NH Ethics Service

Northern Health
Ethics Practice Model

C.O.R.E.

Document Control

Document Title	NH Ethics Practice Model: Building Together an Ethically Strong Organization	
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Version History	V1.0 2022-July-03	First draft reviewed by Working Group (Feedback received from Julia Bickford and Melanie Maracle)
	V1.1 2022-Aug-04	Second draft reviewed by former members of the Ethics Committee
	V2.0 2023-Feb-01	Third draft reviewed by former members of the Ethics Commitee
	V2.1 2023-April-04	Final document reviewed by Ethicist
	V3 2024-May-23	Changes reviewed by Kirsten Thomson

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1. Introduction

The **“Northern Health Ethics Practice Model: Building Together an Ethically Strong Organization”** is the foundational document that defines and enables ethical conduct within the organization. It also articulates the mandate of the Northern Health (NH) Ethics Service.

NH staff are encouraged to use this document together with their own professional ethics codes to guide their behaviour and decisions.

This **“Ethics Practice Model”** has been developed by the NH Ethics Service with input from patients, clients, families, and staff members. The Service is also accountable for disseminating and revising this document.

The document is divided in 8 sections. Sections 2 and 3 introduce NH Ethics Service, clarifies its structure, and defines its commitments in each of the 4 C.O.R.E. areas of service (**C**linical, **O**rganizational, **R**esearch and **E**ducation). Section 4 explains the theoretical perspectives that inform NH ethical practice. Finally, Section 5 presents how NH Ethics Service understands and operationalizes its obligation to promote and embed reconciliation within organizational practices and operations. The decision-making guidelines, which are included as appendixes at the end of the document, translate the values and approaches adopted by NH into real-life applications.

2. NH Ethics Service: Structure and Overarching Goals

Stemming from its vision of leading the way in promoting health and providing health services for Northern and rural populations, NH commits to build together an ethically strong organization. While this mandate is shared by all departments across NH, the Ethics Service has been specifically tasked with performing the functions required to operationalize it. To this end, **NH Ethics Service pledges to provide high quality, standardized and timely services to all members of the organization as well as patients, clients and families in four C.O.R.E. areas: <u>C</u>linical, <u>O</u>rganizational and <u>R</u>esearch Ethics as well as <u>E</u>ducation**.

NH Ethics Service includes an Ethicist who is responsible for ensuring the adoption of a consistent and coordinated approach to Ethics across NH and is primarily supported by members of the Risk Management and Compliance team.

3. C.O.R.E. Areas of Service

3.1. Clinical Ethics

Clinical ethics is a practical discipline that provides a structured approach to assist health professionals in identifying, analysing, and resolving ethically challenging situations that arise during the clinical encounter with individual patients.

In this area, NH Ethics Service strives to:

- guide and support ethical practice; and
- embed ethics consultations in daily patient care.

These goals are operationalized by providing clinical ethics consultations[1] to patients, clients, families, health care providers and professionals, administrators, and leaders. During an ethics consultation, skills and knowledge from the traditions of ethics theories and dispute resolution are used to facilitate a rigorous analysis and create a space in which an authentic engagement between individuals immersed in different realities can occur (1). Ultimately, it is the patient, and the family together with the health care professionals who decide and act. However, the Ethics Service is responsible for supporting them and assisting them throughout the process.

During ethics consultations, the **NH Method for Decision-Making in Clinical Ethics, also known as the Dilemma Busting Tool**, (Appendix 1) is used to guide ethics reasoning. When confronted with an ethical dilemma, NH staff are encouraged to systematically work through the steps outlined in that Method.

Historically, clinical ethics consultations have been requested reactively when the chances of implementing satisfactory action are significantly reduced. However, studies have shown that when ethics consultations are not reactive but embedded within daily clinical practice, the length of stay and expense of hospitalizations decrease (2-4); patient outcomes improve (5-7), particularly for patients at the end of life (8-11) and patients are transitioned more effectively to the most appropriate level of care (12). Therefore, the Ethics Service strives to improve institutional capacity and standardize resources for identifying and addressing clinical ethical issues as close to the point of care as possible.

