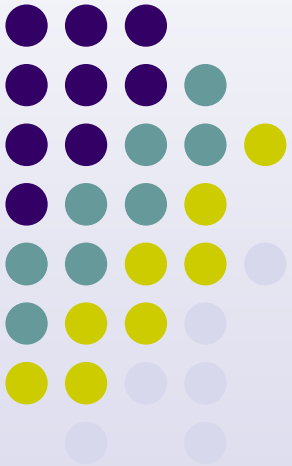
HHS/Regional Ethics Network Community Service Agencies December 11, 2020

Decision-Making in the time of COVID-19:

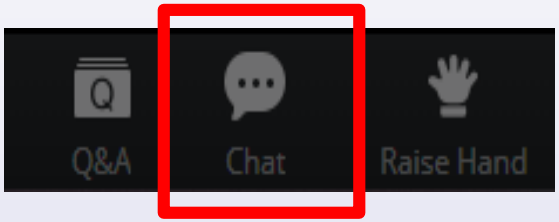
Ethics and Vulnerable Populations

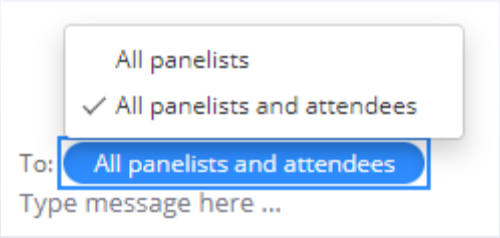


Frank Wagner, Bioethicist

Webinar Housekeeping

- Everyone will be muted except the host and moderator
- Ask questions through the Zoom chat box

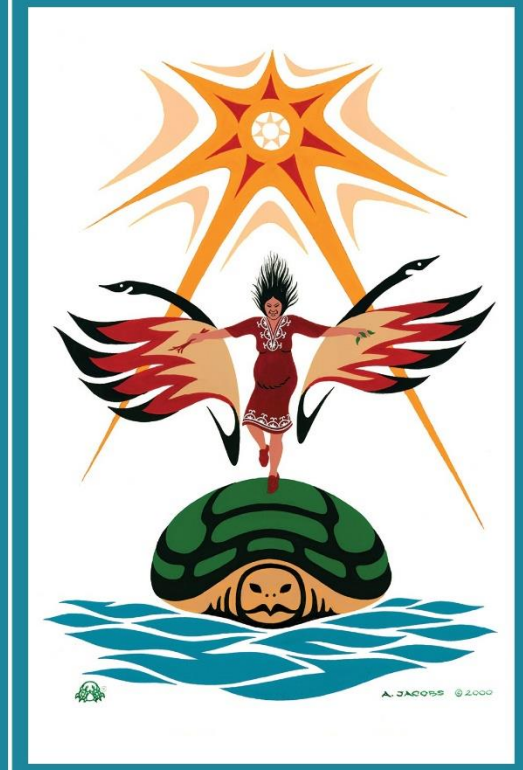




- All webinars will be recorded and posted on Regional Ethics Network website
- Evaluation to follow
- Next month's speaker

Regional Ethics Network

Ontario



We are privileged to provide care on lands that Indigenous peoples have called home for thousands of years.

Ethics Education Series for Community Service Providers

- Use “Raise Hand” feature, *or* type question in chat box
- If we didn’t get to your question, please forward to: regionalethics@HHSC.CA

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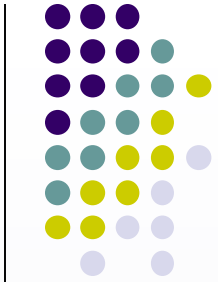
Learning objectives

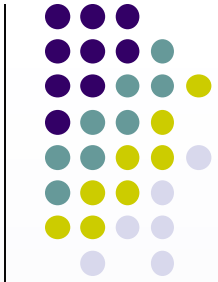


- Appreciate the unique ethical challenges of providing community based health care to vulnerable clients/populations also impacted by the pandemic
- Recognize that moral distress is often experienced by community based care providers
- Develop an approach to addressing dilemmas arising through review of ethical frameworks and competencies in ethical decision making, particularly regarding the forces impacting on capacity and consent in a pandemic

How we're going to do this

- Trends and timelines of COVID within Ontario and the Central West Public Health Unit
- Overview of issues and impact of COVID on health care and mental health
- Working with key resources:
  - laws/ directives/ policies, and
  - ethical frameworks and decision making tools at organizational, clinical, and relational levels
- Discussion and application of a new relational decision-making tool

What's your experience?

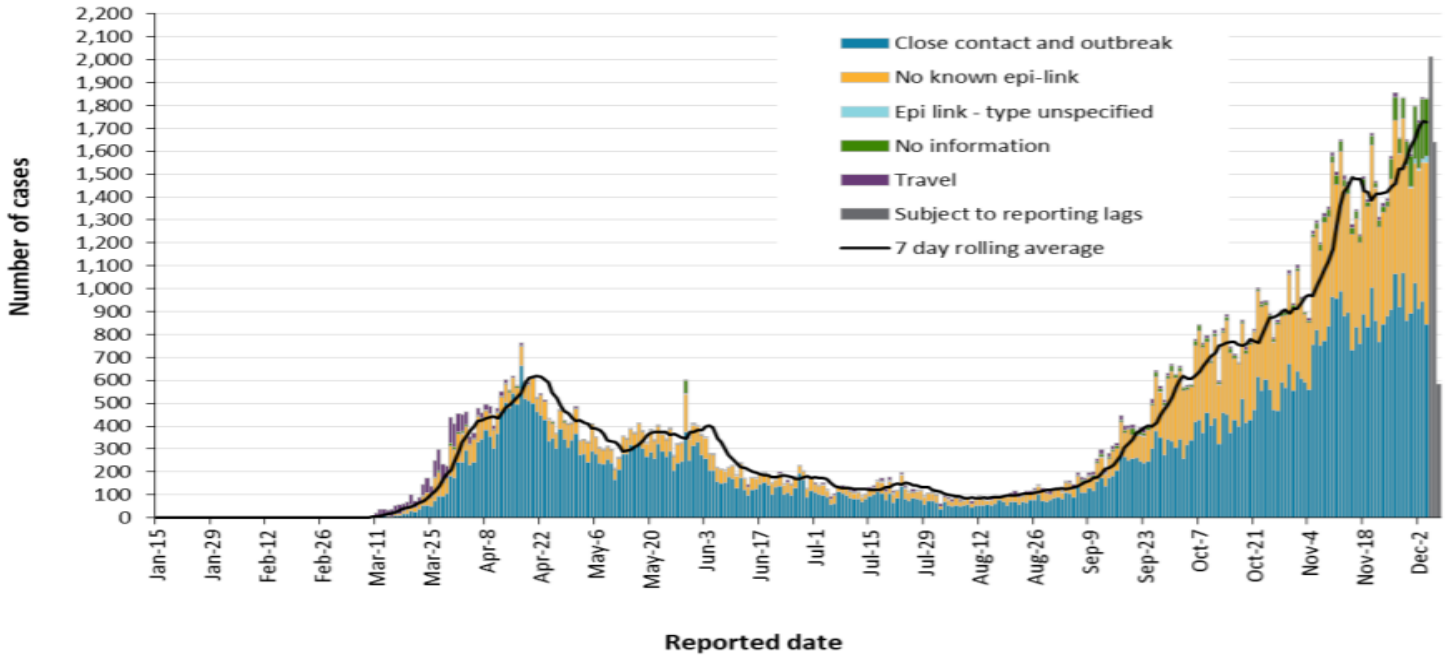


- Has the pandemic changed the way you work?
- Has it changed the way your clients need to access service from your organization?
- What challenges do you think your clients are facing?
- As a result of working in the COVID environment, what challenges are you facing?

