community Ethics Toolkit (2008), which was based on the work of Jonsen, Siegler, & Winslade (2002); the work of the Core Curriculum Working Group at the University of Toronto Joint Centre for Bioethics; and incorporates aspects of the accountability for reasonableness framework developed by Daniels and Sabin (2002) and adapted by Gibson, Martin, & Singer (2005). Modified and used with permission from Dianne Godkin, RN, PhD (Senior Ethicist, Trillium Health Partners), March 22, 2012.

²¹ Jonsen, A., Siegler, M., & Winslade, W. (2006). Clinical ethics: A practical approach to ethical decisions in clinical medicine (6th ed.).

²² 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.

²³Daniels, Norman. Accountability for Reasonableness. BMJ 2000;321; 1300-1301.

Framework is a value based, ethical decision-making tool that is adaptable to both secular and faith based settings and takes account of the personal, cultural and professional values of stakeholders. It enables a logical analysis leading to evidence informed decision-making. *Accountability for Reasonableness* (Fair Process Principles for procedural justice) considers procedural fairness during the decision-making process and underscores the importance of priority setting in resource allocation issues. It is a principle-based approach with a focus on procedural fairness and justice. These tools complement each other and allow the user to evaluate ethical implications (including a cost/benefit analysis or a harm/benefit analysis) of decisions.

The *SHA Ethics Framework* and the decision guides are monitored and maintained by the Ethics program. The Ethics Program adopted and re-named the tool *IDEA: Ethical-Decision Making Guide* to identify its core function, which is a tool to assist decision-making.

Appendix A

Ethics Checklist

The Checklist is based on Fair Process Principles (*Accountability for Reasonableness*) and considers procedural fairness and justice during the decision-making process. The Checklist can be used separately, but it is imbedded within the IDEA²⁴: Ethical Decision-Making Guide, which allows for an ethical analysis based on values and principles leading to evidence informed decisions.

| No.: | Conditions: | Condition Met: | Condition Unmet: |
|------|--|----------------|------------------|
| 1 | <p>Empowerment: Have there been efforts to minimize power differences in the decision-making context and to optimize effective opportunities for participation?²⁵</p> <ul style="list-style-type: none"> • Have relevant stakeholders been included and provided with an opportunity to participate, reflect and engage? • Have concerns about power imbalances (real or perceived) been addressed? • Have concerns about cultural safety been addressed? | | |
| 2 | <p>Publicity: Are the process, decisions and their rationales transparent and accessible to the relevant public/stakeholders?²⁶</p> <ul style="list-style-type: none"> • Has the decision-making process been transparent and accessible to the stakeholders? • Have concerns about fairness/ justice been addressed? • Has a conflict of interest or a personal bias/issue of conscience been declared? | | |
| 3 | <p>Relevance: Have decisions been made on the basis of reasons (i.e., evidence, principles and arguments) that “fair-minded” people can agree are relevant under the circumstances?⁴</p> <ul style="list-style-type: none"> • Have the discussions been based on facts, principles, legislation, and/or evidence? • Have reasonable efforts been made to gather contextually relevant facts? • Has a cost/benefit analysis or a harm/benefit analysis been completed? • Is the decision evidence-informed with a publicly defensible rationale? • Is the decision the most ethically justifiable when considering the organization’s mission, vision and values? • Is there consensus on this decision and are we comfortable with it? | | |
| 4 | <p>Revisions & Appeals: Have there been opportunities to revisit and revise decisions in light of further evidence or arguments and is there a mechanism to challenge and contest the decision?⁴</p> <ul style="list-style-type: none"> • Is there a process to re-evaluate the decision? • Is there a process to resolve a contested decision? | | |
| 5 | <p>Compliance (Enforcement): Has there been a review process to ensure that the other four conditions have been met, as part of evaluation and continuous improvement?^{3,27}</p> <ul style="list-style-type: none"> • Have the other four conditions been met throughout the decision-making process? • If not, are we able to articulate good reasons to our stakeholders? | | |

²⁴ The IDEA: Ethical Decision-Making Framework was developed by the Regional Ethics Program based at The Credit Valley Hospital and Trillium Health Centre. Modified and used with permission from Dianne Godkin, RN, PhD, March 22, 2012.

²⁵ 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.

²⁶ Gibson, J., Mitton, C., & DuBois-Wing, G. (2011). Priority Setting in Ontario's LHINs: Ethics and Economics in Action. *Healthcare Quarterly*, 14(4), 35-46.

