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McGill University  
Health Centre

## **McGill University Health Centre Ethics Framework**

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## List of acronyms

BoD:	Board of Directors
CAE:	Centre for Applied Ethics
CEC:	Clinical Ethics Committees (two committees)
CoN:	Council of Nurses
CPDP:	Council of Physicians, Dentists and Pharmacists
CODIR:	Senior Leadership Committee
CUC:	Central Users Committee
DGA:	Associate Director General
DQEPE:	Department of Quality, Evaluation, Performance and Ethics
EWG:	Ethics working group
GEC:	Governance and Ethics Committee
GIS :	<i>Groupe interdisciplinaire de soutien</i>
MAC:	Medical Administrative Committee
MDC:	Multidisciplinary Council
MSSS:	Ministry of Health and Social services
MUHC:	McGill University Health Centre
OEAC:	Organizational Ethics Advisory Committee
PDG:	President and Executive Director
PDGA:	Associate President and Executive Director
REAC:	Research Ethics Advisory Committee
REB:	Research Ethics Board

## 1. Vision

The McGill University Health Centre (MUHC) exists for the health and wellbeing of its patients. That is why the MUHC commits to continuously improving the quality of services offered to patients and their families. This goal cannot be achieved without taking into account the ethical dimensions that influence the work of staff, physicians, managers, and researchers. Indeed, the MUHC considers the prevention and management of situations with an ethical dimension to be fundamental to its quest for excellence. At the MUHC, applied ethics takes into account the complex and difficult issues that arise in day-to-day activities in order to find practical, concrete solutions, which is how it differs from normative ethics.

The MUHC's vision of ethics is rooted in the institution's vision, mission and values (statement available in Appendix 1). In this respect:

- The MUHC is a leader in applied ethics. Recognizing the principle that ethics is everyone's responsibility, it has developed an organizational culture where ethics plays a leading role. In keeping with this commitment, it also adopts « l'approche de partenariat entre les usagers, leurs proches et les acteurs en santé »<sup>1</sup>. It shares its expertise on a local, national and international scale.
- The MUHC's approach to ethics extends to every aspect of its mission, that is, clinical care, research, teaching and health technology assessment.
- The MUHC's organizational values—service, innovation, leadership and partnership<sup>2</sup>—are at the foundation of the institution's ethical analysis processes.

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<sup>1</sup> Approach promoted by the ministère de la Santé et des Services sociaux (MSSS) in the *Cadre de référence de l'approche de partenariat entre les usagers, leurs proches et les acteurs en santé et en services sociaux* (2018).

<sup>2</sup> It is planned that the MUHC's organizational values be redefined.

## 2. Objectives, Terminology, Scope and Responsibilities Regarding this Ethics Framework

### Objectives of the framework

As a guidance document, this framework has two main objectives:

- 1) To set out the MUHC's vision on ethics as well as its approach, structural framework and method of ethical analysis;
- 2) To promote and support ethical practices and decision-making at all levels and across all MUHC teams.

### Terminology

Several terms are used to define the vision of applied ethics and its practices: "conceptual framework," "framework," "program," etc. The term "ethics framework" has been chosen for the purposes of this document, because it covers all of the elements that make up the MUHC's vision, approach, structure and method in ethics, going beyond the simple presentation of conceptual notions.

### Scope of the framework

This framework focuses on clinical ethics, ethics of innovative care, research ethics, and organizational ethics. It serves as a relevant reference for the entire MUHC community<sup>3</sup>, in particular by clarifying the organization's vision, helping managers implement the structural framework and guiding all members of the community in their ethical analyses.

### Responsibilities under the framework

Responsibilities under this ethics framework are distributed as follows (see Figure 1):

- Under the organization chart set out by the Ministère de la Santé et des Services sociaux (MSSS) the Department of Quality, Evaluation, Performance and Ethics (DQEPE) is responsible for establishing a body that offers ethics services. It sets up the processes for developing and updating the framework and promotes its dissemination.
  - The Centre for Applied Ethics (CAE) reports to the DQEPE and is responsible for providing ethics services within the MUHC. It drafts the different sections of the framework while incorporating stakeholder comments and updates it every five years.

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<sup>3</sup> For the purposes of this document, the term "MUHC community" includes patients and their families, employees, physicians, dentists, pharmacists, researchers, managers, board members, consultants, trainees and volunteers of the MUHC.

- The Senior Leadership Committee (CODIR) and the Board of Directors (BoD) comment on and approve the framework and its updates.
- The DQEPE as well as all MUHC managers and entities whose mandate includes ethics are responsible for disseminating the ethics framework.
- All individuals, teams and entities are responsible for referring to the framework to guide their practices, their behavior and their decision-making processes.

**Figure 1. Responsibilities pertaining to the ethics framework**



### 3. Approach

To achieve its vision, the MUHC has chosen to directly involve its community members in the ethics processes and build their capacity while turning to internal ethics experts for support and guidance.

