

IDEA:

Ethical Decision- Making Framework

The Regional Ethics Program is an ethics service based on a hub and spoke model. The hub is Trillium Health Partners and spokes include organizations in the region that purchase services from the Regional Ethics Program.

The IDEA: Ethical Decision-Making Framework was modified by the Regional Ethics Program and builds 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).

Introduction

Ethics is about making “right” or “good” choices and the reasons that we give for our choices and actions. Ethics promotes reflective practice in the delivery of health care. Ethics addresses the question “What should we do and why?”

Another way to describe ethics is as follows. It is about:

- Deciding what we should do – what decisions are morally right or acceptable;
- Explaining why we should do it – justifying our decision using language of values and principles; and
- Describing how we should do it – outlining an appropriate process for enacting the decision.¹

Ethical issues arise every day in health care (See Appendix A). Everyone has a role to play in ensuring the ethical delivery of care, from bedside to boardroom. Ethical principles and values are incorporated into the way that decisions are made and care is delivered every day. Accreditation Canada expects that healthcare organizations will have in place a framework for guiding ethical behavior that is publicly accessible and consistent with the law.

As healthcare organizations seek to provide quality care in the face of significant financial constraints, they face difficult decisions. Both technical (e.g., cost-effectiveness analyses) and principle-based solutions (e.g., distributive justice) alone are limited in their ability to resolve priority-setting challenges (Gibson, Martin, & Singer, 2005). Given that there may be competing goals and values, ensuring procedural fairness may be the best way to ensure that decisions are socially accepted and demonstrate public accountability (Gibson et al., 2005).

The purpose of the IDEA: Ethical Decision-Making Framework (see Figure 1) is to provide a step-by-step, fair process to help guide healthcare providers and administrators in working through ethical issues encountered in the delivery of healthcare. The Framework can be used to guide decision-making and actions about ethical issues that arise from the bedside to the boardroom. The framework addresses two general types of ethical decisions that lie across a continuum: clinical and organizational.

Clinical ethical decisions are typically those that involve and impact specific individuals or staff members and focus on individual values (e.g., Should Mr. B’s life-sustaining treatment be discontinued?). Organizational ethical decisions are generally those that involve and impact groups of patients/clients/residents or staff members, units, systems, or the organization as a whole and centre on the values of the organization (e.g., Should the maternal-child program be expanded, reduced, or remain unchanged?). Some ethical decisions may be predominantly clinical in nature; others will be largely organizationally focused. A number of ethical decisions will have both clinical and organizational aspects.

Use of the framework can help an individual, team or community to work through an ethical issue. It can help a team or community work together by introducing a shared systematic process, facilitating effective communication, developing a shared language and building a common understanding of how to approach difficult ethical issues.

¹ Definition adapted from Dr. Barbara Secker, Joint Centre for Bioethics, University of Toronto.

The IDEA: Ethical Decision-Making Framework 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 framework forms the acronym “**IDEA**.” In the centre of the framework there is a light-bulb (a further reference to the framework’s acronym, IDEA). The light-bulb contains a set of questions to assist healthcare providers/administrators in the identification of ethical issues to which the framework can be applied. The framework 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 ethical principles.
3. Explore the options.
4. Act.

The five conditions are:

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).

Publicity: The framework (process), decisions and their rationales should be transparent and accessible to the relevant public/stakeholders (Daniels & Sabin, 2002).

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).