²⁷ Daniels, N., & Sabin, J. (2002). Setting limits fairly: Can we learn to share scarce resources? *Oxford: Oxford University Press*.

Appendix B

IDEA¹: Ethical Decision-Making Guide

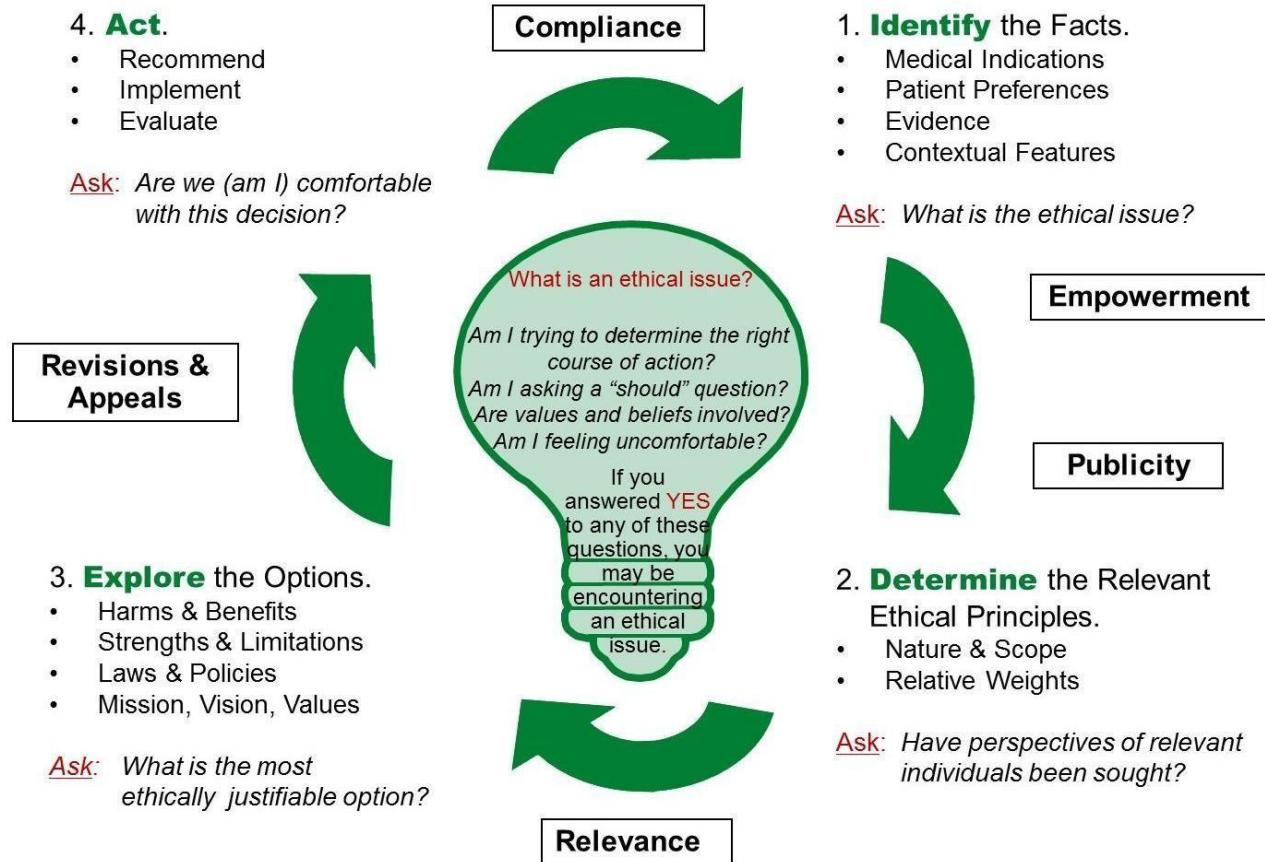


Figure 1:

¹The IDEA: Ethical Decision-Making Framework was developed by the Regional Ethics Program based at Trillium Health Partners. It builds heavily upon the Toronto Central Community Care Access Centre Community Ethics Toolkit (2008), which was based on the work of Jonsen, Seigler, & Winslade (2002); the work of the Core Curriculum Working Group at the University of Toronto Joint Centre for Bioethics; and incorporates aspects of the accountability for reasonableness framework developed by Daniels and Sabin (2002) and adapted by Gibson, Martin, & Singer (2005).