#### **Direct involvement and capacity building**

In order to develop an organizational culture that makes ethics analysis an essential step in the prevention and management of situations with an ethical dimension, the MUHC relies on the direct involvement and capacity building of community members.

The MUHC's ethics framework calls on individuals and teams to participate in ethical analysis, especially through ethical thought and discussion processes and structures, which are incorporated into the institution's organizational chart and operations.

The framework also includes a set of capacity building initiatives through which community members can be informed, educated, trained and equipped to handle ethical issues. Capacity building is reflected in ethics training activities which are offered to the community (Appendix 2) and tools specific to applied ethics (Appendix 3) as well as in the use of ethics guidelines, including but not limited to normative documents (statements of values and principles, codes of ethics and professional conduct, professional standards, policies, regulations and laws) (Appendix 4).

Additionally, the development and dissemination of this ethics framework—which includes practical definitions, clarifies the ethical analysis processes and presents available services—is itself a capacity building tool that demonstrates the institutionalization of ethics at the MUHC.

#### **Internal expertise in applied ethics**

The MUHC has developed internal expertise in applied ethics to serve the MUHC community in all aspects of its mission. This expertise can be found at the MUHC's CAE.

The CAE has a mandate to support and guide individuals, teams and entities at the MUHC in situations where opposing values raise or may raise significant issues or ethical dilemmas. The CAE performs ethical analyses and searches for pragmatic solutions to everyday challenges, at all levels and in all aspects of life at the MUHC, by considering the underlying values and principles of each situation and interpreting the applicable normative framework. It is respectful of the MUHC community's moral plurality and adapts to the diverse social and cultural contexts. It operates, as far as possible, by seeking consensus. With respect to research ethics review, the CAE's approach is determined by compliance with the applicable regulatory framework.

The CAE's expertise is said to be integrated because it covers four domains (clinical ethics, the ethics of innovative care, research ethics and organizational ethics) that are found within a single unit.

The CAE fulfills its mandate by providing professional ethics services. CAE professionals have academic and practical training in applied ethics. They support individuals, teams and entities facing an ethical issue by applying a set of methods and techniques specific to the field of applied ethics.

True to the MUHC's spirit of innovation and excellence, the CAE also works in collaboration with university and academic institutions. It carries out teaching, research, knowledge transfer and evaluation activities, which reflect the reach of its expertise.

#### **Scope of applied ethics and the four ethics domains at the MUHC**

##### **Applied ethics**

In applied ethics, normative principles serve as a basis for deliberation, but the emphasis is on the analysis of ethical dilemmas where conflicting values are morally legitimate and must be weighed on a case-by-case basis.

##### **Clinical ethics**

Clinical ethics applies to practices and decision-making regarding clinical care for patients.

##### **Ethics of innovative care**

The ethics of innovative care applies to practices and decision-making regarding innovative care with a therapeutic focus for the patient.

##### **Research ethics**

Research ethics applies to health research activities and the evaluation of research protocols submitted to the MUHC's Research Ethics Board (REB) to promote the best interests of all participants, including patients, and support high-quality research.

##### **Organizational ethics**

Organizational ethics applies to practices and decisions that are either administrative in nature or multi-departmental and that have a significant impact on the organization.

## 4. Structures, Roles and Responsibilities Regarding Ethics

Following its vision and approach to ethics, the MUHC has set up structures, each with a specific role and responsibilities with regard to ethics.

Firstly, the structures directly involve individuals and teams at the MUHC in the processes to prevent and manage ethical issues. They are either integrated to the decision-making structures that are already established at the MUHC or are created as distinct entities who are responsible for ethics as well as *ad hoc* spaces for reflection and deliberation on ethics.

Secondly, the structural framework also provides for multiple and varied processes for support and guidance in ethics, in particular through the participation of CAE ethics professionals within the responsible entities. The CAE's expertise is also available to all employees, physicians, dentists, pharmacists, managers, researchers and teams through various mechanisms.

The structures are grouped into three categories according to their role in ethics: *leadership*, *participation*, or *expertise and support*. The diagram on the right illustrates these three types of roles and lists the entities corresponding to each category.<sup>4</sup>

Figure 2. Ethics roles at the MUHC



<sup>4</sup> The three categories are not mutually exclusive, since the second category includes all individuals and teams in the MUHC community.

The structures, their roles and their responsibilities in ethics are presented in more detail in the pages that follow. A complete outline of the process for preventing and managing situations with an ethical dimension is available in Appendix 5. A list of entities whose main mandate includes ethics as well as the reference to their specific mandate or terms of reference is provided in Appendix 6.

## Leadership

Individuals and entities with a leadership role in ethics at the MUHC are aware of the importance of adopting ethical behaviour and making the best possible decisions for the good of patients, the institution, and the teams, especially since they serve as a model and their decisions are likely to affect all members of the community.

