



# STONEY HEALTH SERVICES POLICY AND PROCEDURES

## ETHICAL PRACTICES POLICY

<b>Effective:</b> March 31, 2014	<b>CODE: PP + TITLE</b>	<b>Applies To:</b>	✓ Leadership and Operations ✓ Programs and Services
<b>Review:</b> Jan.13, 2019	<b>Sheet:</b> 1 of 19		
<b>Next Review:</b> Jan.13, 2022	<b>Approval:</b> A. Khan, ED		

**Related Policies and Procedures:** SHS Code of Conduct; SHS Conflict of Interest Policy & Declaration Form; STA Staff Regulations

1. **STANDARD:** SHS delivers services and makes decisions according to its Ethical Framework
2. **RATIONALE:** Ethics is the practice of using moral practices and values to directing us to the 'right' choice (for the individual and greater good) with critical consideration what is "right" or "wrong", "good" or "evil" in human conduct. Anything that has a value component is ethical in nature such as rights and entitlements, duties and obligations, justice and fairness etc. All healthcare providers have a duty to act ethically.  
  
The basis for ethical decision-making is an Ethical Framework of articulated ethical values, principles and duties that is communicated and understood across our organization. This Framework enables us to examine the values that inform decision-making at all levels of the organization. Thus, it leads to policies and procedures that promote ethical behavior; and, ethical guides for research activities for the Stoney Nation. See Appendix 1: SHS Ethical Framework.
3. **POLICY:** All SHS personnel and contractors shall adhere to the SHS Ethical Framework and comply with the following procedures.
4. **PROCEDURE(S) :**
  - A. Code of Ethics, p.2
  - B. Ethical Decision-Making, p.3
  - C. Reporting & Monitoring Ethical Problems, p.4
  - D. Research Ethics, p.5
  - E. Ethics Training for the SHS Personnel, p.6
  - F. Appendices
    - Appendix II: SHS Code of Ethics
    - Appendix III: SHS Ethical **Decision-Making** Framework
    - Appendix IV: Considerations for Ethical Clinical Decision-Making
    - Appendix V: SHS Ethical Decision-Making Worksheet and Report



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**A. CODE OF ETHICS:** All SHS personnel and contractors shall abide by the SHS Code of Ethics as shown in Appendix I.

1. Links to SHS Processes: This Code of Ethics reinforces the SHS guiding principle of Client and Family-Centered Care, the Clients' Rights and Responsibilities Charter as well SHS policies related to Conduct, Confidentiality and Conflict of Interest, among others.
2. Unethical Conduct: Alleged unethical conduct shall be investigated and, if proven, may result in disciplinary measures up to and including dismissal.

**B. ETHICAL DECISION-MAKING:** An ethical problem is a perplexing (and often unsettling) dilemma in which two or more values may be in conflict or contain ambiguities and uncertainties. This causes confusion about which route to take; at least two choices are equally appealing, but the right decision is unclear. Making such decisions using an ethical framework is important at two levels: 1) prospectively, in the program planning stages, and 2) retrospectively, related to ethical dilemmas that have arisen.

The SHS Ethical Decision-Making Model has six (6) steps for resolving ethical dilemmas as described below. **NB:** In all cases, ethical decision-making processes shall be documented using the SHS Ethical Decision-Making and Reporting form (see Appendix V: Ethical Decision-Making Worksheet and Report) which shall be kept in the appropriate client, personnel, community activity, administrative or project file, as the case may be. See also Appendix IV: Considerations for Ethical Clinical Decision-Making .

**1. STEP ONE - ACKNOWLEDGE ETHICAL PROBLEM & IDENTIFY FACTS:** Complete Step One the 'Identify Critical Information' section of the Ethical Decision-Making Worksheet and Report. To do so, gather the best available evidence about the situation as a group; group interactions bring different and important perspective to the decision-making process. This includes understanding what is known and what is not; including the events and circumstances surrounding the ethical issue, in terms of:

- A preliminary description of the ethical dilemma (i.e. *what ,where, when , who, how is this a dilemma etc.*)
- Health & Medical Issues (i.e. *current state and the advantages and/or disadvantages of various treatment options etc.*);
- The Client's Quality of Life (both from the client's point of view and that of the care providers;
- The Client's Preferences (i.e. *The client's understanding and aptitude to consent; or that of the substitute decision-maker*);



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- Pertinent Contextual Factors (i.e. Why is this decision being made in this context at this time? Is this the best context for making this decision? Are the right decision-makers included?). See the insert below 'About Identifying Facts'.

