



ETHICAL DECISION-MAKING

Catholic Health Association of Ontario
We care for you - body, mind and spirit.

ETHICAL DECISION-MAKING

In every ethical decision we make, whether it be at a clinical or at an organizational level, principles and values come into play. Sometimes these values conflict, and we are left with uncertainty about how to proceed in a way that is authentic and in alignment with the core values of Catholic healthcare and/or the bioethical principles of autonomy (a person's or institution's right to self determination), beneficence (doing good), non-maleficence (doing no harm), or justice.

In the following pages, the **Ethical Decision-Making Guidelines**, and the **Ethical Decision-Making Framework & Diagram** are presented. The Ethical Decision-Making Framework helps us to structure our thinking as we work our way through the complex and nuanced realities of the day-to-day decisions that we are faced with. The Ethical Decision-Making Guidelines provide a foundation for the tool.



Ethical Decision-Making Guidelines:

1. Accept responsibility for the decisions that we make: “The human person is responsible insofar as they can choose freely and insofar as by conscience they knowingly direct their actions.” (*Health Ethics Guide, Third Edition* - p. 113).
2. In examining the various options, a commitment should be made to the core values of Catholic Healthcare: (*Health Ethics Guide, Third Edition* - pp. 14-16).
 - a. The call to respect dignity
 - i. Respect for the dignity of every human person
 - ii. Respect for all human life
 - b. The call to foster trust
 - i. The interconnectedness of every human being
 - ii. Stewardship and creativity
 - c. The call to promote justice
 - i. Justice seen as inseparable from charity, recognizing the rights of others
 - ii. The common good
3. When evaluating alternatives, ensure that attention is given to the bioethical principles of autonomy, beneficence, non-maleficence and justice, as well as the interpretive principles such as “benefit and burden”, double effect reasoning, totality and integrity, subsidiarity, principle of cooperation (*Health Ethic Guide, Third Edition* - pp.114-117).
 - a. The most appropriate people are involved in the discussion (principle of subsidiarity, autonomy).
 - b. There is a thorough and thoughtful analysis of the risks/burdens and benefits of each option available (principles of benefit and burden, autonomy, beneficence, non-maleficence).
 - c. When faced with choices for which there are both beneficial and harmful results, be careful to ensure that the decision taken is morally good, that the harmful results are not intended in order to achieve the good, and that there is no less harmful alternative (principle of double effect).
 - d. When faced with situations that may require cooperating with others who are engaged in morally wrong actions, one must recognize that these issues are extremely difficult to resolve. Therefore, wide consultation with the appropriate experts must occur – in particular, individuals with expertise in ethics – combined with the exercise of prudential judgment (principle of co-operation).

- e. Remember that while the good of the whole is greater than the good of the part, this principle cannot be used to justify denying the value of the individual (principle of totality and integrity, justice).

Ethical Decision-Making Framework:

Y - YOU

O - OBSERVE

D - DELIBERATE

A - ACT

This document has relied heavily on the Hotel-Dieu Windsor and Centre for Clinical Ethics YODA Framework, as well as the Organizational Ethics Framework Tool from St. Joseph's Health Care London.

This framework is designed to help us think through difficult clinical and organizational ethics situations and then to make choices based on an examination of facts, values and alternatives. It provides a way of ordering our thinking by raising some questions for consideration and then encourages us to make and communicate decisions that emerge from a sound and collaborative process that involves prayer, quiet reflection and discerning in the context of faith.

Remembering that ethics is “everyone’s responsibility”, and in light of the guidelines that accompany this framework/tool, the steps encourage **You** to:



1. Observe:

a. Identify the problem:

What is the problem/difficulty that is being faced?

What about the problem makes it an ethical issue?

Are there values or beliefs that are conflicting?

What is causing the apprehension and moral concern?

Who are the people involved and who might be affected by any decision?

Do we have the “right” people involved in the discussion?

What are their roles? How much time is there to arrive at a decision?

b. Acknowledge feelings:

How do those most directly involved and affected feel about the issue?

What are the “gut” reactions, biases, loyalties?

c. Gather the facts:

What are the ethically relevant facts?

How has the issue unfolded?

What are the various parties’ understandings about the issue?

What are their interests?

Do we need to involve others in the conversation?

How have any similar issues been resolved in the past?

What do the relevant professional colleges, codes of ethics, standards of practice, legislation, laws, etc. say about the issue?

Does the organization have a policy or guideline on the issue?

2. Deliberate:

a. Identify alternatives:

What are the alternatives and what are the risks/benefits of each?

What are the short- and long-term consequences of each of the alternatives?

b. Examine values (Please see Health Ethics Guide, Third Edition pp. 14-17 and attached accompanying diagram for a complete discussion of values):

What are the values of all of the people involved?

How are they in conflict?

How do the values of the organization inform the ethical question?

How do we keep those values at the forefront of the discussion?

Are there any other relevant values that we haven't considered?

c. Examine alternatives: (Please see Health Ethics Guide, Third Edition pp. 114-119 and accompanying diagram for a complete discussion of principles):

What principles are involved and are they in conflict?

How will values and principles be incorporated into decision-making?

How do we balance the various burdens and benefits in decisions?

How do we never intend harm in order to do good?

How do we treat the patient as a whole person?