To do this, they respect the ethics framework as well as the various guidelines applicable to their field of practice. They refer to the vision, mission and organizational values to guide decision-making. They are actively involved in building their capacity in ethics. The CAE's services are at the leadership's disposal, as individuals and as entities.

Ethics leadership at the MUHC also plays an ethical decision-making role, grouping itself in entities mandated to make recommendations to the President and Executive Director and the Board of Directors.

In addition, the Ethics Working Group (EWG) is a mechanism that can be created to carry out specific projects in ethics, for example the development of a policy, a procedure or a protocol. EWGs are *ad hoc* groups composed of representatives of the stakeholders affected by the project in question and are supported by one or more ethics professionals. They are linked to a body that is responsible for the governance of the project, including ensuring that the EWGs have the necessary resources and receiving the results of the work, such as recommendations or a procedural proposal.

Individuals and entities with a leadership role in ethics are: the Board of Directors (BoD), the Council of Physicians, Dentists and Pharmacists (CPDP), the Council of Nurses (CoN), the Multidisciplinary Council (MDC), the Governance and Ethics Committee (GEC), the Central Users' Committee (CUC), the Research Ethics Board (REB), the President and Executive Director (PDG), the Medical Administrative Committee (MAC), the Senior Leadership Committee (CODIR), the Associate President and Executive Director (PDGA), the Associate Director General (DGA) and senior management. More specifically, these entities have the respective ethics responsibilities described below.

### **Board of Directors**

The Board is responsible for approving the ethics framework and promoting an organizational culture that supports the prevention and management of situations with ethical dimensions.

Board members also respect the code of ethics and professional conduct for members of boards of directors and the code of ethics of the MUHC, particularly with regard to conflict of interest provisions, confidentiality, sound management of public finances and compliance with the laws and regulations in force.

The Board ensures the appointment of REB members, ensures that it has the necessary support and receives an annual report from the REB.

### **Council of Physicians, Dentists and Pharmacists**

The MUHC CPDP is consulted on the ethics framework and encourages its members to follow it.

The CPDP plays an important role in assessing and improving the quality of clinical practice, including ethical dimensions. The CPDP has two permanent Clinical Ethics Committees (CECs), one for adult care and the other for pediatric care. They contribute to the development of clinical policies and procedures and capacity building in clinical ethics.

### **Council of Nurses**

The CN is consulted on the ethics framework and encourages its members to follow it.

The CN provides leadership in assessing the quality of nursing practice. Nurses are designated by the CN to serve on the CECs to participate in the development of clinical procedures and capacity building in clinical ethics.

### **Multidisciplinary Council**

The MDC is also consulted on the ethics framework and promotes its integration into the practices of its members.

The MDC is responsible for evaluating and improving the quality of the practices of its members. It delegates representatives to both CECs to contribute to discussions and work in clinical ethics.

### **Governance and Ethics Committee**

The Board's Governance and Ethics Committee (GEC) is consulted on the ethics framework.

The role of the GEC is to promote ethics within the MUHC. It is responsible for studying institutional policies with an ethical dimension.

The GEC's processes for decision-making and developing recommendations to the Board incorporate the principles of ethical analysis supported in this framework.

The CAE is invited to participate in the work of the CGE on an *ad hoc* basis.

### **Central Users' Committee**

The CUC is consulted on the ethics framework and participates in its promotion.

The committee has a role in improving the quality of MUHC services and therefore in the consideration of ethical dimensions.

### **Research Ethics Board**

The MUHC REB is designated under the Civil Code of Québec, and its conditions of practice are specified in legislation. The REB is accountable to the Board and its work is coordinated and supported by the CAE.

The REB is subdivided into five specialized panels: 1) Pediatrics; 2) Neurosciences - Psychiatry; 3) Clinical Trials I - Oncology; 4) Clinical Trials II - all other areas; 5) Cells, tissues, genetics and qualitative research. Each panel evaluates and provides ethical approval of research protocols submitted to it.

The REB respects the applicable regulatory framework and its membership includes the participation of members of the community. It adopts the Standard Operating Procedures (SOPs) necessary to guide REB practices.

### **President and Executive Director, Associate President and Executive Director, and Associate Director General**

The PDG, the PDGA and the DGA adhere to the ethics framework and support the MUHC's vision of ethics.

They ensure the implementation of the ethics approach as well as the structures and resources needed to ensure the execution of the ethics framework. They are responsible for the dissemination and use of the ethics framework by management. They share the ethics responsibilities of the committees and entities in which they participate, including the BoD, the GEC, CODIR, MAC and the Organizational Ethics Advisory Council (OEAC).

The PDG proposes the ethics framework for approval by CODIR and recommends it for approval by the CGE and the BoD.

In addition, the PDGA chairs the OEAC from which he/she receives and transmits opinions and recommendations. The role of the OEAC is described in the "Action" section.

### **Medical Administrative Committee**

The MAC is consulted on the ethics framework and follows it in the context of its deliberations.

A member of the CAE sits on the committee as an observer.