### STEP ONE: ABOUT IDENTIFYING FACTS

- Be open to alternative interpretations of events. So, within bounds of client and institutional confidentiality, make sure that to gather the perspectives of patients and families as well as health care providers, administrators and other pertinent stakeholders. This may include facts that were not known initially
- Use informed sources (i.e. Policies and other source materials, professional norms such as institutional policies, legal precedents etc.).
- Be alert to actual or potential conflict of interest situations. Make conflicts of interest known. In some cases, it is essential to step out [of] a decision-making role.
- While accuracy and thoroughness are important, in some cases where decisions have to be made quickly before the full story is known, it may be necessary to make a trade-off between gathering more information and letting morally significant options disappear.

2. **STEP TWO - DETERMINE ETHICAL CONFLICTS & RELATED DUTIES INVOLVED.** Use the five (5) ethical principles to complete Step 2 of the SHS Ethical Decision-Making Worksheet and Report to determine the ethical conflicts and related duties. See the insert below for questions to guide you. See the insert below: 'Ethical Principles: Clarification Questions' for more details.

### STEP TWO : 5 ETHICAL PRINCIPLES - CLARIFICATION QUESTIONS

1. **Autonomy** (Client self-determination) : Would we be exploiting others, treating them paternalistically, or otherwise affecting them without their free and informed consent? Have promises been made?
2. **Beneficence** (Doing good): Will this act do good to [or for] others or prevent harm?
3. **Nonmaleficence** (Avoiding harm): Will this harm clients, caregivers, community members etc.?
4. **Justice** (Fairness): Are we treating others fairly? Are we respecting morally significant rights?
5. **Fidelity** (Trustworthiness) : Are we being faithful to institutional and professional roles? Are we living up to the trust relationships that we have with others?

3. **STEP 3 - OBTAIN CONSENSUS ON ETHICAL PROBLEM AND RELATED DUTIES.** Complete Step 3 .

4. **STEP 4 - SELECT MOST BENEFICIAL OPTION (MBO):** Complete step 4 to explore feasible alternatives and determine the likely consequences of the various alternatives proposed. Rate the various



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alternatives from 'most to least' beneficial depending upon their strengths and weaknesses. Agree on the best alternative (Most-Beneficial-Option), all things considered.

*Note: If the group does not have consensus, revisit the process. If the group is still undecided, consult as necessary, for an informed 'outside' opinion. See the insert below: 'Ethical Principles: Clarification Questions' for more details.*

### STEP 4: SELECT MOST BENEFICIAL OPTION (MBO)

NB: The goal is NOT to make "the" perfect choice, but a reasonably good choice under the circumstances. Remember to take into account good or bad consequences for the client, the organization as well as the professionals and all affected persons involved. Be honest about your own stake in particular outcomes and encourage others to do the same. Below are some helpful questions.

- Which factors would have to change to alter the chosen option?
- What would be the impact on others?
- How would others handle or have handled similar situations?
- Can this chosen option apply to all similar cases?
- Have we respected the 5 ethical principles?

**5. STEP 5 - MAKE PLAN TO IMPLEMENT MBO:** Complete Step 5 to develop an action plan to address the ethical issue. Include all activities, policies and procedures deemed necessary to address the identified ethical problem in the most beneficial manner. Document the decision-making process , the action plan and the outcomes.

**6. STEP 6 - EVALUATE OUTCOMES:** The evaluation of the outcomes of the action plan shall address all the benefits and handicaps experienced by all parties concerned as well as recommendations for actions to prevent the recurrence of similar ethical problems in the future.

### C. REPORTING & MONITORING ETHICAL PROBLEMS:

1. Reporting: All SHS personnel and physicians shall report suspected or real ethical problems as soon as possible to the SHS Management in writing, shall collaborate with subsequent investigations and shall support necessary actions to address ethical issues.
2. Monitoring: Ethical problems, related investigation and resolution processes shall be monitored at SHS on a monthly basis (or more often as needed) by the ED and will be reported to the Stoney Tribal Authority. See also Section 5: 'Indicators and Calculations'.



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**D. RESEARCH ETHICS:** SHS defines Research Ethics as the analysis of ethical issues that arise when people (or animals) are the subject of research to in order to: 1) protect human participants, 2) ensure that the research serves the interest of the larger community and 3) ensure that the research projects are ethically sound (informed consent, risk management etc.).

