

	<b>POLICIES &amp; PROCEDURES</b> Number: <b>7311-60-009</b> Title: <b>ETHICS CONSULTATION SERVICE</b>
Authorization  <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Senior Leadership Team <input type="checkbox"/> Vice President	Source: Ethics Committee Consultation Team Cross Index: Date Reaffirmed: Date Revised: June, 2005 Date Effective: September 1, 1999 Scope: SHR Agencies

## 1. POLICY

- 1.1 Saskatoon Health Region (SHR) and its Affiliates recognize the need for provision of an Ethics Case Review service, available upon voluntary request, to region physicians and other health care workers, patients and families.
- 1.2 Case Reviews will only be undertaken with the patient’s consent, or if the patient is incapacitated, the consent of the patient’s appropriately determined proxy (substitute decision-maker), unless the disagreement is purely between health care providers.
- 1.3 This service will be provided by members of the SHR Ethics Committee Consultation Service with additional help if necessary, and can be accessed as described below in “Procedure”.
- 1.4 The Consultation Service will provide opinions and may provide advice or recommendations, but these will be for facilitative or educational purposes only, and are *not binding*. The appropriate decision-makers are free to accept or reject any advice provided.
- 1.5 Certain facilities and Affiliates of Saskatoon Health Region currently provide such a service under the auspices of their own ethics committees. The service described in this policy is not intended to supplant existing services but remains available to all individuals who have submitted an appropriate request.
- 1.6 A brief summary of each Ethics Case Review will be written by the consultation team and presented non-nominally, at a later date, to the SHR Ethics Committee or its Chair, and this summary of each Review will be retained in SHR Ethics Committee files. The record will not include patient identification data.

- 1.7 The person initially requesting the Ethics Case Review may request a copy of the Consultation Team's final summary, but this record is not to become a part of the patient's chart or health care records. Any advice, recommendations, or other Consultation Team deliberations should be recorded in the "Progress Notes" Section of the patient's chart, or on a consultation form, by the Ethics Consultant.

## **2. PURPOSE**

- 2.1 In the normal course of health care provision, problems or disagreements will occasionally arise with respect to the moral or "right" thing to do. These problems cause "ethical distress" for healthcare workers, patients and families.
- 2.2 Ethical stress can have a negative impact on patient care by negatively affecting relationships amongst healthcare workers, patients and families. It can be helpful to obtain neutral and objective assistance in "naming" the ethical problem or *dilemma*. It can also be helpful to obtain an independent review of the pertinent facts.
- 2.3 Consultation Team members may be able to identify breakdowns in communication leading to ethical distress. Once identified, these breakdowns can often be remedied, eliminating the need for further formal Ethics Case Review.
- 2.4 Consultation Team members will attempt to facilitate discussions amongst the relevant parties, who will then be encouraged to make their own decisions regarding the ethical problem or dilemma.
- 2.5 Facilitation may include: a) gathering of the essential facts, b) clarification of the problem, c) informal education about ethical principles and options, and d) identification of hidden assumptions and values.
- 2.6 Because its role is educational, advisory and consultative, the Consultation Team's opinions will not supplant physician responsibilities or judgments, nor are the Team's opinions intended to supplant the decision-making roles of those involved.

## **3. PROCEDURE**

- 3.1 To request an Ethics Review, the Health Care provider should call RUH Switchboard. The switchboard will provide the name of an Ethics Committee Consultation Team member on-call at that time and attempt to reach this individual. The telephone number and name of the person requesting the review should be provided to the switchboard.
- 3.2 If the request for consultation comes from someone other than the Most Responsible Physician (MRP), the MRP must be informed.

- 3.3 Requests for consultation originating outside of Saskatoon will be considered and facilitated in accordance with current availability of resources.
- 3.4 Requests originating from outside the Saskatoon Health Region will be referred to the Chair for consideration.
- 3.5 The consultation team member will speak with the individual requesting the Ethics Case Review, as soon as possible, usually within 24 hours. Patient records will be reviewed if necessary. If a review meeting is required, every effort will be made to schedule this meeting within 3 working days following receipt of the request for Ethics Case Review. Additional meetings will occur as necessary.
- 3.6 A meeting will not always be necessary. The consultation team member may, on occasion, provide sufficient assistance to enable resolution of the problem upon initial review of the case and in discussion with the individual requesting the Ethics Case Review.