3.2. Organizational Ethics

With the rise of managed care, the fundamental unit of health care delivery has changed to include not only the patient-clinician dyad but also the health care organization itself. Thus, in conjunction with the individual perspective, an organizational perspective that incorporates the ethical dimension of health care operations has emerged.

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[1] Clinical Ethics Consultation can be requested by emailing the ethicist at Ethics@northernhealth.ca

In the area of **O**rganizational Ethics, NH Ethics Service strives to:

- support health care teams to develop policies and guidelines rooted on the highest level of ethical standards;
- partner with managers and leaders to support decision-making processes that are open, transparent, inclusive, fair, accountable and grounded in explicit, collective values;
- assessing the ethical climate to identify system-level issues that impact quality of care, create ethical dilemmas or cause moral distress.

These goals are operationalized by providing organizational consultations[2] to all levels of management, that is, senior, middle, and frontline management. During these consultations, the theoretical approaches that inform ethical discernment at NH (Section 3) are integrated with best decision-making practices to create a structured and robust decision-making guideline. This guideline is presented in Appendixes 2 and 3. NH staff is encouraged to use it systematically to guide their health care management decisions.

NH Ethics Service goals in the area of Organizational Ethics are also operationalized by performing environmental scanning, that is, gathering, and interpreting information about the moral landscape in which NH operates to identify vulnerabilities and strengths and suggest practices, structures, and policies that could be modified or introduced. This way, it is recognized that ethics cases are embedded in, and influenced by, a larger organizational context and a bridge is built between Clinical and Organizational Ethics.

As part of its role in assessing the ethical climate and supporting the development of an ethically strong organization, NH Ethics Service also provides support to Human Resources and other professional bodies responsible for furthering staff ethical behaviour in accordance with Northern Health Standards of Conduct. In this case, the nature and tone of the NH Ethics Service involvement are facilitative and egalitarian and aims to encourage group dialogue and understanding.

3.3. Research Ethics

In the area of **R**esearch Ethics, NH Ethics Service strives to:

- support the activities of the NH REB;
- ensure that all research conducted under the jurisdiction of NH adheres to the highest ethical standards and is consistent with Canadian and international policies and guidelines.

The ethical standards of the Canadian clinical research enterprise are rooted in the ethics lodestars of modern clinical research: the Nuremberg Code, the Declaration of Helsinki, the Belmont Report, the International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) guidelines, and the Council of International Organizations of Medical Sciences (CIOMS).

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[2] Organizational Ethics Consultation can be requested by emailing the ethicist at Ethics@northernhealth.ca

The current official research ethics policy in Canada is outlined in the Tri-Agency Framework: Responsible Conduct of Research (RCR) (13) and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) (14). These guidelines were developed jointly by the three research government agencies, Canadian Institute of Health Research (CIHR), Natural Sciences and Engineering Research Council of Canada (NSERC) and Social Sciences and Humanities Research Council (SSHRC) and although they do not have the force of law, they are nationally adopted and must be strictly followed by researchers and institutions who receive funding from these Agencies.

The RCR informs investigators and their institutions of their obligations to promote and maintain research integrity and outlines policies related to requesting and administering funds, performing research, disseminating results, defining and addressing misconduct, and policy breaches and reporting to the Agencies (13). TCPS2 guides “the ethical aspects of the design, review and conduct of research involving humans” (14). It is entrenched on the cardinal value of modern research ethics, respect for human dignity, as expressed through three core principles: respect for persons, concern for welfare, and justice. Guided by these principles, TCSP2 provides guidelines to ensure that participants’ autonomy and wellbeing are protected, that vulnerable populations are not exploited, that personal information are kept private, confidential, and secure, that the burdens and benefits of research are equitably and justly distributed, and that all clinical trials are publicly registered prior to recruiting participants. Additionally, TCPS2 sets the standards for Canadian Research Ethics Boards (REBs).