### **Senior Leadership Committee**

CODIR approves, adheres to and integrates the ethics framework's principles into its decision-making processes.

### **Senior management**

MUHC senior management serves as a role model for all MUHC employees and is committed to ethical behaviour.

In addition, senior management is key in decision-making processes and focuses on preventing and managing ethical issues in each of the divisions. Directors are responsible for taking charge of ethical considerations that arise in their sector and for reporting to the ethics entities to ensure the proper management of situations with a significant impact on the institution.

More specifically, the MUHC's senior management sets up EWGs when a situation requires a thorough analysis. When ethical issues arise, senior management members inform the decision-making entities and clinical or administrative coordination groups in which it participates, when relevant.

Management follows the MUHC's vision and approach to ethics, including the importance of involving employees and teams in the prevention and management of ethical issues and capacity building. It ensures the integration of ethical considerations within its teams by disseminating the ethics framework, promoting ethics training and use of ethics tools, encouraging the use of CAE services and allowing employees to participate in various committees with a mandate in ethics (e.g. CEC).

## **Participation**

All individuals, teams and entities of the MUHC play a participatory role in ethics, since ethics is everyone's responsibility.

Each individual has a duty to know his or her ethical obligations and to consider the ethical dimensions of the situations in which they find themselves.

Several entities for ethical reflection and analysis have been officially created to promote the direct involvement of members of the MUHC community in support of its mission of patient care. These entities are: CECs, the Research Ethics Advisory Committee (REAC) and the OEAC.

EWGs described in the Leadership section also enable individuals and groups to be directly involved in analyzing ethical dilemmas.

#### **All individuals, teams and entities of the MUHC**

The members of the MUHC community adhere to the ethics framework and participate in the organizational culture that promotes the prevention and management of situations with an ethical dimension. They are responsible for integrating ethical thinking into their practices, behaviour and decision-making processes.

Any staff member, physician, member of a research team or manager may use the services of the CAE, including the consulting services available in all domains. Mechanisms to access CAE support are described in the next subsection as well as in Appendix 7.

#### **Clinical Ethics Committees**

CECs are permanent interdisciplinary committees that report to the CPDP and address different ethical issues. There is one CEC for adult care and one for pediatric care. They help develop and update clinical policies and procedures with significant ethical dimensions as well as build MUHC clinicians' ethics capacities. CECs include members from both the CN and the MC.

#### **Research Ethics Advisory Committee**

The Chair of the REB, the manager responsible for the CAE and the five co-chairs of the REB meet on the REAC in order to address the cross-cutting issues in research ethics as well as the challenges of improving and harmonizing the practices of the different panels. They analyze the issues and implement or recommend improvements as needed.

#### **Organizational Ethics Advisory Committee**

The OEAC is mandated to receive ethics questions and make recommendations on clinical, research, innovative care or administrative issues that have a significant impact on the organization. More broadly, the OEAC promotes organizational ethics within MUHC.

### **Expertise and support**

The MUHC has in-house expertise in applied ethics at the DQEPE and more specifically at the CAE. The DQEPE's mandate is to support the MUHC's efforts to improve the quality of patient-centred care, which includes the prevention and management of ethical issues. The CAE is a division of the DQEPE dedicated to the support and ethical guidance of individuals, teams, entities and the institution as a whole.

### **Department of Quality, Evaluation, Performance and Ethics**

The DQEPE is responsible for planning, organizing and overseeing the structures and resources dedicated to ethics, and for promoting collaboration between the various divisions and the ethics division. It is also responsible for developing and disseminating the ethics framework within the institution.

The DQEPE and its various divisions promote ethical practices and ethical decision making at the MUHC namely through their efforts in terms of risk management, performance, knowledge transfer, patient partnership, information governance and health technologies assessment.

### **Centre for Applied Ethics**

The CAE plays a leading role in developing a culture of ethical decision making at the MUHC by virtue of its expertise and its integrated approach to applied ethics. In concrete terms, it offers a range of services to the entire MUHC community and provides the institution with a rigorous methodology for ethical analysis, which it disseminates as widely as possible<sup>5</sup>. Appendix 7 presents the mechanisms for accessing the various services according to ethical needs and the ethics domain.

The CAE's services cover the four ethics domains (clinical, research, innovative care, organizational) and include consulting services, research ethics review, support for policy development and capacity building in ethics. These services are described in the following paragraphs.

Consultation services are available for any individual or team dealing with an ethical issue or dilemma, confidentially and through a variety of mechanisms depending on the ethics domain (see Appendix 7).

The CAE also coordinates and participates in the work of the REB, which consists of the research ethics review of studies involving human participants. The CAE is also involved in improving research practices and in revising the regulatory framework for research ethics.

The CAE plays a central role in developing and updating procedures and policies with an ethical dimension, which it fulfills by providing its expertise by participating in entities such as the GEC, MAC, OEAC, REAC and the CECs and on the EWGs.