**WHAT WILL HAPPEN AFTER A REQUEST IS MADE?**

A consultant will return the phone call to the person making the request. The case will be briefly reviewed with the caller and the hospital chart may also be reviewed.

After reviewing the case briefly, the consultant may ask the patient/family and certain members of the health care team to attend a meeting to discuss the problem.

***All such reviews are completely confidential***

**TO ACCESS THE ETHICS CONSULTATION SERVICE:**

Health Care Team Members May  
Contact Royal University  
Hospital Switchboard  
At 655-1000

***ETHICS  
CONSULTATION  
SERVICE***

*An Information Pamphlet  
Provided by the  
Saskatoon Health Region  
Ethics Consultation Team*



**MEETING PREPARATION:**

An Ethics information package is available for review in the Region Policy Manual (#7311-60-009) prior to the meeting. The meeting is held for just one reason: so that patients, families and health care providers develop the best possible solutions.

*To Contact a Consultant,  
Health Care Team Members  
May Call Royal University  
Hospital Switchboard at  
655-1000.  
Ask for the  
Ethics Consultant on Call*



## INTRODUCTION

Ethical issues arise when there are differences in strongly held values and views about the appropriate course of action to follow with respect to medical treatment and care.



## WHO MAY REQUEST AN ETHICS CASE REVIEW?

Any patient, family member or health care provider with ethical concerns may request an Ethics Case Review or consultation. A patient or family member can request a consultation by speaking to a health care team member. The consultants will expect that everyone involved has discussed the situation in detail and tried to find a solution agreeable to all.



## WHO ARE THE CONSULTANTS?

The consultants are usually members of the Saskatoon Health Region Ethics Committee and are interested and experienced in health care ethics. They come from a number of disciplines such as medicine, nursing, social work, spiritual care, philosophy and law.

## HOW CAN ETHICS CONSULTATION HELP?

Consultants can help clarify the ethical issue. They may share in conversations with the doctor, other health care providers, and the patient/family members so that together an agreement can be reached about the care plan.

The consultants will encourage free discussion of the concerns of all involved. The consultants will help participants to be clear about which goals and values are most important to them. The consultants' experience with similar cases, may help in making the best possible decisions.



**APPENDIX B**

**SASKATOON**  
**HEALTH**  
**REGION**

**ETHICS**  
**COMMITTEE**  
**CONSULTATION**  
**TEAM**

consultation number: \_\_\_\_\_

**Ethics Case Review Summary Report**

1. Date and time of request for case review: \_\_\_\_\_

2. Person making request (check one):

\_\_\_\_\_ physician

\_\_\_\_\_ nurse

\_\_\_\_\_ social worker

\_\_\_\_\_ clergy

\_\_\_\_\_ patient

\_\_\_\_\_ patient's proxy

\_\_\_\_\_ family member

\_\_\_\_\_ other ( \_\_\_\_\_ )

3. Consultation team member receiving request: \_\_\_\_\_

4. Date and time of first reply to request: \_\_\_\_\_

5. Consultation team members involved in the case review: \_\_\_\_\_

\_\_\_\_\_

6. Date(s) and time(s) of meeting(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Other persons involved in the case review (name by profession or relationship to patient only): \_\_\_\_\_

\_\_\_\_\_

8. Ethical issue discussed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Was the Ethics Case Review judged to be helpful by the person requesting the review?

\_\_\_\_\_

\_\_\_\_\_ (this form is to be completed by the Consultation Team member receiving the request and retained for Committee files.)

## APPENDIX C - RESOURCE

**SASKATOON**  
**HEALTH**  
**REGION**

**ETHICS**  
**COMMITTEE**  
**CONSULTATION**  
**TEAM**

*patient name* \_\_\_\_\_ *consultation number* \_\_\_\_\_

### Request for Ethics Case Review: Notification to MRP

Date: \_\_\_\_\_

Date Request received: \_\_\_\_\_

Dear Dr. \_\_\_\_\_ (MRP)