Health Canada also defines the obligations that sponsors, and researchers must fulfill when investigating and marketing drugs (Food and Drugs Regulations) and devices (Medical Devices Regulations). The regulatory process is conducted by the Health Products and Food Branch (HPFB) under the authority of the Food and Drugs Act and its associated Food and Drugs Regulations (15). Health Canada regulations integrate the principles of Good Clinical Practice (GCP) as described by the ICH E6 (R2), which are also consistent with TCPS2.

There are also federal and provincial laws and regulations NH observes when collecting, using or disclosing personal information in health research. At the federal level, privacy protection laws include the Canadian Charter of Rights and Freedoms (16), the Personal Information Protection and Electronic Documents Act (PIPEDA) (17) and the Privacy Act (18). At the provincial level, BC has enacted the Personal information Protection Act (PIPA) (19), which is considered to be “substantially similar” to PIPEDA. There are two additional documents with a special focus on clinical research that provide national direction on information privacy matters: TCPS 2 (14) and the CIHR Best Practices for Protecting Privacy in Health Research (CIHR BPPP) (20).

NH investigators should also comply with specific regulations stipulated by countries with which they establish scientific collaborations. For example, the USA requires investigators to comply with U.S. Food and Drug Administration (FDA) regulations, while the European Union requires compliance with the requisites set by the European Medicines Agency and the member state where the research takes place.

The above-mentioned ethical guidelines and research policies are enacted at NH through the NH REB[3]. In accordance with TCPS, the REB is independent in their decision making and is accountable to the NH Governance and Management Relations (GMR) Committee of the Board. NH Ethics Service directs and coordinates the activities of the NH REB.

3.4. Education

Ethical problems in everyday health care work emerge for many reasons. One of them is a lack of awareness and understanding of ethical issues. Therefore, it is essential to support the learning and development of ethical competencies among health care professionals.

In the area of Education, NH Ethics Service strives to:

- provide practice-oriented education and resources to support ethical practice and enhance ethics-related skills at all levels of the organization.

Practice-oriented education aims to develop ethical competencies such as being able to identify ethical dilemmas in health care, being familiar with fundamental principles of moral reasoning, and being able to reflect on one's own values and beliefs. It is geared towards even experienced professionals as developing ethical competences is a life-long commitment.

To provide practice-oriented education, NH Ethics Services works in conjunction with department managers and supervisors to determine the training needs of employees and organize tailored-made seminars and educational programs[4].

4. Ethical Approaches Adopted by NH

Decisions about morality must be grounded in a reasoned approach to determine right and wrong. Ethical theories uncover the foundations of morality and represent the viewpoints from which individuals seek guidance as they make decisions.

Based on the recognition that there is a plurality of fundamentally morally good things, that not a single philosophical approach will always provide all the answers and that all theoretical approaches regardless of the considerations, decision-making styles, or ethical principles they emphasize are worthy of respect, NH has decided to draw on multiple recognized approaches to support ethical reasoning. In other words, **NH has adopted a pluralistic approach to Ethics**.

Ethical pluralism is well suited to the goals of social justice, anti-racism, cultural safety, justice, equity, diversity, and inclusion because it provides a flexible and dynamic theoretical framework from which the cultural, linguistic and moral context of different individuals can be understood and communicated. This way, ethical pluralism opens the door for the creation of ethical spaces in which mutual understanding is facilitated (21).

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[3] NH REB can be contacted at Research@northernhealth.ca.

[4] To request the implementation of educational activities, staff members can contact the ethicist at Ethics@northernhealth.ca.

Approaching an ethically challenging situation from a plural standpoint requires to consider the various morally relevant factors, weigh which ones are most pressing and use those considerations to reason about what ought to be done.

Several ethical theories provide important insights into the factors that are morally relevant in health care. Specifically, those theories are Ethics of Care, Narrative Ethics, Intersectional Bioethics, Rights-based Approaches, Principles of Biomedical Ethics and Rural Care Ethics.

Ethics of Care, also described as Relational Ethics, see individuals embedded in a series of relationships. It argues that moral knowledge can emanate from attending to those complex networks of relationships, from sensing and interpreting the needs and interests of those involved, and from identifying how to respond appropriately to their needs and interests (22).

