Ethical Decision-Making in Community Practice

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Learning Objectives

• Understand ethics and ethical decision-making

• Apply ethical reasoning and ethics frameworks

• Explore team dynamics related to individual values and their impact on ethical dilemmas

• Address ethical dilemmas, reflect on values, and respect values of team members/clients/families

• Apply and integrate new skills with clinical experience
A Framework for the Development of Interprofessional Education and Interprofessional Collaborative Care

LEARNING CONTINUUM

Framework for the Development of Interprofessional Education Values and Core Competencies

* Mastery of competence occurs in continuing education, faculty development, graduate studies. Mastering these competencies enables practitioners to teach IPE competencies.
Values and Ethics

Knowledge
• Describe IP team dynamics as they relate to individual members' values and impact on team functioning in ethical dilemmas
• Describe nature of IP ethical reasoning and justification

Skill/Behaviour
• Identify IP ethical issues within a team context.
• Utilize skills of reasoning and justification as it relates to ethical issues within an IP team

Attitude
• Reflect on personal and professional values, and respect those of other IP team members/clients/families
• Clarify values as they relate to IP team functioning to maximize quality, safe patient care.

Knowledge
• Describe frameworks for ethical decision-making within an IP team

Skill/Behaviour
• Guided by an ethics framework, contribute to IP ethical reasoning and decision-making

Attitude
• Advance values including accountability, respect, confidentiality, trust, integrity, honesty, ethical behaviour, and equity as they relate to IP team functioning to maximize quality, safe patient care.

Skill/Behaviour
• Perform effectively to develop shared team values
• Practice ethically in an IP environment
• Able to use a framework for ethical decision-making to guide ethical reasoning within an IP team

Attitude
• Accept, through respect and value, others and their contributions in relational-centered care
What is ethics?

• Explicit critical reflection on moral beliefs, choices, practices and problems of persons and communities

• Philosophical study of morality

• “Ethics focuses on the reasons why an action is considered right or wrong. It asks people to justify their positions and beliefs by rational arguments that can persuade others.”

What is an Ethical Issue?

the Bioethicists say: any situation in which you...

- 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
What is an Ethical Issue?

our Colleagues say: any situation in which you...

- My gut tells me something’s wrong
- I can’t sleep at night or I take my anxiety at work home with me
- I start questioning my own or others’ basic beliefs like religion, culture or ‘up-bringing’
- There are no easy or right answers to the problem
- Conflict arises between co-workers
Values and Ethical Principles

- A **value** is something a person/community has identified as important (e.g., autonomy)
- **By themselves** don't tell us what we ought to do
- In bioethics, have corresponding **ethical principles** meant to guide action (e.g., respect for autonomy)
## Sample Values and Principles

<table>
<thead>
<tr>
<th>Confidentiality</th>
<th>Keep private information confidential</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conflict of interest</strong></td>
<td>Disclose conflicts of interest and avoid disqualifying conflicts of interest</td>
</tr>
<tr>
<td><strong>Dignity</strong></td>
<td>Respect the dignity of morally valuable beings</td>
</tr>
<tr>
<td><strong>Disclosure</strong></td>
<td>Disclose information that people have a right to</td>
</tr>
<tr>
<td><strong>Diversity</strong></td>
<td>Respect diversity</td>
</tr>
<tr>
<td><strong>Integrity</strong></td>
<td>Act with integrity</td>
</tr>
<tr>
<td><strong>Patient-centered care</strong></td>
<td>Provide patient-centered or family-centered care</td>
</tr>
</tbody>
</table>
What’s Your Experience?

- Do these values and principles resonate with you?
- Have you experienced internal conflict in your practice?
- Inter-professional conflict?
An Important Discussion for your Community of Practice

• What values are important and 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?
What is Ethical Decision-Making\(^1\)?

- 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).

\(^1\) Barbara Secker, Clinical Ethics Leader at Toronto Rehabilitation Institute, Toronto (former), Director of Education, Joint Centre for Bioethics
Kinds of Ethics

1. Clinical Ethics
2. Organizational Ethics
3. Research Ethics
4. Community Healthcare Ethics
Clinical Ethics is...

- Guidance for clinicians through decision-making process
  - Case based
  - Practice driven

- Also known as “bed-side” ethics
Organizational Ethics is...

Ethical issues that healthcare managers and leaders face, and the ethical implications of organizational decisions on patients, staff and the community:

- Policies & Procedures
- Values and Culture of Institution
- Program Structures
- Resource Allocation (Priority Setting)
- Wait List Management
Organizational Ethics

- Ethical Resource Allocation (Priority Setting)

- A4R
  - Relevance
    - Define decision criteria; collect data related to each criterion
  - Publicity
    - Communicate the decision and rationale
  - Revision
    - Develop a formal review or “appeals” process
  - Empowerment
    - Ensure a critical mass of stakeholder input
  - Enforcement
    - Monitor, evaluate and improve the process
Waitlists: An Organizational Ethics Example

Principles of fairness or equity
- Same principles used in triage

Tools to Prioritize
- Risk Criteria – Who is at risk because of extensive wait-times?
- Medical and diagnostic criteria
- Resource Criteria (i.e. costs)
- Social Criteria

Simple and Transparent Process
- Understandable and transparent management of lists
Research Ethics is...

- Protection of Human Subjects by Ensuring...
  - Value
  - Valid methodology
  - Respect
  - Confidentiality & Privacy
  - Informed consent by capable persons
  - Benefits outweigh harms
Research Ethics

- Developed in controversy
- International and national ethics guidelines
- Entrenchment of Institutional Review Boards and Research Ethics Boards
  - Precondition for human subject research
  - Professional mandate to protect the rights and well-being of research subjects
### Acute vs. LTC Approaches

<table>
<thead>
<tr>
<th>Acute Care</th>
<th>Community/LTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>disease paradigm</td>
<td>disability paradigm</td>
</tr>
<tr>
<td>cure oriented</td>
<td>function oriented</td>
</tr>
<tr>
<td>short term/crisis</td>
<td>longer term</td>
</tr>
<tr>
<td>higher tech</td>
<td>lower tech</td>
</tr>
<tr>
<td>medical services</td>
<td>med plus social services</td>
</tr>
<tr>
<td>more predictable costs</td>
<td>less predictable costs</td>
</tr>
<tr>
<td>passive patient</td>
<td>active patient/family</td>
</tr>
<tr>
<td>medical team</td>
<td>inter-professional team</td>
</tr>
</tbody>
</table>
CURRENT "CONTINUITY" OF CARE

MIND THE GAP

PRIMARY CARE

COMMUNITY BASED SERVICES

NO INTERMEDIATE CARE

TERTIARY CARE

EMERGENCY ROOM

HOSPITAL BASED SERVICES

LONG TERM CARE

PATIENT FLOWS =
IDEALISED CONTINUITY OF CARE

PRIMARY CARE

- Community based services

INTERMEDIATE CARE

- Cardiologists
- Dietitians
- Endocrinologists
- Generalists
- Nurses
- Rehabilitation

- Ambulatory care
- Cancer prevention
- Diabetes Education
- Heart failure clinics
- Palliative care

TERTIARY CARE

- Emergency Room

- Hospital based services

Long Term Care

- Patients
- Health Info

Client Registry
Provider Registry
Laboratory Information System (OLIS)

E-Health Initiatives

PANORAMA (Public Health)
E-Drugs
Community Healthcare Ethics

• Emerged as a result of recognizing the distinctive features of community healthcare
• Sensitive to how a client’s self-determination may be affected by:
  – Care setting
  – Type of supports received
• Promotes the homecare sector’s philosophy of:
  – Supporting clients' independence
  – Ongoing integration in their community

ETHICAL ISSUES IN COMMUNITY HEALTHCARE
Key Ethical Issues in Community

- capacity
- autonomy
- consent
- clinical-relationships
- moral-distress
- resources
- diversity
- safety
- team-dysfunction
- human-resources
- sexuality
- workload
- decisions
- advocacy
- abuse
- boundaries
- access
- discharge
- conflict
How do They Differ from Institutional Healthcare Ethics?

