

Addressing ethical issues – Lecture guide

Ethical Decision-Making Framework

- A pragmatic device to aid decision-making
 - “frame” the decision-making problem
 - aid deliberation about solutions
 - make relevant values, principles or issues explicit
 - An “Ethics Framework”

Ethics Framework Examples

1. The IDEA framework tool (for clinical ethical issues), and
2. The Accountability for Reasonableness (A4R) framework tool (for organizational and governance ethical issues).

The IDEA Decision-Making Framework

<p><u>Step 1: Identify the Facts</u></p> <p>Identify what is known versus what is not known.</p> <ul style="list-style-type: none"> • Medical Indications • Patient Preferences • Quality of Life, and • Contextual Features, <p>Users of the framework should take into account all of the relevant considerations and stakeholders; this often includes facts that may not be known initially.</p>	<p><u>Step 2: Determine Ethical Principles in Conflict</u></p> <p>Identifying the ethical principles in conflict will not provide solutions; however, this step will assist in further clarifying and articulating the issues.</p> <p>Common ethical principles to consider might include, but are not limited to:</p> <ul style="list-style-type: none"> • Autonomy • Beneficence (or doing good) • Non-maleficence (or doing no harm) or • Justice
<p><u>Step 3: Explore Options</u></p> <p>The intent of this section is to brainstorm different alternatives and to consider the potential outcomes and impacts of each one (e.g., evaluate the potential positive and negative considerations of each option).</p> <p>Do the options fit with the patient’s preferences?</p> <p>Do the options comply with corporate policy, regulations, and the law?</p>	<p><u>Step 4: Act and Evaluate</u></p> <p>Develop and document the action plan in the patient’s chart and obtain consent.</p> <p>Evaluate the plan. Were the intended results obtained, or is additional follow-up and/ or action required? Ongoing documentation and communication of the evaluation is necessary.</p> <p>Self-evaluate your decision. What have you learned?</p>

Tips for Step 1

What is known about the case? Is there information missing that will help in decision making?

What does it mean to be competent, or have “decision-making capacity” in your case? Are there conflicts between the patient’s stated wishes and values?

Consider:

1. Psychosocial features including family systems, or support persons. Is the patient alone?
2. Experience of the health-care system: Positive or negative? This may impact your relationship with the patient and may make it difficult to develop trust.
3. Is there a discrepancy between your view of what the patient needs and they view their needs as? If there is a difference why is this so, and what is the appropriate response to dealing with this difference?

In this phase you will begin to see what the patient values, who they are, and what is meaningful to this person in terms of their present status. You will also want to consider your own reactions to the situation. Do your values conflict with those of the patient? Can this patient make an autonomous decision? Is their autonomy diminished in any way? If so, does this change our obligation to them?

Tips for Step 2

- Think about your own values, the values of your organization and those of the client
- Beware of ‘gut’ or ‘knee-jerk’ reactions
- What values are in conflict?
- Is this an ethical dilemma?

This may be your first experience of examining your own, or your patient’s values. Sometimes we are not challenged to do this until faced with an ethically problematic issue.

Include consideration of religious, or other cultural aspects of the patient’s life when trying to understand their values. For example: family members may wish to not tell the patient their diagnosis because that “is not how things are done” in their culture. Truth telling, for example, is not valued in all cultures or traditions.

To understand the ethical issues in a case, it is also important to ask:

What is this person’s story? Who are they? What has meaning for them? Do you understand their perspective? Are the patient’s statements consistent with their value system?

It may not be clear that a dilemma is an ethical one or not until you start to explore it. Instead, you may be faced with a communication issue - are people hearing and understanding one another? Is it really a legal issue - is the person making the decision legally permitted to do so?

Tips for Step 3

- Involve relevant parties

- Include “the good, the bad, and the ugly”
- Consider legal, professional and policy implications
- Consider analogous cases – is this case like others?
 - If so, what decisions were made?
 - What was the outcome of the decision?
 - What might you be able to apply to this case?
- How are these options informed by the Principles and Values in step 2?

Tips for Step 4

- Consider ‘no action’
- Who should the primary decision-maker be?
- Morally justify your rationale
- Document all conversations well, including areas of agreement and disagreement.
- Map out a communication plan
- Are you comfortable with the decision?

Once the decision has been made:

- Is the decision working?
- Was this the “best option”?
- What have we learned?
- What would you do differently next time?
- What would you do the same?

Accountability for Reasonableness (A4R)

<u>Value</u>	<u>Description</u>
Empowerment	Efforts should be made to minimize power differences in the decision-making context and to optimize participation.
Relevance	Decisions should be made explicitly with stakeholder views in mind, and there should be opportunities for stakeholders to be engaged in the decision-making process.

Transparency	Decisions should be publicly defensible. The process by which decisions were made must be open to scrutiny and the basis upon which decisions are made should be publicly accessible to affected stakeholders.
Revisions and Appeals	There should be opportunities to revisit and revise decisions as new information emerges, as well as mechanisms to address disputes and complaints.
Compliance	There should be either voluntary or public regulation of the process to make sure that the other four conditions are met.

- Since not all ethical issues that arise in health care are clinical in nature, a different ethical decision-making framework is suggested for organizational decision-making and priority setting.
- The Accountability for Reasonableness Framework (A4R) is based on the notion of public accountability which requires that reasons and rationales for limit-setting decisions be publicly available.
- The goal of this framework is to ensure procedural fairness (i.e. to make sure a fair process is followed), and expectations are set to consider relevant values in making organizational decisions.
- Underlying assumption: people are more likely to agree on process than outcomes
- All health care systems – and organizations – need to engage in “limit setting” (or rationing) of resources. This is increasingly the case in Ontario.
- People are often skeptical about the fairness and legitimacy of these types of decisions and the authorities that render them.
- Accountability for reasonableness is about increasing the moral legitimacy of these decisions by ensuring that the rationales behind them meet key procedural values (see framework)
- Fundamentally, A4R addresses procedural concerns about fairness/justice, and ensuring that “fair-minded” people can agree on relevant reasons for making a decision.
- This has the effect of “narrowing the scope of disagreement”

References

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

Daniels N, Sabin J. (2008). *Accountability for reasonableness: an update*. *BMJ*, 330:a1850.

Gibson J, Martin D, Singer P. (2005). *Evidence, economics & ethics: resource allocation in health services organisations*. *Healthcare Quarterly* 8 (2): 50-59.

Toronto Central Community Care Access Centre (2008). *Community Ethics Toolkit*.