1. Objective Reviewer/Body: In the event that SHS conducts or participates in formal or informal research projects with reputable research agencies, an objective reviewer or body shall be designated to review the projects. The Reviewer or body may be external to the organization (e.g., a private consultant, academic institution, or university) or internal, and shall be unbiased, objective, and free from conflict of interest. The Reviewer will report in writing to the ED and the Quality-Ethics Committee.
2. Prospective Review: A prospective review of the ethical implications of all research shall include:
  - The merits of the research project and the proposed eventual use of the research;
  - The adequacy of the research design, including its compliance with accepted ethics standards;
  - The alignment of the research with SHS values and objectives;
  - The benefits and risks of the research to the participants, the community and the organization;
  - The qualifications of the project's coordinators;
  - The quality of the background research completed to date (e.g., a literature review);
  - The implications of client participation in research;
  - Processes for obtaining informed consent from participants;
  - Processes for respecting client approval and confidentiality;
  - Processes to deal with harmful effects that may occur in the course of the research project;
  - The implications of the research on SHS' financial, human and technical resources;
  - The refusal and exclusion criteria;
  - The identification of research sponsors;
  - The identification of possible conflicts of interest;
  - The research proposal's compliance with national and provincial or territorial guidelines and protocols (e.g. Tri-Council protocols, Ownership, Control, Access and Possession (OCAP) (<http://www.rhs-ers.ca/node/2>); Guidelines for Health Research Involving Aboriginal People (<http://www.cihr-irsc.gc.ca/e/29134.html>) developed by the Canadian Institutes of Health Research (CIHR) in 2007.



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**E. ETHICS TRAINING FOR SHS PERSONNEL:** All SHS personnel and physicians shall receive information and training to enable them to understand the Ethics Framework, to use the ethical Decision-Making Model effectively, to document ethical decisions as well as to participate, as needed, in ethical reviews and related quality improvement initiatives.

### 5. INDICATORS AND FORMULAE:

Indicators/Measures	Calculation
Reports of actual or suspected abuse of the SHS Code of Ethics	$\frac{\text{Number of ethical abuse reports per current year}}{\text{Total number of incidents per year}}$
Incidence of client abuse	$\frac{\text{Number of documented cases of client abuse}}{\text{Total number of incidents per year}} \times 100\%$
Incidence of breaches of confidentiality	$\frac{\text{Number of documented breaches of confidentiality}}{\text{Total number of incidents per year}} \times 100\%$
Incidence of breaches of Code of Conduct	$\frac{\text{Number of documented breaches of Code of Conduct}}{\text{Total number of incidents per year}} \times 100\%$
Training in Ethics for staff members	Number of staff members trained in Ethics
Case Study Review Participation	Number of ethical case studies review per current year



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### 6. DEFINITIONS:

- Client and Family-Centered Care (CFCC):** CFCC is an approach that fosters respectful, compassionate, culturally appropriate, and competent care that is responsive to the needs, values, beliefs, and preferences of clients and their family members. As such, CFCC is a guiding principle at SHS since it supports mutually beneficial partnerships between clients, families, and health care service providers by shifting providers from doing something to/ for the client to doing something with the client. (*Source : Accreditation Canada(2015) client and Family-Centered Care in the Qmentum Program*).

At SHS, we have adopted CFCC as a guiding principle to enhance our decision-making processes, health outcomes, client experiences, financial management, safety and risk management processes etc. With this in mind, we:

- Have created a Client Advisory Circle to provide us with feedback and cultural perspectives on service design, planning and outcomes;
  - Include client and family representatives in advisory and strategic planning groups;
  - Include clients and families as part of our collaborative care teams;
  - Partner with clients in planning, assessing, and delivering their care to ensure their understanding, to respect their choices and to foster meaningful participation in their care;
  - Monitor and evaluate services and quality with input from clients and families.
- Clients' Rights and Responsibilities:** All SHS personnel shall respect the clients have rights and responsibilities as shown the SHS Client' Rights and Responsibilities Charter. Clients' rights and responsibilities are discussed with them at the first contact; and again, as needed throughout the course of services.
  - Code of Conduct:** Professional and respectful conduct is expected from all SHS personnel and Contractors. Alleged inappropriate misconduct shall be investigated and, if proven, may result in disciplinary measures up to and inducing dismissal. See the SHS Code of Conduct Policy and the Stoney Tribal Administration (STA) Staff Regulations (2017).
  - Confidentiality (Privacy) :** A right to privacy in the disclosure of health care information is central to an individual's rights. In a public health crisis, however, the obligation to protect the public from serious harm may override an individual's right to privacy. Private information should only be released if there is no less intrusive means to protect the health of the public. All SHS personnel and physicians must maintain client confidentiality at all times. Alleged breaches of confidentiality shall result in an investigation; if a breach is confirmed, disciplinary measures shall be taken up to and including dismissal.