Your patient, your patient's family, or a member of your health care team have(has) requested an Ethics Case Review. After a brief review of the case, it has been decided that a meeting will be held at *(location)* \_\_\_\_\_ *on date)* \_\_\_\_\_ at *(time)* \_\_\_\_\_. The Ethics Committee Consultation Team has suggested a list of appropriate participants in this meeting. The individual requesting this case review respectfully asks that you *(select one)* [ \_\_\_\_ do NOT attend] [ \_\_\_\_ attend] this initial meeting. *(If you have made the request yourself, a meeting time and place has already been discussed with you, and this letter can be taken as simple confirmation.)*

The Consultation Team acts as a resource to physicians, health care staff, and patients or their families when they request assistance with difficult ethical problems. The Team will endeavor to provide unbiased opinions based on a review of the pertinent facts and knowledge of ethical principles and theory. The Team can provide advice or recommendations, *but its views are not binding* on you or anyone else involved in the case. As always, it remains the responsibility of the appropriate decision-makers to arrive at the most optimal solutions to health care problems.

Consultation Team members are chosen on the basis of their knowledge and experience in professions such as medicine, law, nursing, social work, theology or philosophy. Upon brief review of this case, it has been determined that \_\_\_\_\_ are (is) the most appropriate individual(s) to assist with the case currently under review.

Saskatoon Health Region Ethics Committee has developed an **Ethics Information Package** containing several documents relevant to a Request for Ethics Case Review. These information packages are available to you, your team members, and your patients/families at all SHR facilities, usually at each nursing station. A brochure for patients and their families is included with this package and would be useful to them even when they have not initiated the Request for Ethics Case Review themselves.

The Consultation Team recognizes that it is very difficult for many individuals to enter a room full of strangers to talk about an upsetting situation. We hope that some of this stress can be relieved by allowing all participants to feel free to ask any questions or request clarification at any time. An informal structure is recommended. We suggest that all participants write down specific questions or concerns before coming to the meeting, and an information sheet has been included in the **Information Package** detailing the sorts of questions Consultation Team members would routinely want to consider. (Not every question is applicable in each case.)

We hope our assistance contributes to optimum patient-centered care.

Yours sincerely,

*(This form is to be completed by Consultation Team member and delivered to MRP in advance of Ethics Case Review meeting.)*

APPENDIX D - RESOURCE

SASKATOON  
HEALTH  
REGION

ETHICS  
COMMITTEE  
CONSULTATION  
TEAM

Ethics On-Call Checklist:

Contacted by switchboard: (date) \_\_\_\_\_ (time) \_\_\_\_\_

Spoke with person making request: (date) \_\_\_\_\_ (time) \_\_\_\_\_

Name of caller: \_\_\_\_\_ Patient name: \_\_\_\_\_

Discussed:

Case Review requested by: \_\_\_\_\_ patient  
\_\_\_\_\_ family  
\_\_\_\_\_ physician  
\_\_\_\_\_ nurse  
\_\_\_\_\_ other

Patient or proxy consent for review obtained? \_\_\_\_\_

Has health care team and/or patient and/or family reached an impasse? \_\_\_\_\_

Patient/family provided with Ethics Information Package? \_\_\_\_\_

Has a "Request for Ethics Case Review" form been completed? \_\_\_\_\_

Initial chart review necessary? \_\_\_\_\_

Advised letter to MRP will be sent/provided? \_\_\_\_\_

Initial meeting arranged? \_\_\_\_\_

Suggested participants for the meeting? \_\_\_\_\_

General description of problem \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated time commitment: \_\_\_\_\_

**this page is to be destroyed at the conclusion of the Case Review**

**APPENDIX E - RESOURCE**

**SASKATOON**  
**HEALTH**  
**REGION**

**ETHICS**  
**COMMITTEE**  
**CONSULTATION**  
**TEAM**

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**Request for Ethics Case Review**

Patient Name: \_\_\_\_\_

Patient Location: \_\_\_\_\_

Physicians involved with care: *(please indicate who is considered Most Responsible Physician - MRP)*

Family Doctor \_\_\_\_\_

Consultant \_\_\_\_\_

Consultant \_\_\_\_\_

Consultant \_\_\_\_\_

Ethics Review requested by: \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Home: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient's Illnesses: *(diagnoses and current medical status)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the patient have an advance directive? Yes \_\_\_\_\_ No \_\_\_\_\_