Ethics of Care highlights how critical it is for health care providers to be sensitive to patients' and families' needs, concerns, and values and to facilitate ways to understand, nurture, and support these relationships (23). It also challenges traditional understandings of autonomy, competence, and quality of life highlighting the need to become more sensitive to the background circumstances that affect people's choices (22, 23).

Narrative Ethics recognizes the importance of narratives, those "stories people tell about their lives" (24, p30), to understand the various moral considerations that are relevant to a given situation. This approach encourages people to reflect on how their health care journey has unfolded. The perspectives, context and values revealed through the telling of the story are used to identify together the most appropriate care plan (25, 26). As the patient is recognised as the author of their own life-story, the power is shifted from health care providers back to patients and their families (26 - 30). Therefore, this approach enriches health care practice by making the analysis of an ethically challenging situation more attentive to the unique characteristics of the patient (31).

Intersectional bioethics emphasizes how the convergence of multiple social dimensions such as race, sex, gender, or class shapes actual lived experiences (32) and contributes to the unique forms of oppression and systemic barriers experienced by those with marginalized and intersecting identities (e.g., a black, disabled, transgender, woman). These considerations are especially relevant in health care where intersectionalities can play a major and even unconscious role in health care providers' judgments and actions (33). Therefore, by revealing the subtle ways in which intersectionalities shape people's lives and stressing the need for self-reflection, this approach constitutes a powerful tool for examining and addressing the oppressive vectors impacting the medical encounter (34, 35).

Rights-based ethics focuses on the rights and fundamental freedoms that are inherent to all human beings, without discrimination. It recognizes the existence of an indivisible relationship between the right to health care and the socio-economic factors (e.g., access to adequate supply of safe food, housing, safe and potable water, adequate sanitation, safe occupational and environmental conditions) that impact health (36). Therefore, a human rights approach to health provides a normative framework for pro-active development of policies and programs able to address health inequalities.

Principlism is a normative ethical framework that identifies widely acceptable prima facie principles whose relative priority is weighed in each situation (37). Within this approach, particular prominence is given to four principles: beneficence, non-maleficence, respect for autonomy and justice. In addition, NH also upholds the principles of compassion, equity, stewardship, confidentiality and truth-telling (see Appendix 4 for a definition of these values).

NH Ethics Service recognizes that there are other distinctive sources of moral wisdom in addition to Western moral philosophies. Specifically, NH strives to create an ethical space in which Indigenous and Western ways of knowledge can be brought into conversation to support Indigenous people to articulate their position and advance their knowledge claims. This aim is aligned with the recommendations of the Truth and Reconciliation Commission of Canada, which calls for physicians to “recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.” (38, pp 210).

Rural Health Care Ethics is the overarching theoretical perspective that qualifies the application of all the above-mentioned approaches. Rural Health Care Ethics emphasizes how the unique characteristics of the rural environment - geographic isolation, enhanced familiarity due to close-knit relationships in small communities, lack of resources, stress from excessive demand, and cultural mores - shape moral challenges as well as health care providers’ ability to respond to them (39). Therefore, to understand and address ethical dilemmas in rural and remote communities, it is important to recognise the context in which they arise and how that context influences the expression of moral values and, ultimately, ethical reasoning (39).

5. Promoting and Embedding Reconciliation in Health Care: the NH Approach

Canada’s colonial history and its policies of cultural genocide and assimilation of Indigenous people have led to the introduction of systemic barriers and health inequities. Healthcare organizations have a critical role to play in helping to address this troubling health gap.

NH Ethics Service commits to:

- uphold Indigenous rights (40, 41), and promoting Indigenous cultural safety and humility; truth telling and reconciliation (42-44).
- promote anti-racism, cultural safety, justice, equity, diversity and inclusion.
- engage in purposeful, ongoing and inclusive partnerships with First Nations, Métis and Inuit.

Reconciliation and truth-telling is the avenue identified by the Truth and Reconciliation Commission (42) to repair the damaged relationship that exists between Indigenous and non-Indigenous peoples in Canada. Although different interpretations have been given to these terms, generally, they refer to acknowledging Canada's true history, establishing, and maintaining respectful relationships with Indigenous people and recognizing their inherent rights.