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- **Conflict of Interest:** A conflict of interest is "a situation in which a person, such as a public official, an employee, or a professional, has a private or personal interest sufficient to appear to a reasonable person to influence the objective exercise of his or her official duties". These include financial and financial conflicts of interest (e.g., favoritism to a friend or relative). In some situations, it is sufficient to make known to all parties that you are in a conflict of interest situation. In other cases, it is essential to step out [of] a decision-making role. All SHS managers and personnel will avoid conflict of interest. In the event of a potential for a real or perceived conflict of interest, the person involved must declare a conflict of interest to SHS Management before the issue arises or as soon as possible after it arises; and collaborate with all subsequent investigative procedures. See SHS Conflict of Interest Policy for more details.
- **Ethics:** Ethics is the practice of using moral practices and values to directing us to the 'right' choice (individual and greater good) with critical consideration what is "right" or "wrong", "good" or "evil" in human conduct. Anything that has a value component is ethical in nature such as rights and entitlements, duties and obligations, justice and fairness etc. At the core of health care ethics is our sense of right and wrong and our beliefs about rights we possess and duties we owe others *All professionals have a duty to act ethically.*

  - **Ethical Choice:** An Ethical Choice is one that adheres to moral principles (i.e. right, duties, obligations, justice and fairness) and is congruent with client's values, beliefs and preferences. An ethical choice does not degrade or dehumanize anyone; it is most likely what other reasonable people would choose and what stakeholders could live with on their consciences.
  - **Ethical Decisions:** Ethical Decisions are based on universal moral principles (i.e. autonomy, beneficence, non-maleficence, respect, justice etc.) that are arrived at after a systematic and judicious analysis of all the pertinent considerations. Ethical decisions, then, are based on moral reasoning; they are decisions that most reasonable individuals or groups would arrive at under the same circumstances and could live with on their conscience in the same situation.
  - **Ethical Decision-Making:** A team or committee approach, depending upon the situation, is recommended for ethical decision-making. The unclear nature of the ethical dilemma dictates that the final decision be reached through a reflective, active process between morally reasonable people with respect, tolerance, honesty and sensitivity. The presence of an impartial facilitator should be considered where possible. (Abdool, S. et al)
  - **Ethical Framework:** An Ethical Framework is a model of the various theoretical and operational components that interact together to promote ethical behaviour, clarify ethical issues and provide common approaches for making decisions in an ethical way.
  - **Ethical Problem (Dilemma):** An Ethical Problem is a perplexing (and often unsettling) dilemma in which two or more values may be in conflict or contains ambiguities and uncertainties. This causes confusion about which route to take; at least two choices are equally appealing, but the right





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decision is unclear. Emotions, competing or conflicting values and/or interests may also cloud the decision-making process. Ethical dilemmas are not only related to client care, they can relate to all domains of health care such as professional practice issues (i.e. request to work beyond one's scope), administrative issues (i.e. hiring family members ), human resource issues (i.e. inequitable hiring and remunerations practices), etc.

- **Just Safety Culture:** An atmosphere and a structure of trust in which people are encouraged and rewarded for providing safety information and safe care, but a clear line is drawn between acceptable and unacceptable behaviour. A culture that recognizes that competent professionals make mistakes and acknowledges that even competent professionals will develop unhealthy norms (shortcuts, "routine rule violations"), but has zero tolerance for reckless behavior. <http://media.mycarenet.org/2010AQR/faq-and-glossary/glossary.html>. A Just Safety Culture requires proactively identifying and addressing safety issues to prevent risk and/or harm. In this context, recklessness is defined as taking a deliberate and unjustifiable risk or harm while negligence is defined as a harmful consequence that a reasonable and prudent person would have foreseen. (Reason 1997). Both cases require thorough investigation, corrective and disciplinary actions.
- **Research Ethics:** Research Ethics is the analysis of ethical issues that arise when people (or animals) are the subject of research to in order to: 1) protect human participants, 2) ensure that the research serves the interest of the larger community and 3) ensure that the research projects are ethically sound (informed consent, risk management etc.).



