



# RED LAKE MARGARET COCHENOUR MEMORIAL HOSPITAL

## STATEMENT OF POLICY AND PROCEDURE

SUBJECT: Ethics Framework & Program		DOC. ID#: ADM-GA-VII-02
MANUAL: Administration		Printed copy is not a controlled document. Electronic document is the most current version. Accessible formats available upon request.
CATEGORY: General Administration	PAGE: 1 of 14	Next Review Date: October 10, 2027
REVIEWED BY: Angela Bishop	APPROVED BY: Angela Bishop	Approved Date: July 17, 2025

### 1. PURPOSE

RLMCMH has an ethical framework and program elements to support ethical decision-making and guide all our activities. Its purpose is to support, maintain and improve ethics quality in the delivery of healthcare services. The framework will encourage and support ethical reflection, mutually respectful dialogue, critical analysis and standards of conduct reflecting our commitment to our values, to patient-centred care and to responsible resource allocation. [Appendix A](#) is a visual overview of RLMCMH's Ethics framework components.

### 2. BACKGROUND

Red Lake Margaret Cochenour Memorial Hospital (RLMCMH) Board, staff, and physicians may face ethical dilemmas in various areas, including organizational decision-making, procurement, care delivery/clinical, and research ethics.

Ethics encompasses:

- Shared decision-making with patients
- End-of-life care
- Privacy and confidentiality
- Professionalism and workplace behaviours
- Business management
- Research
- Resource allocation
- Procurement

Ethical issues may arise when:

- There are competing demands for human, financial and/or physical resources.
- Client/patient/resident goals conflict with the health care team goals or values.
- Family goals conflict with the health care team goals or values.
- Physician and staff member goals or values conflict with one another.
- Co-workers' actions conflict with others' beliefs or values.
- Researchers conduct research involving staff, patients or clients of RLMCMH, or data relating to these.

### 3. SCOPE

RLMCMH's Ethics framework and program encompass **four ethical domains**: organizational, procurement, care delivery/clinical, and research ethics. Each of these areas has applicable policies and procedures.

#### **A. Organizational ethics**

- RLMCMH Values, Vision, Mission and Purpose
- Advisory and operational decision-making, structures, processes and policies
- Ethics policies, procedures/processes, guidelines and tools
- Ethics education and communication strategy
- Board Ethical climate questionnaire, available at all Board meetings (Appendix B)

#### **B. Care delivery/clinical ethics**

- encompass organizational ethics, plus:
- Direct care of individual patients, clients, or residents, and support of their families/caregivers/loved ones
- Professional standards
- Ethical Decision-Making SBAR Tool (Appendix C)
- Ethics consultations and reviews

#### **C. Research ethics**

- organizational ethics, plus:
- Research policies, procedures, guidelines
- Research Ethics Board

RLMCMH approaches ethics through **four core functions**:

### **1. Ethical leadership**

Our Values, Vision, Purpose and Mission guide decisions and actions. Our leaders foster an environment and culture which supports ethical practices, including: demonstrating that ethics is a priority, communicating clear expectations for ethical practice, role modeling ethical decision-making and supporting RLMCMH's ethics program. Our Chief Executive Officer (CEO) Ethics Lead oversees the development, dissemination and application of the ethics program and decision-making framework, and engages an external ethicist and REB as needed.

### **2. Ethics promotion**

We foster an environment in which ethical behaviour is the standard, through sharing of information, expectations, education and role modeling of ethical behaviour and decision-making. Examples include building in an ethics component into Board and Senior Leadership team agendas, and into huddles and other meetings as relevant.

### **3. Ethics Case Consultation**

We make case consultation available to facilitate decision-making in difficult or troubling ethical situations as they unfold. Case consultation is intended to support the people involved and improve decision-making through use of discussion aided by the Board Ethical Climate Questionnaire (Appendix B) and the Ethical Decision-Making SBAR Tool (Appendix C). The Case Consultation Team typically includes stakeholders relevant to the situation e.g. Most Responsible Physician, Chief of Staff, Ethicist, representatives from the Ethics Committee

### **4. Ethics capacity-building**

We promote and support the enhancement of ethics knowledge and applied learning amongst staff, leaders and service providers in the organization, through education offered in collaboration with Lakehead University's Centre for Health Care Ethics, and situated learning in the moment.