APPENDIX E - RESOURCE

SASKATOON  
HEALTH  
REGION

ETHICS  
COMMITTEE  
CONSULTATION  
TEAM

Has the patient (or if incapacitated, the patient's proxy) consented to this Case Review? \_\_\_\_\_

Patient preferences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Views of the family and/or friends: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Views of the healthcare team: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you aware of any legal, administrative or other factors of which the Ethics Consultation Team should be aware? \_\_\_\_\_

\_\_\_\_\_

This form is to be completed by the patient, family member, or team member making the request. Patients may seek assistance from any team member in completing this form. The team member completing or receiving this form should file it under “**Consultations**” in the patient’s chart if there is one, and should contact the RUH switchboard (655-1000) if this has not already been done. A return telephone number should be included with this request. The on-call Consultation Team member will contact the caller as soon as possible. This form should normally be completed before a request will be considered.

The on-call Ethics Consultation Team member will review the request as soon as possible, usually within 24 hours, and determine who should be invited to attend the Case Review meeting(s). Every attempt will be made to arrange a first meeting within 3 working days of receiving the request. The Ethics Case Review service should not be considered an emergency service, although urgent reviews may occasionally occur. Any decisions relating to the Ethics Case Review are to be made by the appropriate decision-makers, and should be documented accordingly (see Policy #7 of the Policy, Purpose & Procedure pertaining to Request for Ethics Case Review.)

## APPENDIX F - RESOURCE

**SASKATOON**  
**HEALTH**  
**REGION**

**ETHICS**  
**COMMITTEE**  
**CONSULTATION**  
**TEAM**

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### Ethics Case Review Sample Questions:

#### Medical Considerations:

- What is the patient's current medical status?
- Does the patient have other illnesses?
- Is the diagnosis quite definite?
- What is the prognosis? Is it reliable?
- Has a second opinion been obtained? Would it be helpful?
- Have all the tests been done to clarify the medical situation?
- Are there any possible treatments?
- What is the patient's probable life expectancy?
- What will the patient's general condition be if the treatment is given? If it is not?
- What are the treatment risks and side effects?

#### Patient Preferences:

- Does the patient have the capacity to make health care decisions? (Understands need, risks, benefit, alternatives.)
- Has the patient been fully informed about his/her condition?
- Who provided this information, and how was it provided?
- Are there cultural and/or spiritual issues which should be taken into account?
- Has the patient been given opportunity to think about all the options and reflect upon possible outcomes?
- Has the patient made a clear statement about his/her wishes? Are these recorded?
- Has the patient discussed his/her situation with someone other than members of the immediate health care team?
- If the patient is not competent, is capacity likely to return?
- Does the patient have an advance care directive?
- If so, does the directive make a clear statement regarding his/her wishes in this sort of situation?
- If the patient is not competent, is there a substitute decision-maker available? Was this person (proxy) named in an advance directive?
- Was the patient physically and emotionally healthy before this current situation?
- If the patient made no clear statements regarding care, is there anyone who knows what the patient might have wanted?

#### Views of Family and Friends:

- Are there family members or friends? Who are they?
- Do they understand the patient's condition?
- What are their views regarding the correct course of action?
- Are there serious disagreements amongst the family members or friends? Are there any reasons to question anyone's motives?
- If the patient is incapacitated, is there any single person who has been identified as the primary decision-maker?
- If so, is this person fully aware of all information regarding the patient's case?
- Does anyone have legal custody of the patient?
- If the patient is a minor and the parents are deciding, do they appear genuinely concerned about the child's best interests?
- Are there any problems in communicating with the family and/or friends?
- If so, has anyone else been approached to assist with communication difficulties?

#### Views of Health Care Team members:

- Are the care providers aware of all the facts in this particular case?
- What are their views concerning the correct course of action?
- Have they stated why they hold these views?
- If there is disagreement amongst the care providers, is there a good explanation for their disagreement?
- Can the disagreements be resolved?

#### Legal, Administrative and External Factors:

- Are there statutes or case law that applies to this situation?
- Are there hospital guidelines or policies that should be followed in cases such as this?
- Are there other persons in the hospital or the community who should be given information or asked for an opinion?
- Would it be helpful to consult the literature?
- Is financial expense to the family a consideration?

*Note: Thanks to the Calgary District Hospital Group Bio-Ethics Committee and to the Greater Victoria Hospital Society for their ideas in developing this information sheet.*