COVID-19 in Ontario: Epidemiological Summary PHO-

Time

Figure 1. Confirmed cases of COVID-19 by likely acquisition and public health unit reported date: Ontario, January 15, 2020 December 7, 2020

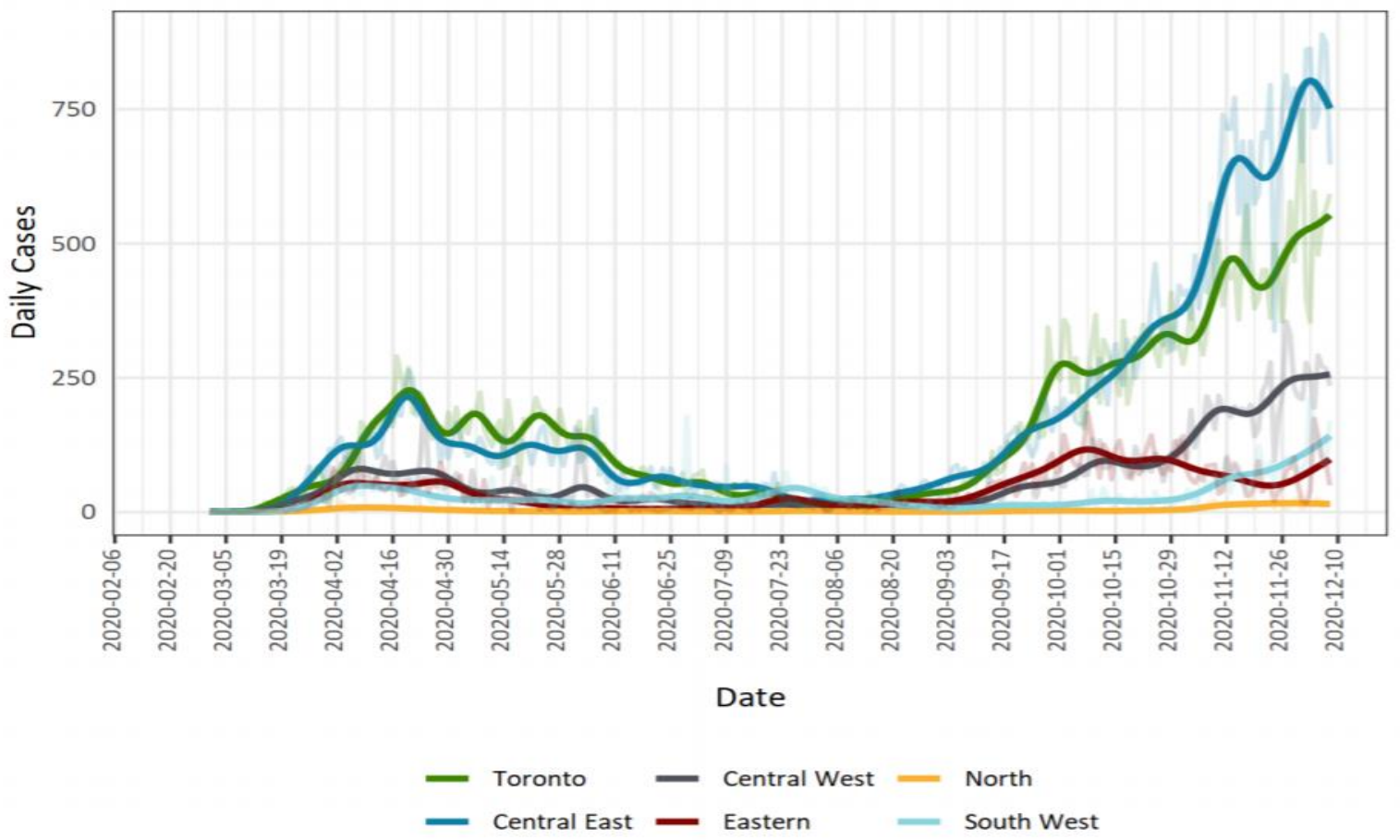


Data Source: CCM plus

COVID-19 in Ontario: January 15, 2020 to December 7, 2020

COVID-19 Ontario: Curve by Region

Figure 2A. Epidemic Curve by Region



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Public Health Unit Name	Change in cases December 6	Change in cases December 7	Cumulative case count	Cumulative rate per 100,000 population
Haldimand-Norfolk Health Unit	2	5	664	582.0
Halton Region Public Health	54	66	3,933	635.3
Niagara Region Public Health	27	15	2,324	491.9
Region of Waterloo Public Health and Emergency Services	61	61	4,077	697.7
Wellington-Dufferin-Guelph Public Health	30	28	1,598	512.3
TOTAL CENTRAL WEST	256	227	16,938	594.5
TOTAL ONTARIO	**1,925**	**1,676**	**130,910**	**880.7**
Brant County Health Unit	6	1	645	415.6
City of Hamilton Public Health Services	76	51	3,697	624.3

Ethical Issues in the Healthcare Sector

- Resource allocation
- Moral Distress
- Balancing/conflicting duties
- Delayed diagnosis and/or treatment
- Limited visitation
- Unilateral decision making
- Drug shortages

(Jonathan Marron, Centre for Bioethics, Harvard Medical School, 2020)

- Disparities in access and outcomes
- Political interference/ conflicts of interest
- Variability in care
- Crisis standards
- Public health vs patient-driven care
- Misinformation/ mistrust

Ethical Issues in the Healthcare Sector, cont.

- Care for clients deeply affected by the pandemic
- Clinicians and healthcare staff affected deeply
- “Ethics” on the front pages and a part of the global conversation more than ever before

(Jonathan Marron, Centre for Bioethics, Harvard Medical School, 2020)

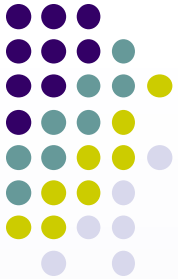
Conflicting duties in COVID care

- Duty to provide care in the best interests of the individual patients
- Duty of clinicians to patients

(Jonathan Marron, Centre for Bioethics, Harvard Medical School, 2020)

- Or, duty to steward resources to maximally benefit the greatest number of people
- Or, duty of the public to clinicians? Of institutions to clinicians
- Of clinicians to each other?

Overview of Impact in Mental Health Sector-What we know to be true



- Unprecedented crisis
- Magnified as Ontario was already in a mental health crisis before the pandemic
- Must ultimately look at broader context of mental health care and supports, of which many gaps and insufficient services have been clearly identified during COVID.
- Vulnerable populations have been hit the hardest

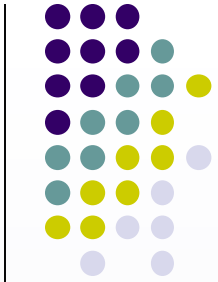
(Roslyn Shields, CAMH, 2020)

Overview cont.