• Institutional clinical care focused on treatment with a curative goal

• Community healthcare focuses on independence and ongoing integration (or reintegration) of clients in their community

• Community healthcare offers a myriad of distinct services such as case management, personal care, homemaking, repair and maintenance services, adult daycare, and respite care, in addition to some acute services

• Complex combination of formal and informal care combined with multiple non-health issues create ethical dilemmas that are not suitable for ethical analysis or resolution using an ethical framework based on an institutional model
Key Ethical Issues in Community Health Care

- **Access to service**, limited resources, increased pressure for hospital discharge
- **Conflict over treatment decisions**, issues of autonomy, disagreement with client choice, relationship of client & family
- **Workplace demands**, employee safety
- **Client safety**, living at risk
- **Consent and decision-making capacity**
- **Moral distress**

**New Focus:**
- **Complex clinical relationships**, ‘difficult’ clients, ‘challenging’ family members, dysfunctional’ teams
- **Boundaries**, just like home, just like family?
- **Client sexuality**, conflicts in beliefs and values, lack of privacy, need for assistance, free and informed decisions?
- **Medical interpretation**
Recurring Theme:

Decision-Making Capacity

- Larger population incapable of informed decision-making.
- Greater population with impaired cognitive and communication abilities.
- Increased use of substitute decision makers.
Approaching Healthcare Ethics in Practice

• Bridging the gap between community and hospitals

• Addressing ethical dilemmas using a decision-making framework

• Building ethics capacity through strategic community engagement

• Formalizing cooperation through development of a network
The Value of Building Ethics Capacity

• Trust and organizational moral climate
• Healthcare human resources retention
• Client/caregiver experience
• Staff quality of work life
• Foundation for quality initiatives
• Accreditation Canada

(Breslin J & Gibson JL, 2009; Wojtak A, 2002; Filipova AA, 2011; Ulrich et al., 2010)
Challenges to Building Ethics Capacity

- Multiple and competing providers
- Front-line often works alone and in isolation
- “My home, my rules”
- Inconsistencies within and across agencies
- Lack of resources to support ethics programs
Motivation for Framework

- Address challenges to building capacity
- “Doing the best we can” without direction or guidance really the best we can do?
- Common clients, common issues, common approach?
- Concern over vulnerability of clients
- Address balance between supporting choice and concern for safety
Community Ethics Network

CEN Membership
Bellwoods Centres for Community Living Inc.
Calea Limited
Canadian Red Cross – Ontario Zone
CANES Home Support Services
CanCare Health Services
Casey House Hospice
CBI Home Health Toronto
Central CCAC
Central Neighbourhood House
Central West CCAC
Champlain CCAC
Circle of Care
City of Toronto Long-Term Care Homes and Services
Closing the Gap Healthcare Group
Community Care East York
Community Rehab
COTA Health
Etobicoke Services for Seniors
First Health Care Services
George Brown College, Centre for Health Sciences
Hamilton Niagara Haldimand Brant CCAC

Mid-Toronto Community Services
Kensington Health Centre
Mississauga Halton CCAC
North Simcoe Muskoka CCAC
PACE Independence Living
Paramed Home Healthcare
Preferred Health Care Services
ProHome Health Services
S.P.R.I.N.T
Saint Elizabeth Health Care
South Riverdale Community Health Care
Spectrum Health Care
S.R.T. Med-Staff
Storefront Humber Inc.
Surrey Place Centre
Therapy Health Care Inc.
Toronto Central CCAC
Toronto Public Health
VHA Home Healthcare
We Care Health Services
West Toronto Support Services for Seniors

42 Member Organizations
Have We Built Ethics Capacity?

When all staff and providers…

• **Recognize** an ethical issue when they face it

• **Equipped** with and **use** tools, resources and education to address ethical issues

• **Know** where to get help

Camille Orridge, Executive Director (former) Toronto Central CCAC
Take Away Messages

• Building capacity in homecare is critical
• An ongoing and dynamic process
• Simply creating a network isn’t enough
• You don’t need to go at it alone or re-invent the wheel
• Front-line are powerful ethics champions
Community Ethics Toolkit

Ethical Decision-Making in the Community Health and Support Sector

Community Ethics Toolkit

Community Ethics Network

Step 1: Identify the Facts - 4 Box Method

<table>
<thead>
<tr>
<th>Medical Indications:</th>
<th>Client Preferences:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the facts</td>
<td>Determine the ethical principles in conflict</td>
</tr>
<tr>
<td>Explore the options</td>
<td>Explore the options</td>
</tr>
<tr>
<td>Act on your decision and evaluate</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality of Life:</th>
<th>Contextual Features:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the facts</td>
<td>Make the decision on a principled basis</td>
</tr>
<tr>
<td>Explore the options</td>
<td>Ask an ethical question</td>
</tr>
<tr>
<td>Act on your decision and evaluate</td>
<td>Consider the impact on the community</td>
</tr>
</tbody>
</table>

Step 2: Determine the Ethical Principles in Conflict

Identify ethical issues

Step 3: Explore Options

Explore options and consider their strengths and weaknesses

Step 4: Act on Your Decision and Evaluate

Proceed with action and document the decision.
Tool to Help FACILITATE Ethical Decision-Making

- Forum for open and non-threatening discussion
- Assists in deciding what we should do, why and how we should do it
- Only a tool, it cannot make the decision for you!

Four Step Tool

1) **I** – **Identify** the Facts

2) **D** – **Determine** the Ethical Principles in Conflict

3) **E** – **Explore** Options

4) **A** – **Act** on your Decision and Evaluate
Interprofessional Ethics

• Ethical decision-making is ideally collaborative, consultative, and non-adversarial

**Why?**

• High stakes
• Different knowledge & expertise
• Important to get different perspectives... especially ones different from our own
### Step 1: Identify the Facts — 4 Box method

<table>
<thead>
<tr>
<th>Medical Indications</th>
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<tbody>
<tr>
<td>State the client’s medical problem, history, and diagnosis; is it acute, chronic,</td>
<td>State the client’s preferences. Do they have the capacity to decide? If yes,</td>
</tr>
<tr>
<td>critical, emergent, and reversible? Goals of treatment?</td>
<td>are the client’s wishes informed, understood, voluntary? If not, who is the</td>
</tr>
<tr>
<td>Probabilities of success? Plans in case of therapeutic failure? Potential benefits</td>
<td>substitute decision-maker? Does the client have prior, capable, expressed wishes?</td>
</tr>
<tr>
<td>of care? How can harm be avoided?</td>
<td>Is the client’s right to choose being respected?</td>
</tr>
<tr>
<td>• Client’s medical problem, history, and diagnosis                                  • Client’s preferences</td>
<td></td>
</tr>
<tr>
<td>• Acute, chronic, critical, emergent, and reversible?                               • Capacity to decide?</td>
<td></td>
</tr>
<tr>
<td>• Goals of treatment?                                                               • If yes, are client’s wishes informed, understood, voluntary?</td>
<td></td>
</tr>
<tr>
<td>• Probabilities of success? Plans in case of therapeutic failure? Potential benefits</td>
<td>• If not, who is SDM?</td>
</tr>
<tr>
<td>• of care? How can harm be avoided?                                                 • Does the client have prior, expressed wishes?</td>
<td></td>
</tr>
<tr>
<td>• Quality of life in client’s terms                                                 • Is client’s right to choose being respected?</td>
<td></td>
</tr>
<tr>
<td>• Client’s subjective acceptance of likely quality of life</td>
<td></td>
</tr>
<tr>
<td>• Views and concerns of care providers</td>
<td></td>
</tr>
<tr>
<td>• Family or relationships?</td>
<td></td>
</tr>
<tr>
<td>• Any care plans put in place so far?</td>
<td></td>
</tr>
<tr>
<td>• Social, legal, economic, or institutional circumstances?</td>
<td></td>
</tr>
<tr>
<td>• Confidentiality limits? Resource allocation? Conflicts of interest?</td>
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</tbody>
</table>
Tips for Step 1

- What do we know? What don’t we know?
- Don’t get caught up in the “right” box
- Begin to reflect on value differences & quality of life considerations
- Identify what are **facts** vs. **unknowns** vs. **emotions**
- Identify who has an interest and should be involved?  
  – E.g., Client, Substitute Decision-Maker, family, friends, workers, neighbours, public?
**Step 2: Determine the Ethical Principles in Conflict**

**Identify ethical issues**

What ethical principles are in conflict? Refer to the Code of Ethics for the Community Health and Support Sector on page 16 for further details.