The *IDEA: Ethical Decision-Making* Guide is comprised of four steps and incorporates five conditions identified as important in the accountability for reasonableness framework developed by Daniels and Sabin (2002) and adapted by Gibson, Martin, and Singer (2005). The first letter of each step in this guide forms the acronym “IDEA.” In the centre of the guide there is a light bulb (a further reference to the guide’s acronym, IDEA). The light bulb contains a set of questions to assist healthcare providers and administrators in the identification of ethical issues to which the guide can be applied. The guide is depicted as circular, suggesting that decisions need to be revisited as new facts emerge.

The four steps are:

1. Identify the facts.
2. Determine the relevant values and ethical principles.
3. Explore the options.
4. Act.

The five conditions are:

1. **Empowerment:** There should be efforts to minimize power differences in the decision-making context and to optimize effective opportunities for participation (Gibson et al., 2005).
2. **Publicity:** The guide (process), decisions and their rationales should be transparent and accessible to the relevant public/stakeholders (Daniels & Sabin, 2002).
3. **Relevance:** Decisions should be made on the basis of reasons (i.e., evidence, principles, arguments) that “fair-minded” people can agree are relevant under the circumstances (Daniels & Sabin, 2002).
4. **Revisions and Appeals:** There should be opportunities to revisit and revise decisions in light of further evidence or arguments. There should be a mechanism for challenge and dispute resolution (Daniels & Sabin, 2002).
5. **Compliance (Enforcement):** There should be either voluntary or public regulation of the process to ensure that the other four conditions are met (Daniels & Sabin, 2002).

IDEA Worksheets
SHA Facility:

Name _____
PHN _____
Date of Birth _____
Gender _____ Physician _____

IDEA Fillable Form



Reference:

Completed By: _____

Date: _____

Step 1: Identify the Facts.

What is the presenting issue(s)?

What are the relevant medical or other indicators?

What are the patient(s) preferences? (If applicable)

What is the evidence?

What are the contextual features?

What are your personal considerations? (e.g. issue of conscience, conflict of interest, emotions, bias)



**Saskatchewan
Health Authority**

| | | |
|--|--|--|
| What is the ethical issue? | | |
| Step 2: Determine the relevant values and ethical principles. | | |
| <i>Who are the stakeholders (relevant parties)?</i> | <i>What values/principles does each believe are relevant to the issue?</i> | <i>Which values/principles do stakeholders agree are most important in the current context? (Rate from 1 to)</i> |
| | | 1) |
| | | 2) |
| | | 3) |
| | | 4) |
| | | 5) |
| | | 6) |
| | | 7) |
| | | 8) |
| | | 9) |
| | | 10) |
| | | 11) |
| | | 12) |
| | | 13) |
| | | 14) |
| | | 15) |
| <i>Are there any other factors that need to be considered?</i> | | |

| | | | | | |
|---|---|---|---|--|--|
| Have perspectives of relevant individuals been sought? | | | | | |
| Step 3: Explore the Options. | | | | | |
| <i>Option 1:</i> | <i>Option 2:</i> | <i>Option 3:</i> | | | |
| <input type="checkbox"/> Consistent with laws <input type="checkbox"/> Consistent with policies <input type="checkbox"/> Consistent with mission, vision, values & strategic directions | <input type="checkbox"/> Consistent with laws <input type="checkbox"/> Consistent with policies <input type="checkbox"/> Consistent with mission, vision, values & strategic directions | <input type="checkbox"/> Consistent with laws <input type="checkbox"/> Consistent with policies <input type="checkbox"/> Consistent with mission, vision, values & strategic directions | | | |
| <i>Benefits/Strengths:</i> | <i>Benefits/Strengths:</i> | <i>Benefits/Strengths:</i> | | | |
| <i>Harms/Limitations:</i> | <i>Harms/Limitations:</i> | <i>Harms/Limitations:</i> | | | |
| <i>Meets Decision Making Criteria (Create a check list)</i> | | <i>Meets Decision Making Criteria (Create a check list)</i> | <i>Meets Decision Making Criteria (Create a check list)</i> | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Additional Resources Needed:</i> | <i>Additional Resources Needed:</i> | | <i>Additional Resources Needed:</i> | | |

| What is the most ethically justifiable option? | | |
|---|------------------------------|---------------------|
| Step 4: Act. | | |
| <i>Documentation/Communication of Decision (who, what, where, how):</i> | | |
| <i>Implementation Plan:</i> | | |
| <i>Evaluation Plan:</i> | | |
| Did the process meet the five principles/conditions? | What is the evidence? | Reviewed by: |
| Empowerment: | | |
| Publicity: | | |
| Relevance: | | |
| Revisions and Appeals: | | |
| Compliance (Enforcement): | | |



Are we (am I) comfortable with this decision?