- Essential Workers
  - Need PPE and psychological support
- COVID survivors
  - Mental health deterioration/symptoms
- People with pre-existing mental illness
  - May be particularly at risk of severe impact on their mental health as a result of COVID

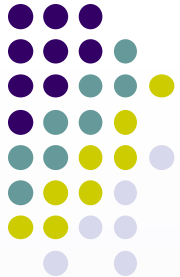
(Roslyn Shields, CAMH, 2020)

In the absence of an overall ethical framework/analysis, is this good enough?



- Navigating through the COVID pandemic
  - Guiding Principles
    - One team approach
    - Leverage collaboration to access expertise
    - Embracing that we are facing an infinite combination of possibilities
    - We are prepared to move first and fast
    - Lead with empathy and understanding the commitment to our clients
    - Radical transparency with staff, clients and partners

“Community learnings” Direction?



- Pre-think what can come up for clients and staff. Team members, i.e., fears stress of keeping everyone safe-by doing that, we can jump into the right kind of support.
- Make the time to talk things through- it is a bit of an evolution for our individual mindsets. Being seen, bearing witness, being present
- Create space to vent safely & for everyone to say what they need
- Find out what is meaningful support to the team-frontline, leadership, support teams

Resources: What can we rely on?

- Mental Health Commission of Canada
- Canadian Mental Health Association
- CAMH information sheets/ Ontario Shores
- Ontario Health Protection and Promotion Act
- Care and treatment- Ontario Health
  - Roadmap to Wellness: A plan to build Ontario's mental health and addictions system
  - Expansion of virtual services
  - Homeless and housing
  - Alcohol and addictions

Directive #2 under HPPA

Requirements for Health Care Providers (Regulated Health Professionals or Persons who operate a Group Practice of Regulated Health Professionals)

The following steps are required by Health Care Providers:

- All deferred and non-essential and elective services carried out by Health Care Providers may be gradually restarted, subject to the requirements of this Directive.
- In the gradual restart of services, Health Care Providers must comply with the requirements as set out in COVID-19 Operational Requirements: Health Sector Restart (May 26, 2020 or as current), including, but not limited to, the hierarchy of hazard controls.
- Health Care Providers must consider which services should continue to be provided remotely and which services can safely resume in-person with appropriate hazard controls and sufficient PPE.
- Health Care Providers should be sourcing PPE through their regular supply chain. PPE allocations from the provincial pandemic stockpile will continue. PPE can also be accessed, within available supply, on an emergency basis through the established escalation process through the Ontario Health Regions.
- Subject to the requirements of this Directive, Health Care Providers are in the best position to determine which services should continue to be provided remotely (online, by telephone or other virtual means) and which should be provided in-person. This should be guided by best clinical evidence. Health Care Providers must also adhere to the guidance provided by their applicable health regulatory college, and the following principles:
    - **Proportionality.** Decision to restart services should be proportionate to the real or anticipated capacities to provide those services.
    - **Minimizing Harm to Patients.** Decisions should strive to limit harm to patients wherever possible. Activities that have higher implications for morbidity/mortality if delayed too long should be prioritized over those with fewer implications for morbidity/mortality if delayed too long. This requires considering the differential benefits and burdens to patients and patient populations as well as available alternatives to relieve pain and suffering.
    - **Equity.** Equity requires that all persons with the same clinical needs should be treated in the same way unless relevant differences exist (e.g., different levels of clinical urgency), and that special attention is paid to actions that might further disadvantage the already disadvantaged or vulnerable.
    - **Reciprocity.** Certain patients and patient populations will be particularly burdened as a result of our health system's limited capacity to restart services. Consequently, our health system has a reciprocal obligation to ensure that those who continue to be burdened have their health monitored, receive appropriate care, and be re-evaluated for emergent activities should they require them.

Decisions regarding the gradual restart of services should be made using processes that are fair to all patients.

Questions

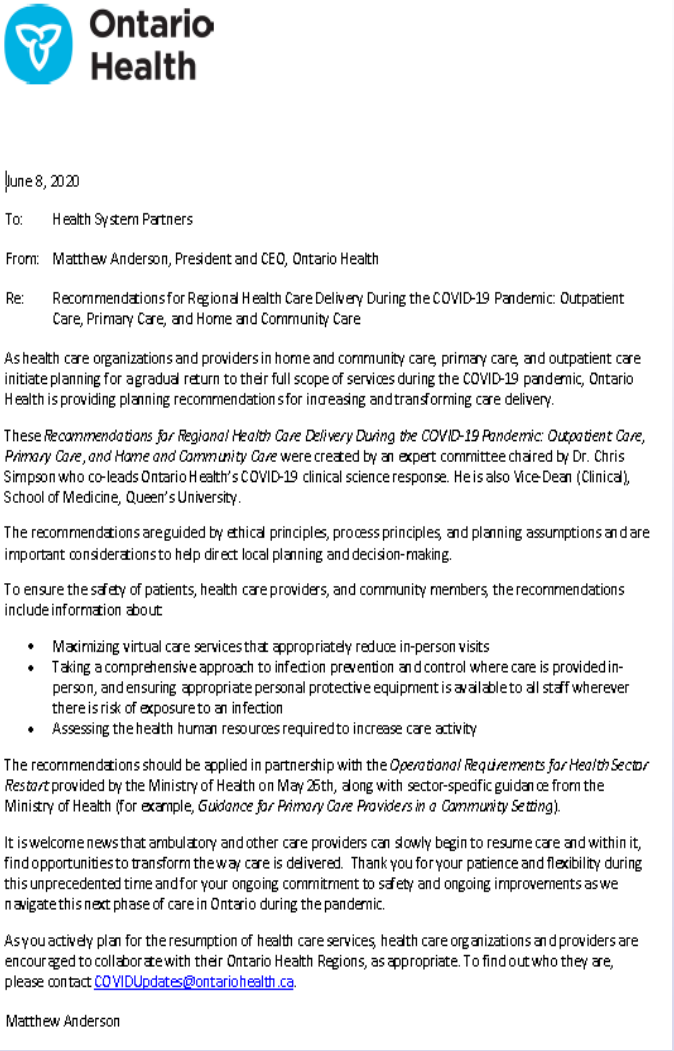
Health Care Providers subject to this Directive may contact the ministry's Health Care Provider Hotline at 1-866-212-2272 or by email at emergencymanagement.moh@ontario.ca with questions or concerns about this Directive.

Health Care Providers are also required to comply with applicable provisions of the Occupational Health and Safety Act and its Regulations.

David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health

Regional Ethics Program

Recommendations for Regional Health Delivery-Anderson Ont. Health



Ontario Health

June 8, 2020

To: Health System Partners

From: Matthew Anderson, President and CEO, Ontario Health

Re: Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home and Community Care

As health care organizations and providers in home and community care, primary care, and outpatient care initiate planning for a gradual return to their full scope of services during the COVID-19 pandemic, Ontario Health is providing planning recommendations for increasing and transforming care delivery.

