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St Vincent's Healthcare Group Policy	Ethical Framework
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Document Author:	Dr. Alan Smith	Document Owner:	Dr. Alan Smith
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Related Documents:	EXT-2 Dignity at Work Policy (HSE, May 2009)		
Key Stakeholders:	Name:	Title:	Location:
	Kay Connolly	CEO	SVUH
	Dr. Alan Smith	Director of Quality & Patient Safety	SVUH
	Mary Connolly	Director of Nursing	SVPH
	Bernie Farrelly	Quality and Risk Manager	SMH

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Table of Contents

1.0	Ethical Framework.....	4
1.1	Autonomy	4
1.2	Beneficence	4
1.3	Non-maleficence	4
1.4	Justice.....	4
2.0	Ethical Dilemmas in St Vincent’s University Hospital	4
3.0	The Cultural Approach to Ethical Issues in St Vincent’s University Hospital.....	5
4.0	The Operational Approach To Ethical Issues In St Vincent’s Healthcare Group....	6
5.0	References.....	6
6.0	Document Control	6
7.0	Appendices.....	7

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Q-Pulse Ref. Number: PPG-ORG-389	Active Date: 12/09/2018	Version Number: 02	Page 3 of 8

1.0 Ethical Framework

Bioethicists often refer to the four basic principles of health care ethics when evaluating the merits and difficulties of medical procedures. Beauchamp and Childress' Four Principles [1] is one of the most widely used frameworks and offer a broad consideration of medical ethics issues. Ideally, for a medical practice to be considered 'ethical', it must respect all four of these principles: autonomy, beneficence, non-maleficence and justice.

1.1 Autonomy

Requires that the patient have autonomy of thought, intention, and action when making decisions regarding health care procedures. Therefore, the decision-making process must be free of coercion or coaxing. In order for a patient to make a fully informed decision, she/he must understand all risks and benefits of the procedure and the likelihood of success.

1.2 Beneficence

Requires that the procedure be provided with the intent of doing good for the patient involved. Demands that health care providers develop and maintain skills and knowledge, continually update training, consider individual circumstances of all patients, and strive for net benefit.

1.3 Non-maleficence

Requires the avoidance of the causation of harm; the healthcare professional should not harm the patient. All treatment involves some harm, even if minimal, but the harm should not be disproportionate to the benefits of treatment.

1.4 Justice

The idea that the burdens and benefits of new or experimental treatments must be distributed equally among all groups in society. The health care provider must consider four main areas when evaluating justice: fair distribution of scarce resources, competing needs, rights and obligations, and potential conflicts with established legislation.

2.0 Ethical Dilemmas in St Vincent's University Hospital

There are numerous kinds of ethical matters faced by our healthcare staff, some may be clinical and some may be related to the organisation's day to day operations. Some of the most common include

- Consent
- Confidentiality
- End of life decisions
- Access to patient records

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Q-Pulse Ref. Number: PPG-ORG-389	Active Date: 12/09/2018	Version Number: 02	Page 4 of 8

- Disagreement between patients and their families regarding care
- Procurement practices
- Accurate billing of services
- Patient populations with specific beliefs
- Donor and transplant decisions
- Participation in research (St Vincent's Healthcare Group has an approved Research Ethics Committee)

3.0 The Cultural Approach to Ethical Issues in St Vincent's University Hospital

An ethical approach to work is embedded into our individual and collective day to day activities. St Vincent's University Hospital endeavors to support and guide staff when faced with ethical matters.

- a) The **induction programme** for all staff communicates the culture that everyone is responsible for preserving and promoting an ethical understanding and integrity of his or her activity and profession.
- b) **Professional guidelines**
 - Guide to professional conduct and ethics for Registered Medical Practitioners (8th Edition 2016) [2]
 - Code of professional Conduct and Ethics for Registered Nurses and Registered Midwives (December 2014)[3]
- c) **Policies, procedures and guidelines** to provide a consistent framework for staff to carry out their responsibilities. For example (not an exhaustive list)
 - SVUH Annual Service Plan
 - Blood refusal policies
 - Consent policy
 - CPR/DNR policies
 - Data Protection Guidelines
 - Freedom of Information Guidelines
 - Dignity at work
 - Open Disclosure
 - Procurement policies and contract agreements
 - Trust in Care
 - Waiting List Policies
 - Research Ethics Committee

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Q-Pulse Ref: Number: PPG-ORG-389	Active Date: 12/09/2018	Version Number: 02	Page 5 of 8

4.0 The Operational Approach To Ethical Issues in St Vincent's Healthcare Group

- a) **Level 1:** When healthcare professionals and other staff are faced with a potential ethical issue the first point of contact for support is to their Line Manager/Head of Department/Lead Consultant/Clinical Director and/or Clinical Risk Advisor in the Department of Quality and Patient Safety
- b) **Level 2:** Where a wider consultation is required for a particular ethical issue the Head of Department/Clinical Director can seek the support of the Hospital Executive Management/Leadership Team at any point.
- c) **Level 3:** The Hospital Executive Management/Leadership Team will seek external support as/when required to help address any specific ethical issue e.g. clinical ethicist, Medical Council, State Claims Agency, Medical Protection Society, Royal College of Physician's, HSE, legal advisors.

