Choices dominate our life.
Wherever we find ourselves within the Providence community, we each have decisions to make, some of which are not easy. By reflecting upon the legacy of our founders, our shared Mission, Vision, Values, and ethical traditions, together we can make good ethical decisions. Yet, we are not alone as individuals, groups or an organization in our on-going quest for ethical integrity. We continue in the footsteps of a long tradition of people seeking to do the right thing when confronted by tough choices.
Contact Us

You can reach Ethics Services Monday to Friday 9am to 5pm

Phone: 604.806.9952

Email: ethics@providencehealth.bc.ca

Website: http://www.providencehealthcare.org/ethics_services/
Since the Founding Sisters established the first facilities in the 1890’s that would later become Providence Health Care (PHC), ethical reflection has been a cornerstone of who we are and what we do. While, grounded in the moral teaching and traditions of the Roman Catholic Church, Providence Health Care’s commitment to ethical care is fundamental and universal. Our facilities provide leading edge medical care within the context of a deep commitment to compassion and social justice. We accomplish this by paying careful attention to how we interact with one another and the people that we serve. We do this not only in the care we provide today, but ethically grounded research, innovation, and teaching will continue to ensure the future wellness of the citizens of BC.

Ethics services at PHC seeks to bring the best of our wisdom and lived experience to our work by placing ethical reflection and discussion at the centre of all our activities. Our Mission, Vision, and Values are at the centre of who we are and how we act, whether the issue at hand is how best to respond to a medical emergency; make difficult treatment decisions in clinical or residential care; manage disagreements between care providers, patients, residents, or families; allocate scarce resources fairly; support innovative research and teaching; or support the individuals, teams, programs and the organization as a whole in living with integrity.

We at Ethics Services are committed to:
- Identifying ethical issues
- Demonstrating how to deal with ethical conflict
- Establishing procedures and policies that reflect our ethical commitments
- Establishing an organizational climate that allows ethical concerns to be raised and fairly considered.

This guide provides an overview of ethics and Ethics Services at Providence Health Care. Our hope is that by using this reference you will be able to make better ethical choices wherever you work.
Some Key Concepts

**Ethics** - is the philosophical discipline that examines ideas about right and wrong. A central part of this examination for our purposes here at Providence involves questions around what we *ought* to do, and how we *should* behave in light of who we say we are.

**Clinical Ethics** - focuses on the encounter between patients/residents and health care providers and has to do with decision making about the ethical delivery of patient care.

**Organizational Ethics** - is the discipline concerned with the principles and standards by which an organization, such as PHC, operates. The focus of organizational ethics is on system level decisions that affect the entire organization, and finding the “right” way to respond to complex challenges and opportunities in the community and populations we serve.

**Research Ethics** - involves an ethical approach to research on humans. Its focus is to protect the rights, interests, and safety of subjects by ensuring that proposed research has good social and scientific merit, and that the study is well designed to improve general scientific knowledge.

**Values** – Values are measures of, and statements about what is important to us as individuals and as an organization.

**Principles** – Principles are mutually agreed upon “rules” that guide right action and behaviour. Commonly accepted principles in clinical ethics include respecting people’s autonomy and recognizing the dignity of all persons, enhancing wellness and avoiding harm, acting fairly, truth telling, and respecting privacy and confidentiality. Some common organizational ethics principles are compassion, social justice, respecting the sacredness of life, respecting spirituality and faith traditions, transparency, accountability, and fair allocation and good stewardship of resources.

Please see the **PHC Framework for Ethical Decision Making** at the end of this booklet.
Providence Health Care’s Mission, Vision, and Values

Mission
Inspired by the healing ministry of Jesus Christ, Providence Health Care is a Catholic health care community dedicated to meeting the physical, emotional, social and spiritual needs of those served through compassionate care, teaching, and research.

Vision
Driven by compassion and social justice, we are at the forefront of exceptional care and innovation.

Values
Spirituality – We nurture the God-given creativity, love and compassion that dwells within us all.

Integrity – We build our relationships on honesty, justice and fairness.

Stewardship – We share accountability for the well-being of our community.

Trust – We behave in ways that promote safety, inclusion, and support.

Excellence – We achieve excellence through learning and continuous improvement.

