**Clinical Ethics Decision Making Tool**

This tool can be used by individuals and/or groups and teams to work through an ethics issue. The following questions are designed to help guide conversation and reflection related to the issue. Feel free to move back and forth through the tool. Some questions may be more relevant for particular issues, while others will not be; not all questions need to be answered. Seeking out additional information and/or coming back to the discussion and analysis at another time may also be appropriate.

1. **Identify your biases and intuitions**
   - What are your gut feelings about the case? What are the sources of your intuitions (i.e., your moral training, professional norms, personal history, social position, religious beliefs, relationships with the people involved, etc.)?
   - What “story lines” are playing in your head?
   - What is your role or position in this situation?

2. **Clarify the question(s)**
   - What is the issue that needs to be addressed? Do/would others involved see the issue the same way? Why or why not?
   - Is there a decision to be made? If so, what is its scope? How urgent is it?

3. **Who needs to be involved and what are their perspectives?**
   - Who is accountable for making the decision(s), i.e., who is the legitimate decision maker? What are his/her needs and concerns?
   - Who else should be part of the discussion? What are their values and interests?
   - Who needs support and how could they be best supported? Are there other supports (such as ethics consultation, legal/risk management, etc.) that would be helpful?

4. **What is known about this issue/situation?**
   - What is the relevant medical information, related policies, and so on?
   - What key values (personal, professional and organizational) are involved?
   - Are there contextual, organizational or interpersonal issues complicating the case? Who has “power” in this situation? Is this a relevant consideration for this situation?
   - Are there crucial unanswered questions or ambiguities?
   - What resources, if any, could be mobilized to ease the situation?

5. **Reflect and contemplate**
   - What are the similarities and differences between the perspectives of those involved in the situation? Why? How do these perspectives influence and shape what you think?
   - What are the possible approaches to this situation? Describe each approach and consider what values and principles support and/or conflict with each. What are the possible benefits and burdens of each approach? How are these distributed? (Remember to include “doing nothing or maintaining the status quo” as one of the approaches to assess.)
   - How does this situation compare to others you have experienced or heard of? Is there any relevant ethics, medical, etc. literature that would enhance your understanding of the situation?

6. **Choose an approach/Make a decision**
   - Why is this approach the best or most appropriate one? Can you explain it to others? Is it something that you “can live with”, all things considered?
• Is this decision setting a precedent or establishing a change in practice?

7. Moving forward
• Describe your plan for moving forward. Who needs to hear the decision(s)? Who will communicate them?
• Is there a plan for evaluating and following up on the outcome of the decision?
• Is there any “residue” from this situation that needs to be considered or acted upon?
• Were any broader policy or organizational issues raised which warrant further investigation or need to be shared with others in Capital Health?
• Is there anything you want to retain or change based on this process for next time?

If you have any questions about this tool or would like some additional support, please contact Capital Health Ethics Support, 473-1564 (confidential request line).

This tool is adapted from the *IWK Ethics Tool: A Guide for Addressing Ethical Issues and A Method for Ethical Deliberation: RICE* by Andrea Frolic.
Sampler of principles and concepts in healthcare ethics

**Beneficence:** To “do good”. This requires that providers perform acts that will benefit clients. Good care requires that the provider understands the client from a holistic perspective that respects the client’s beliefs, feelings, wishes and values, as well as those of the client’s family or significant others. Beneficence involves acting in ways that demonstrate caring, listening, supporting and nurturing.

**Best interests:** The benefits and risks for stakeholders of a proposed course of action, considered from the following perspectives: physical, mental, emotional and spiritual.

**Confidentiality:** The obligation to keep patient and organizational information confidential. Professional standards and privacy legislation provide guidance on the conditions under which health information can be ethically and legally disclosed.

**Fidelity:** Faithfulness to the health care relationship and/or your role and the trust related to this relationship. Persons must act in accordance with the expectations surrounding their respective roles.

**Justice:** The obligation to be fair to all people, regardless of their race, sex, sexual orientation, marital status, medical diagnosis, social standing, disability, economic level, and/or religious beliefs. *Distributive justice* requires a fair distribution of resources, based on legitimate health needs and available resources. *Formal justice* requires that individuals and groups of people or patients the same unless there is a demonstrable difference between them that justifies different treatment. *Social justice* involves attention to the disadvantages and vulnerabilities of certain groups who will be directly impacted by health care decision making. *Procedural justice* asks us, among other things, to ensure that participants from all the relevant stakeholder groups are engaged in a defensible, accountable and transparent decision making process.

**Nonmaleficence:** Avoidance of or protection from harm. This requires that providers do not harm their client, even if they cannot protect themselves. Hazards in the workplace may put the client at risk. Staff are expected to identify such risks and act to prevent them.

**Paternalism:** The practice of controlling, monitoring, or deciding what is good for an individual other than letting them choose for themselves (the opposite of autonomy). This includes restricting someone’s freedom to act to prevent them from harming themselves (e.g.: the use of restraints, suicide prevention) and restricting someone’s autonomy. Paternalism is rarely justifiable with a mentally competent adult client.

**Quality of life:** The principle that mere biological existence does not in itself have value; rather that life gives rise to activities and experiences that provide pleasure, satisfaction and well-being. The person whose life is in question is the only reliable judge of that life’s quality.

**Respect for autonomy:** The right to self-determination, independence and freedom. It involves the provider’s willingness to provide information to the client so that they may make informed decisions and subsequently respect a client’s right to choose what is right for them, even if the provider does not agree with the client’s decision. *Informed consent* is an example of how this principle is applied.

**Veracity:** Being truthful or not intentionally misleading or deceiving clients. Based on mutual trust and respect for human dignity, this would require open and honest communication in a way that helps clients deal with the anxiety this knowledge may create. Concealing or guarding clients from the truth to “protect” them is rarely ethically justifiable.