The CAE plans and implements ethics capacity building activities aimed at acquiring and maintaining knowledge, skills and know-how in applied ethics. It develops and implements an ethics training program as well as practical tools that it makes available to the teams. The CAE's ethics professionals sit on committees whose main mandate includes ethics in order to contribute its ongoing expertise. All of these initiatives are aimed at creating and maintaining organizational capacity that ensures appropriation of the ethics framework.

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<sup>5</sup> The CAE produces an annual report that can be consulted on its website to learn more about the activities it carries out each year.

The CAE is keen to maintain and improve the quality of its own services. To do so, it promotes the ongoing training of its members and has a monitoring and evaluation program to improve its activities.

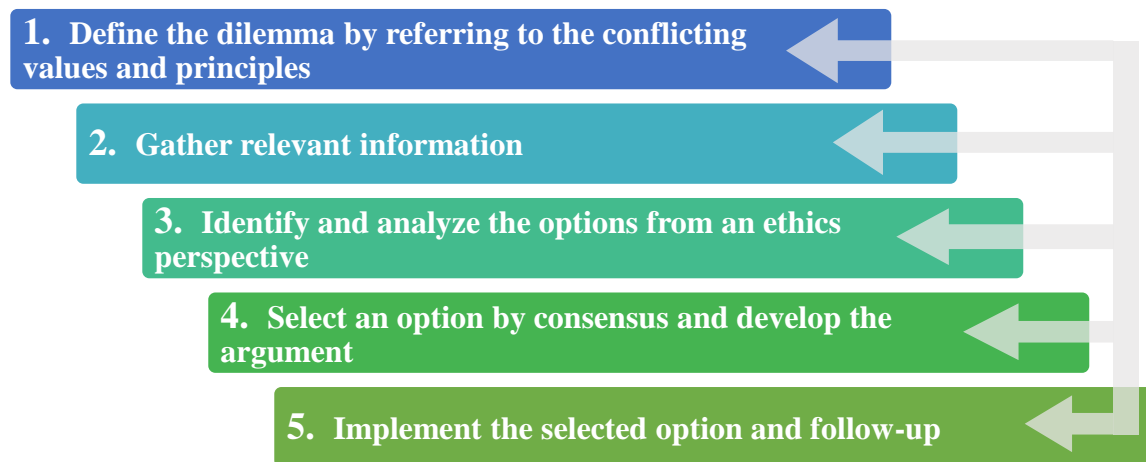
Finally, it is important to note that the CAE shares its expertise beyond the MUHC community: with the patient community, the local, national and international academic community, the health and social services network, and provincial and federal government authorities.

## 5. Method of Ethical Analysis

The MUHC's method of ethical analysis (see figure below) respects its vision and approach to ethics, as described in the first sections of this framework:

- It is a method based on values and principles, namely the organizational values (see section 1);
- In keeping with the scope of applied ethics as defined by the MUHC, it has been developed to assist individuals and teams experiencing ethical difficulties related to the day-to-day practice of their profession;
- The method involves the inclusion of all stakeholders (including patients and their families), recognition of professional autonomy, dialogue, transparency and consensus building<sup>6</sup> as essential conditions for a value-added approach to ethics;
- It is used by ethics professionals and can be used by teams through training and the dissemination of practical tools;
- It is an example of the MUHC's integrated approach, as it adapts to the unique aspects of each ethics domain;
- True to the collaborative approach with academia, it is a rigorous and systematic method of analysis developed at McGill University and tested in MUHC hospitals over the last 25 years.<sup>7</sup>

**Figure 3. The MUHC's method of ethical analysis**



<sup>6</sup> Consensus building refers to ethical analysis processes that provide an opportunity for stakeholders to be heard and that integrate different points of view into the deliberations. Solutions found by consensus reflect the wishes of as many people as possible without necessarily obtaining unanimous support.

<sup>7</sup> This method is taught in a variety of programs at McGill University's Faculty of Medicine and has been adopted by the College of Family Physicians of Canada as an integral part of the family medicine residency curriculum.

The MUHC's method of ethics analysis is an orderly sequence of steps related to the ethical dilemma in question. An ethics analysis model is used to guide the practices of CAE ethics professionals, who are experts on its use. They use the method of analysis during ethics consultations and guide the teams in its application, in particular by implementing an applied ethics training program.

A simplified version of the "Ethics Analysis Model" (see Appendix 3) is also available as a decision-making tool for any individual or team wishing to conduct an analysis of an ethical issue, preferably after having received general training from a CAE member and the expertise of an ethicist during a previous consultation.

### **Clinical ethics**

The MUHC's ethics analysis method was first developed for clinical ethics. The purpose of the first step, for example, is to help clinicians move beyond the perceived difficult choices to identify and formulate the underlying ethical dilemma. For example, the question "Should I intubate and provide mechanical ventilation to this patient or not?" would become a description and assessment of the tension between underlying values, for example between respect for patient *autonomy* and *medical beneficence*. In increasingly complex clinical situations, the reference to values remains very useful.