Our multi-disciplinary **Ethics Committee** is a valuable resource to RLMCMH staff, board members, patients, and families. They lead the organization in promoting and executing all four core ethics functions. See Appendix D for Ethics Committee Terms of Reference.

#### 4. POLICY:

##### OVERARCHING POLICY

- RLMCMH values guide organizational decisions, actions and behaviours. These values are clearly and visibly communicated to Board Directors, staff, physicians, contractors, students, volunteers, patients and family.
- The RLMCMH Ethics Framework and program incorporates RLMCMH values in supporting ethical decision-making.
- RLMCMH staff and physicians are expected to comply with applicable ethics frameworks and professional standards
- There will be regular opportunities for staff to participate in ethics-related education events.
- The Board of Directors will have the Framework for Ethical Decision-Making available at all Board meetings, to be applied as needed in decision-making.
- All committees and team gatherings are encouraged to include “Ethics” as an agenda item.
- RLMCMH is committed to providing services and programs which incorporate the principles of sound research and ethical practice by encouraging and supporting relevant research and evaluation activities.
- RLMCMH will collaborate with health care and educational institutions, community planning bodies, and other community groups in contributing to relevant research.

##### ETHICS POLICY (excluding research)

RLMCMH Board member, staff member, or physician are encouraged to apply the RLMCMH Framework for Ethical Decision-Making to address ethical concerns.

An Ethics Consultation may be requested when an ethical problem or question involving an ethical situation is not satisfactorily addressed or resolved for all concerned or a RLMCMH policy with embedded ethical principles needs review

Any RLMCMH Board member, staff member, physician, patient or caregiver may submit a request for a formal ethics consultation to the Ethics Committee to promote effective decision-making and behaviour by staff involved in ethical concerns. Requests by individual members or teams may be submitted prospectively or retrospectively to this committee. These requests will be submitted to the Executive Assistant to the CEO, who will inform the CEO (Ethics Lead) or designate, and will convene the Ethics Committee.

Ethics consultations are advisory and are intended as a resource only. The ethics consultation does not to replace normal lines of communication about ethically challenging situations that have reached limits of individual or team capability to address.

All committee or individual discussions are confidential. When an ethics consultation requires discussion of confidential information with a committee or family member who would not otherwise have access to this information, patient consent is obtained.

An Ethics Consultation is intended to:

- Facilitate the discussion of ethical issues;
- Allow a patient or caregiver to discuss important ethical concerns of the patient's care;
- Aid efforts of the staff to resolve a problem which has reached an impasse;
- Facilitate action when there is serious ethical disagreement amongst care providers within the circle of care;
- Aid when communication or cooperation with the patient's substitute decision-maker is compromised; and
- Aid a patient, caregiver, staff member, or Board member in making an ethical decision.

An Ethics Consultation is not intended to address collective agreement issues.

## 5. DEFINITIONS

**Ethical Concern:** A difficult problem which is seemingly incapable of a satisfactory resolution, involving choice between equally unsatisfactory alternatives resulting from conflicting, ethical principles or standards. Ethical concerns arise from differing goals, values beliefs and/or perspectives.

**Ethics Consultation:** A review which provides a perspective or recommendation on a course of action with regards to ethical considerations relating to organizational or procurement decision-making or patient/family/care provider values conflicts or ethical concerns

**Research Ethics Board (REB):** a committee which evaluates research proposals recommends they either be accepted, amended or declined. This committee follows TCPS 2 (2014) guidelines and other relevant guidelines in determining its composition and evaluation approach. It includes a mix of subject matter experts, legal experts and academic experts. It excludes senior leaders in the organization in which the research evaluated is to take place

## 6. PROCEDURE FOR ETHICAL ISSUE RESOLUTION:

1. There shall be a copy of the Framework for Ethical Decision-Making in all workplaces (e.g. nursing station, information board).
2. The framework can be used by any staff to discuss, explore and resolve ethical issues.
3. Whenever possible, staff is advised to consult with other colleagues or manager when seeking an explanation or interpretation to an ethical concern prior to requesting an ethics consultation with the Ethics Committee.
4. Ethical issues that cannot be resolved at the program level will be brought forward in the organization through the CEO (Ethics Lead).
5. At the request of healthcare providers, patients or their family members, the Ethics Lead will facilitate an consultation with the Ethics Committee and the relevant people involved to help clarify the nature of an ethical issue, explore ethically acceptable alternatives and identify a path forward.

