Ethics and Governance

Community Care Northumberland
Board Meeting
Sept 2023

Joshua T. Landry M.Sc., CCE, HEC-C
Director and Ethicist
Central East Regional Ethics Network
CORE Member, Joint Centre for Bioethics
University of Toronto

Central East
Regional Ethics Network

Objectives

- To explore the Board's role in ethical governance
- To highlight certain quality- and ethics-related standards related to the role of the Board.
- To explore key features of CCN's Ethics Framework tools.

Ethics at CCN

- CCN now partners with the **Central East Regional Ethics Network (CEREN)** for access to professional health-care ethics services. The services are provided on an as-needed basis.

- The CEREN provides CCN access to:

  - Clinical and organizational ethics consultations

  - Committee or other stakeholder support

  - Regularly-scheduled ethics education

  - Ethics-related policy review

  - Support for Accreditation compliance of ethics-related standards (HPCO, Accreditation Canada, or others)

- Anyone, at any time, may access the Ethicist: ethics@commcare.ca

What is Ethics?

- Ethics refers to human conduct that is seen as good and bad, and right and wrong
- Ethics refers to what ought to be done or not done, all things considered
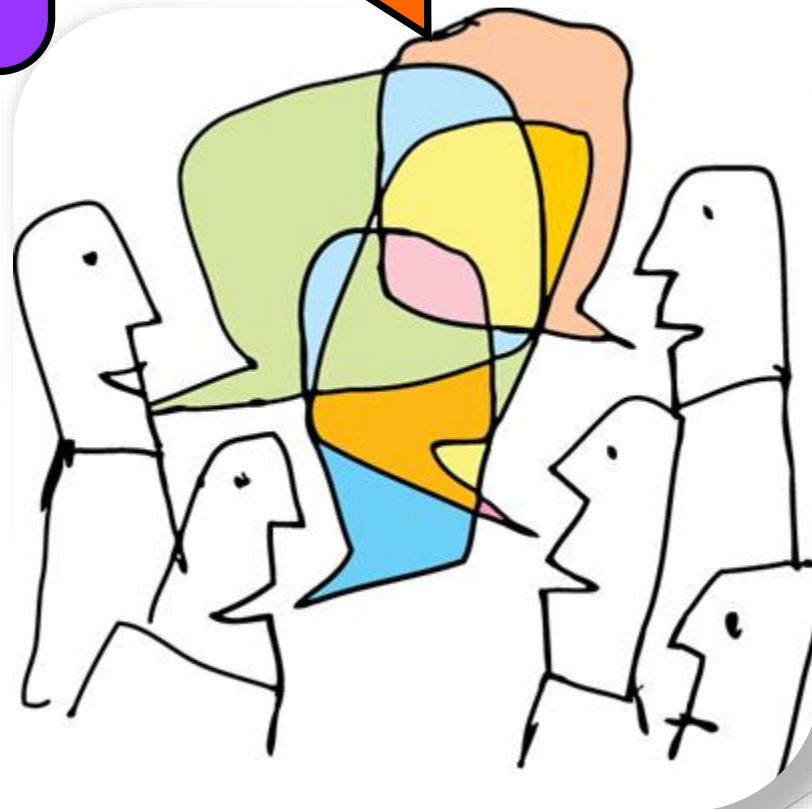- Put too simply: ethics concerns values

What is an ethical issue?

Encounter conflicting values, beliefs, goals or difficult alternatives

Are unsure about what we should do or why we should do it

Are concerned that rights are being violated or persons not being respected

Have conflicting obligations or responsibilities

Are concerned with fairness or justice

Wagner F. (2019)

5

What is ethical decision-making?

- Deciding what we should do (what decisions are morally right or acceptable);

- Explaining why we should do it (justifying our decision in moral terms);

- Describing how we should do it (the method or manner of our response).

To have an effective ethics program at CCN

"To be effective at promoting ethical practices, an ethics program first has to address ethical concerns across many domains, not just in clinical care. Then it has to do three things, and do them well:

- *Respond to ethics concerns on a case-by case basis,*
- *Address ethics issues on a systems level, and*
- *Foster an environment and culture that is conducive to ethical practice."*

Ellen Fox, VA Hospitals. (Integrated Ethics: Closing the Ethics Quality Gap, 2007)

How might this apply to you?