<table>
<thead>
<tr>
<th>Principle</th>
<th>Explain the Issue</th>
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</thead>
<tbody>
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</tbody>
</table>
**Tips for Step 2**

- Think about your own values, the values of your organization and those of the client
- Beware of ‘gut’ or ‘knee-jerk’ reactions
- What values are in conflict?
- Is this an ethical dilemma?
Leveling the Playing Field with a Common Language

• Guiding Principles, Community Code of Ethics, Organizational Value Statements

• Avoid “Four Principles”, “Ivory Tower” language, or other “silo” creating language

• Ensure people speak to, not past each other

• Contribute to shared responsibility, team development, and inter-professionalism
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 specific ethical principles to maintain relationships with clients, family members, and the public. This code is imperative in our interactions. We will demonstrate respect for human dignity. We will be responsive to the diversity among our clients.

Advocacy

- We believe that each client has a right to be heard. We will assist clients in stating their needs, regardless of their social, cultural, psychological, spiritual, physical, and other factors such as diverse health issues.

Client & Employee Safety

- We will ensure that employees and clients have safe working and living environments.

Commitment to Quality Services

- We will use a holistic approach to health care needs by acknowledging the client in their community.

Confidentiality

- We will provide confidentiality in all aspects of our work.

Conflict of Interest

- We will maintain our commitment to confidentiality and ensure that personal interests do not interfere with our professional responsibilities.

Dignity

- We will ensure that clients and staff members are treated with dignity and respect.

Fair & Equitable Access

- We will assist clients in accessing health care services and resources.

Health & Well-Being

- We will provide information and assistance to clients about their health. We will assist clients in making informed choices in keeping with their beliefs and health care goals.

Informed Choice & Empowerment

- We will assist clients in making informed choices about their health. Following our process, if the client is deemed to be incapable of making these decisions, they will take directions from the client’s legal representative.

Relationship Among Community Agencies

- We may recognize that there may be a competitive element in our relationships, however we agree to respect one another to work together in the spirit of maximizing the effectiveness of client services.
**Step 3: Explore Options**

Explore options and consider their strengths and weaknesses.

Brainstorm and discuss options either alone or with peers. Be creative and use your imagination. Consider a compromise. Predict the outcomes for each alternative. Does the alternative fit with the client/family values? Question whether the alternative meets the company policies, directives and regulations.

<table>
<thead>
<tr>
<th>Option</th>
<th>Strengths</th>
<th>Weaknesses</th>
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</tbody>
</table>
Tips for Step 3

• Involve relevant parties
• Include “the good, the bad, and the ugly”
• Consider legal, professional and policy implications
• Consider analogous cases – is this case like others?
  – If so, what decisions were made?
  – What was the outcome of the decision?
  – What might you be able to apply to this case?
Step 4: **Act on Your Decision and Evaluate**

**Develop an action plan** (The actual plan should be documented in the chart.) Given all the information that you have, choose the best option available. Develop an action plan. Present your suggested alternative and action plan to the client and those involved in such a way that it allows them to accept the plan. Re-examine the alternatives if other factors come to light, if the situation changes, or if an agreement cannot be reached. Determine when to evaluate the plan. Document and communicate the plan.

**Evaluate the plan**
What was the outcome of the plan? Are changes necessary? Document the evaluation.

**Self-evaluate your decision**
How do you feel about the decision and the outcome? What would you do differently next time? What would you do the same? What have you learned about yourself? What have you learned about this decision-making process?
Tips for Step 4

- Consider ‘no action’
- Who should the primary decision-maker be?
- Morally justify your rationale
- Document
- Map out a communication plan
- Are you comfortable with the decision? “Front Page of the Globe” Test
Don`t Forget to Follow Up

• Once acted on, is the decision working?
• Was this the “best option”?
• What have we learned?
• What would you do differently next time?
• What would you do the same?
Identify the Facts

Determine the Ethical Dilemma & Principles in Conflict

Explore Options

Act on Your Decision and Evaluate

Ethical Decision-Making Worksheet

1. Identify the facts
2. Determine the ethical principles in conflict
3. Explore the options
4. Act on your decision and evaluate

Stakeholders?
Capacity?

Strengths & weaknesses
Considerations:
Legal
Professional
Policy

Make action plan
Evaluate the plan
Self-evaluate your decision

Similar Cases?
## STEP 1: IDENTIFY THE FACTS – 4 BOX METHOD

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<td>Acute, chronic, critical, emergent, and reversible?</td>
<td>Capacity to decide</td>
</tr>
<tr>
<td>Goals of treatment?</td>
<td>If yes, are client’s wishes informed, understood, voluntary?</td>
</tr>
<tr>
<td>Probabilities of success?</td>
<td>If not, who is substitute decision maker?</td>
</tr>
<tr>
<td>Plans in case of therapeutic failure?</td>
<td>Does the client have prior, expressed wishes?</td>
</tr>
<tr>
<td>Potential benefits of care?</td>
<td>Is client’s right to choose being respected?</td>
</tr>
<tr>
<td>How can harm be avoided?</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality of Life:</th>
<th>Contextual Features &amp; Community Resources:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of life in client’s terms</td>
<td>Other family or relationships involved?</td>
</tr>
<tr>
<td>Client’s subjective acceptance of likely quality of life</td>
<td>Any care plans put in place so far?</td>
</tr>
<tr>
<td>Views and concerns of care providers</td>
<td>Relevant social, legal, economic, or institutional circumstances?</td>
</tr>
<tr>
<td></td>
<td>Other relevant features?</td>
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<td></td>
<td>Limits on confidentiality?</td>
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<td></td>
<td>Resource allocation issues?</td>
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<td></td>
<td>Legal implications</td>
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<tr>
<td></td>
<td>Research or teaching involved?</td>
</tr>
<tr>
<td></td>
<td>Any provider conflict of interest?</td>
</tr>
</tbody>
</table>

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Step 1: Identify the Facts

• **What do you know about the case?**
  
  • **What do you need to find out?**
    – Client profile, medical history, client’s decisional capacity
    – Psychosocial, cultural, religious considerations (family & client)
    – Healthcare needs from client’s perspective and your perspective
    – Begin to reflect on value system differences & quality of life considerations

• **Who are the interested parties?**
  
  – **Identify stakeholders**: client, substitute decision maker, family members, friends, community healthcare workers, the public at large?
  
  – **Capacity**: who should be making the decision?
## Are We Asking the Right Questions?