6. The ethics consultation process may involve the services of a health care ethicist from the Centre for Health Care Ethics at Lakehead University, at (807) 343-8126 and, if time sensitive, email Dr. Kristen Jones-Bonofiglio [Kristen.Jones@lakeheadu.ca](mailto:Kristen.Jones@lakeheadu.ca) and Dr. Ryan Tonkens at [bioethics.chce@lakeheadu.ca](mailto:bioethics.chce@lakeheadu.ca). The CEO (Ethics Lead) initiates this involvement.

## DOCUMENTATION:

The following summarizes the documentation of ethics consultation activities:

Location	Content	By whom
Patient chart	<ul style="list-style-type: none"> <li>Summary of Ethics Committee's consultation               <ul style="list-style-type: none"> <li>Who met</li> <li>Recommendations and rationale</li> <li>Action plan</li> <li>Follow up plan</li> </ul> </li> </ul>	Primary Nurse or Nurse Manager
Ethics Committee Meeting Minutes	<ul style="list-style-type: none"> <li>Summary of ethics consultations, drawn from Ethics Activity Tracking Tool (Appendix E):               <ul style="list-style-type: none"> <li>Number of consultations</li> <li>Lessons learned</li> <li>Education to consider</li> </ul> </li> <li><b>*Maintain patient/family confidentiality, as per our Hospital policy</b></li> </ul>	Executive Assistant
Board report	<ul style="list-style-type: none"> <li>Information in Ethics Activity Tracking Tool (Appendix E)</li> </ul>	CEO or delegate

## Appendix A

### Ethics framework components

#### Three Ethical Domains:

1. Organizational ethics - overarching
2. Care delivery/clinical ethics
3. Research ethics

#### Four core functions of the Ethics Committee

1. Ethical leadership
2. Ethics promotion
3. Ethics consultation
4. Ethics capacity-building



RLMCMH Values which guide our Ethics Committee:



**Appendix B**  
**Board Ethical Climate Questionnaire**

**RLMCMH Board of Governors: Maintaining a Strong Ethical Climate**

*As public servants, RLMCMH Board and leaders are responsible for maintaining the public trust, placing duty above self-interest, and managing resources responsibly.*

*As a healthcare provider, RLMCMH Board and leaders have a fiduciary obligation to meet the healthcare needs of patients in the context of an equitable, safe, effective, accessible, and compassionate healthcare delivery system.*

*As an employer, RLMCMH Board and leaders are responsible for creating a workplace culture based on integrity, accountability, fairness, and respect.*

**Ethical Tests:**

**Fiduciary Test:**

Are we promoting the healthcare interests of present and future populations in a fair and even-handed way?

**Fair Dealing Test:**

Are we dealing fairly with all parties by respecting their rights?

\* All parties includes patients, families, providers, and the general population.

\* Rights include legal and moral rights; some rights are to specific outcomes and others are to fair processes .

**Good Stewardship Test:**

Are we acting as good stewards by using public resources efficiently for legitimate intended purposes?

**Public Processes Test:**

Are we using open and accountable process?

**Appendix C**  
**Ethical Decision-making SBAR Process and Documentation Tool**  
**S**ituation, **B**ackground, **A**ssessment, **R**ecommendation

**Date of consultation:** September 11, 2020

**Ethical question to be addressed:** Should Red Lake have an Obstetrical Program?

**Present:**

- Ryan Tonkens (Lakehead)
- Meghan Gilbert
- Marcia Scarrow
- Dr. Andrew Gloster
- Dr. Diane Zielke
- Heather Lawlor
- Janine Maxwell
- Sue LeBeau