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### 7. REFERENCES:

- Accreditation Canada Qmentum Standards (2018): Leadership for Aboriginal Health Services
- Accreditation Canada(2015) client and Family-Centered Care in the Qmentum Program
- Abdool, S. et al (2010), Making Ethical Choices: An Ethical Decision-Making Handbook for Health Practitioners and Administrators
- Alberta Health Services (2014): Advanced Planning and Goals of Care Policy
- <https://www.igi-global.com/dictionary/breeding-environments-value-system-metrics/10274>
- <https://onlinelibrary.wiley.com/doi/full/10.1111/jftr.12238>
- Leonard, M.W., Frankel, A. The Path to Safe and Reliable Healthcare. *Patient Educ Couns.* 2010 Sep; 80 (3): 288–292. Epub 2010, Aug 4
- MOH BC (2014) Aboriginal Health: Advance Care Planning-Respecting Aboriginal Ceremonies and Rites
- MOH BC (2012): My Voice, Advanced Care Planning Guide
- Reason, J. (1997): Definitions of Safety Culture: Informed , Reporting, Just, Flexible and Learning Cultures
- Reason, J. (1997): Managing the Risks of Organizational Accidents. Aldershot: Ashgate
- ResearchEthics.ca (2014)
- Toronto Central Community Care Access Center (2008): *Community Ethics Toolkit: Ethical Decision-Making in the Community Health and Support Sector*, July.



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### 8. RESPONSIBILITIES:

- a. The Executive Director shall ensure the approval of this policy.
- b. SHS Managers shall ensure the application of this policy.
- c. All SHS personnel, physicians, contractors, clients and visitors and shall comply with this policy.

### 9. REVISED BY:

B. Hancock,  
A. Malimban,  
C. Meert,  
D. Richter,  
L. Simescu.

\_\_\_\_\_  
Leadership Team

\_\_\_\_\_  
Date

### 10. APPROVALS:

\_\_\_\_\_  
Aaron Khan  
Executive Director

\_\_\_\_\_  
Date



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### APPENDIX I: SHS CODE OF ETHICS

Stoney Health Services  
Box. 8 Morley, Alberta T0L1N0  
Phone: (403) 881-2712  
Fax: (403) 881-2174



#### CODE OF ETHICS

**We at Stoney Health Services hereby commit to respect the following in our dealings with the community, our clients and each other:**

- ✿ To honor oral traditions and traditional teachings including respect, honesty and integrity;
- ✿ To act in the best interest of the People served;
- ✿ To act in a professional and objective manner at all times ;
- ✿ To maintain confidentiality at all times;
- ✿ To consistently follow the objectives, policies and commitments of Stoney Health Services;
- ✿ To commit to our own healing.

<b>Name:</b>	
<b>Signature:</b>	
<b>Witness/Title</b>	
<b>Date:</b>	
<b>ED Approval/Date</b>	