<table>
<thead>
<tr>
<th>What tends to be asked:</th>
<th>What we ought to ask:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can she live alone?</td>
<td>Is she capable?</td>
</tr>
<tr>
<td>Can she manage?</td>
<td>What does she want to do?</td>
</tr>
<tr>
<td>Is she safe?</td>
<td>Can we make the home safer?</td>
</tr>
<tr>
<td>Is the home suitable?</td>
<td>How can we maximize safety, functioning and well-being?</td>
</tr>
<tr>
<td>What does the family want?</td>
<td></td>
</tr>
</tbody>
</table>

Kerry Bowman et al., 2010. *Ethical Considerations in Discharge Planning*. Presentation at Mount Sinai Hospital, Toronto, ON
STEP 2: **DETERMINE THE ETHICAL PRINCIPLES IN CONFLICT**

Identify ethical issues
What ethical principles are in conflict? Refer to the Code of Ethics for the Community Health and Support Sector on page 16 for further details.

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</table>
Step 2: Determine Ethical Principles in Conflict

Is this an ethical dilemma?

- Consider your own beliefs & values, why do you hold them?
- What are the values of your organization? Other team members?
- Consider the values & beliefs of the client
- Beware of ‘gut’ or ‘knee-jerk’ reactions
- Could be in terms of:
  - Autonomy (Relational)
  - Beneficence
  - Non-Maleficence
  - Justice
  - Professional Boundaries/Duty to care
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 complement laws, codes and standards of professional practice.

Advocacy: We have the responsibility to help improve the awareness, accessibility and quality of our services by advocating on behalf of our clients. We will seek guidance both internally and externally from our organization for those situations that could place the organization and/or its clients at risk.

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.

Client and Employee Safety: We recognize that the community setting represents a unique environment for community and health sector employees. We will take all 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.

Fair and Equitable Access: We believe that each individual is entitled to an assessment. We will ensure that services are based on clients' needs, regardless of their income, age, gender, ethnicity or race, physical or mental ability, and any other factors such as diverse behaviours or lifestyle.

Health and Well Being: We will use a holistic approach to clients' health care needs by acknowledging all things important to them in their community.

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

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.

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.

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.

Conflict of Interest: We will not compromise services to our clients for our own personal benefit.
STEP 3: EXPLORE OPTIONS

Explore options and consider their strengths and weaknesses
Brainstorm and discuss options either alone or with peers. Be creative and use your imagination. Consider a compromise. Predict the outcomes for each alternative. Does the alternative fit with the client/family values? Question whether the alternative meets the company policies, directives and regulations.

<table>
<thead>
<tr>
<th>Option</th>
<th>Strengths</th>
<th>Weaknesses</th>
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<tbody>
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<td></td>
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</tbody>
</table>
Step 3: Explore Options

Pros/cons

- Advantages/disadvantages, benefits/burdens, rights upheld/undermined
- Collaborative process
- Broad consultation

Legal / Professional / Policy Considerations

- Are any of the options legally problematic?
- Are there any issues with other Professional Ethical Codes or Frameworks?
- Do any of the options go against your organization’s applicable policies?

Similar cases

- Does this case resemble other cases?
- What decisions were made?
- Was the decision a good decision?
- Would you change anything in this case?
Questions to Consider

Is the client capable to make this decision?

What are the risks if service is removed or kept in?

What does the client want? What are the client’s care team’s goals?

What or who might help mitigate this case?

What are the options, likely consequences and benefits?

Are there precedents? What precedent might be set?
STEP 4: ACT ON YOUR DECISION AND EVALUATE

1. Develop an action plan (Note: the actual plan should be documented in the chart)
   Given all the information that you have, choose the best option available. Develop an action plan. Present your suggested alternative and action plan to the client and those involved in such a way that it allows them to accept the plan. Re-examine the alternatives if other factors come to light, if the situation changes, or if an agreement cannot be reached. Determine when to evaluate the plan. Document and communicate the plan.

2. Evaluate the plan
   What was the outcome of the plan? Are changes necessary? Document the evaluation.

3. Self-evaluate your decision
   How do you feel about the decision and the outcome? What would you do differently next time? What would you do the same? What have you learned about yourself? What have you learned about this decision-making process?
Step 4: Act on Your Decision and Evaluate

Make a Decision and Take Action

• Consider ‘no action’
• Who should the primary decision maker be?
• “Who owns the problem?”
• Advanced directive, Power of Attorney
• Morally justify your rationale
• Map out a communication plan
• Are you comfortable with the decision?
• Document with rationale
Mr. M is 55 with ALS and was discharged from hospital four months ago for palliative care. His wife is his primary caregiver, but they have a history of mutual physical and emotional abuse.

His physiotherapist and care team think that Mr. M’s wife is neglecting him, and he is not getting the care he needs. They often finds him unclean, undernourished, and with bruises on his arms. The PT has told Mr. M that he can call her or 911 at any time, if he wants out of this situation. But Mr. M insists on staying home. Mr. M has said that if he leaves, his wife will “win” and gain control of his possessions.

Recently, Mr. M’s health declined. He can no longer phone to get help if needed. His wife seems increasingly agitated and often refuses services. The only person Mrs. M will allow inside is the PT, who is working hard to maintain this relationship. The care team is concerned about how to protect Mr. M, but also respect his decision to stay home.
## STEP 1: IDENTIFY THE FACTS – 4 BOX METHOD

<table>
<thead>
<tr>
<th>Medical Indications:</th>
<th>Client Preferences:</th>
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<table>
<thead>
<tr>
<th>Quality of Life:</th>
<th>Contextual Features:</th>
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<table>
<thead>
<tr>
<th>Medical Indications:</th>
<th>Client Preferences:</th>
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</thead>
<tbody>
<tr>
<td>55 y.o. male</td>
<td>Presumed capable</td>
</tr>
<tr>
<td>Diagnosed with ALS</td>
<td>Wants to stay at home</td>
</tr>
<tr>
<td>Chronic</td>
<td>The care team is respecting his decision to stay at home</td>
</tr>
<tr>
<td>Palliative</td>
<td></td>
</tr>
<tr>
<td>Bruised, malnourished, dirty</td>
<td></td>
</tr>
<tr>
<td>Immobile</td>
<td></td>
</tr>
<tr>
<td>Can’t use phone</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality of Life:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important that his wife doesn’t ‘win’</td>
</tr>
<tr>
<td>May be isolated</td>
</tr>
<tr>
<td>Concerned about Mrs. M. refusing services.</td>
</tr>
<tr>
<td>Worried about his care</td>
</tr>
<tr>
<td>Can’t do much except make sure he can access a phone to call her or 911.</td>
</tr>
<tr>
<td>Don’t know how to respect Mr. M’s decision to stay at home while protecting his safety.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contextual Features:</th>
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</thead>
<tbody>
<tr>
<td>Married 23 years</td>
</tr>
<tr>
<td>Wife is primary caregiver</td>
</tr>
<tr>
<td>History of mutual emotion &amp; physical abuse</td>
</tr>
<tr>
<td>Can Mrs. M cope? Is she being abused?</td>
</tr>
<tr>
<td>Mrs. M often refuses services, but has a good relationship with the PT, who is currently the only support allowed in</td>
</tr>
<tr>
<td>Does Mr. M have or want a will?</td>
</tr>
<tr>
<td>Any other family involved?</td>
</tr>
</tbody>
</table>

**STEP 2: DETERMINE THE ETHICAL PRINCIPLES IN CONFLICT**

**Identify ethical issues**
What ethical principles are in conflict? Refer to the Code of Ethics for the Community Health and Support Sector on page 16 for further details.