**Step 1:** **S**ituation

**Step 1:** **S**ituation

<b>S</b> I T U A T I O N	<ol style="list-style-type: none"> <li>1. What are the facts? What do we know?</li> <li>2. What are we wondering about?</li> <li>3. Why do we need to make a decision now?</li> <li>4. Who are the stakeholders?</li> <li>5. Who needs to be involved in the decision-making?</li> <li>6. What values are in conflict?</li> <li>7. Who has the authority to make the decision? / Who owns the problem?</li> </ol>
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**Step 2:** **B**ackground

<b>B</b> A C K G	<p><b><u>Law, Standards and Regulations:</u></b></p> <ol style="list-style-type: none"> <li>1. Have professional codes of conduct, standards of care and best practice been considered?</li> <li>2. Are there existing relevant organizational policies and/or strategic priorities to consider?</li> </ol> <p><b><u>Engagement and Empowerment:</u></b></p>
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R O U N D	3. Have we engaged the patient?
	4. Have the relevant different viewpoints been considered?
	5. Has our level of engagement been appropriate with the community?

Step 3: **A**ssessment – Ethical Principles applied during the ethical decision-making process

A S S E S S M E N T	<b><u>Care and Compassion:</u></b>
	1. How have we demonstrated care and compassion to patients, families, staff and our community?
	 <b><u>Respect for Person:</u></b>
	2. Have we considered the rights, choices and autonomy of patients, families and staff?
	3. Are we living our values (check if yes):
	<input type="checkbox"/> Respect
	<input type="checkbox"/> Keeping our Word
	<input type="checkbox"/> Speaking Up for Our Patients and Community
	<input type="checkbox"/> Being Inclusive
	<input type="checkbox"/> Working Together
	<b><u>Fairness and Accountability:</u></b>
	4. Is our process fair, relevant, acceptable for public scrutiny, and enforceable?
	5. Are we being good stewards of our resources?
	6. Have we considered the consequences of our action for all concerned?
	<b><u>Fidelity</u></b>
	7. Are we maintaining trust, confidentiality, and ensuring informed consent?
	8. Are we maintaining the integrity of the relationship between the patient/client and care provider?

	<p><b><u>Options:</u></b></p> <p><b>9. What are our options and potential outcomes of each?</b></p> <p><b>10. Is doing nothing an option?</b></p>
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Step 4: **R**ecommendation

<b>R</b>  E C C O M M E N D A T I O N	<p><b>1. What is the “Least undesirable” option?</b></p> <p><b>2. Why did we choose this option?</b></p> <p><b>3. Who has to take action?</b></p> <p><b>4. What is the implementation plan?</b></p> <p><b>5. What is the communication plan/education strategy?</b></p> <p><b>6. Are we being transparent in our decision-making?</b></p> <p><b>7. How do we evaluate/revise the action plan if required?</b></p> <p><b>8. How and where will we document this decision?</b></p>
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## **Appendix D**

### **Health Ethics Committee Terms of Reference**

#### **1. PURPOSE**

- To provide a multi representative forum to assist staff, physicians, patients and families to recognize ethical dilemmas in the areas of clinical and non-clinical practice and the organization.
- To encourage reflection and increase the level of consciousness about ethical issues among staff and physicians.
- To discuss and facilitate the application of an ethics lens to hospital decision-making, policies and practices.

#### **2. FUNCTIONS**

##### **Four core functions:**

1. Ethical leadership
2. Ethics promotion
3. Ethics consultation
4. Ethics capacity-building

##### **Detailed functions:**

- To facilitate application of an ethical lens in the review of and provide recommendations about clinical and administrative policies and clinical procedures and practices.
- To discuss clinical, professional and administrative ethical issues and ways in which these issues may affect patient care, staff, and other hospital operations.
- Review internal and external trends to recommend and arrange for educational activities and reference materials to support an ethical organization.
- To ensure that an accessible ethical consultation process that includes the bioethicist of the Centre for Health Care Ethics (CHCE) is developed and known to staff, physicians, patients, families and alternate decision-makers.
- To participate in ethics consultations at the call of the Ethics Lead upon request, in matters requiring ethical interpretation and decisions concerning organizational, procurement, clinical or research ethics
- To provide an opinion as to whether research proposed to be done at RLMCMH with involvement of patients, families and/or staff and already approved by a qualified research ethics board is suitable to proceed in our organization.
- To ensure the work of the Ethics Committee is in alignment with the work of the CHCE, (Thunder Bay) and the Mission-Vision-Values of the Red Lake Margaret Cochenour Memorial Hospital.