A robust ethical analysis is based on a full consideration of the relevant information and how it influences the perceived dilemma. In clinical ethics, the information collected is clinical, personal and social (including legal information and policies).

### **Research ethics**

The ethics analysis method outlined and described above is also used in the case of ethical dilemmas in research. Each of the steps is adapted to the specific context of health research on humans and the ethical issues involved. In the context of an incidental finding, for example, there is a tension between the *beneficence* supported by the communication of information relevant to the participant's health and the *autonomy* expressed years earlier if the participant declined to be informed.

The method of research ethics review of study protocols is largely governed by legal guidelines and applicable government policies as well as institutional policies, a list of which is provided in Appendix 4 of this framework. The MUHC adheres to the regulations in force, including the Civil Code of Québec, the Tri-Council Policy Statement and the Food and Drugs Act. These standards are interpreted in the context relevant to research participants.

Evaluations are conducted by members of the MUHC REB, which brings together all the scientific, legal and ethical expertise required by law and uses an ethical analysis method that is (1) patient-centred and; (2) proportionate to the risks.

## **Ethics of innovative care**

The ethical issues related to innovative care<sup>8</sup> are specific to this sector because of the innovative aspect of the care. It does not correspond to established standards of care and is not subject to the regulatory framework for research, because its aim is therapeutic. Ethical issues related to innovative care therefore require special attention to the scientific aspects, feasibility, consent, and fair use of resources.

Thus, the method of ethical analysis, previously developed for clinical ethics, is also used for the ethical analysis of innovative care, while giving particular importance to specific criteria, such as the scientific and medical validity of care, free and informed consent and distributive justice.

## **Organizational ethics**

Traditionally, organizational ethics has been seen as the responsibility of senior management and the Board of Directors, with an emphasis on codes of conduct and conflict of interest policies. In recent years, the MUHC has enhanced the scope of organizational ethics by integrating an administrative decision-making support structure into its approach and expertise in ethics.

Like clinical ethics, organizational ethics has evolved from "pure principlism." to include principles of the "Accountability for Reasonableness" approach, which focuses on clear and transparent processes that generate solutions based on a reasonable argumentation. In organizational ethics, the principles of stakeholder inclusion, dialogue and consensus building are all the more important as organizational dilemmas affect or have the potential to affect a large number of individuals and teams.

In recent years, the CAE has developed an innovative approach to organizational ethics by focusing on these two fundamental models with the addition of a casuistic (or "case-by-case") specificity that supports the emergence of justifiable options according to the specifics of the situation.

The MUHC's method in organizational ethics includes a logical sequence of questions, with the distinction that it prioritizes distributive justice (or equity) as an important factor in decision making within the institution. Given the variety of philosophical and analytical perspectives on the notion of justice, the role of the CAE ethics professional is to support decision-makers, including senior management, in integrating these factors into deliberations and articulating the vision that underlies decisions.

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<sup>8</sup> As stated in its mission statement, the MUHC is committed to providing exceptional quality patient-centred care. When the standard of care is no longer adequate and research protocols do not meet a patient's specific needs, MUHC clinicians strive to provide appropriate and reasonable treatments while being highly innovative.

In addition, the primary strategic focus in organizational ethics is the alignment (or consistency) between the vision, mission and values on the one hand, and the actions accomplished by individuals and teams on the other. This commitment to alignment requires particular attention to the unique qualities of the MUHC as a university hospital centre that delivers tertiary and quaternary health care and whose academic mission and research activities are omnipresent. This alignment and the principle of distributive justice are thus criteria that underpin organizational ethics analysis at the MUHC.

## Appendix 1. The MUHC's Vision, Mission and Values

### Our Vision

As one of the world's foremost academic health centres, the MUHC will assure exceptional and integrated patient-centric care, research, teaching and technology assessment.

### Our Mission

The MUHC is the adult and pediatric academic health centre that is partnered with McGill University. Our mission is to:

Offer our pediatric and adult patients as well as their families compassionate exemplary care, with a specific commitment to treating complex cases;

Extend the limits of health knowledge through research and integrate this new knowledge to our clinical and teaching practices;

Provide outstanding health science education to healthcare providers, administrators and the community; and

Assess the introduction, acquisition and use of health technologies and the methods of organizing and providing services.

### Our Values

Service: Patients and their families are our raison d'être. We provide compassionate multidisciplinary care of the highest quality and safety throughout a person's lifespan. We relate to patients and their families in a transparent way that respects their dignity as well as their cultural and linguistic needs.

Innovation: We foster a culture of inquiry and innovation. We make evidence-informed decisions. We strive continuously to improve our efficiency and efficacy.

Leadership: We develop, use and disseminate continuously new knowledge and expertise that can benefit patients locally and globally. We exercise our influence with a view to improving the functioning of the healthcare system at the local, regional, national and international levels.