Have we considered how to involve in the decision-making process those most affected?

How do we respect a person's right to make informed choices?

How do we always attempt to do good and avoid harm?

How do we pay attention to issues of justice and equality?

Have we excluded any viable alternatives?

What is "doable"?

What is the impact on staff, on institutional culture?

What is the impact on their professional integrity?

How can we minimize potential harms?

What decision has the best justification?

3. Act:

a. Articulate the decision:

Who is the best person, group to articulate the decision?

What is the best process for ensuring that everyone understands the reasons for the decision or next steps?

Have we documented the issue, process and outcome sufficiently?

b. **Implement the plan:**

Who is the best person, group to implement the decision?

When is the right time to implement the decision?

When might we expect results?

c. **Reflections and concluding review:**

What went well?

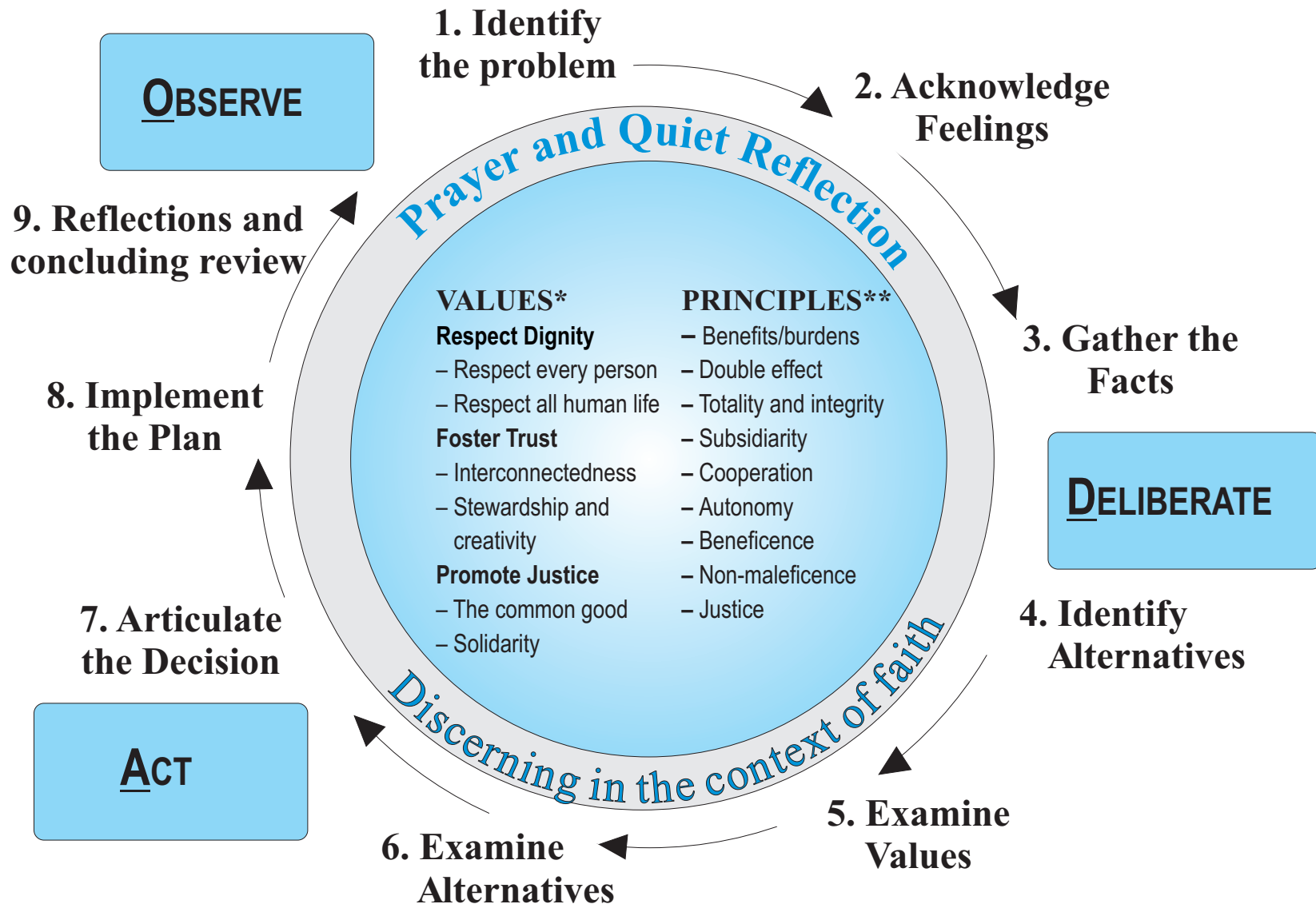
Were there any unanticipated effects?

Did the decision reached resolve the dilemma?

Do we need to modify any current policies, guidelines, procedures, etc. to avoid a similar situation in the future?

Ethical Decision-Making Framework Tool

YODA = You Observe Deliberate Act



* A fuller explanation of the “Values” is explained in the *Health Ethics Guide*, third edition, Catholic Health Alliance of Canada, 2012, pages 14-16.

** A explanation of some of these “Principles” can be found in the *Health Ethics Guide*, third edition, Catholic Health Alliance of Canada, 2012, pages 113-119.