#### **3. MEMBERSHIP**

Membership representative of a broad range of health care disciplines and organization staff:

- Chief Executive Officer
- Chief Nursing Officer or delegate
- Director of Patient Relations and Risk Management
- Physician
- Pharmacy team member
- Laboratory team member
- Frontline nurse
- Frontline allied healthcare team member
- Other interested staff as appropriate (not part of quorum)
- Patient and Family Advisory Committee PFAC representative
- Executive Assistant (Recording Secretary)

#### **4. CHAIR**

The Chief Executive Officer shall be the Chair of the Healthcare Ethics Committee, and the Ethics Lead. The role includes:

- Upon patient, family, staff or Board request, convening the Ethics Case Consultation Team to address and support decision-making in specific ethical issues
- Determining the composition of the Ethics Case Consultation Team e.g. Most Responsible Physician, Chief of Staff, Ethicist, representatives from the Ethics committee
- Ensuring the case consultation takes place in a safe, confidential environment conducive to candid conversation, debate, consensus-building and decision-making

#### **5. MEETINGS**

- Quarterly from September to June and as necessary
- Minutes will be circulated to Committee members
- Reference to particular patients/residents will be anonymous.
- A quorum shall consist of at least 40% of the membership of the Committee

#### **6. REPORTING STRUCTURE**

The Ethics Committee will report to the Quality Committee of the Board.

#### **7. DECISION MAKING PROCESS**

Decisions will be made by consensus of the attending members with regard to the mandate and objectives of the committee.

#### **8. RESOURCE**

The RLMCMH will continue to hold institutional membership with the Centre for Health Care Ethics, Lakehead University in Thunder Bay. The hospital will access the CHCE for clinical ethics consultations and education workshops for staff.

## Appendix E

### Ethics Activity Tracking and Board Reporting Tool

Excel tool must be completed using this link:

<file:///\\rldc01\GroupData\SLT\Ethics\Ethics%20Committee%20Activity%20and%20Tracking%20Tool.xlsx>

The tool contains the following:

**Tab 1: Research**

Research Title	Research Lead	Research Lead Contact Information	Researcher's Affiliation (e.g. hospital, university)	Name/Affiliation of Approving REB	REB Approval Date	RLMC MH most relevant Manager	RLMC MH Manager approval date	Ethics Committee Evaluation Date	Ethics Committee Approval Date	Date for Start of Study	Annual REB Review due date	Annual REB review completion and approval date	Anticipated Date for End of Study	Study Status	Adverse/Unanticipated Events (describe event, and action plan)

**Tab 2: Ethics Activities at RLMCMH**

Date	Overall Reason for Meeting	Full committee or Ethics Consultation team only	Outcome/lessons learned

## **Appendix F**

### **Information Required from Researchers Wanting to do Research at RLMCMH**

Researchers wanting to perform research at RLMCMH must provide the following, in writing to the Ethics Lead.

1. Declaration of support from NE LHIN sponsoring RLMCMH Managers
2. Approval from a formal TCPS2-compliant Research Ethics Board (REB)
3. Research question
4. Rationale for conducting research
5. Target subjects
6. Specific support needed from RLMCMH
7. Recruitment method
8. Expected contribution to knowledge base
9. Expected timelines
10. All recruitment materials
11. All consent forms, including
  - (i) purpose of the research
  - (ii) benefits envisaged
  - (iii) any inconveniences
  - (iv) tasks to be performed
  - (v) rights of the subject, e.g. the right to withdraw at any time without penalty, the right to confidentiality of personal information
  - (vi) risks involved
  - (vii) name(s) of the person(s), group(s) or institution(s) eliciting or receiving the consent (TCPS2, 2018)
12. How you will meet each TCPS 2 requirement, including:
  - (i) protecting privacy and confidentiality
  - (ii) protection of vulnerable subjects