ETHICS & THE INTER-PROFESSIONAL TEAM IN COMMUNITY HEALTH CARE
Ethics in transition

2000-2003
ETHICS ON RADAR
SCREEN ONWARDS
Conference, Scarborough
CCAC Palliative Rounds
Corporate ethics policy
developed

2004
ETHICAL EXCELLENCE
Half-day workshop delivered
to LTC, community staff
Formal Ethics Committee
formed
Kerry Bowman, Ethicist at
U of T, delivered ethics
seminar
Piloted draft worksheet
with PSWs, office staff on
the committee

2005
Ethics included in
annual AGM,
cultural event

2005-2006
CEN
Decision-making
toolkit adopted
Accreditation standards
successfully met
Committee actively
using the tool

2010
Accreditation successful
Decision made to commit
to Train-the-Trainer
program
Facilitated workshop by
Frank Wagner, Bioethicist
at U of T
Adapted from …

Presented by …
FRANK WAGNER
Bioethicist, Toronto Central Community Care Access Centre and University of Toronto Joint Centre for Bioethics
Asst. Professor, Dept. of Family and Community Medicine
Learning objectives

- Describe ethical issues in the personal support sector
- Understand ethical decision-making and why it is important
- Apply ethical decision-making skills to real-life scenarios
What is an ethical issue?

- Any situation where you ...
  - Encounter conflicting values, beliefs & goals or difficult options
  - Have conflicting obligations or responsibilities
  - Are concerned that rights are being violated or persons are not being respected
  - Are concerned with fairness & justice
  - Are unsure about what we should do or why we should do it
What is moral distress?

- When persons believe they know the ethically appropriate course of action, but cannot carry out that action because of institutionalized obstacles  
  Hamric, 2000
What is moral residue?

- That which each of us carries with us from those times in our lives when, in the face of moral distress, we have seriously compromised ourselves or allowed ourselves to be compromised

  Webster & Baylis 2000
Potential outcomes

- Compassion fatigue
- Burnout
- Depression
- Cynicism
- Team dysfunction
- Exit from the profession
Benefits of moral distress

Researchers argue that moral distress can initiate a process of learning and healing ... and that greater sensitivity to moral demands and more awareness of personal and institutional obstacles to good practice can lead to enhanced quality of care

McCarthy & Deady, 2008
Debriefing ... goals

- To help alleviate moral distress
- To enhance ethics knowledge, language & skills of healthcare professionals
- To promote the delivery of ethical care
Debriefing … benefits

- Reduced moral distress
- Earlier recognition of moral distress
- Proactive measures to prevent/reduce moral distress
- Increased ethical knowledge, language & skills
- An enhanced moral climate
Values & ethical principles

- Value = something a person/community has identified as important
  - Autonomy
  - Self-determination
  - Etc.

- Values by themselves don’t tell us what we ought to do
Sample values & principles

- Confidentiality
  - Keep private information private
- Conflict of interest
  - Disclose conflicts of interest and avoid disqualifying conflicts of interest
- Dignity
  - Respect the dignity of morally valuable beings
Sample values & principles

- Disclosure
  - Disclose information that people or groups have a right to

- Diversity
  - Respect diversity

- Integrity
  - Act with integrity
An important discussion for your community practice

- What values are important & why?
- How are these values to be defined or understood by your community?
- What are the action-guiding ethical principles that correspond to these values?
Building ethics capacity within community health care

SUCCESS!!!

- When all staff …
  - Recognize an ethical issue when they face it
  - Are equipped with tools, resources & education to work through cases
  - Know where to get help
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
- Deciding WHEN to do it

Barbara Secker, Clinical Ethics Leader at Toronto Rehabilitation Institute, Toronto
Inter-professional/collaborative ethics

- Ethical decision-making is ideally a collaborative practice
  - Decision making should be consultative, not adversarial
Knowing what tools & processes we should use and when

- How do/should we proceed when faced with an ethical issue?
- How do we help with an ethics assessment and engage ethical reasoning?
- How do we help reason through an ethical issue?
ROLE PLAYING
Setting the stage
Key trends impacting Clinical ethics

- Increased pressures
  - (Governments & payers) force change in practice
- Increased caseload & complexity
  - Of issues for community health care staff
    - moral distress
CURRENT “CONTINUITY” OF CARE

MIND THE GAP

PRIMARY CARE

Community based services

Diabetes Education
Heart Failure Clinics

TERTIARY CARE

Emergency Room

Hospital based services

Long Term Care

Patient Flows =
Acute/community approaches

Acute care
- Disease paradigm
- Cure oriented
- Short term/crisis
- Higher tech
- Medical services

Community
- Disability paradigm
- Function oriented
- Longer term
- Lower tech
- Medical + social services

preferred
HEALTH CARE SERVICES
What are community-based ethics & why are they important?
Key ethical issues in community health care

- Workplace demands
  - Employee safety
- Client safety
  - Living at risk
- Consent & decision-making capacity
  - End-of-life
- Moral distress
Key issues identified by front-line workers

- Making choices
- Priority setting / allocation resources
- Workplace demands
- Environmental factors
- Client safety
- Worker safety
- Consent
Code of Ethics for the Community Health and Support Sector

We, as employees of Community Health and Support Sector organizations, are committed to being an integral part of the communities we serve. We are responsible for: acting professionally and in a client-centred manner; upholding the dignity and honour of our clients; and practising in accordance with ethical principles. This Code of Ethics is intended to provide us with specific ethical principles to address situations that we may encounter, and to guide us in our relationships with clients, family members and others in the support team, other health care practitioners, and the public. This code is intended to reflect the standards of professional practice.