<table>
<thead>
<tr>
<th>Principle</th>
<th>Explain the Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client safety</td>
<td>Client is unable to seek help if he needs it; unable to defend himself or to remove himself from a potentially dangerous situation.</td>
</tr>
<tr>
<td>Informed choice and empowerment</td>
<td>Trying to ensure Mr. M’s wishes are respected, even though we don’t think they are in his “best interests”. He needs all possible options so he knows what is available to him &amp; what the consequences of his decisions may be.</td>
</tr>
<tr>
<td>Health and wellbeing</td>
<td>Mr. M is definitely not getting care he needs. He is at high risk.</td>
</tr>
</tbody>
</table>
### Step 3: Explore Options

Explore options and consider their strengths and weaknesses. 

Brainstorm and discuss options either alone or with peers. Be creative and use your imagination. Consider a compromise. Predict the outcomes for each alternative. Does the alternative fit with the client/family values? Question whether the alternative meets the company policies, directives and regulations.

<table>
<thead>
<tr>
<th>Option</th>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Leave him at home.</td>
<td>• Respects his wishes.</td>
<td>• Likely result is death with inadequate care.</td>
</tr>
</tbody>
</table>
| 2) Keep him at home as long as he wants to stay, and have a plan ready in case he decides to leave. | • Respects his wishes, but also prepares for a change of heart.  
• Gives him an option to get out. | • Change of mind will not be planned for.  
• Client at risk during the time he chooses to stay at home.  
• May be hard for him to communicate his desire to leave. |
STEP 4: ACT ON YOUR DECISION AND EVALUATE

1. Develop an action plan (Note: the actual plan should be documented in the chart)
Given all the information that you have, choose the best option available. Develop an action plan. Present your suggested alternative and action plan to the client and those involved in such a way that it allows them to accept the plan. Re-examine the alternatives if other factors come to light, if the situation changes, or if an agreement cannot be reached. Determine when to evaluate the plan. Document and communicate the plan.

2. Evaluate the plan
What was the outcome of the plan? Are changes necessary? Document the evaluation.

3. Self-evaluate your decision
How do you feel about the decision and the outcome? What would you do differently next time? What would you do the same? What have you learned about yourself? What have you learned about this decision-making process?
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1. Develop an action plan (Note: the actual plan should be documented in the chart)
Given all the information that you have, choose the best option available. Develop an action plan. Present your suggested alternative and action plan to the client and those involved in such a way that it allows them to accept the plan. Re-examine the alternatives if other factors come to light, if the situation changes, or if an agreement cannot be reached. Determine when to evaluate the plan. Document and communicate the plan.

• We will act on option 2. We feel it’s our only option if we are going to respect his wishes while trying to keep him safe.

• The PT has been working especially hard to maintain a good relationship with his wife. Mrs. M trusts her. This means that someone will be able to talk to Mr. M and monitor what is going on inside their home in case he chooses to leave.

• The CCAC Care Coordinator is going to find an urgent placement bed that is willing to take Mr. M when he is ready.

• Mr. M will know that he can signal the PT if he wants to leave.
2. Evaluate the plan
What was the outcome of the plan? Are changes necessary? Document the evaluation.

- Mr. M was removed from the home soon after. The team was pleased that everything went according to plan.

- Though it was not an ideal circumstance, Mr. M died with proper care two days after placement.

3. Self-evaluate your decision
How do you feel about the decision and the outcome? What would you do differently next time? What would you do the same? What have you learned about yourself? What have you learned about this decision-making process?

PT: “These types of cases are difficult because I feel like I have no control. Even though Mr. M was unharmed, I always wonder what might have happened. In the future cases, I will always continue to give clients options, and try to maintain good relationships with all of the people involved.”
With Your Colleagues, Work Through Each of the Four Steps

1: IDENTIFY THE FACTS
   What do you know? What don’t you know?
   – Make assumptions about the things you don’t know to move onto the next step.

2: DETERMINE ETHICAL PRINCIPLES IN CONFLICT
   Use the Community Code of Ethics as your “common language”

3: EXPLORE OPTIONS
   What is the “good, the bad and the ugly”? 

4: ACT ON YOUR DECISION AND EVALUATE
   What course of action do you recommend and why?
Case 1 Summary - Mr. A

Mr. A is a CCAC client with numerous medical conditions who is living alone in an extremely cluttered house. His daughter is inconsistently delivering meals and sporadically administering his medications. His healthcare providers have withdrawn services in the past due to these living conditions. Recently a cleaning service removed much of the clutter so that PSW and nursing services could resume. However Mr. A’s social worker still believes that he is being neglected, and possibly abused by his daughter and would benefit from placement in a long-term care facility. Mr. A insists he is happy with his life as it is.
Case 1: Mr. A

Objective Breakdown of the Facts

Mr. A is a 79-year-old man with diabetes, congestive heart failure, high blood pressure, and early dementia living alone in a cluttered house. Well known to Toronto Central CCAC, he has been admitted eight times for service in the past six years, mainly for nursing and PSW. Mr. A’s daughter, B is his primary caregiver and she lives a few streets away. Mr. A also has an estranged daughter whose whereabouts are unknown. B helps administer his medications and delivers his meals, generally fast food based. When B does not come, it appears that Mr. A does not take his prescriptions or have anything to eat.

Mr. A’s Care Coordinator (CC) does not think he is receiving adequate care from B. His social worker suspects that he is being neglected and abused. There is a history of the house being so cluttered that PSW services were withdrawn due to unsafe working conditions. Each time services are withdrawn, B phones her father’s CC in hopes of resorting services.

The previous case manager, M, informed Mr. A’s current CC that services could not be provided until the conditions of the home improved. M also informed B that failing to do so would result in legal action for elder abuse. B’s lawyer later confirmed to B that she was in danger of legal repercussions unless changes were made. B began to fix up his house. She had most of the clutter removed from the home and began to refinish the floors. Despite improvements and services (nursing and PSW) being restored, the CC and social worker remain concerned that Mr. A is still not receiving adequate nutrition and does not have the basic supplies (i.e. soap, towels, etc.) he needs to maintain his health.

Mr. A has expressed a strong preference to be cared for in his home. Each time the CC or social worker visits, he tells her that he would rather live at home than a nursing home, and that he is grateful for all the help he gets from B. Both he and B have told the CC that they do not believe his living conditions are substandard.
I feel helpless. This is a case where I can see my client isn’t receiving the care he needs, but I don’t know what steps to take to help him. Though I truly believe that he would benefit from receiving the care provided in some type of supportive care environment or Long-Term Care facility, he says he would rather stay at home and be cared for by his daughter. The situation is so bad I’ve considered reporting an instance of elder abuse. But, that doesn’t feel right either because he doesn’t believe he’s being abused and maybe his daughter just needs more help supporting him. I don’t know what to do to ensure both that he gets the care he needs and that his personal preferences are respected…
**STEP 1: IDENTIFY THE FACTS – 4 BOX METHOD**