- Access to care
- **Business development**
- Charitable fundraising
- **Conflict of interest**
- **Disclosure of risk**
- End of life care
- **Government relations**
- Human resource management
- Research governance
- **Resource allocation**

Gibson, et al., "Organizational Ethics", Cambridge Textbook of Bioethics, 2008

The value of ethics support and building ethics capacity

Improves…

- Trust and organizational moral climate

- Human resource retention

- Resident/caregiver experience

- Staff quality of work life

- Foundation of quality initiatives

- Accreditation compliance

- Identification and mitigation of Moral Distress

Austin, W. (2017). What is the role of ethics consultation in the moral habitability of health care environments? *AMA Journal of Ethics*, 19:6, 595-600. Firn, J and Vig, E. (2019). Weekly rounding with the MICU team: Description of a clinical ethics project. *Am J Hosp Palliat Care*, 36:4, 290-293. Grigorova, A and Yankulovska, S. (2017). Institutional benefits of clinical ethics consultation. *European Journal of Public Health*, 27:3, 40.

Ethical Governance (and Leadership) Depends on:

1. Demonstrating that ethics is a priority
   - Use of Integrated Ethics Framework (IEF), Central East Regional Ethics Network (CEREN) partnership
2. Communicating clear expectations for ethical practice
   - Mission, Vision, and Values, IEF, etc.
3. Integrating ethical decision-making into practice at all levels.
   - Clinical, operational, and governance consultations, policy review, priority setting, education, etc.

Governance & Related Standards

Standard: OO.GOV.1:
Governance Responsibilities

[…] e. The organization has policies in place to support the integrity of hospice staff, *volunteers** and board members, including:

i.   Code of Conduct/Ethics…
ii. Conflict of interest…
iii. Confidentiality*/Privacy* (posted in a readily accessible* location - on website and in office)

Standard: OO.GOV.3:
Fundraising

The organization engages in fundraising activities in a transparent and ethical manner…

Standard: OO.ADM.3:
Information Privacy

The organization abides by the legal and ethical responsibility to maintain the confidentiality and privacy of all PI and PHI…

Standard: SS.HHS.6:
Service Delivery

[…] vii. Ability to *access** ethical and/or clinical support and/or guidance as needed…

Various Standards. (HPCO, 2020)

Ethics Framework

"Provides a standardized approach to working through ethics issues, addressing conflicts of interest, and making decisions"

Accreditation Canada, Governance and Leadership Standards G1.3 & LD 1.4

"Big-E" Ethics Framework

- Ethics Strategy & Infrastructure:

  - Clear accountability in organizational structure and aligned with the Mission, Vision, Values, and strategic directions

  - Designated personnel with formal responsibility for ethics

  - Tools, policies, and processes to guide ethical decision-making

  - Education & training

  At CCN some components include:

  - "Integrated Ethics Framework"

  - Ethics program workplan

  - Ethics Education activities

"Little-e" Ethics Framework

- A pragmatic device to aid decision-making
  - "frame" the decision-making problem
  - aid deliberation about solutions
  - make relevant values, principles or issues explicit
- "Ethical decision-making framework/tool"

At CCN, this includes the:

- **IDEA Framework** – Clinical decisions
- **Accountability for Reasonableness (A4R)** – Organizational or Priority-setting decisions

Two Ethics Framework tools Proposed for CCN

- The IDEA framework tool (for clinical ethical issues), and

- The Accountability for Reasonableness (A4R) framework tool (for Organizational & Governance ethical issues).

IDEA decision-making tool

Step 1: Identify the Facts	Step 2: Determine Ethical Principles in Conflict
Identify what is known versus what is not known. · Medical Indications · Client/Resident 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.	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 client/resident'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 client/resident's chart and obtain consent. 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?

The IDEA framework tool is comprised of four steps to work through <u>clinical</u> ethical issues. The first letter of each step in this framework forms the acronym "**IDEA**."

Accountability for Reasonableness (A4R) tool

- Since not all ethical issues that arise in health care are clinical in nature, an ethical decision-making framework tool has also been proposed for <u>operational and governance</u> 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 publically available.