This approach is to ensure that irrespective of the ethical issue that may emerge that a systematic approach is utilized to ensure that any ethical issue can be resolved with the input of the required expertise.

5.0 References

1. Beauchamp and Childress; Principles Biomedical Ethics, OUP, 5th edition 2001
2. Guide to professional conduct and ethics for Registered Medical Practitioners (8th Edition 2016)
3. Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (December 2014)

6.0 Document Control

Policies are available to support clinicians/clinical staff should they need advice and it is the responsibility of the individual to know how to access policies

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Q-Pulse Ref. Number: PPG-ORG-389	Active Date: 12/09/2018	Version Number: 02	Page 6 of 8

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7.0 Appendices

Appendix 1 Example of applying the four principles framework

Mrs. Y is 56 years old and has a learning disability. She is admitted to hospital with an ovarian cyst. The cyst is blocking her ureter and if left untreated will result in renal failure. Mrs. Y would need an operation to remove the cyst. Mrs. Y has indicated quite clearly that she does not want a needle inserted for the anaesthetic for the operation to remove the cyst, she is uncomfortable in a hospital setting and is frightened of needles.

- The clinician is concerned that if the cyst is not removed Mrs. Y will develop Renal failure and require dialysis which would involve the regular use of needles and be very difficult to carry out given her fear of needles and discomfort with hospitals.
- The anaesthetist is concerned that if Mrs. Y does not comply with the Procedure then she would need to be physically restrained.
- Mrs. Y's niece visits her in the care home every other month. The niece is adamant that her aunt should receive treatment.

Should the surgeon perform the operation despite Mrs. Y's objections?

Respect for autonomy:

The principle of respect for autonomy entails taking into account and giving consideration to the patient's views on his/ her treatment. Autonomy is not an all or nothing concept. Mrs. Y may not be fully autonomous (and not legally competent to refuse treatment) but this does not mean that ethically her views should not be considered and respected as far as possible. She has expressed her wishes clearly; she does not want a needle inserted for the anaesthetic. An autonomous decision does not have to be the 'correct' decision from an objective viewpoint. Otherwise individual needs and values would not be respected. However an autonomous decision is one that is informed – has Mrs. Y been given enough information, in a manner that she can comprehend?

Beneficence:

The healthcare professional should act to benefit his/her patient. This principle may clash with the principle of respect for autonomy when the patient makes a

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Q-Pulse Ref. Number: PPG-ORG-389	Active Date: 12/09/2018	Version Number: 02	Page 7 of 8.

decision that the healthcare professional does not think will benefit the patient – is not in her best interests. Here we should consider both the long term and short-term effects of overriding Mrs. Y's views. In the short-term Mrs. Y will be frightened to have a needle inserted in her arm and to be in hospital – this may lead her to distrust healthcare professionals in the future and to be reluctant to seek medical help. In the long term there will be a benefit to Mrs. Y in having her autonomy overridden on this occasion. Without treatment she will suffer serious and long-term health problems that would require greater medical intervention (ongoing dialysis) than the treatment required now (operation). The benefits of acting beneficently would need to be weighed against the dis-benefits of failing to respect Mrs. Y's autonomy.

Non maleficence

Do no harm to the patient. Here, Mrs. Y would be harmed by forcibly restraining her in order to insert the needle for anaesthesia. On the other hand if she is not treated now she will require ongoing dialysis a number of times per week. If she does not comply with dialysis it would be impractical to administer and may require restraint. Which course of action would result in the greatest harm? This assessment relies on assumptions: how successful is the operation likely to be; how likely will Mrs. Y comply with dialysis?

Justice

It would be relevant to consider cost effectiveness of the treatment options for Mrs. Y, and the impact the decision about her treatment has on the availability of treatment for others (awaiting dialysis).

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Q-Pulse Ref. Number: PPG-ORG-389	Active Date: 12/09/2018	Version Number: 02	Page 8 of 8