Respect – We respect the diversity, dignity, and interdependence of all persons.

The Health Ethics Guide
The Health Ethics Guide (3rd Edition) (Catholic Health Alliance of Canada, 2012) is a book that provides guidance for delivering health care in accordance with Catholic teaching. Amended from time to time, it provides pragmatic advice for ethical decision making in Catholic health care in the context of a modern and ever changing world. It is a foundational reference for Ethics Services and for system level decision making at PHC.
Ethical Issues

Ethical questions, uncertainties, and tensions are common in health care. Here are a few situations in which they arise:

- Ethical issues often begin when communication breaks down among patients, residents, families, and care providers (any of the “stakeholders”). For example, there may be no shared understanding of the medical facts (diagnosis/prognosis etc.) for the patient/resident. Or the care team may not have a clear understanding of what constitutes a “good” quality of life for a patient or resident.

- The stakeholders may have different or even conflicting views on which values and principles ought to drive decision making. For example, a resident and his family member may want certain treatments (certain medications, or certain interventions like tube feeding), and may have expectations of the care team to deliver these in the name of respect for the autonomy of the patient. But care givers may be reluctant to provide these things out of fear of doing more harm than good.

- Even when all stakeholders are in complete agreement, there may appear to be several “right” answers to a challenging question. It is sometimes hard to choose among competing values and principles to find one course of action. For example, a patient and a care provider might have a difficult time deciding on whether it is right to embark on aggressive cancer therapy, or opt instead for comfort measures. In these circumstances, questions may still arise about how to define what constitutes a “good” quality of life, and how the care team can do good (beneficence) without doing harm (non-maleficence) in these situations.

- Ethical issues arise frequently at particular times and in certain patient populations. Often decision making ability (capacity) is at the heart of the matter. For example, there may be questions about who should decide for elderly patients/residents with dementia. Or how much decisional authority can be granted to children or those suffering mental illness.

- At the system or organization level, there may be questions about resource allocation. For example, whether to increase funding to a new clinical program if it means sacrificing funding to other programs. Or there may be ethical issues that arise that threaten our Catholic identity. For example, the question of how to respond to requests for medical assistance in dying.
Ethics Services at Providence Health Care

The broad goals of PHC Ethics Services are to strengthen the role of ethical reflection within the organization and to enhance the ability of the PHC community to access ethical resources, and make informed decisions. Our core services include the following: consultation, policy analysis and development, and education and research.

Consultation

In our professional life, we often struggle with issues for which no single “right” answer seems evident. Ethics Services is here to help. Ethical issues may arise at the bedside, at the system level, or both. We offer clinical and organizational ethics consultation across all PHC sites. We provide support for staff, patients, and families in times of ethical uncertainty.

This process involves making the ethical dimensions of the issues explicit, identifying biases and acknowledging world views, gathering and clarifying essential information, identifying options in light of relevant values and principles, and helping individuals and teams in moving toward an ethically sound solution. Using an ethics framework ensures a consistent systematic approach to problems that is respectful of the perspectives of all those involved, and grounded in a well-considered set of values. You can see the PHC Framework for Ethical Decision Making at the end of this booklet.

Consultation can occur in many ways:

- **Talk to an Ethicist.** We have a team of ethicists and fellows that can speak to you by phone or meet with teams, patients, residents, and families. While we never dictate answers to difficult questions, we can help facilitate discussions that lead to sound solutions. We can also help programs and services make system level decisions about things like fair resource allocation, or operating in accord with our Mission, Vision, and Values.

- **Elder Care Ethics Committee.** If the ethical issue involves an older person, this committee can help. With shared responsibilities between PHC and Vancouver Coastal Health, this committee has members from across both these organizations and from the community. We meet monthly to discuss cases, and issues involving elder care and care of persons nearing the end of life.