Indigenous rights are protected by the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) (40) and by the Declaration on the Rights of Indigenous Peoples Act (DRIPA) (41). UNDRIP is an international instrument that enshrines the rights that "constitute the minimum standards for the survival, dignity and well-being of the indigenous peoples of the world". It was put into law by BC in 2019 through the DRIPA. Both documents recognize the indigenous right to health and to access to health services without discrimination, which compels us to address the institutional factors that lead to health inequities at NH.

There are several determinants of health inequities. One of them is institutionalised racism. There are no doubts that racism against Indigenous people exists in Canadian healthcare as it has been evidenced by several studies (45-47) and public denunciations. There are also no doubts that the racism experienced by Indigenous people seeking health care services must be eradicated.

NH Ethics Service commits to promote anti-racism, cultural safety, justice, equity, diversity, and inclusion. Specifically, these notions are integrated in the decision-making guidelines. In addition, NH Ethics Services supports anti-racism and cultural safety education as well as safe processes for both employees and clients to debrief racist or culturally unsafe experiences in the organization.

Cultural safety can be defined as, "an outcome that is based on respectful engagement which recognizes and strives to address power imbalances inherent in the health and social services system" (48). It requires health care professionals to acknowledge and address their own biases, attitudes, assumptions, and prejudices and the potential impact of their own culture on health care service delivery. It also requires organizations to examine their structures, policies, and operations as they may be affecting the quality of care provided. Adopting a comprehensive approach to cultural safety supports the creation of a health care environment free of racism and discrimination, and, therefore, safe, which in turn leads to the elimination of Indigenous health inequities.

Cultural safety needs to be understood alongside trauma-informed care, or care that is sensitive to how a person's lived experiences can impact their behaviours and health status. A trauma-informed organization realizes the widespread impact of trauma and creates potential paths for healing by integrating this knowledge into policies, procedures, and practices (49).

Another important determinant of health inequity is the exclusion of Indigenous people from discussions related to how health services should be organized and provided. That is why, NH Ethics Service commits to engage in purposeful, ongoing, and inclusive partnerships with First Nations, Metis and Inuit. These partnerships include learning from and working with traditional knowledge keepers, and Indigenous experts to ensure that Wise Practices are built upon to further improve the Canadian healthcare system.

Wise Practices are defined as “as locally-appropriate actions, tools, principles or decisions that contribute significantly to the development of sustainable and equitable social conditions” (50, 51) by highlighting the strengths of Indigenous ways of knowing and supporting Indigenous people access to traditional medicine, ceremony, and foods.

6. Conclusions

NH Ethics Service comprises four C.O.R.E areas each with specific purposes. The work in these areas of service is informed by strong theoretical underpinnings, methodologically sound decision-making models and a firm commitment to promote Indigenous health and social equity. Those are the pillars that make of NH an ethically strong organization.

7. References

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8. Appendixes

Appendix 1 - NH Method for Decision-Making in Clinical Ethics

Making good ethical choices requires a trained moral sensitivity and a consistent decision-making process. NH Method for Decision-Making in Clinical Ethics aims to facilitate a careful, comprehensive exploration of ethical dilemmas that arise during the provision of medical care. Its value derives from being theoretically grounded and from putting into practice NH commitment to promote and embed reconciliation within organizational practices and operations.

1. IDENTIFY THE ETHICAL DILEMMA AND THE COMMUNITY OF CONCERN

- How would you summarize the ethically challenging situation?
- Who is part of the community of concern? Identify those individuals who:
  - will make the decision,
  - will be impacted by the decision,
  - could inform the decision,
  - will implement the decision.

2. ANALYZE MORALLY RELEVANT FACTORS

Morally relevant factor 1: Your personal moral standpoint:

- What is your role in the ethically challenging situation?
- How does the situation relate to your personal moral values?
- Does the situation compromise your personal moral values?
- To what extent your personal ethical threshold has been crossed?
- In what ways may your biases be showing up and limiting your ability to address the issue objectively?