These *Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home and Community Care* were created by an expert committee chaired by Dr. Chris Simpson who co-leads Ontario Health's COVID-19 clinical science response. He is also Vice-Dean (Clinical), School of Medicine, Queen's University.

The recommendations are guided by ethical principles, process principles, and planning assumptions and are important considerations to help direct local planning and decision-making.

To ensure the safety of patients, health care providers, and community members, the recommendations include information about:

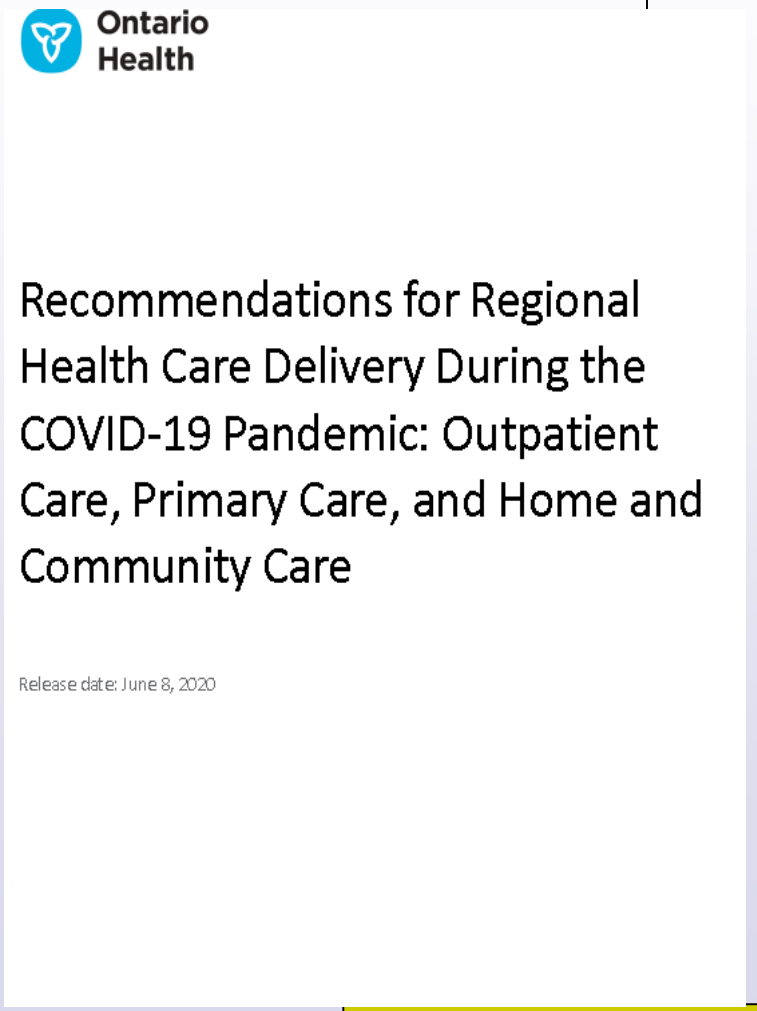
- Maximizing virtual care services that appropriately reduce in-person visits
- Taking a comprehensive approach to infection prevention and control where care is provided in-person, and ensuring appropriate personal protective equipment is available to all staff wherever there is risk of exposure to an infection
- Assessing the health human resources required to increase care activity

The recommendations should be applied in partnership with the *Operational Requirements for Health Sector Restart* provided by the Ministry of Health on May 26th, along with sector-specific guidance from the Ministry of Health (for example, *Guidance for Primary Care Providers in a Community Setting*).

It is welcome news that ambulatory and other care providers can slowly begin to resume care and within it, find opportunities to transform the way care is delivered. Thank you for your patience and flexibility during this unprecedented time and for your ongoing commitment to safety and ongoing improvements as we navigate this next phase of care in Ontario during the pandemic.

As you actively plan for the resumption of health care services, health care organizations and providers are encouraged to collaborate with their Ontario Health Regions, as appropriate. To find out who they are, please contact COVIDUpdates@ontariohealth.ca.

Matthew Anderson



Ontario Health

Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home and Community Care

Release date: June 8, 2020

Regional Ethics Program

Recommendations for Regional Health Delivery-Anderson OH

Table 1. Guiding ethical principles

Ethical Principle	Considerations
Proportionality—Decisions to resume or increase services in the community should be in proportion to the real or anticipated capacity to provide those services.	• Are patients' needs not being met where sufficient capacity exists to meet those needs? • Are the risks of deferring in-person care greater than the risks (to patient, provider, and community) of providing in-person care?
Non-Maleficence—Decisions should strive to limit harm wherever possible. Activities that have higher implications for morbidity/ mortality if delayed too long should be prioritized over those with fewer implications for morbidity/mortality if delayed too long. This requires considering the differential benefits and burdens to patients and patient populations as well as available alternatives to relieve pain and suffering.	• Do prioritization decisions consider all relevant harms to patients: mortality, morbidity, loss of quality of life or function, developmental impact, and psychological and social suffering? • Are the decisions regarding prioritizing care based on the best available evidence?
Equity—All persons experiencing the same levels of urgency should be treated in the same way unless relevant differences exist, and special attention should be paid to actions that might further disadvantage the already disadvantaged or vulnerable. This requires consideration of time on wait lists and experiences with prior cancellations. Decision-makers should strive to consider the interests between the needs of COVID-19 patients and patients who need time-sensitive treatment for other diseases and conditions.	• What are the unintended potential equity impacts (positive and negative) of decisions on specific population groups? • Is there a process to maximize equitable access to services through regional coordination (e.g., family health teams, Ontario health teams)? • Is data collected to assess outcomes of decision-making and to ensure equity/reduce vulnerability?
Reciprocity—Certain patients and patient populations will be particularly burdened as a result of our health system's limited capacity due to COVID-19. Consequently, our health system has a reciprocal obligation to ensure that those burdened by these decisions continue to have their health monitored, receive appropriate care, and can be (re)evaluated for emergent activities should they require them.	• Is there a plan in place for monitoring and supporting patients who are waiting for services? • Have strategies to mitigate the impacts of priority-setting (such as serial delays for low-priority issues) been incorporated? • Have strategies to mitigate impacts of priority-setting on clinical and academic programs, staff, physicians, and learners been incorporated?

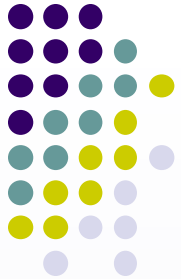
To determine which services should be prioritized for resumption, the ethical principles described above need to be applied using a fair process. Different care contexts have unique patient/client needs (e.g., patient populations, IPAC requirements), which can nuance the application of these principles. Moreover, the application of one principle (e.g., non-maleficence) may suggest a different priority or direction than the application of another principle (e.g., equity), and trade-offs between principles may be required. Reasonable disagreement is possible. A fair process is therefore needed to ensure the legitimacy and accountability of the

application of these principles when making priority-setting decisions. **Table 2** outlines five conditions should be met during the decision-making process.