Advocacy: We will provide support and assistance to improve our clients' quality of life and the quality and accessibility of our services. We will seek guidance from internal and external sources for those situations that could place the organization and/or its clients at risk.

Client and Employee Safety: We recognize that the community setting represents a unique environment for community and health sector employees. We will take available steps to assess and minimize risk to clients, while being sensitive to their wishes. We will also take necessary measures to ensure the personal safety of employees, and safety concerns of both clients and employees will be reported and addressed in a supportive and non-threatening way. After all options have been considered, we may withdraw services if employee safety is compromised.

Commitment to Quality Services: We are committed to providing the highest quality services that will benefit our clients within available resources.

Confidentiality: Client information is confidential; we will ensure that clients and their legal substitute are informed of their right to consent to the sharing of necessary information with individuals and organizations directly involved in the client's care.

Conflict of Interest: We will not compromise services to our clients for our own personal benefit.

Dignity: In all our interactions we will demonstrate profound respect for human dignity. We will be responsive and sensitive to the diversity among our clients and staff groups.

Fair and Equitable Access: We believe that each client is entitled to the care and services that they need, regardless of the financial, physical or social diversities.

Informed Choice and Empowerment: We believe that most individuals have the ability and the right to make decisions about their health. We will assist clients to make care plans and life choices in keeping with the client's values, beliefs and health care goals. We will ensure that clients are fully informed of their options and have all the information they need to make informed decisions about their health. Following due process, if the client is determined to be incapable of making these decisions, we will take directions from the client's legal substitute.

Relationships Among Community Agencies: We recognize there may be a competitive element in our working relationships; however, we agree to respect one another's roles and to work together in the spirit of collaboration to maximize the effectiveness of client services.

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CODE OF ETHICS

The Code of Ethics for Preferred Health Care Services provides a framework to support the direction and commitment of the organization, to deliver value-added, client-centred care that promotes self-worth, dignity and well-being of the clients we serve.

- Employees are committed to the practice of compassion and respect for the dignity, worth and uniqueness of every person, regardless of their personal mannerisms or convictions, or the nature of their health problems.
- Employees uphold and abide by the standards of practice and the regulations of their profession, in a safe and competent manner.
- Employees perform their professional duties with integrity and responsiveness and show no tolerance for physical, psychological, financial or sexual abuse.
- Employees respect the privacy of confidential information of those entrusted to their care.
- Employees uphold the position of trust in client/resident relationships and support informed decision-making.
- Employees refrain from practicing in circumstances liable to impair the quality of the services they deliver to their clients/residents.
- Employees owe the same care to self as to others; including, the responsibility to preserve truthfulness and safety, maintain competence, and continue personal and professional growth.
- Employees acknowledge each other’s role and unique contribution to the team effort by seeking to understand and respect a colleague’s values, opinions and needs.
- Employees support change by keeping an open mind and being an active participant in the process.

Name: (print) __________________________________________

Signature: ____________________________________________

Date: ________________________________________________

Witness: (signature & position) ___________________________
Decision-Making Worksheet

ETHICAL DECISION-MAKING FRAMEWORK WORKSHEET

- Identify the facts
- Determine possible ethical principles in conflict
- Explore the options
- Act on your decision and evaluate
## Decision-Making Worksheet

### Facts: 4 box method

<table>
<thead>
<tr>
<th>MEDICAL INDICATIONS</th>
<th>CLIENT PREFERENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>State client’s medical problems - potential benefits of care; can harm be avoided?</td>
<td>State client’s preferences. Do they have the capacity to decide? Who is SDM? Is the client’s right to choose being respected?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QUALITY OF LIFE</th>
<th>CONTEXTUAL FEATURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe quality of life in client’s terms. Examine emotional factors influencing perspective of client and caregivers.</td>
<td>Are family involved? Relevant features: religious and cultural factors, limits on confidentiality, resource allocation, legal implications, provider conflict of interest</td>
</tr>
</tbody>
</table>
**Decision-Making Worksheet**

**STEP 2: DETERMINE THE ETHICAL PRINCIPLES IN CONFLICT**
Refer to the Code of Ethics: Advocacy, Client and employee safety, Commitment to quality of services, Confidentiality, Conflict of interest, Dignity, Fair and equitable access, Health and well being, Informed choice and empowerment, Relationships among community agencies.

<table>
<thead>
<tr>
<th>Principles</th>
<th>Explain the issue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Case of Mr. M
Your turn!

- Case 1: Mr. M - home or LTC?
- Case 2: Mrs. V who has severe arthritis
- Case 3: Ms. B who has schizophrenia
- Case 4: Mrs. E and her diet
- Case 5: Mr. D and his daughter’s expectations
Small group discussion

Case 1: Mr. A
Thank you for your participation

Please fill out an evaluation form to help us in future sessions

THANK YOU!