Morally relevant factor 2: Patient’s medical condition:

- What is the patient’s medical history, diagnosis, and prognosis?
- What are the goals of treatment?
- What are the proposed medical interventions? Identify their nature, potential outcomes, benefits, and harms.
- In your opinion, how could the medical interventions impact the patient’s quality of life?
- Is the patient capable of making informed decisions about medical interventions?

Morally relevant factor 3: Patient's identity and health journey:

- Has a safe space been created for the patient to share their story?
- What aspects of the patient's life story are impacting the ethically challenging situation? Pay special attention to:
    - Patient's preferences and values
    - Patient's assessments of quality of life
    - Cultural, spiritual, and social aspects of patient's identity that may be shaping this patient health journey in unique ways.
- Are there institutional practices that are unfairly disadvantaging this patient?

Morally relevant factor 4:
Interpersonal, geographical, legal, and professional context:

- Interpersonal context: How does the interpersonal dynamics between relatives, providers and community members impact the ethically challenging situation? Pay attention to disagreements, power imbalances, and blurred professional boundaries.
- Geographical context: Is the geographical context influencing the ethically challenging situation? If so, in what ways?
- Legal and professional context: What are the legal or professional duties that are especially relevant to the situation?

Morally relevant factor 5: Ethical principles:

- Knowing what you know now, what would you say the ethical principles in conflict are?
- How would you rank the different principles according to how compelling they are in this specific case? Provide your reasons for considering that some principles are more important than others in this situation.

3. IDENTIFY THE CRITICAL ETHICAL QUESTION TO ADDRESS

- Knowing what you know now, what is (are) the critical ethical question(s) you and your team must address?

4. IDENTIFY POTENTIAL COURSES OF ACTION

- What are the potential courses of action that could be implemented to address the ethical question?
- How does each course of action satisfy the critical principles identified?
- What are the potential benefits and harms associated to each course of action?
- Can the potential harms be mitigated?

A course of action is highly justified if it:	• respects all principles at stake to an acceptable extent OR • somewhat compromises all or some principles but at no great moral cost.
A course of action is largely justified if it:	• it prioritizes the most important principle(s) and minimizes the harms caused by not adhering to the other principles OR • the potential harms from not following the remaining principles are tolerable.
A course of action is arguable but still justified if it:	• it prioritizes a moral principle(s) of great importance, making all other ethical considerations, including concerns about unavoidable harms from the chosen action, less important.

5. SELECT THE ETHICALLY JUSTIFIED COURSE OF ACTION

- Select one course of action according to the hierarchy presented below. Note there are three levels of ethical justification, “highly justified”, “largely justified” and “arguable”, according to how well the course of action respects the principles identified and how the potential harms introduced are handled.

6. EVALUATE THE APPROPRIATENESS OF THE DECISION

- Does the selected course of action:
    - respect legal and professional obligations,
    - maintains trust and relations,
    - ensures fairness, equality, equity, diversity and inclusion?
- Is the selected course of action:
    - agreeable to the community of concern,
    - feasible,
    - aligned with the organizational values of empathy, respect, collaboration, and innovation?

7. REFLECT ON PERSONAL ALIGNMENT

- Would you still select this course of action if it was to become generally known that you had done so?
- How do you currently feel about the ethically challenging situation?
- Does the course of action align with your moral values?
    - If not, what does need to be changed for the decision to align with your values?
    - Is pursuing such an alignment ethically justified considering of all other relevant values and principles as discussed?[5]
    - If it is not ethically justified to pursue such an alignment, what other sources of support could you seek to address your experience of moral distress e.g. request an ethics consultation, talk to a trusted colleague etc.?
- How committed are you (the group) to implement the identified course of action?
- What lessons did you learn through out the process?

8. IMPLEMENT, DOCUMENT, EVALUATE

- Which steps should be taken to implement the course of action identified?
- What is the timeline?
- How will the decision-making process be documented?
- Who is going to be responsible for implementing each step including documentation?
- Will the plan need to be revised? If so, identify when the revision will take place and who will be responsible for it.