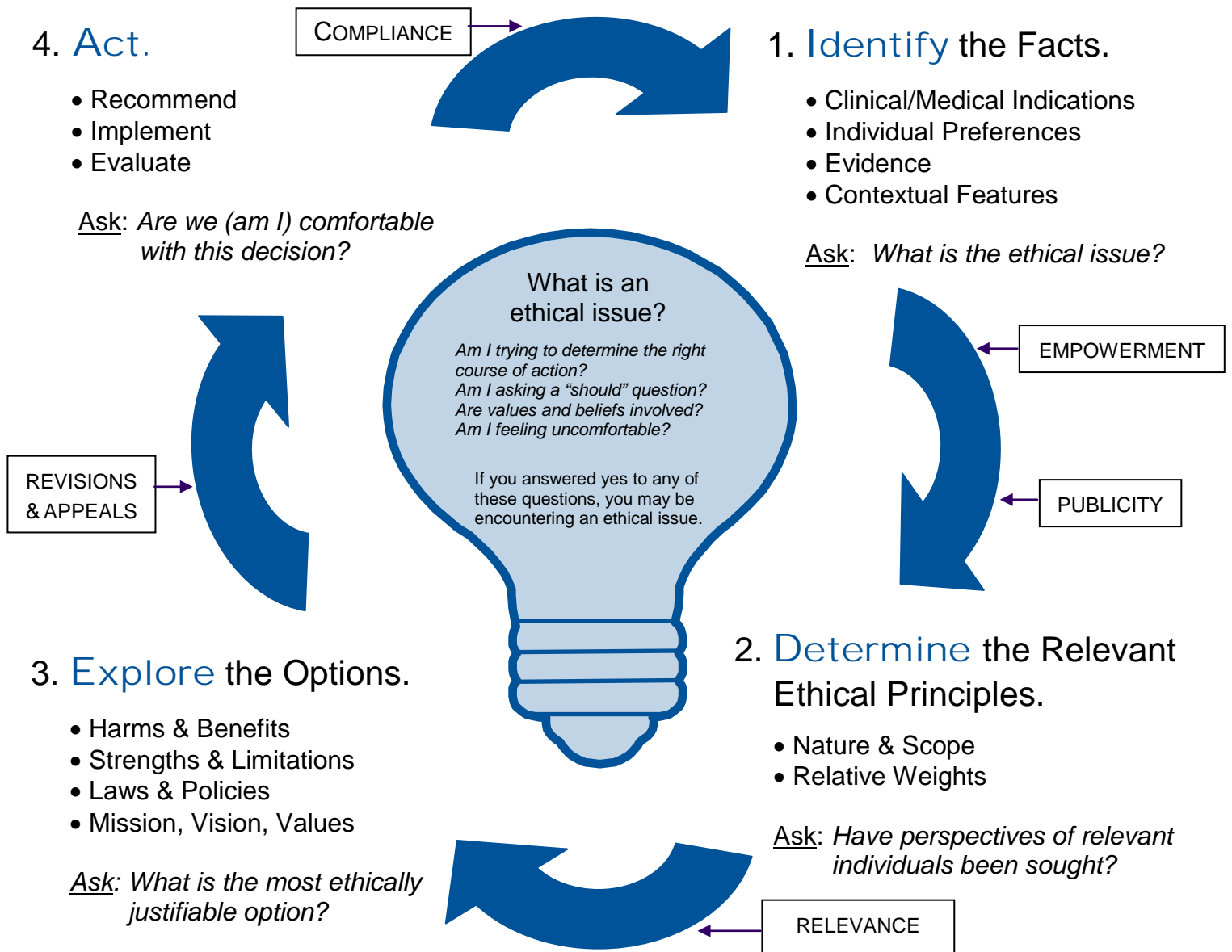
Revisions and Appeals: There should be opportunities to revisit and revise decisions in light of further evidence or arguments. There should be a mechanism for challenge and dispute resolution (Daniels & Sabin, 2002).

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).

Figure 1

IDEA:

Ethical Decision-Making Framework



The IDEA: Ethical Decision-Making Framework builds 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).

Step by Step Guidelines

For each step in the framework, a number of guiding questions and/or considerations and an overarching question are posed. Some of the questions may be more relevant for clinical decisions; others for organizational decisions. In addition the conditions that should be met during each step of the process are described. At any point in the process, you can seek the assistance of an ethicist, ethics facilitator, ethics forum, or other professionals to help work through the process and resolve any areas of contention.

Step 1: Identify the Facts

Given that ethical issues often arise because of a lack of sufficient information or evidence, as well as disagreements about the facts, the first step in the ethical decision-making process is an explicit call for identification of the facts. This may help to resolve some conflicts and sets the stage for an effective process in others. Begin by asking the question, "What is the ethical issue that has been identified?"

