

# A Framework for Ethical Decision-Making: Version 6.0 Ethics Shareware (Jan. '01)

by **Michael McDonald**<sup>[1]</sup>

With additions by Paddy Rodney and Rosalie Starzomski<sup>[2]</sup>

## 1. Collect information and identify the problem.

### 1.1. Be alert; be sensitive to morally charged situations

Look behind the technical requirements of your job to see the moral dimensions. Use your ethical resources to determine relevant moral standards [see Part III]. Use your moral intuition.

### 1.2. Identify what you know and don't know

While you gather information, be open to alternative interpretations of events. So within bounds of patient and institutional confidentiality, make sure that you have the perspectives of patients and families as well as health care providers and administrators. While accuracy and thoroughness are important, there can be a trade-off between gathering more information and letting morally significant options disappear. So decisions may have to be made before the full story is known.

### 1.3. State the case briefly with as many of the relevant facts and circumstances as you can gather within the decision time available

- What decisions have to be made?
- Who are the decision-makers? Remember that there may be more than one decision-maker and that their interactions can be important.
- Be alert to actual or potential conflict of interest situations. 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., favouritism 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 a decision-making role.<sup>[3]</sup>

### 1.4. Consider the context of decision-making

Ask yourself why this decision is being made in this context at this time? Are there better contexts for making this decision? Are the right decision-makers included?

Consider the following questions:

#### Clinical Issues

- What is the patient's medical history/ diagnosis/ prognosis?
- Is the problem acute? chronic? critical? emergent? reversible?
- What are the goals of treatment?
- What are the probabilities of success?
- What are the plans in case of therapeutic failure?
- In sum, how can the patient be benefited by medical, nursing, or other care, and harm avoided?

## Preferences

- What has the patient expressed about preferences for treatment?
- Has the patient been informed of benefits and risks; understood, and given consent?
- Is the patient mentally capable and legally competent? What is evidence of incapacity?
- Has the patient expressed prior preferences, e.g., Advanced Directives?
- If incapacitated, who is the appropriate surrogate? Is the surrogate using appropriate standards?
- Is the patient unwilling or unable to cooperate with treatment? If so, why?
- In sum, is the patient's right to choose being respected to the extent possible in ethics and law?

## Quality of Life/Death

- What are the prospects, with or without treatment, for a return to the patient's normal life?
- Are there biases that might prejudice the provider's evaluation of the patient's quality of life?
- What physical, mental, and social deficits is the patient likely to experience if treatment succeeds?
- Is the patient's present or future condition such that continued life might be judged undesirable by him/her?
- Are there any plans and rationale to forego treatment?
- What are the plans for comfort and palliative care?

## Contextual Features

- What chapter is this in the patient's life?
- Are there family/cultural issues that might influence treatment decisions?
- Are there provider (e.g. physicians and nurses) issues that might influence treatment decisions?
- Are there religious, cultural factors?
- Is there any justification to breach confidentiality?
- Are there problems of allocation of resources?
- What are the legal implications of treatment decisions?
- Is there an influence of clinical research or teaching involved?

## 2. Specify feasible alternatives.

State the live options at each stage of decision-making for each decision-maker. You then should ask what the likely consequences are of various decisions. Here, you should remember to take into account good or bad consequences not just for yourself, your profession, organisation or patients, but for all affected persons. Be honest about your own stake in particular outcomes and encourage others to do the same.

## 3. Use your ethical resources to identify morally significant factors in each alternative.

### 3.1. Principles

These are principles that are widely accepted in one form or another in the common moralities of many communities and organizations.

- **Autonomy:** Would we be exploiting others, treating them paternalistically, or otherwise affecting them without their free and informed consent? Have promises been made?
- **Non-maleficence:** Will this harm patients, caregivers, or members of the general public?
- **Beneficence:** Is this an occasion to do good to others? Remember that we can do good by preventing or removing harms.
- **Justice:** Are we treating others fairly? Do we have fair procedures? Are we producing just outcomes? Are we respecting morally significant rights and entitlements?
- **Fidelity:** Are we being faithful to institutional and professional roles? Are we living up to the trust relationships that we have with others.

### 3.2. Moral models

Sometimes you will get moral insight from modelling your behaviour on a person of great moral integrity.

### 3.3. Use ethically informed sources

Policies and other source materials, professional norms such as institutional policies, legal precedents, and wisdom from your religious or cultural traditions.

### 3.4. Context

Contextual features of the case that seem important such as the past history of relationships with various parties.

### 3.5. Personal judgements

Your judgements, your associates, and trusted friends or advisors can be invaluable. Of course in talking a tough decision over with others you have to respect client and employer confidentiality. Discussion with others is particularly important when other decision-makers are involved, such as, your employer, co-workers, clients, or partners. Your professional or health care association may provide confidential advice. Experienced co-workers can be helpful. Many forward-looking health care institutions or employers have ethics committees or ombudsmen to provide advice. Discussion with a good friend or advisor can also help you by listening and offering their good advice.

### 3.6 Organized procedures for ethical consultation

Consider a formal case conference(s), an ethics committee, or an ethics consultant.

## 4. Propose and test possible resolutions.

### 4.1. Find the best consequences overall

Propose a resolution or select the best alternative(s), all things considered.

### 4.2. Perform a sensitivity analysis

Consider your choice critically: which factors would have to change to get you to alter your decision? These factors are ethically pivotal.

#### **4.2. Consider the impact on the ethical performance of others**

Think about the effect of each choice upon the choices of other responsible parties. Are you making it easier or harder for them to do the right thing? Are you setting a good example?

#### **4.3. Would a good person do this?**

Ask yourself what would a virtuous person – one with integrity and experience – do in these circumstances?

#### **4.4. What if everyone in these circumstances did this?**

Formulate your choice as a general maxim for all similar cases?

#### **4.5. Will this maintain trust relationships with others?**

If others are in my care or otherwise dependent on me, it is important that I continue to deserve their trust.

#### **4.6. Does it still seem right?**

Are you and the other decision-makers still comfortable with your choice(s)? If you do not have consensus, revisit the process. Remember that you are not aiming at “the” perfect choice, but a reasonably good choice under the circumstances.

### **5. Make your choice.**

#### **5.1. Live with it**

#### **5.2. Learn from it**

This means accepting responsibility for your choice. It also means accepting the possibility that you might be wrong or that you will make a less than optimal decision. The object is to make a good choice with the information available, not to make a perfect choice. Learn from your failures and successes.

## **Postscript**

This framework is to be used as a guide, rather than a “recipe”. Ethical decision-making is a process, best done in a caring and compassionate environment. It will take time, and may require more than one meeting with patient, family, and team members.

Feel free to share this framework with others. If you reprint or distribute it, please let the author know. Comments are welcomed. All substantive comments and requests to the author at: [mcdonald@ethics.ubc.ca](mailto:mcdonald@ethics.ubc.ca)

[<sup>1</sup>] The W. Maurice Young Centre for Applied Ethics, University of British Columbia

[<sup>2</sup>] School of Nursing, University of Victoria

[<sup>3</sup>] See “Ethics and Conflict of Interest” by Michael McDonald at <http://www.ethics.ubc.ca/people/mcdonald/conflict.htm>