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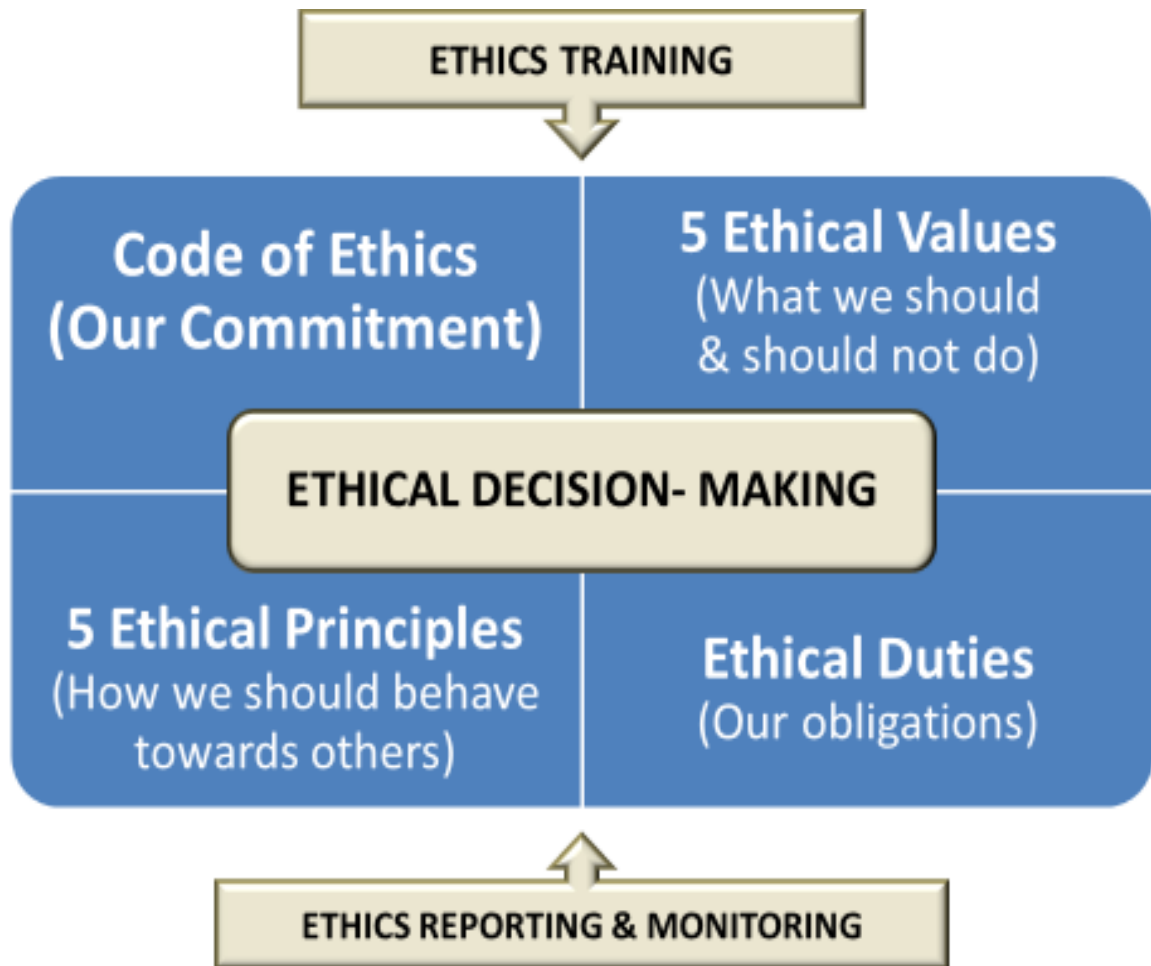
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### APPENDIX 3: SHS ETHICAL DECISION - MAKING FRAMEWORK

The Stoney Health Services (SHS) Ethical Framework has seven (7) components as shown below. See more details beginning on the following page



- ETHICAL VALUES:** Ethical values serve to distinguish between good and bad, right and wrong, and moral and immoral. These values frequently form a basis for what is permitted and what is prohibited. SHS' five (5) Ethical Values are: 1) Accountability, 2) Inclusiveness, 3) Openness Transparency, 4) Reasonableness, and 5) Responsiveness as outlined below:



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- a. **Accountability:** SHS has morally and legally-based obligations and duties to its clients, to the Stoney community and its funders to provide high-quality, safe healthcare . Decision-makers shall be able to provide a rationale for and held accountable for their decisions.
- b. **Inclusiveness:** In the process of responding to health needs, SHS decision-making processes shall be inclusive, taking into account views of its staff and the community. Decisions will incorporate views of all stakeholders and there will be opportunities for client, community, personnel and partner input.
- c. **Openness (Transparency):** The decision-making process shall be transparent to allow for collective understanding and collaborative decision-making. Decisions shall be publicly defensible.
- d. **Reasonableness:** Decision-making shall be based on evidence, principles and values that are agreed upon by relevant stakeholders. Decisions made will demonstrating sound, good judgment (within reasonable limits) that would be made by anyone in a similar situation
- e. **Responsiveness:** SHS shall make every reasonable effort to provide helpful, expeditious care and services; answering to a need within the limits and constraints of available resources . Decisions made shall be revised in a timely manner to the needs of clients. Responsiveness shall take place in both formal and informal ways.