Medical/Clinical Indications:

- What is the individual's diagnosis, prognosis?
- Is the problem acute, chronic, critical, emergent, reversible?
- What are the goals of treatment/intervention?
- What are the probabilities of success?
- What are the plans in case of failure?
- What are the benefits of the treatment/intervention? How can these be maximized?
- What are the harms of the treatment/intervention? How can these be minimized?

Individual Preferences:

- What are the individual's preferences?
- What is the individual's assessment of quality of life?
- Is the individual's decision voluntary and informed?
- If the individual isn't capable of making the decision, who is SDM? Is SDM following principles governing substitute decision-making?
- If individual is a child, has his/her ability to consent/assent been ascertained?
- Has individual expressed prior wishes (in writing, orally or in any other manner)?
- Is individual unwilling or unable to cooperate? If so, why?
- Is individual's right to choose being respected to the extent possible in ethics and law?

Evidence:

- What is the standard of practice?
- What data to inform decision is available locally, regionally, provincially, etc.?
- What research findings/literature are available to inform decision?
- What documentation is available (e.g., advance directives)

Contextual Features:

- Are family issues possibly influencing decisions?
- Are there any religious or cultural factors?
- Are there any health provider/administrator biases that might influence decision, including judgments about quality of life?
- Is clinical research or teaching involved?
- Is there any relevant legislation?
- Are there any confidentiality concerns, limits?
- What are the financial implications associated with the decision?
- What organizational policies are relevant to the decision?
- Is there any conflict of interest on the part of the healthcare providers or the institution?
- What are the mission, vision, values, and strategic directions of the organization?

Personal Considerations:

- What are your personal emotions, feelings, values and biases regarding this case/issue?
- How might the above influence you in your professional role? Are you able to respond professionally (as opposed to personally)? If this is difficult, what steps can you take to rectify this?
- How will you address expectations that don't align with your role or are beyond your scope?

Conditions:

1. Empowerment

Strategies to minimize power differentials and optimize effective opportunities for participation should be implemented at the outset and incorporated throughout the process. Such strategies reflect the condition of “empowerment” and, depending on the nature of the situation, may include community engagement, encouraging expression of divergent views, democratic voting procedures, secret ballots, ample preparatory time, and capacity building (Gibson et al, 2005).

2. Publicity

Similarly, the condition of “publicity” should be evident at each step of the process. This requires establishing and maintaining open channels of communication between relevant parties and transparency about the process.

Overarching Question:

Before proceeding to Step 2, revisit the question: “*What is the ethical issue(s)?*” Sometimes after the collection of relevant facts, the framing of the ethical issue requires modification.

Step 2: Determine the Relevant Ethical Principles

In the second step, open discussion about the dominant values and principles of the relevant parties (individuals and/or groups, as well as those of the organization) is necessary to further clarify the ethical issue(s) at hand. This step requires an exploration of the nature and scope of the identified ethical principles/criteria and consideration of the relative weights to assign to each principle (see Appendix B for a list of ethical principles) and/or criteria. The agreed upon set of prioritized principles/criteria will be used to guide the decision-making process.

- What principles/criteria do stakeholders consider most relevant to this issue?
- Which principles/criteria do the stakeholders agree are most important?
- Are there any additional factors that ought to be considered?

Condition:

1. Relevance

Completion of Step 2 of the process helps to satisfy the condition of relevance, that is, decisions should be made on the basis of reasons (principles, values, criteria) that “fair-minded” reasonable people can agree are pertinent and important given the current context.

Overarching Question:

Before proceeding to Step 3, the question: “*Have perspectives of relevant individuals been sought?*” should be considered.

Step 3: Explore the Options

The third step encourages brainstorming and reflection on a range of possible alternative courses of action. In any given situation, an attempt to identify at least three options should be made. Strengths and limitations of each option are explored. Options consistent with relevant laws and policies are identified. Options must be consistent with mission, vision, and values of organization. The agreed upon principles/criteria for decision-making as identified in Step 2 are applied to each viable option.