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[5] To consider: Sometimes we feel very strongly about specific moral principles that compete with other also relevant principles. When there is a strong justification for those other principles to have priority, e.g., patient's autonomy, staff's experience of moral distress does not discharge their duty to provide patient and family centered care.

Appendix 2: NH Method for Decision–Making in Organizational Ethics

This guideline offers a structured process to make health care management decisions in situations of ethical choice. Its value resides in the depth and breadth of the considerations it prompts decision makers to reflect upon. It consists of 6 steps represented sequentially. However, earlier steps may need to be revisited considering responses to later ones. Additionally, depending on the issue under consideration, the questions grouped within a specific step may carry different relevance.

1 – Identify

- What is the decision problem?
- What are its moral connotations?
- How does it relate to NH's strategic priorities?
- Is this the appropriate time to address the problem?
- Will you be able to decide fairly? If not, how will you address potential conflicts of interest?
- Who else should be involved in the decision-making process? To what extent?

2 – Consider

- What is known about the issue?
- Is the decision problem framed accurately?
- Is the available data enough to make a decision?

3 – Analyze

- What are the ethical values the final decision must fulfill?
- How should those values be prioritized? Ranked them according to their relevance.
- What are the benefits that the potential decision needs to hold to be a winning solution?

4 – Decide

- What are the potential decisions?
- Which decision is most consistent with the values) and benefits previously identified?

5 – Evaluate

- Has all the information been justly and objectively evaluated?
- Is the decision identified in (4) evidence-based, feasible, sustainable and cost-effective?
- During the decision-making process did you remain free of biases?
- Would you feel comfortable defending your decision to others?
- Does the community of concern agree with the decision?
- Does the decision enables justice, diversity, equity and inclusion in health care?
- Does the decision uphold NH's values?

6 – Implement

Implementing the decision	Documenting the decision	Evaluating the decision
• How will the decision be implemented? • Who will be responsible for implementing it? • What is the timeline?	• How will the decision be documented? • Who will be responsible for documenting it? • What is the timeline?	• Identify lessons learned. • Plan for revisions if needed (pilot, implementation, cutback).

Organizational Decisions must Fulfill these Values	
NH Values	Collaboration, innovation, respect, empathy
Utilitarianism	Producing the best overall result.
Equity	Ensuring equity and protects the interests of vulnerable, or historically oppressed communities.
Individuals' rights	Respecting individual rights (e.g., right to privacy, free speech, due process, autonomy etc.).
Justice	Removing barriers or burdens historically imposed on marginalized and oppressed individuals.
Truth telling	Being honest regarding why and how decisions have been made.
Stewardship of resources	Allocating resources effectively and efficiently. Therefore, it must consider: a) Population needs: Greater need justifies allocating more resources b) Equal treatment: Equal claims based on need and prognosis justify equal priority for resource allocation. c) Clinical prognosis: Greater expected health effect justifies allocating more resources d) Cost-effectiveness: Addressing a prioritised need should not spend more resources than necessary.
Sustainability	Allocating a resource now should not compromise ability to meet future needs.
Social responsibility	Ensuring the organization fulfils its responsibility towards patients and communities.

Appendix 3: Organizational Decision–Making – Ethical Considerations

Not all decision-makers follow a defined, prescriptive decision-making model like the one proposed earlier. Instead, they make decisions by judgement. In those situations, it is advisable to use the “Organizational Decision-Making – Ethical Considerations” to determine the quality and ethical acceptability of the decision after it is made and before it is implemented. Use this set of questions to assess the quality and ethical acceptability of your decisions before they are implemented. The questions summarize critical aspects that must be considered in order to make an ethical decision.