<table>
<thead>
<tr>
<th>Medical Indications:</th>
<th>Client Preferences:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 79 y.o. man</td>
<td>• Mr A wants to stay at home, would not consider placement in a LTC facility</td>
</tr>
<tr>
<td>• Dx: diabetes, congestive heart failure &amp; dementia, high blood pressure</td>
<td>• Thinks his daughter is doing a good job</td>
</tr>
<tr>
<td>• Medications? Goals of treatment? Px</td>
<td>• The case manager wants to respect his wishes</td>
</tr>
<tr>
<td>• Who administers his treatment?</td>
<td>• Capable? How does he evaluate the risks?</td>
</tr>
<tr>
<td>• Medical back-up plan?</td>
<td>• What reasons for not considering placement?</td>
</tr>
<tr>
<td>• Mental health status? Hoarding disorder? Receiving any treatment?</td>
<td>• Are there conditions under which Mr A would consider or prefer LTC?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality of Life:</th>
<th>Contextual Features &amp; Community Resources:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mr A is happy living at home. He is grateful to his daughter for caring for him. He thinks his living conditions are good and is pleased by the recent changes his daughter made.</td>
<td>• Lives alone; looked after by daughter who gives sub-standard care; specifically dirty home, no provision of clean laundry, towels, hygiene, irregular meals</td>
</tr>
<tr>
<td>• Does he feel his QoL will change in a LTC? What is he concerned about? Has he lived in an institution before?</td>
<td>• PSW recently removed while condition of house was improved</td>
</tr>
<tr>
<td>• Despite the recent changes, the social worker is still worried about abuse and inappropriate care (meds and food) by the daughter. The team is also concerned for their safety.</td>
<td>• SW threatened legal action against daughter for elder abuse</td>
</tr>
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<td></td>
<td>• LAW: what is the legal definition of elder abuse? Does the current situation qualify?</td>
</tr>
<tr>
<td></td>
<td>• SOCIETY: right to live at risk- but does this right have limits? Harm to others?</td>
</tr>
<tr>
<td></td>
<td>• ECONOMIC: is their money for additional support? For a private home? Is the daughter financially invested?</td>
</tr>
<tr>
<td></td>
<td>• COI: Does Mr A support his daughter financially?</td>
</tr>
<tr>
<td></td>
<td>• What is the team’s current relationship with the daughter since legal action threatened</td>
</tr>
<tr>
<td></td>
<td>• What would need to be done to make environment safe?</td>
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</tbody>
</table>
## STEP 2: DETERMINE THE ETHICAL PRINCIPLES IN CONFLICT

<table>
<thead>
<tr>
<th>Principle</th>
<th>Explain the Issue</th>
</tr>
</thead>
</table>
| Quality of life                          | • Our perception of quality of life is different from the client's.  
• The client would rather live at home, even in the described state, as opposed to being admitted to a long-term care facility                                                                                                                                                                                                                                                                                   |
| Advocacy                                | • The client does not feel he is being abused – We don’t know whether we should report suspected abuse (especially when the outcome of taking action may result in Mr A being placed in a long-term care facility, which is clearly not what he wants).                                                                                                                                                                                                 |
| Employee safety                         | • We want to provide Mr A with care, but the home environment is unsanitary and dangerous. We have to protect both our staff and the client.                                                                                                                                                                                                                                                                                   |
| Informed Choice & Empowerment           | • We want to respect Mr. A's right to decide to live as he pleases, without interference, but it feels like he is suffering unnecessarily due to these choices and his daughters poor care.                                                                                                                                                                                                                                                                                      |
| Dignity                                 | • We know we should respect Mr. A's dignity by accepting that he prefers this life-style, and that though it is not my choice, I should be sensitive to the fact that he has chosen it, but the history of clutter, rats, and urine, combined with the daughters poor care makes it difficult for me to respect him.                                                                                                                                                                                             |
| Commitment to Quality Services          | • We feel our best service would be to help him find an appropriate LTC facility, but he and his daughter refuse this service.                                                                                                                                                                                                                                                                                                                                 |
| Fair & Equitable Access                 | • Time and resources spent on this client mean time and resources away from others. Other clients also need home support and LTC. We are trying to do the best we can for Mr. A, but it’s hard to keep trying to get him to accept our support when we know how many other people are in need of our services.                                                                                                                                                                                    |
| Health and wellbeing & Client Safety    | • It is clear that the standard of care and living conditions Mr A is experiencing are detrimental to his health. His safety is at risk because of his poor diet. This is distressing, as we feel we have a duty to care for the client.                                                                                                                                                                                                                           |
### STEP 3: EXPLORE OPTIONS

<table>
<thead>
<tr>
<th>Options</th>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Do nothing</td>
<td>• Easy; assumes daughter bears responsibility</td>
<td>• Risks client and staff safety</td>
</tr>
<tr>
<td></td>
<td>• Upholds Client choice to stay at home; Upholds daughter choice to</td>
<td>• Undermines duty to care</td>
</tr>
<tr>
<td></td>
<td>continue care as is</td>
<td>• Undermines duty to advocate on behalf of your client</td>
</tr>
<tr>
<td></td>
<td>• Distributive justice, as are now free to help others</td>
<td></td>
</tr>
<tr>
<td>2) Report suspected abuse to the authorities</td>
<td>• May benefit client if daughter is removed; may make it safer for staff</td>
<td>• Undermines client right to choose; client looses only family support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>system he has; may end up in LTC</td>
</tr>
<tr>
<td>3) Determine capacity of Mr. A; if capable, ensure he understands risks</td>
<td>• Ensures the appropriate decision maker is being consulted</td>
<td>• May not change anything</td>
</tr>
<tr>
<td>of staying at home &amp; help mitigate that risk as much as possible by</td>
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<tr>
<td>arranging additional services. If incapable find the appropriate SDM-</td>
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<tr>
<td>is it the daughter?</td>
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<tr>
<td>4) Make a plan of treatment that allows him to stay at home, but work</td>
<td>• Upholds client’s right to choose</td>
<td>• Daughter may still be abusive</td>
</tr>
<tr>
<td>in a plan of what would merit a change to a LTC facility- what is</td>
<td>• Upholds staff duty to care; makes the situation more safe for them</td>
<td></td>
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<tr>
<td>acceptable level of risk?</td>
<td>• Stabilizes current situation &amp; sets up a plan in case situation</td>
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<tr>
<td></td>
<td>changes</td>
<td></td>
</tr>
<tr>
<td>5) Make a care plan with daughter that allows her to stay involved</td>
<td>• Upholds client safety</td>
<td>• May not change anything</td>
</tr>
<tr>
<td>with her father’s home care, outlining the limits of home care support</td>
<td>• Upholds staff safety</td>
<td>• May take time to have an effect, will have to self enforce and</td>
</tr>
<tr>
<td>and failure to comply will result in legal action for elderly abuse.</td>
<td></td>
<td>follow-through</td>
</tr>
</tbody>
</table>
1. Develop an action plan (Note: the actual plan should be documented in the chart)

• We have decided to combine options 3, 4, and 5 (if it is necessary). We will try to work with the client if he is found to be capable by helping him (or his appropriate decision-maker if he is incapable) act in line with his expressed wishes by setting up a treatment plan that supports him to live at risk in the home.

• In order to ensure Mr. A’s daughter will take action and comply by the treatment plan, we will inform her that legal action will be taken if the necessary changes are not made and sustained.

• If the client is found incapable, Mr. A’s daughter’s capacity as a caregiver will be evaluated. We will also inform Mr. A’s daughter that she can relinquish her duties as primary care giver if she does not want this role. If Mr. A’s daughter is suitable and willing to be his caregiver, I will help arrange the necessary services (e.g. nursing, nutrition, etc). His daughter will be educated on the specifics of Mr. A’s dietary and medical needs.

2. Evaluate the plan

• Thus far, outcomes have been positive. His capacity was evaluated and he is capable, and there have been substantial improvements in the state of Mr. A’s home, but there are still concerns in many areas, including whether he is receiving adequate nutrition (which is being provided by his daughter as we cannot support this service). This case is still in progress.

3. Self-evaluate your decision

• I am pleased with the outcome of the decision so far. Mr. A’s daughter is beginning to respond to his needs. I would act in the same way if a similar situation were to present itself. I found developing clear plans that had limitations clearly marked was very helpful.
Case #2 – The Case of Mr. D

A 67 year old male presents in the ED with high glycaemia and a history of significant diabetic problems. He was transported by ambulance from the day care centre he attends, and a quick call to the centre reveals some important background information. The nurse at the day care is uncomfortable and frustrated with his behaviour; he refuses glycaemia tests before snacks and becomes quite upset at the suggestion. She reveals that she has been pressuring him and her colleagues to not allow him to eat or drink anything sweet. The social worker, on the other hand, sees this as patronizing and an attempt to exert control over his life, and thinks that staff should respect his autonomy.