**2. ETHICAL PRINCIPLES:** Ethical principles describe the way we should behave towards those in our care and each other. As listed below, at SHS our main ethical principles are:

- a. **Autonomy:** ‘Autonomy’ implies respecting the ability and the right of the person to be respected and to be empowered to make free (fully-informed) decisions. In turn, each client is expected to act responsibly (i.e. respect rights of others). If a client is incapable of making fully informed decisions, we shall take directions from the client’s legal substitute.
- b. **Beneficence:** ‘Beneficence’ implies a moral imperative where we must first, actively seek to do good. This also implies promoting and protecting the client’s welfare, well-being and best interest in a compassionate, effective and timely manner and involve clients in decisions concerning them where at all possible. Health service providers will be met with significant challenges regarding resource allocation, scope of practice, professional liability, workplace conditions, and most importantly, addressing their personal risk versus their obligation to provide care for patients.
- c. **Nonmaleficence:** Non-maleficence stipulates that we must seek to avoid harm ; or at least prevent harm, unless greater benefits are anticipated and the (fully informed) client agrees to accept the risk (i.e. investigative treatment)



# STONEY HEALTH SERVICES POLICY AND PROCEDURES

## ETHICAL PRACTICES POLICY

<b>Effective:</b> March 31, 2014	<b>CODE: PP + TITLE</b>	<b>Applies To:</b>	✓ Leadership and Operations ✓ Programs and Services
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**Related Policies and Procedures:** SHS Code of Conduct; SHS Conflict of Interest Policy & Declaration Form; STA Staff Regulations

**d. Justice (Equity):** Justice implies being fair, impartial and equitable while respecting people's rights and morally acceptable laws. Due to resource limitations, providing health services can pose difficult decisions regarding which health services can be reasonably and fairly provided. Clients with greater health care needs will require more resources. For example, in the midst of pandemic, decision-makers must attempt to maintain the principle of equity when considering the interests of influenza patients as well as those requiring treatment for other diseases. NB: the notion of justice also implies that discrimination, punishment, degradation of clients and colleagues shall be avoided and that therapeutic practices must carefully balance the benefit-burden analyses.

**e. Fidelity:** Fidelity essentially means being trustworthy. It implies that SHS shall remain faithful to institutional processes, practices and commitments as well as to trusting relationships that have been developed with others (i.e. clients, the community, funders, partners, SHS personnel etc.)

**3. ETHICAL DUTIES:** At SHS our ethical duties or obligations are:

- a. To clients, to families and the community
- b. To our employer /employees and our colleagues
- c. To legitimate third parties (i.e. funders, professional bodies etc.)
- d. To our profession
- e. To ourselves

**4. ETHICAL DECISION-MAKING - PUTTING VALUES AND PRINCIPLES INTO PRACTICE:** For meaningful and effective application, the foregoing ethical values and principles must operate neither in the abstract, nor in isolation from one another. To avoid this, they should be applied and documented appropriately in the context of the decision or activity and of the ethical norms and practices of the relevant discipline.

Good ethical reasoning requires thought, insight and sensitivity to context, which in turn help to refine the roles and application of norms that govern relationships. Thus, because principles are designed to guide ethical reflection and conduct, they admit flexibility and exceptions. To preserve the values, purpose and protection that they attempt to advance, the onus for demonstrating a reasonable exception to a principle should fall on those claiming the exception.

Often, more than one principle will apply to a specific case. This can lead to an Ethical problem or dilemma. If the application of principles yields conflicts, then such conflicts properly demand probing ethical reflection and difficult value choices. Such choices and conflicts are inherent in considering ethics. In their best uses, principles serve as short-hand reminders of more complex and context-specific ethical reflection.





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### APPENDIX 4: CONSIDERATIONS FOR ETHICAL CLINICAL DECISION-MAKING

The majority of administrative and clinical decisions made at Stoney Health Services will be made in accordance with the standards and guidelines established by the relevant professional regulatory body such as the College of Physicians and Surgeons of Alberta, the College and Association of Registered Nurses of Alberta, the College of Alberta Psychologists, and the Alberta College of Social Workers. Where staff at Stoney Health Services must make a particularly difficult clinical decision, or one with unique ethical or legal implications, they should do so in discussion with their appropriate professional body, with Stoney Health Services management and-pr with the SHS Ethics Committee, where appropriate. When using Stoney Health Services' *Ethical Decision-Making Framework* to support clinical decision-making, it may be useful to consider some or all of the following questions:

1. What is the client's medical history/diagnosis/prognosis?
2. Is the problem acute? chronic? critical? emergent? reversible?
3. What are the goals of treatment?
4. What are the probabilities of success?
5. What are the plans in case of therapeutic failure?
6. In sum, how can the client be benefited by medical, nursing, or other care, and harm avoided?
7. What has the client expressed about preferences for treatment?
8. Has the client been informed of benefits and risks; understood, and given consent?
9. Is the client mentally capable and legally competent? What is evidence of incapacity?
10. Has the client expressed prior preferences, e.g. Advanced Directives?
11. If incapacitated, who is the appropriate surrogate? Is the surrogate using appropriate standards?
12. Is the client unwilling or unable to cooperate with treatment? If so, why?
13. In sum, is the client's right to choose being respected to the extent possible in ethics and law?
14. What are the prospects, with or without treatment, for a return to the client's normal life?
15. Are there biases that might prejudice the provider's evaluation of the client's quality of life?
16. What physical, mental, and social deficits are the client likely to experience if treatment succeeds?
17. Is the client's present or future condition such that continued life might be self-judged as undesirable?
18. Are there any plans and rationale to forego treatment?
19. What are the plans for comfort and palliative care?
20. What chapter is this in the client's life?
21. Are there family/cultural issues that might influence treatment decisions?
22. Are there provider (e.g. physicians and nurses) issues that might influence treatment decisions?
23. Are there religious, cultural factors ?
24. Is there any justification to breach confidentiality? Are there problems of allocation of resources?
25. What are the legal implications of treatment decisions?



# STONEY HEALTH SERVICES POLICY AND PROCEDURES

## ETHICAL PRACTICES POLICY

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### APPENDIX 5: SHS ETHICAL DECISION-MAKING WORKSHEET AND REPORT

Stoney Health Services Box. 8 Morley, Alberta T0L1N0 Phone: (403) 881-2712 Fax: (403) 881-2174			<b>ETHICAL DECISION-MAKING WORKSHEET AND REPORT</b>
<p><b>Instructions:</b> Select <u>an</u> group-discussion leader and discussion group members representing various aspects of the ethic issue at hand and/or have previous ethics experience. Complete all section to identify and agree upon the Most-Beneficial Option to address the ethical dilemma as well as to carry out and evaluate a related action plan.</p>			
Discussion Leader (& title):		Discussion Participants (& titles)	
<b>1. STEP ONE: IDENTIFY CRITICAL INFORMATION:</b> Complete all sections below with pertinent details			
a. Preliminary description of ethical problem	(Describe as team understands it and explain why it is an ethical problem)		
b. Health / Medical History & Current Status	(List major physical and mental health issue as well as client's current state)		
c. Quality of Life	(From client and professional perspective)		
d. Client's Preference	(What client would like to see happen)		
e. Context	(Circumstances, timeline, social network, other factors, etc.)		
<b>2. STEP TWO: DETERMINE ETHICAL CONFLICTS &amp; RELATED DUTIES INVOLVED</b>			
Ethical Principles	Conflicts	Duties (to client/family, community, SHS, profession, provider etc.)	
Autonomy (client self-determination)			
Beneficence (seek to do good)			
Nonmaleficence (do no harm)			
Justice (fairness to others)			
Fidelity (respect SHS mandate)			



# STONEY HEALTH SERVICES POLICY AND PROCEDURES

## ETHICAL PRACTICES POLICY

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**Applies  
To:**

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- ✓ Programs and Services

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### ETHICAL DECISION-MAKING WORKSHEET AND REPORT

**3. STEP 3: OBTAIN CONSENSUS ON ETHICAL PROBLEM AND RELATED DUTIES.**

**4. STEP 4: SELECT MOST BENEFICIAL OPTION (MBO)** *List feasible alternatives. Determine likely consequences of each. Rate various alternatives from 'most to least' beneficial depending (i.e. strengths vs weaknesses). Agree on MBO all things considered. NB: Goal is NOT to make "the" perfect choice, but a reasonably good choice under the circumstances.*

Alternative Options	Strengths	Weaknesses
a.		
b.		
c.		
d.		
e.		

**RETAINED MBO:**

Signature of Discussion Leader

Date



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### ETHICAL DECISION-MAKING WORKSHEET AND REPORT



#### 5. STEP FIVE: ACTION PLAN

Actions	By Whom	When

#### 6. STEP SIX: EVALUATE OUTCOMES

**Benefits:**

**Handicaps:**

**Further Recommendations:**

**Signature of Discussion Leader**

**Date**

*Adapted with permission from: Toronto Central Community Care Access Center (2008) Community Ethics Toolkit: Ethical Decision-Making in the Community Health and Support Sector*