Table 2. Conditions to guide a fair process

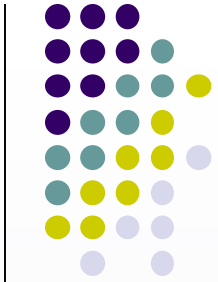
Process Condition	Considerations
Relevance—Decisions should be based on reasons (i.e., evidence, principles, values) that fair-minded people can agree are relevant under the circumstances.	• Are the aim and scope of the priority-setting process clear to all stakeholders? • Are the criteria for decision-making explicit? Are they evidence-informed, aligned with regional/provincial directives, and grounded in the principles listed in Table 1?
Transparency—Decisions and their rationales should be publicly accessible.	• Is there a formal communications plan for this process within each organization? • Is the rationale for decisions effectively communicated to all stakeholders, including the affected patients, providers, and communities? • Is documentation of decisions completed and archived appropriately to ensure accountability?
Revision—There should be opportunities to revisit and revise decisions and a mechanism to resolve disputes.	• Is there a clear process for managing appeals (including who can make them) and resolving disagreements? • Is there a clear process for regular review of past decisions?
Engagement—Efforts should be made to minimize power differences and to ensure effective stakeholder participation.	• Have the concerns/wishes/values of patients/caregivers been incorporated into decision-making? • Are the broad range of stakeholders most impacted by priority-setting engaged in the decision-making process?
Enforcement—There should be voluntary or public regulation to ensure the other four process conditions are met.	• Are the four ethical principles in Table 1 reflected in practice, in discussions, and in decisions? • Is there a formal evaluation strategy to identify opportunities to improve the prioritization process?

Ethical Frameworks and decision making tools



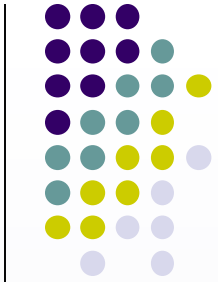
- Ethical Frameworks
  - Provide a process for discussing ethical dilemmas.
  - The ethical framework provides the structure of analysis, but the approach to analysis is defined by the underlying values and principles
- Three example tools:
  - Accountability for Reasonableness (Organizational)
  - IDEA tool/ HHS (Clinical)
  - Intention and impact tool (Relational)

Overarching Principles



- **Operational:**
  - Responses must be grounded in the context, and take into account pre-existing and ongoing issues
  - Within each context, it is necessary to understand the needs of specific groups within the population
  - Understanding and addressing mental health and psychosocial considerations must be a core component of any response.

Overarching principles-Systems level (MH&A w.g.)



- **Ethical:**
  - **Inclusiveness**- providers collaborate and cooperate with stakeholders in decision making
  - **Transparency**- duty to ensure that decision making process and outcomes are communicated to those most affected
  - **Proportionality-** duty to ensure that pandemic related restrictions to individual liberty and measures taken to protect others from harm should not exceed the actual level of risk
  - **Innovation-** duty to devise novel and creative solutions when standard provision of care is disrupted or must be altered
  - **Fairness-** the duty to treat similar groups mental health and addictions patients the same way
  - **Equity/ Consistency**- like patients should be treated alike
  - **Utility-** The duty to achieve the greatest health-benefit for the greater number

The IDEA Framework

Identify the facts

Determine the relevant ethical principles

Explore the options

Act on your decision and evaluate

IDEA tool worksheets

Step 1: Identify the Facts

Identify what is known versus what is not known.

- **Medical Indications**
- **Patient Preferences**
- **Quality of Life, and**
- **Contextual Features,**

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.

Step 2: Determine Ethical Principles in Conflict

Identifying the ethical principles in conflict will not provide solutions; however, this step will assist in further clarifying and articulating the issues.

Common ethical principles to consider might include, but are not limited to:

- **Autonomy**
- **Beneficence (or doing good)**
- **Non-maleficence (or doing no harm) or**
- **Justice**

Step 3: Explore Options

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).

Do the options fit with the patient's preferences?

Do the options comply with corporate policy, regulations, and the law?

Step 4: Act and Evaluate

Develop and document the action plan in the patient's chart.

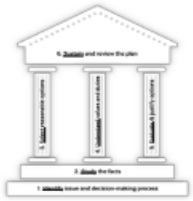
Evaluate the plan. Were the intended results obtained, or is additional follow-up and/ or action required? Ongoing documentation and communication of the evaluation is necessary.

Self-evaluate your decision. What have you learned?

Hamilton Health Sciences

Hamilton Health Sciences

CLINICAL ETHICS WORKSHEET: ISSUES



This worksheet is designed to help people engage in rigorous ethical decision-making for specific patient cases. Ethical decision-making is not linear; you may have to revisit earlier steps in the process as additional questions arise or facts emerge.

1. Identify issue and decision-making process

- Engage in reflective practice: what is your gut reaction?
- State the conflict or dilemma as you currently see it: "Given [state uncertainty or conflict about values], what decisions or actions are ethically justifiable?"
- Determine best process for decision-making and key stakeholders.

2. Study the Facts:

Not only the medical facts are important, but also the patient's goals, wishes and perception of quality of life, as well as information about their family, background and organizational issues.

Clinical Issues: *History, Diagnosis, Prognosis, Options*	**Patient & Family Preferences:** *Long and short term goals, wishes, values*
Quality of Life: *Patient's view of QoL, benefit, suffering*	**Contextual Features:** *Family; cultural & religious beliefs; organizational issues*

3. Select Reasonable Options:

- What are the realistic alternatives, care plans or treatment options? (look for more than two)

Alt. 1

Alt. 2

Alt. 3

1 of 2

4. Understand Values and Duties:

- What principles, duties and values are relevant to the options (See Part 2 of Ethical Framework)?
- What are the relevant legal requirements and/or professional standards?
- Are key values, duties, principles or standards in conflict?

Informed Consent; Beneficence & Best Interests; Utility & Justice; Patient- and Family-Centred Care; Therapeutic Relationship; Veracity; HHS Mission, Vision & Values; Confidentiality & Privacy

5. Evaluate & Justify Options:

- Consider the possible harms and benefits of each option for the patient and other key stakeholders.
- Choose the option with best consequences and alignment with duties, principles and values.
- State clear reasons for your choice; anticipate questions and criticisms.

Alt. 1

Alt. 2

Alt. 3

6. Sustain & Review the Plan:

- Identify how best to implement, communicate and document the decision to patient and key stakeholders.
- Reflect on the decision and the process. What lessons could be learned for future cases?
- Does this situation point to a systems problem (e.g. policy gap)?

2 of 2

Regional Ethics Program

Intention and Impact Tool

- To guide decision-making when faced with a challenging situation in healthcare ethics
- Intention: What are we hoping to accomplish?
- Impact: What is the likely outcome?

(Adapted from Branigan, M. Intention and Impact Tool)
(Mary Gentile, Giving Voice to Values)

Intention & Impact Tool Relationships

HealthCare Worker/Self

- How do I feel about this?
- Does this action reflect my values?
- Does this negatively impact on me?

HCW /Colleagues

- Are there guidelines to help me?
- Are there policies?
- What would my colleagues say?
- What is the impact on my colleagues/our relationship

HCW/Client/SDM/Family

- What is right for this client? (Ethical Principles, Values)
- How might this affect my future clients?