(Courtesy of Marie-Eve Bouthiller, CSSS)
### Medical Indications:
- 67 year old male
- Chronic conditions
- High glycaemia (unmanaged)
- History of diabetic problems
- Goal: management as opposed to cure

### Client Preferences:
- Client may or may not be capable
- Client feels out of control
- Client is not being respected regardless of capability
- Client doesn’t want to take the tests
- SDM unknown (if required)

### Quality of Life:
- Issues with autonomy and self-determination
- Frustrated by being treated like a child
- Client may not be accepting of his medical conditions
- Client may be accepting of his medical conditions but does not appreciate how he is being treated by the nurse

### Contextual Features & Community Resources:
- Problems with relationships
- Antagonistic relationships
- Goes to clinical therefore can transport self
STEP 2: DETERMINE THE ETHICAL PRINCIPLES IN CONFLICT

Identify Ethical Issues (i.e. what ethical principles are in conflict?)
ARE THERE OTHERS? FILL IN...

<table>
<thead>
<tr>
<th>Principle</th>
<th>Explain the Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Safety, Health and Well Being</td>
<td>His health is at risk if he’s allowed to continue as is Look at entire situation (lifestyle)</td>
</tr>
<tr>
<td>Advocacy</td>
<td>We need to advocate for the patient’s preferences. The client/patient may be capable of making his own decisions and has a right to live at risk.</td>
</tr>
<tr>
<td>Autonomy, Informed Choice and Empowerment</td>
<td>If the client is capable, the nurse is taking away his fundamental rights. Education around high glycemia and diabetes may be required. There for the client may not have full disclosure to all his information.</td>
</tr>
<tr>
<td>Nonmaleficence &amp; Commitment to Quality Services</td>
<td>The nurse may be acting in his best interest if she feels he is incapable of making his own health care decisions.</td>
</tr>
</tbody>
</table>
### Step 3: Explore Options

Explore options and consider their strengths and weaknesses: **Are these appropriate? Are there other options? Fill in...**

<table>
<thead>
<tr>
<th>Options</th>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
</table>
| 1. Assess patient’s understanding and capacity. If capable, educate the patient | • This would respect his autonomy  
•  
•  
•  | • If he is capable and simply doesn’t want to comply he may still be in danger  
•  
•  |
| 2. If problem is with nurse then change nurse                          | •  
•  
•  | •  
•  
•  |
| 3. Communication with patient and family (if family is available) and together figure out a nutritional plan | • A support system may help the client stay on track  
• He may just require encouragement | • This may do nothing and just be a waste of time if he is simply not compliant  
•  |
### STEP 4: ACT ON YOUR DECISION AND EVALUATE

<p>| | |</p>
<table>
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</table>
| **1. Develop an action plan** *(Note: the actual plan should be documented in the chart)*  
Given all the information that you have, **choose the best option available.** Develop an action plan. Present your suggested alternative and action plan to the client and those involved in such a way that it allows them to accept the plan. Re-examine the alternatives if other factors come to light, if the situation changes, or if an agreement cannot be reached. Determine when to evaluate the plan. Document and communicate the plan. |   |
| **2. Evaluate the plan**  
What was the outcome of the plan? Are changes necessary? Document the evaluation. |   |
|   |   |
| **3. Self-evaluate your decision**  
How do you feel about the decision and the outcome? What would you do differently next time? What would you do the same? What have you learned about yourself? What have you learned about this decision-making process? |   |
|   |   |
Case #3 – Case of Baby Q.

Q is a 2 year old female who has recently been discharged from hospital for the first time in her life. She was born with severe respiratory problems and has been trached and vented for the past several months. Her mother and father serve as her primary caregivers, though her social worker believes they are struggling with managing her care. They have been known to make questionable decisions and have unique child rearing and behaviour management strategies, such as taping Q’s head to her highchair if she rocks or tying her hands together if she is tugging at her medical equipment. More importantly, Q’s social worker has reason to believe that her parents are not providing trach/vent care during the night as they have committed to doing, which would place her in great danger.
I was overrun with guilt because of this case. I knew I would feel absolutely awful if something were to happen to Q and I also knew that Q’s parents’ ability to care for her was questionable at best. But most of the time it seemed to me that Q was really happy to be in her home, surrounded by her family and I could see that they were at least making an effort. I didn’t know what was happening at night though, when we weren’t there, and so I really struggled because I didn’t know whether the child was better off at home, in the hospital, or in foster care and I didn’t know how hard to push CAS or how much to support the parents.
Q was added to my caseload just before she was discharged from hospital for the first time in her life. She was two years old, and had been born with severe respiratory problems that required her to be trached and vented for the past several months. She is cared for by her mom and dad, though her nurses in hospital have said that they often exhibit strange behaviour.

For example, I heard from the discharge planner that Q could have had a number of surgeries and procedures in hospital over the past two years to help her condition, but her parents were sporadic in choosing which ones they would consent to. Her mom seemed nervous around her and initially did not want her to come home at all because she thought she could not take care of her. To make matters worse, her dad did everything in his power to make her mom feel inadequate.

Q was referred to the CCAC for nursing care. She needed 24-hour trach/vent supervision, but I could only offer her 8 hours of nursing per day. Usually, clients who are trached and vented get nursing during the night so caregivers can sleep. Oddly, Q’s mother and father requested nursing service during the day, claiming they would take turns staying up with her during the night. I really wondered if they were actually going to follow through on this commitment.

Soon after, Q’s homecare nurse called me saying she had witnessed strange methods of discipline taking place in the home. She said her father would tape her head to her highchair if she began to rock or tie her hands together if she was tugging at her medical equipment. Her mother appeared concerned about her husband’s behaviour but never said anything.

I soon found out that Children’s Aid Society (CAS) was contacted by the hospital social worker shortly after Q was born. I decided to contact CAS myself, and remained in close contact with her case worker at CAS from then on. I made sure to report all of my concerns, even though I didn’t have proof. I told him that I was worried Q’s parents weren’t actually watching her during the night, but I became sceptical of his judgment too because he did not seem to fully understand the extent of Q’s medical needs. He just brushed off my concerns saying that they would hear her cry and could check in on her if something went wrong. Clearly he did not understand Q’s medical condition because she was at great risk of choking silently.
**STEP 1: IDENTIFY THE FACTS – 4 BOX METHOD**

<table>
<thead>
<tr>
<th>Medical Indications:</th>
<th>Client Preferences:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 2 year old girl</td>
<td>• Client is incapable, parents are decision makers</td>
</tr>
<tr>
<td>• Hospitalized for entire life due to severe respiratory problems</td>
<td>• Mother and father have chosen not to consent to medical procedures that would encourage recovery</td>
</tr>
<tr>
<td>• Discharged 2 weeks ago</td>
<td>• Their recent decision regarding nursing care during the day is also an unusual preference</td>
</tr>
<tr>
<td>• Trached and vented for several months</td>
<td>• Mother was nervous to take child home as she feared she couldn’t care for her properly</td>
</tr>
<tr>
<td>• Needs 24 hours a day trach/vent supervision</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality of Life:</th>
<th>Contextual Features &amp; Community Resources:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Q appears to enjoy being surrounded by her family</td>
<td>• Mom and dad care for her</td>
</tr>
<tr>
<td>• Social worker is concerned though because her dad has taped her head to the highchair when she rocks, or ties her hands when she tugs at the medical equipment</td>
<td>• Nursing support is limited to 8 hours, and parents requested it be during the day</td>
</tr>
<tr>
<td></td>
<td>• There is reason to doubt that Q’s parents will not adequately care for her at night</td>
</tr>
<tr>
<td></td>
<td>• Children’s Aid does not understand or appreciate the danger inherent to this situation</td>
</tr>
</tbody>
</table>
## Identify ethical issues

What ethical principles are in conflict? Refer to the Code of Ethics for the Community Health and Support Sector on page 16 for further details.