The IDEA: Ethical Decision-Making Guide was developed by the Regional Ethics Program based at The Credit Valley Hospital and Trillium Health Centre. It builds heavily upon the Toronto Central Community Care Access Centre Community Ethics Toolkit (2008), which was based on the work of Jonsen, Seigler, & Winslade (2002); the work of the Core Curriculum Working Group at the University of Toronto Joint Centre for Bioethics; and incorporates aspects of the accountability for reasonableness framework developed by Daniels and Sabin (2002) and adapted by Gibson, Martin, & Singer (2005).

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What is an Ethical Issue?

Ethics is about:

- Deciding what we should do (what decisions are morally right or acceptable);
- Explaining why we should do it (justifying our decision in moral terms); and
- Describing how we should do it (the way we respond).
- Determining when we should do it (act at one point in time may provide a benefit, same act another time may be a burden);
- Determining if we can do it (does one have the appropriate resources)

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

- How *should* the organization make decisions about how much funding to provide to each of its programs?
- If there is a shortage of critical care beds, how *should* decisions about who to admit (and who not to admit) be made?
- *Should* life-sustaining treatment be continued for a patient for whom the treatment is burdensome with minimal benefit?
- *Should* a colleague’s alcohol abuse be reported?
- *Should* a patient be informed of a “near miss” in his or her care?

Ethical issues may involve one or more of the following:

- **Ethical Uncertainty:** When it is unclear what ethical principles are at play or whether or not the situation represents an ethical problem.
- **Ethical Dilemma:** When there are competing courses of action both of which may be ethically defensible (e.g., conflicting values) and there is a difference of opinion as to how to proceed.
- **Ethical (Moral) Distress:** When you find yourself in a situation of discomfort, if you have failed to live up to your own ethical expectations, or if you are unable to carry out what you believe is the right course of action due to organizational or other constraints.
- **Ethical Violation:** When an action that appears to be unethical is being proposed or carried out (e.g. a patient is being given a treatment without providing a valid consent).

Appendix C Definitions

Autonomy: Self-rule.

The principle of autonomy is based on the Principle of Respect for Persons, which holds that individual persons have right to make their own choices and develop their own life plan. In a health care setting, the principle of autonomy translates into the principle of informed consent: You shall not treat a patient without the informed consent of the patient or his or her lawful surrogate, except in narrowly defined exceptions.²⁸

Beneficence: Provide benefits

The principle of beneficence requires us, other things being equal, to do good, or what will further the patient's interest. This is a "positive" requirement to further the patient's interest.²⁹

Casuistry: Case-based

A case-based method of reasoning. Casuistry typically uses general principles in reasoning analogically from clear-cut cases, called paradigms, to vexing cases. Similar cases are treated similarly. In this way, casuistry resembles legal reasoning.³⁰

Conflict of interest

Any situation (actual, potential or perceived) in which a staff uses their position with the SHA to benefit themselves or a related person.

Conflicts of interest can be:

Actual - a direct conflict between a staff's current duties and responsibilities and existing private interests.

Potential - where staff have private interests that could conflict with duties in the future. A potential conflict of interest exists when staff can foresee that a private interest may someday influence the exercise of their duty, but has not yet; these individuals are in a potential conflict of interest.

Perceived - situations where it could be perceived, or appears, that a staff's private interests could improperly influence the performance of their duties, whether or not this is in fact the case.³¹

²⁸ Garrett et. al., *Health Care Ethics*. Prentice Hall, 2nd Edition, 1993, p. 8-9

²⁹ Erlanger Health System. "Medical Ethics Orientation Manual. Section 5." *Principles of Biomedical Ethics*. Chattanooga: Erlanger Hospital, 2000, p. 6f.

³⁰ Encyclopaedia Britannica. "Casuistry" [Ethics] @ <https://www.britannica.com/topic/casuistry>. Accessed July 8. 2019.