HCW/Community

- What are the applicable laws?
- What would a member of the public think?
- Are there other members of the community affected?
- Is this socially accountable?

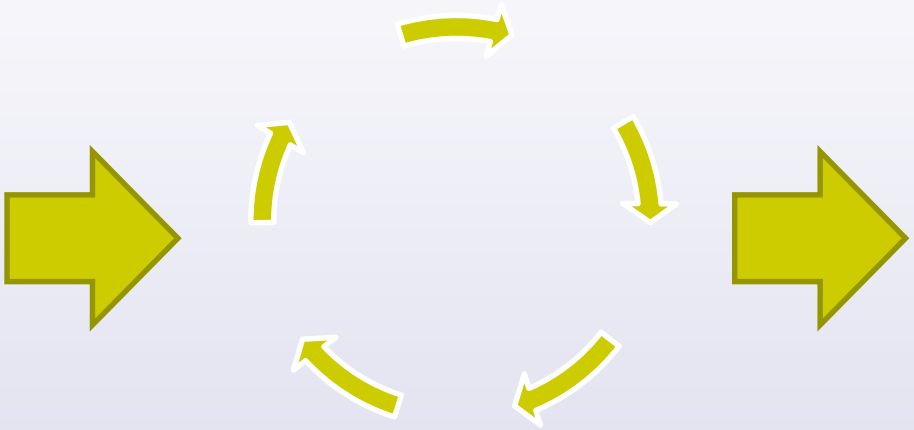
Intention and Impact Tool: How?

1. Identify **relevant facts and relationships**
2. What are the **intentions** of each individual?
3. What was the **impact** on the people involved?

- Consider **the ethical principles and values** for each of the key relationships
- How can the **negative impact** of a decision or action be minimized?

Frameworks only help if you put in the effort to use them well

Pre-work
Definition of issue



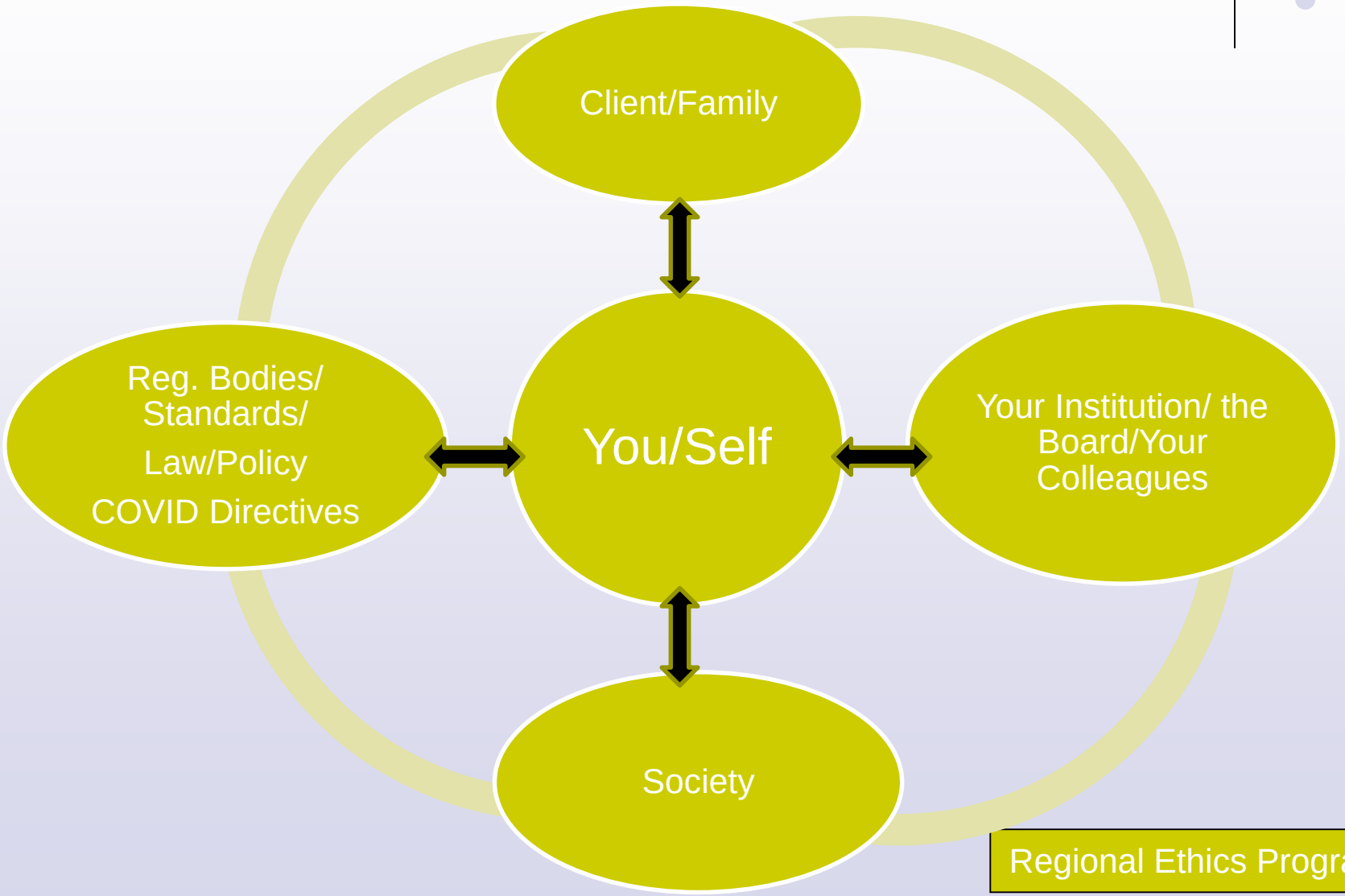
Quality of Options and "solutions"

Regional Ethics Program

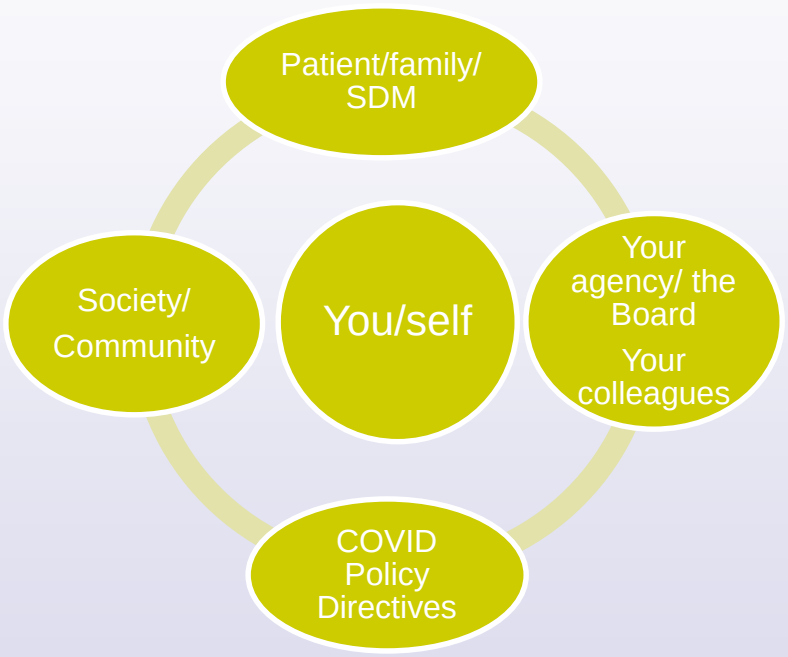
Intention & Impact:Unintended consequences/impacts of COVID-19 to the population, community and our clients:

- Relationships
- Facts
- Intentions
- Principles (Ethical & Operational)
- Impact

Intention & Impact: Relationships

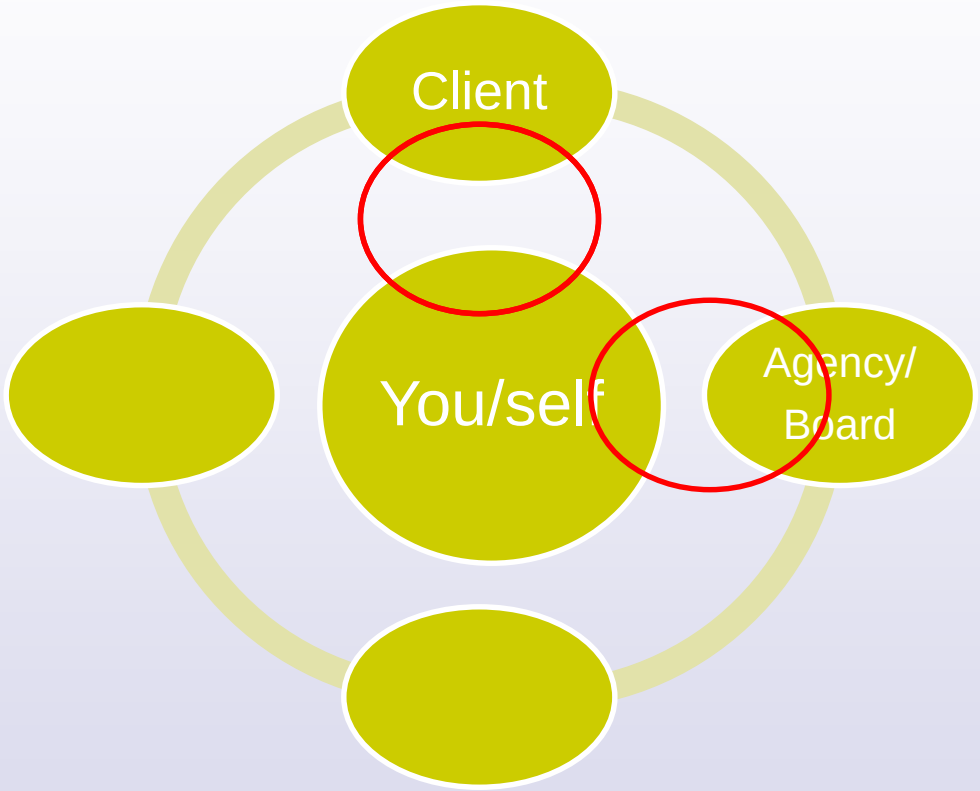


Intention & Impact: Facts



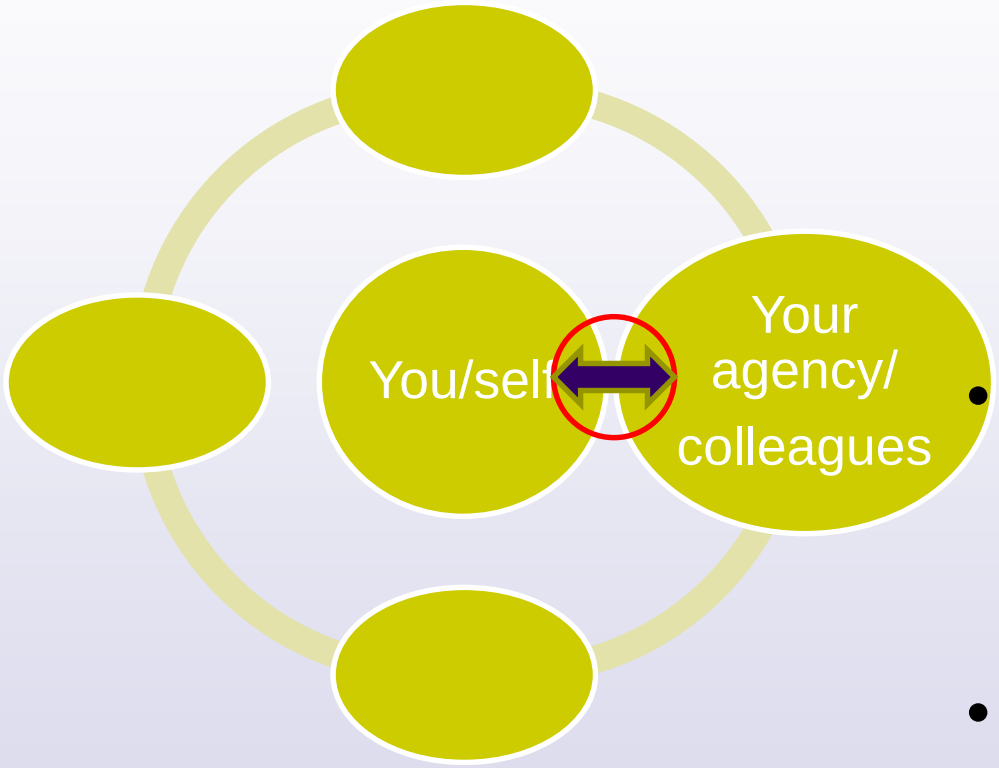
- **Unprecedented crisis**
- **Magnified** as Ontario was already in a mental health crisis before the pandemic
- Must ultimately look at **broader context** of mental health care and supports, of which many gaps and insufficient services have been clearly identified during COVID.
- Vulnerable populations have been hit the hardest
- **Essential Workers**
  - Need PPE and psychological support
- **COVID survivors**
  - Mental health deteriorations/ symptoms
- **People with pre-existing mental illness**
  - May be particularly at risk of severe impact on their mental health as a result of COVID

Intention & Impact: Intentions



- **Your intentions**
  - How can I help resolve this?
  - How do I maintain my integrity/build trust?
  - What are my options?
  - What is right for clients/staff/organization?
- **Agency/Org. intentions**
  - Accountability/strategic direction in pandemic times
  - Prioritization/availability of scarce resources
  - Safety/Protection of staff/clients