<table>
<thead>
<tr>
<th>Principle</th>
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</table>
| Safety of client                              | • If Q’s mom and dad are not diligently watching her during the night she is at risk of choking to death  
  • Because Q’s parents tape her head to her highchair and such while the nurse is around, I am worried about what is going on in the home when no one is there |
| Advocacy                                      | • I have become a strong advocate for this child’s best interest  
  • The problem is, I don’t know whether it would be better for the child to remain in home or placed in foster care/returned to the hospital. It is hard to know whether her parents are doing a sufficient job looking after her. |
| Relationship among community agencies         | • The relationship between the CCAC and Children’s Aid Society (CAS) has been strained  
  • I am not convinced the CAS case worker is taking this case seriously enough, especially regarding Q’s overnight care |
### Step 3: Explore Options

Explore options and consider their strengths and weaknesses
Brainstorm and discuss options either alone or with peers. Be creative and use your imagination. Consider a compromise. Predict the outcomes for each alternative. Does the alternative fit with the client/family values? Question whether the alternative meets the company policies, directives and regulations.

<table>
<thead>
<tr>
<th>Option</th>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
</table>
| 1) Advocate for the family, try and keep Q in her home | Would focus on the positive – the child would be at home with her family. | Q might not be safe  
In absolute worse case scenario, Q could end up injured or could choke to death for. |
| 2) Advocate against the family, try to have Q removed by Children’s Aid | If Q is removed, she will be guaranteed to get the care and supervision she needs | Would focus on the negatives – disarray, profanity, low quality of care, etc – going on in the home  
Would remove her from her home and family where she is most comfortable |
| 3) Do both – make everyone aware of the negative things that are happening in home, acknowledging that Q’s mother is trying to do a good job | • If care at home improves, Q will be able to stay there  
• If care declines, there will be a back up plan to put in place | Q remains at risk in the meantime  
By the time we find out whether things are getting better or not it might be too late |
1. Develop an action plan *(Note: the actual plan should be documented in the chart)*

- I am going to act on option 3
- Q’s nurse is going to monitor the situation and let me know if anything changes (both positively and negatively)
- I am going to put in any supports I can
- I am developing an action plan if things worsen

2. Evaluate the plan

*What was the outcome of the plan? Are changes necessary? Document the evaluation.*

- I believe this option was in the Q’s best interest; it accounts for a variety of different scenarios
- I am not sure of the outcome because Q’s family has move so she has been transferred to another CCAC

3. Self-evaluate your decision

*How do you feel about the decision and the outcome? What would you do differently next time? What would you do the same? What have you learned about yourself? What have you learned about this decision-making process?*

- I really wouldn’t have done anything differently. I felt like I had done everything I could when I transferred the case.
Case #4 – Case of Mrs. V

• Mrs. V is 82. She has chronic renal failure, severe arthritis and memory impairment. She speaks Russian and a bit of English, and lives alone in a 2-storey house with stairs at the front entrance.

She was recently admitted to hospital with delirium and a broken arm after a fall. Her discharge is approaching. Staff are concerned she is at risk if she goes home. She has had multiple falls in the past year. Her bedroom is on the top floor of her house. Before she broke her arm, she was using her arms to pull herself up and down the stairs.

Staff are insisting that Mrs. V go to LTC. Her son agrees – He reports that on a visit to his mother, she had left the stove on when she was napping. He knows she wants to go home, but tells her that he won’t support it.

Mrs. V, however, is adamant about returning home, saying “I’d rather fall and die in my own home than go to a facility! I know what it’s like in there! Stop treating me like a baby.”
## STEP 1: IDENTIFY THE FACTS – 4 BOX METHOD

### Medical Indications:
- 82 year old female
- Severe arthritis
- Chronic renal failure
- Recovering from broken arm
- Delirium?
- Limited mobility without use of arms
- Memory impairment

### Client Preferences:
- May or may not be capable, but presumed capable unless evidence otherwise
- Wants to go home
- Might not know risks of returning home
- Might not understand other options
- If incapable, client’s son is SDM

### Quality of Life:
- Wants to live in her own home
- Does not want to go to a nursing home
- Staff are concerned that she will fall again
- She will likely be unable to manage without help

### Contextual Features:
- Son is involved and visits client daily
- Client has been in & out of hospital for falls
- Hospital has high number of ALC to LTC patients
- Son says he is not willing to support client to return home
- Risk of fires?
**STEP 2: DETERMINE THE ETHICAL PRINCIPLES IN CONFLICT**

<table>
<thead>
<tr>
<th>Principle</th>
<th>Explain the Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client Safety, Health and Well Being</strong></td>
<td>• If/when client goes home she will be at risk. Concerns around fire safety and how she would get help if there was an acute episode.</td>
</tr>
<tr>
<td><strong>Advocacy</strong></td>
<td>• Need to advocate to respect capable expressed wishes, especially with her son seeming unsupportive.</td>
</tr>
<tr>
<td><strong>Informed Choice and Empowerment</strong></td>
<td>• If the client is capable, she has the right to make her own decision&lt;br&gt;• Respect wishes if she has the ability to understand and appreciate the likely consequences of her decision.&lt;br&gt;• Should help her make plans that keep with her values, beliefs and health care goals.</td>
</tr>
<tr>
<td><strong>Commitment to Quality Services</strong></td>
<td>• She doesn’t need to be in hospital, but needs a different level of care and supports.</td>
</tr>
</tbody>
</table>
## STEP 3: EXPLORE OPTIONS

<table>
<thead>
<tr>
<th>Options</th>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Offer LTC as only option</td>
<td>• She would get the care she needs and would be not at as high of a risk</td>
<td>• Not what the client wants</td>
</tr>
<tr>
<td></td>
<td>• Son agrees</td>
<td>• May violate due process – and the client’s rights</td>
</tr>
<tr>
<td></td>
<td>• Frees up a valuable bed</td>
<td>• Could still fall in LTC</td>
</tr>
<tr>
<td>2. Allow Mrs V to return home – against medical advice</td>
<td>• Respects client’s wishes</td>
<td>• At risk of falls and fire</td>
</tr>
<tr>
<td></td>
<td>• Frees up hospital bed</td>
<td>• Not be able to get up and down stairs; could have an emergency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Re-admission or ED visit?</td>
</tr>
<tr>
<td>3. Consult with CCAC on options in community or alternative living situations</td>
<td>• May be able to return home with support options</td>
<td>• Still at risk of falling</td>
</tr>
<tr>
<td></td>
<td>• Take her wishes into account</td>
<td>• Will have to manage her own care for most of the day</td>
</tr>
<tr>
<td></td>
<td>• Provides client w/ choice</td>
<td>• Son may not be supportive</td>
</tr>
</tbody>
</table>
We acted on option 3 and consulted with CCAC on alternative care options.

Mrs. V was evaluated as capable of making her own treatment and placement decisions. She will be going home with or without support.

We will send an occupational therapist to her home to assess mobility and environment, and to recommend additional services if needed.

We will arrange a follow-up with a PT in the home.

Options we will discuss with the client and her son include:

• Removing stove fuses and arranging Meals on Wheels;
• Removing throw rugs;
• Getting “LifeLine”, an emergency alarm device; and
• Personal support services to assist with Activities of Daily Living

We can live with this decision, but it’s not ideal. We’re worried about Mrs. V because we know she needs a lot of support to live at home – but her wishes are being respected and she is still capable. We’re glad that her wishes are being respected, and she gets to live where she chooses.
Thank You for Your Participation and Engagement!