- The goal: ensure a fair process is followed, and expectations are set to consider relevant values in making organizational decisions. Five of such values are considered next.

- The A4R tool may be used by the Board when making decisions in need of prioritization: e.g. how to support the Board or Leadership team to responsibly allocate resources.

Accountability for Reasonableness (A4R) tool

Value	Description
Empowerment	Efforts should be made to minimize power differences in the decision-making context and to optimize participation.
Relevance	Decisions should be made on the basis of reasons (i.e., evidence, principles, values) that "fair-minded people can agree are relevant to meeting diverse health needs under resource constraints.
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 ensure the other four conditions are met.

The A4R framework tool is more complex than the IDEA tool. Please contact the ethicist if you would like more information about anything discussed here! ethics@centraleastethics.ca

Empowerment condition

Work to minimize power differences by ensuring adequate stakeholder involvement throughout the process.

- Did you begin with a plan to ensure broad stakeholder involvement was part of this process?
- How did you justify your broad, or limited plan to involve various groups?

Relevance condition

Define and communicate clearly what the goals of decision-making will be.

- What were your goals for this project? What prompted this discussion/need?

Bring together a decision-making team of "fair-minded" people.

- Identify who the stakeholders are (whose expertise is required).

Prepare resources to support decision-making.

- What data/information did you collect to make your decision?

20

Relevance condition (cont.)

Use clear and explicit decision criteria and processes.

- How did you define what criteria will be used to make decisions? What are these criteria?

Develop a rationale for each decision

- Is your rational based on the decision criteria and the available data/information?

- Were there any departures from using the decision-making criteria, data, information or established procedure in this case?

- Adequately communicate the decision-making criteria will be used, and how the process will be rolled out.

- Ensure sufficient time for deliberation and discussion.

Transparency condition

Develop a formal communications plan to support decision-making.

- What did this look like? Who was identified as needing to receive information? Who did the communicating? What were the key messages that were communicated?

Publicize the decision and its rationale.

- Did you provide a clear statement of rationale for each decision, relating back to the decision criteria and available data/information?

Revision condition

Incorporate opportunities for iterative decision review.

- Was there a plan to revisit/review decisions to validate agreement reached? If so, what did this look like?

Develop a formal decision review.

- Did you have a process to hear requests for decision review and to settle disputes?

Compliance condition

Demonstrate leadership in decision-making excellence.

- Applying this framework reflects a commitment to ethical decision-making in your actions.

Monitor the decision-making process to ensure fairness.

- Did you consider conducting an interim evaluation of the decision-making process to permit mid-course corrections that will enhance legitimacy and fairness?

Evaluate and improve the decision-making process.

- Has a formal evaluation process been implemented to identify good practices and/or opportunities for improvement?

Questions?

Additional References

- Gibson, J.L., D.K. Martin and P.A. Singer. Evidence, Economics and Ethics: Resource Allocation in Health Services Organizations HEALTHCARE QUARTERLY VOL. 8 NO. 2 • 2005

- Gibson, J.L., D.K. Martin and P.A. Singer. "Priority Setting in Hospitals: Fairness, Inclusiveness, and the Problem of Institutional Power Differences." Soc. Med. . 2005 Dec;61 (11):2355-62. Epub 2005 Jun 9.

- Gibson, J.L., D.K. Martin and P.A. Singer. 2004. "Setting Priorities in Health Care Organisations: Criteria, Processes, and Parameters of Success." BMC Health Services Research 4: 25.

- Daniels N, Sabin JE. Setting limits fairly: Can we learn to share medical resources? Oxford: Oxford University Press, 2002

- Daniels N, Sabin JE. Limits to health care: Fair procedures, democratic deliberation, and the legitimacy problem for insurers. Philosophy and Public Affairs 1997;26(4):303-350.

- Gibson JL, Martin DK, Singer PA. Priority setting for new technologies in medicine: a transdisciplinary study. BMC Health Services Research 2002; 2:14.

Contact Information

Joshua T. Landry M.Sc., CCE, HEC-C
Director and Ethicist
Central East Regional Ethics Network
CORE Member, Joint Centre for Bioethics
University of Toronto

ethics@centraleastethics.ca

Central East
Regional Ethics Network