Partnership: We work in collaboration with our employees, our ambassadors, as well as our health network partners to ensure comprehensive integrated services across the continuum of care for the population we serve.

## Appendix 2. Ethics Training Activities

### Ethics Training Activities

#### **Preamble**

The MUHC adopts an innovative, integrated approach to applied ethics which was developed at McGill University and time-tested in the MUHC hospitals over the last 25 years.

The MUHC and its Centre for Applied Ethics (CAE) believe in the involvement of each member of the MUHC community in integrating ethics into their decision-making processes. In an effort to push out ethics to the front lines and build capacity, the CAE offers a structured Ethics Training Program to the MUHC community including staff, physicians, research teams, students as well as patients and their families. The CAE's ethics professionals and staff take part in various needs-based trainings throughout the community. This training program is described below.

#### **Objectives**

The objectives of the CAE ethics training program are to promote knowledge of ethics issues and ethics resources, build ethics capacity and ultimately promote and foster a culture of strong ethics leadership amongst MUHC staff and physicians. The CAE also believes in promoting awareness of important ethical issues and providing ethics education to members of the broader MUHC community including patients, families and members of the public.

#### **Scope**

Training opportunities are offered in all four ethics domains covered by the CAE including clinical ethics, the ethics of innovative care, research ethics and organizational ethics. Trainees include clinicians, research teams, managers and broader community.

#### **Needs-based training**

Training activities are tailored to meet the needs of their target audience. The CAE regularly conducts informal and formal ethics education need assessments. These include: discussion with department heads and unit managers on pressing ethical concerns and ethics education needs of MUHC staff, physicians and researchers; identification of areas requiring ethics education and follow-up after case consultation; following up on specific requests from managers to educate staff on specific ethical topics and trends; and conducting surveys of healthcare professionals to determine ethics knowledge gaps and preferred training activities.

## Themes

Depending on the needs expressed by various groups, the ethics trainings touch upon these themes: CAE resources and processes, basic bioethics knowledge and skills, specialty specific trainings and ethics topics, trends, issues, and case-related.

## Continuous evaluation and quality improvement

The CAE continually evaluates its training activities for relevance and effectiveness. Written feedback (see appendix 1 - CAE Training Evaluation Form) is solicited after each training activity and reviewed by CAE staff. This feedback is incorporated into improving CAE training opportunities and performance

**Chart 1. List of trainings given on a regular basis according to audience, format and topic**

Audience	Format	Topic
Residents	Small group case based learning	Ethics of clinical practice
	Interactive lecture	Royal College of Physicians and Surgeons examination preparation
MUHC Nurses	Genesis	Nursing Ethics
	Lunch and Learns	Nursing ethics
Staff and physicians	Ethics grand rounds	Neuro ethics Pediatric ethics Ethics of family medicine
	Ethics Lectures	Variable
	Team rounds	Variable
	Debriefs	Variable
Administration	Small group teaching	Organizational ethics
Physicians, clinicians and research staff	Lecture	Nagano training
	Departmental presentation	Research ethics training
Patients, families and broader MUHC community	Lecture	Variable

## Format description

Resident teaching sessions: 1-2 hour educational sessions led by an ethics professional provided to resident specialty groups focusing on ethical issues related to that specialty. These sessions also cover core bioethics content and familiarize residents with ethics resources (including CAE services and the CAE Ethical Decision Making Tool.) Resident teaching is offered regularly and on request.

Genesis sessions: 1 hour educational sessions led by an ethics professional to junior MUHC nurses. Presentation and discussion are focused on ethical issues specific to that unit and also provides an overview of core bioethics principles and available ethics

resources (including CAE services and the CAE Ethical Decision Making Tool.) Genesis sessions are offered regularly and on request.

Lunch and learns: 1 hour sessions led by an ethics professional that are (usually) open to all clinicians interested in participating (most often nurses and allied health staff). Topics are chosen in discussion with unit managers to reflect topical ethical cases or issues on a unit, and sessions generally consist of a presentation followed by discussion. Lunch and learns are scheduled on request.

Ethics debriefs: 1-2 hour debriefs are led by an ethics professional and provide clinical staff, involved in a particularly challenging or morally distressing case, an opportunity to discuss the ethical dimensions of the case in a constructive environment. Debriefs provide an opportunity for ethics education by focusing on preventative ethics and ethics resources while addressing moral distress. Debriefs are scheduled on request.

Grand rounds: a formal presentation to a wide audience of hospital staff and physicians on a topical ethics issue led by an ethicist or an invited speaker. Ethics grand rounds are given regularly (yearly) and on request.

Ethics lectures: (Usually) a 1 hour presentation on a topical ethical issue given to a wide MUHC audience of clinicians, staff, researchers and administrators. Ethics lectures are given by ethics professionals of the CAE or by invited speakers. Topics of recent past lectures have included: the ethics of Phase 1 clinical trials, the ethics of informed consent for research participation and Medical Aid in Dying, amongst others. Lectures are organized by the CAE or given on request.