³¹ SHA. [Policy] *Conflict of Interest Procedures*. Appendix A – Definitions. [s.n.] : [s.n.], 2019.

Conflict of obligation

A conflict of obligation arises when an individual or institution has duties that require different actions but only one of these actions can be taken in the given circumstance. Dilemmas in medical ethics often take this form, that is, the need to make hard choices between two values, neither one of which is clearly superior to the other.³²

Conflict of loyalty

A conflict of loyalty exists when a person has a duty of loyalty to more than one entity and the interests of those entities diverge. A conflict of interest is a subset of conflict of loyalty and occurs when an individual's personal interests create biases that may influence his or her professional actions or decisions. Conflicts of loyalty may occur when a physician serves on two committees for an institution, and the work of one committee is at odds with the objectives of the other committee or of the institution as a whole.³³

Didactics

Lessons are primarily lecture based, with this method most often used for the presentation of factual information.³⁴

Justice – Distributive; fair share

Principle that requires that we distribute goods and service, including medical goods and services, fairly.³⁵ What is "fair" is usually based on the notion of "natural justice," i.e., like are to be treated alike, different, differently. Natural justice protects against biased decision-making.

Justice – Procedural; fair play

Procedural justice is concerned with making and implementing decisions according to fair processes; like cases are treated alike; unbiased decision-makers; those directly affected by the decisions should have a voice and representation in the process; processes that are implemented should be transparent,³⁶ there should be an appeals and revisions process.³⁷

³² Institute of Medicine. Committee on Conflict of Interest in Medical Research. *Principles for Identifying and Assessing Conflicts of Interest*. B. Lo and MJ Field Eds. Washington (DC) : National Academies Press, 2009. . @ <https://www.ncbi.nlm.nih.gov/books/NBK22937/>. Accessed July 8, 2019.

³³ American Psychiatric Association. *Psychiatric News*. [Ethics Corner] Claire Zilber. "Conflicts of Loyalty: Recognition is Key." @ <https://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2017.11b24>. Accessed July 8, 2019.

³⁴ Reference* "What is Didactic Teaching?" @ <https://www.reference.com/education/didactic-teaching-a3d48906a2caf06c>. Accessed July 8, 2019.

³⁵ Garrett et. al., *Health Care Ethics*. Prentice Hall, 2nd Edition, 1993, p. 10.

³⁶ Michelle Maiese, *Procedural Justice*. @ Beyond Intractability: Knowledge Base. Updated 2013 by Heidi Burgess and Sarah Cast, 2004. https://www.beyondintractability.org/essay/procedural_justice. Accessed July 8, 2019.

³⁷ Daniels, Norman. Accountability for Reasonableness. *BMJ* 2000;321; 1300-1301

Nonmaleficence - Above all; do no harm.

The principle of non-maleficence requires us, other things being equal, to avoid harm to the patient, or what would be against the patient's interests. This is the "negative" requirement to refrain (avoid) doing what damages the patient's interest.³⁸

Personnel - Any person employed, training, teaching, or using SHA's resources or facilities, including but not limited to:

- a) SHA's employees;
- b) practitioner staff;
- c) contractors;
- d) students;
- e) residents;
- f) volunteers; and
- g) SHA's research associates.³⁹

Empowerment – To give voice to

To empower someone means to give them the means to achieve something, for example to become stronger or more successful.⁴⁰

Publicity – Public awareness

The state of being public, or open to general observation or knowledge.⁴¹ The movement of information from its source to the public.

Relevance – Pertinent to the matter at hand

The concept of one topic being connected to another topic in a way that makes it useful to consider the second topic when considering the first.⁴²

³⁸ Erlanger Health System. "Medical Ethics Orientation Manual. Section 5." Principles of Biomedical Ethics. Chattanooga: Erlanger Hospital, p. 6f.

³⁹ SHA. [Regina Qu'Appelle Health Region]. *Operational Approval for Research* [amended]. Regina : SHA. Research and Performance Support, 2017, p. 3

⁴⁰ Collins English Dictionary. "Empower" @ <https://www.collinsdictionary.com/dictionary/english/empower>. Accessed July 8, 2019

⁴¹ Dictionary.com "Publicity" @ <https://www.dictionary.com/browse/publicity>. Accessed July 8, 2019.

⁴² Wikipedia: The Free Encyclopedia. "Relevance" @ <https://en.wikipedia.org/wiki/Relevance>. Accessed July 8, 2019.

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