Intention & Impact: Intentions

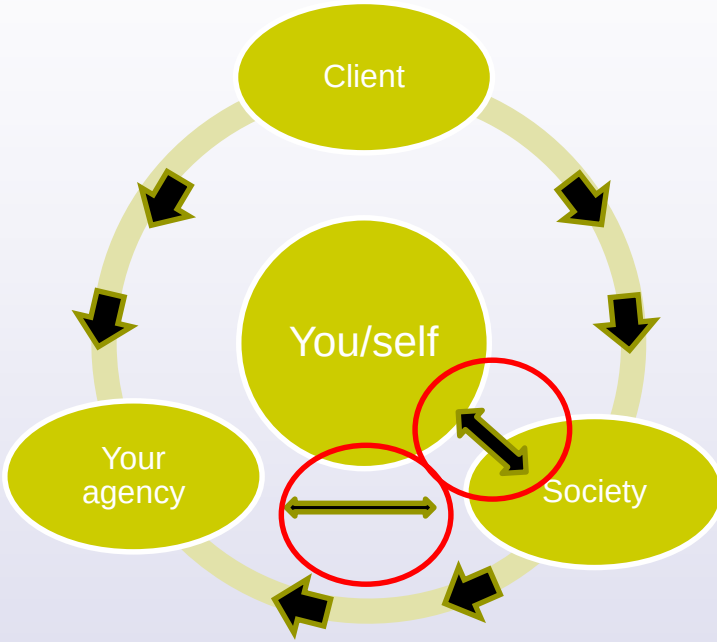


- Attempt to provide services within established boundaries/ contract
- Attempt to provide services to consenting patient/SDM
- Concern over violation of safety or contractual issues/ heightened by COVID

Intention & Impact: Impact

Other clients/families/communities as a microcosm of society

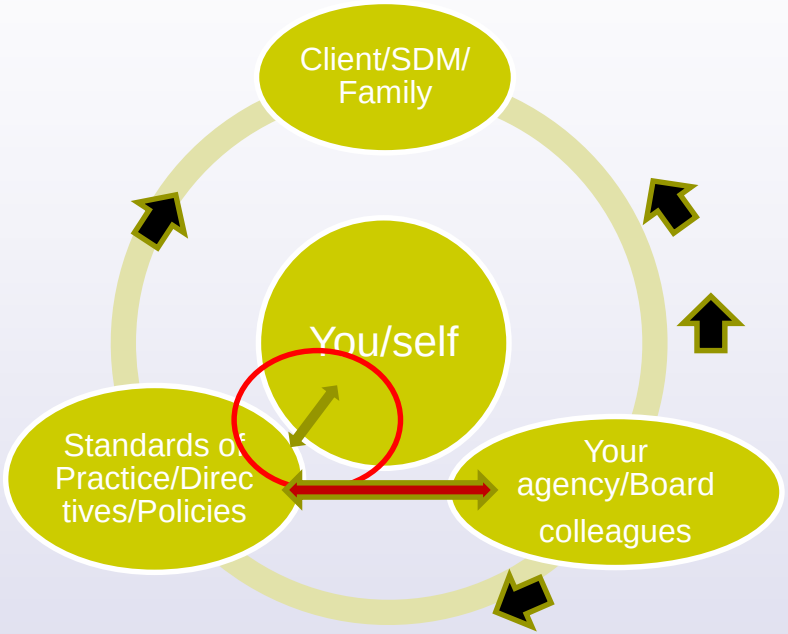
- Different interpretations of situation
- Anger/frustration/fear/
- Loss of therapeutic relationships
- Loss of trust in worker/agency/ mental health system
- Don’t they understand our needs?



Intention & Impact: Impact

Professional Colleges/ Policies/ COVID Directives

- Confusion over direction/conflicting information/policies
- May have lack of lack of trust on both ends
- Additional directives/actions/updates



Integration of Ethical Principles/Values (1)

Principle	Definition	Application in Mental Health and Addiction Services
Autonomy/ Dignity/ Respect	**The duty to respect and support clients' right to exercise choice related to their care and to live in accordance with their own wishes, values, and beliefs.**	**Where access to care is restricted or delayed, autonomy can still be supported in virtue of clear communication and consultation with patients about both new restrictions as well as the sort of alternative supports or treatments that will offered in lieu of previous forms of caregiving.** **Because many psychiatric clients already experience mental health care as coercive, promoting patients' ability to exercise choice is particularly important.**
Beneficence/ Maximize the good	**The duty to make decisions aimed at benefitting people being treated for mental health concerns.**	**Trusting relationships between the individual and the health care team/system (i.e. the therapeutic alliance) are a key component in patient recovery. For some individuals, building these alliances is a painstaking process, and relationships may remain fragile for extended periods. Care must be taken to preserve, or avoid disrupting therapeutic alliances.** **Because the unique nature of mental health care, beneficence is broader than more standard applications**

Integration of Ethical Principles/Values(2)

Non-Maleficence **Don't do harm/ Don't make it worse**	**The duty to avoid causing unnecessary harm to patients/clients and healthcare workers and public wherever possible.**	**A solid understanding of individuals' unique characteristics is often necessary to be able to assess when a person is seriously deteriorating or whether a change in their care will cause serious deterioration.** **Timeliness/Early intervention should be a focus where possible to avoid a cascade of failures leading to serious harm for the individual.** **Because many mental health clients have experienced trauma, harms are not always easy to predict. Meanwhile, a multiplicity of sometimes unexpected factors can trigger relapse in people and lead to serious deterioration in mental health.**
Dignity of Human Beings/ **Recovery**	**The duty to treat individuals in a way that honours their intrinsic value as individual persons with their own unique histories and current sets of values.**	**Assess needs in collaboration with the patient/client (family members/substitute decision makers and work to develop alternatives means to meet individual care needs Overall, aim to see the person, and not just a clinical picture** **Many of the people who receive psychiatric care are among the most disenfranchised members of society. They are also particularly vulnerable to the application of labels (schizophrenic, addict, borderline, etc.) and risk substandard care as a result of being stereotyped and misunderstood.**

Integration of Ethical Principles/Values(3)

Duty to accommodate	**The obligation to ensure that services are modified, where possible, to better meet individual client's needs.**	**Aim to identify and engage with individuals or groups requiring modified services to devise workarounds.** The importance of this duty is not only grounded in the human rights code, but also in a broader range of social determinants that hamper access to services (e.g. poverty, access to technology for virtual visits/technological literacy).
Justice	**The duty to ensure decisions align with applicable laws, are fair, and offer all persons equal opportunities to access and benefit from services.** **In mental health service delivery, focusing exclusively on the greater good has had a negative impact on access, delivery, and outcomes for persons with mental health needs. As such, justice requires attention to opportunities for ensuring that the legal rights of patients in this population are respected, that this patient population is not unfairly disadvantage, and that socially disadvantaged individuals are given the necessary supports for meeting their health needs.**	Ensure the rights of mental health patients are respected. Where possible, allocate additional resources to mental health services and patients. Recognize that opportunities for prioritizing mental health services in future stages of this pandemic. Consider the social determinants of health and their impact on mental health patients.

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KEY MESSAGES

1. Determine if you have an ordinary or an ethical dilemma
2. Think about how an ethics framework can help you think through the “best” option on how to proceed in these challenging cases
3. Consider which set of ethical principles are most relevant to the case Apply the appropriate ethics framework to analyse the case (e.g. A4R, Intention & Impact, IDEA, HHS)

Reflection

- After looking at the Intention and Impact tool, how do you think competencies like these in ethical decision making could help you as a service provider or as an individual?
- Is this different from your initial reaction?
- Is there a difference between the A4R tool, the IDEA/ HHSC clinical tool and the Intention and Impact decision making tool?
- What about the different principles and values we spoke about?