- **Moral Distress Consult Service.** Many clinical ethics questions involve a significant degree of moral distress, for example, where the clinician may have a strong feeling about the right course of action, but he or she may be restricted from carrying out that action because of system constraints or other forces beyond their control. In conjunction with the Centre for Practitioner Renewal, this service addresses these issues. We can arrange a meeting with you or your team to discuss these issues.
Policy Analysis and Development
We provide support for clinical and administrative teams in developing policies that are grounded in sound ethical reasoning. We help clinical teams develop guidelines and policies that are patient and family centred, and that promote wellness and fairness (for example, practice guidelines around end of life care). We also advise on policies that preserve the ethical integrity of our organization and foster a culture of ethics in keeping with our Mission, Vision, and Values (for example, policies around Medical Assistance in Dying).

Education and Research
We provide a multitude of formal and informal teaching and learning opportunities including teaching rounds for staff and trainees, “Ethics For Lunch”, and our annual ethics conference. We train our future ethicists through our ethics fellowship in partnership with UBC, and BC Children’s and Women’s Hospitals. We conduct our own research projects and provide support for the PHC Research Institute Research Ethics Board.

For more information on any of these or to request an ethics consult, please contact us at 604-806-8851, or email us at Ethics@pvidencehealth.bc.ca
PHC Framework for Ethical Decision Making

**Step 1: Identify the Issues**
- Identify the key ethical issues.
- Consider whether the issue is the same for individuals at the clinical level, or individuals or groups at the organization level.

**Step 2: Identify the Stakeholders**
- Identify stakeholders—be as inclusive as possible.
- Include the individuals who have authority to implement the decision and who are accountable for the decision.

**Step 3: Acknowledge Biases, Feelings, and World Views**
- Identify “gut” reactions (positive or negative) and “world views” that need to be acknowledged.

**Step 4: Gather and Clarify the Facts**
- Establish what we know and don’t know about the issue.
- Use of the “Four Boxes” is helpful in gathering and organizing information for clinical issues:

<table>
<thead>
<tr>
<th>Medical Indications</th>
<th>Patient/ Resident Preferences</th>
</tr>
</thead>
<tbody>
<tr>
<td>• History, diagnosis, prognosis</td>
<td>• Does the patient/resident have capacity to understand and make decisions?</td>
</tr>
<tr>
<td>• Available treatments and expected outcomes</td>
<td>• Is there an appropriate substitute decision maker?</td>
</tr>
<tr>
<td></td>
<td>• What are the patient/resident’s values, goals and preferences?</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of Life</td>
<td>Contextual Factors</td>
</tr>
<tr>
<td>• What was the patient/resident’s quality of life before illness?</td>
<td>• Are there religious, cultural, and family issues to consider?</td>
</tr>
<tr>
<td>• What are the prospects for quality of life with various options?</td>
<td>• Are there legal, financial, and resource considerations?</td>
</tr>
<tr>
<td></td>
<td>• Is this a case that involves research or teaching?</td>
</tr>
</tbody>
</table>

Step 5: Analyze the Issues in light of Ethical Principles
- Consider PHC’s Mission, Vision, and Values in all ethical decision making.
- Identify which principles are in play and which carry more weight in this situation.

<table>
<thead>
<tr>
<th>Clinical Ethics Principles</th>
<th>Organizational Ethics Principles</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Respect for Autonomy (Respect Individuals’ Dignity and Freedom)</td>
<td>6. Fairness/ Distributive Justice</td>
</tr>
<tr>
<td>2. Non-Maleficence (Do No Harm)</td>
<td>7. Stewardship</td>
</tr>
<tr>
<td>3. Beneficence (Promote Wellness)</td>
<td>8. Excellence</td>
</tr>
<tr>
<td>4. Justice (Be Fair)</td>
<td>9. Just Workplace</td>
</tr>
<tr>
<td>5. Accountability and Transparency</td>
<td>10. Commitment to Research/ Innovation</td>
</tr>
</tbody>
</table>

Step 6: Identify Options and Weigh Against Values and Principles
- Identify the options available, and the pros and cons of each option, including the option of doing nothing.
- Determine which option best advances the goals and values of the stakeholders (patient, resident, their family, and/or administrators) and is consistent with our Mission, Vision, Values, and ethical principles.

Step 7: Make a Decision
- State clearly what the decision is, and why it is the best option in light of the above.
- Identify contingency plans in case of unintended outcomes or unforeseen problems.

Step 8: Implement, and Evaluate the Decision
- Develop a plan for communication and implementation.
- Review decisions, outcomes, and key learnings
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