NH Method for Decision-Making in Organizational Ethics – Abridged

About your Role	• Are you free of conflict of interests? • Are you free of preconceived ideas about the individuals, groups or situations involved? • Are you fully considering all the evidence? • Would you feel comfortable defending this decision to others?
About the Values Enacted	• Does the decision lead to the greatest good overall? • Do benefits outweigh harms? • Does the decision positively impact patients, families, employees, or the community? Does it consider their rights, needs, and perspectives? • Does the decision address or avoid enacting colonialism and discrimination? • Does the decision enable trust in the organization or the health care system?
About Resource Allocation	• Does the population needs justify the decision? (Greater need justifies allocating more resources). • Does the clinical prognosis justify the decision? (Greater expected benefits justifies allocating more resources). • Is the decision cost-effective? (Addressing a need should not spend more resources than necessary). • Is the decision sustainable? (Allocating a resource now should not compromise the ability to meet future needs).
About Implementation	• Were all stakeholders involved in the decision-making process? • Did the decision-making process take place following a timeline commensurate with the urgency, gravity and complexity of the situation? • Is there a plan in place to implement the decision? • Is there a plan in place to communicate the decision and how it will be implemented to the stakeholders? • What can be learned from the situation faced?

If you answer “Yes” to all questions:

The decision likely addressed most relevant moral aspects. If questions remain, consider to contact the Ethics Service.

If you answer “No” or “Uncertain” to some questions:

The decision has not addressed relevant moral aspects. Consider to contact the Ethics Service.

Appendix 4: Ethical Values which NH Upholds

Autonomy

Individuals have a right to self-determination, that is, to make decisions about their lives without interference from others.

Beneficence

Obligation to act for the benefit of the patient, protect and defend the right of others, prevent harm, and remove conditions that will cause harm.

Non-Maleficence

Obligation to not harm others. Justice: Fair, equitable, and appropriate treatment of persons.

Procedural Justice

Accountability to fair and transparent processes in health care management.

- Openness and transparency: Any planning, any policy, and any actions deriving from such policies, must be transparent and open to stakeholder input as well as available to public inspection. All plans and all decisions must be made with an appeal to reasons that are mutually agreed upon and work toward collaboratively derived goals.
- Inclusiveness: This means that those making decisions should:
- involve people to the greatest extent possible in aspects of planning that affect them,
- take into account all relevant views expressed, and consider how all stakeholders have a fair opportunity to get their needs for treatment or care met,
- take into account any disproportionate impact of the decision on particular groups of people.
- Accountability: This means that those responsible for making decisions may have to justify the decisions that they do or do not make.
- Reasonableness: This means that decisions should be:
- Rational and not arbitrary or based on emotional reactivity.
- Based on appropriate evidence, available at the time.
- The result of an appropriate process, taking into account how quickly a decision has to be made and the circumstances in which a decision is made.
- Practical – have a reasonable chance of being feasible to implement and to achieve their stated goals.

Distributive Justice

It is concerned with the fair distribution of the burdens and benefits of social cooperation among diverse persons with competing needs and claims.

Compassion

Expression of care and concern for another person or group of people. It does not suggest any feeling of superiority towards others, but is instead a virtue that forms a bond between people.

Equity

It refers to social justice or fairness; and, as an ethical principle, it is grounded on distributive justice. Equity in health can be defined as the absence of socially unjust or unfair health disparities.

- Fairness: Everyone matters equally but not everyone may be treated the same. There are three competing forces in fair delivery of care and services that must be balanced.
- Persons ought to have equal access to health care resources (equality), however:
- Those who most need and can derive the greatest benefit from resources ought to be offered resources preferentially (equity), and
- Resources ought to be distributed such that the maximum benefits to the greatest number will be achieved (utility, and efficiency) and
- Resource allocation decisions must be made with consistency in application across populations and among individuals regardless of their human condition (e.g. race, age, disability, ethnicity, ability to pay, socioeconomic status, pre-existing health conditions, social worth, perceived obstacles to treatment, past use of resources).

Stewardship

Responsible use and management of resources in a way that takes full and balanced account of the interests of patients, communities and society at large, and accepts significant answerability to society. It encompasses the ethical responsibility to act on behalf of others and to honor the responsibilities of service, rather than to pursue one's own self-interest.

Confidentiality

Obligation to not to disclose confidential information given by a patient to another party without the patient's authorization.

Truth-telling

Responsibility to provide truthful information to patients as well as to respect their right to not to know such truth.

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