Condition:

1. Revisions and Appeals

Before a decision is acted upon, a mechanism for revisions and appeals is established, if not already in place. The decision may be revisited and revised in light of new or additional evidence. These procedures are necessary to satisfy the condition of “revisions and appeals.”

Overarching Question:

What is the most ethically justifiable option?

Step 4: Act.

Finally, the fourth step focuses on action. The most ethically justifiable option as identified in Step 3 is recommended for implementation. The decision(s) and the process used to arrive at the decision(s) is documented and communicated to relevant parties. An implementation plan is articulated. A process for evaluating the decision is determined.

Condition:

1. Compliance (Enforcement)

Lastly, to satisfy the condition of “compliance (enforcement)” the decision-making process should be reviewed to ensure that all of the conditions have been satisfactorily met. Although this review can be carried out by those directly involved in the decision-making process, validation by an individual or group that has not been directly involved is preferable as it is likely to be perceived as less biased.

Overarching Question:

Lastly, it is important to ask the question: *“Are we (am I) comfortable with this decision?”* The decision arrived upon might not be the one that would be most preferred by particular individuals or groups. However, those involved in the decision-making process should feel comfortable with the decision and the process that was used to reach the decision. If decision-makers are not feeling comfortable with the decision, further exploration of the reasons for the discomfort is warranted prior to implementation. Another way to think about this question is to consider: *“If this decision and the reasons for it were published in the paper tomorrow, would I be able to adequately defend the decision and the process?”*

Using the Ethics Worksheet

The Ethics Worksheet (see Appendix C) has been developed to facilitate the use of the IDEA: Ethical Decision-Making Framework. Each step in the IDEA Framework is identified and key questions to address are outlined. For each step, consider the scope of your role and level of expertise and whether you should involve other resources (e.g., ethicist/ethics facilitator/ethics forum, risk manager, professional practice expert, lawyer, consumer councils, supervisor, administrator) to support, facilitate, or further inform the decision-making process.

References

Beauchamp, Tom and Childress, James. 2001. *Principles of Biomedical Ethics*, 5th edition. Oxford University Press.

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

Gibson, J. L., Martin, D. K., & Singer, P. A. (2002). Priority setting for new technologies in medicine: A transdisciplinary study. BMC Health Services Research, 2, 14.

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.

Jonsen, Albert, Seigler, Mark, and Winslade, William. 2002. *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine*, 5th edition. McGraw-Hill, Inc.

Kapiriri, L., Norheim, O. F., Martin, D. K. (2009). Fairness and accountability for reasonableness. Do the views of priority setting decision makers differ across health systems and levels of decision making? Social Science & Medicine, 68, 766-773.

Martin, D., Shulman, K., Santiago-Sorrell, P., & Singer, P. (2003). Priority-setting and hospital strategic planning: A qualitative study. Journal of Health Services Research & Policy, 8(4), 197-201.

Toronto Central Community Care Access Centre (2008). Community Ethics Toolkit. Accessed on-line January 4, 2010
http://www.jointcentreforbioethics.ca/partners/documents/cen_toolkit2008.pdf

Appendix A: 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).

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 an individual for whom the treatment is burdensome with minimal benefit?
- *Should* a colleague’s alcohol abuse be reported?
- *Should* an individual be informed of a “near miss” in his or her care?

Ethical issues may involve one or more of the following:

- Ethical Violation – when an action that appears to be unethical is being proposed or carried out (e.g., an individual is being given a treatment without providing a valid consent)
- 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 Uncertainty – when it is unclear what ethical principles are at play or whether or not the situation represents an ethical problem
- 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

Appendix B: Ethical Values/Principles²

AUTONOMY: Respect for autonomy (respect people's right to self-determination or self-governance such that their views, decisions and actions are based on their personal values and beliefs; the vehicle for this principle in health care and research is generally the free and informed consent process).

BENEFICENCE: Act beneficently toward others (contribute to the welfare of others, which may include preventing harm, removing harm, promoting well-being, or maximizing good).

COMMON GOOD: A specific "good" that is shared and beneficial for all (or most) members of a given community.

CONFIDENTIALITY: Keep private information confidential (keep identifying personal information as well as confidences secret, unless consent to disclose this information is given by the person to whom it belongs or disclosure is required by law).

CONFLICT OF INTEREST: Disclose conflicts of interest and avoid disqualifying conflicts of interest (disclose both real and perceived conflicts between one's self-interest and/or one's obligations to one or more individuals or groups).

DIGNITY: Respect the dignity of morally valuable beings (treat beings in a way that honors their value or worth based on morally significant qualities, e.g., sentience, relationality, rationality).

DISCLOSURE: Disclose information that people or groups have a right to (provide information needed to make an informed decision, and information about errors or adverse events in treatment or research).

DIVERSITY: Respect diversity (accommodate, protect or support differences, including religious, cultural, political and other differences, among people and groups).

INCLUSIVENESS: Involvement/representation of everyone who is part of a problem situation based on notion that each brings knowledge or expertise needed to address the problem and feel ownership of the solution.

INTEGRITY: Act with integrity (give priority to ethical considerations even when there is a strong drive for self-interest or other desires, or where violating ethical requirements could pass unnoticed).

JUSTICE: Promote justice and fairness (treat people and groups fairly by treating morally relevant cases alike, by promoting fair relations among individuals and social groups, and by ensuring fair and equitable access to resources and opportunities, including fair distribution of benefits and burdens).

NON-MALEFICENCE: Act so as to do no harm (avoid causing harm to individuals or groups, or risking harms of significant magnitude and probability).

² This is not an exhaustive list. There may be other ethical values/principles at play in a particular situation.

PERSON-CENTRED or FAMILY-CENTRED CARE: Provide person-centred or family-centred care (organize and provide therapies, services, interventions and interactions in ways that respect and respond to the person's or family's values, preferences, decisions or self-identified best interests).

RIGHTS: Protect the rights of individuals and groups (honor the legitimate moral and legal claims of individuals or groups).

SAFETY: Ensure safety (avoid injury and reduce risks of harm to individuals and groups; promote a culture that reports errors and near-misses and strives to improve the safety of clinical, research and organizational environments).

SOLIDARITY: Requires consideration of the extended community and acting in such a way that reflects concern for the well-being of others.

STEWARDSHIP: The careful and responsible management of something entrusted to one's care (e.g., public healthcare dollars).

TRANSPARENCY: Make decision-making transparent (communicate and make accessible decisions and their rationales to all stakeholders).

UTILITY: Maximizing the greatest possible good for the greatest possible number of individuals.

Appendix C: Ethics Worksheet – IDEA Framework

Date: _____

Step 1: Identify the Facts.

What is the presenting ethical issue(s)?

What are the relevant medical/clinical indications?

What are the individual/group preferences?

What is the evidence?

What are the contextual features?

What is the ethical issue?

Step 2: Determine the Relevant Ethical Principles.

Who are the stakeholders (relevant parties)?

What principles/criteria do stakeholders believe are relevant to the issue?

Which principles/criteria do stakeholders agree are most important in the current context? (Rate from 1 to)

Are there any other factors that need to be considered?

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 and policies <input type="checkbox"/> Consistent with mission, vision, values, and strategic directions		<input type="checkbox"/> Consistent with laws and policies <input type="checkbox"/> Consistent with mission, vision, values, and strategic directions		<input type="checkbox"/> Consistent with laws and policies <input type="checkbox"/> Consistent with mission, vision, values, and 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 (list)</i>		<i>Meets Decision-Making Criteria (list)</i>		<i>Meets Decision-Making Criteria (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 <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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Additional Resources Used (list):</i>		<i>Additional Resources Used (list):</i>		<i>Additional Resources Used (list):</i>	
What is the most ethically justifiable option?					

Step 4: Act.

Documentation/Communication of Decision (who, what, where, how):

Implementation Plan:

Evaluation Plan:

<i>Process Met Conditions</i>	<i>Evidence:</i>	<i>Reviewed by:</i>
<input type="checkbox"/> Relevance		
<input type="checkbox"/> Publicity		
<input type="checkbox"/> Revisions and Appeals		
<input type="checkbox"/> Empowerment		

Are we (am I) comfortable with this decision?