Departmental presentations: (usually) a 1 hour educational presentation on a particular ethical topic of interest to a given department attended by staff of the department. Departmental presentations are requested by the department.

Examination preparation: 1 hour educational session led by an ethics professional to help residents prepare for the ethical component of the Royal College of Physicians and Surgeons licensing exam. Examination preparation sessions are scheduled on request.

Team rounds: short sessions in which an ethics professional attends team rounds with clinical staff. This is used as an opportunity to provide informal education on various ethical issues, review core ethical principles and provide information about available ethics resources as needed.

Research ethics training: 1-2 hours sessions provided by ethics professionals to clinicians, researchers and administrators on the regulatory requirements and ethical considerations involved in the conduct of research involving human subjects. Scheduled regularly and on request.

Nagano training: 1 hour session led by CAE staff provided to clinicians, researchers and administrators on the REB submission process. Scheduled regularly and on request.

Academic teaching: 1-3 hours guest lectures on applied ethics to McGill University medical, nursing and bioethics students. Academic teaching allows CAE staff to provide ethics training and education to students who are completing clinical placements at the

MUHC. It is also an opportunity to sensitizing future clinicians to applied ethics issues. Guest lectures are provided regularly and on request.

Community lectures: 1-2 hours lectures by CAE ethics professionals provided to patients, families and members of the public on topical ethical issues.

**TITLE:**  
**DATE:**  
 Presented by:

*Thank you for filling out this survey. It will help us improve our ethics training sessions.*

**1. Please check the circle you think best applies to the following statements:**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The ethics case studies were relevant to my practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case discussion was a good format to learn about ethics issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presenters were knowledgeable about the subject matter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it worthwhile to attend this session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will use information from this session in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2. Was this event better than what you expected, worse than what you expected, or about what you expected? (Please check the box that applies)**

A great deal better	
Somewhat better	
About what was expected	
Quite a bit worse	
A great deal worse	

**3. Please provide any comments you have, including suggestions on how this session may be improved:**

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## Appendix 3. Ethics Analysis Tool

Centre universitaire  
de santé McGill



McGill University  
Health Centre

Centre d'éthique appliquée  
Centre for Applied Ethics

### Ethical Analysis Tool

#### Decision-making tool

*This tool was developed by the McGill University Health Centre's (MUHC) Centre for Applied Ethics (CAE) to assist teams when faced with ethical issues<sup>9</sup>. It is used to **guide team discussions** to facilitate the analysis of ethical issues and support decision-making, preferably after having received general training and professional support from a CAE member. This analysis model includes a logical series of clear and precise steps, for which it is recommended to document the relevant information. For any questions about its use or to obtain the support of an ethics professional, contact the CAE via locating (53333).*

#### 1. Identify the ethical dilemma by formulating a clear question based on consensus.

- ✓ The question should explicitly highlight the underlying values and principles that are in tension.  
Examples of values: best interests of the patient, professional integrity and judgment, distributive justice, autonomy, beneficence, non-maleficence, confidentiality, reduction of suffering, etc.

#### 2. Collect and analyze all information relevant to the dilemma.

<i>Clinical ethics</i>	<i>Research ethics</i>	<i>Organizational ethics</i>
<ul style="list-style-type: none"> <li>✓ <u>Bio</u>: sector of care and type of treatment, health status, prognosis, etc.</li> <li>✓ <u>Psycho</u>: stakeholder preferences (patient, family, surrogate decision maker, clinicians, managers, etc.)</li> <li>✓ <u>Social</u>: vision, mission of the MUHC/care unit, organizational values, protocols, standards of practice, codes of ethics/professional conduct, laws, policies, standards, etc.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Potential benefits</li> <li>✓ Risks</li> <li>✓ Duty of care</li> <li>✓ Social value</li> <li>✓ Justice as <i>protection</i> or justice as <i>access</i></li> <li>✓ Vision, mission, organizational values, standards, codes, protocols, laws, regulations, policies, norms, etc.</li> </ul>	<ul style="list-style-type: none"> <li>✓ <u>Preliminary information</u>: institutional mandate, clinical plan, needs, budgets, costs, feasibility, return on investment, etc.</li> <li>✓ <u>Stakeholder preferences</u>: patients, family, community, employees, managers, government, etc.</li> <li>✓ <u>Socio-political context</u>: Vision, mission, organizational values, codes, laws, regulations, policies, standards, etc.</li> </ul>

<sup>9</sup> The MUHC's ethics analysis methodology is at the forefront of academic and practical knowledge in applied ethics. It is an innovative and pragmatic approach to ethical analysis.

### 3. Generate a list of all realistic options and compare them.

- ✓ Try to list at least three possible options.
- ✓ Determine the underlying principles and consequences of each option.
- ✓ Compare the advantages and disadvantages of each option.
- ✓ Choose the most appropriate option by consensus.

### 4. Choose an option by consensus and develop an argument.

- ✓ What is the selected option? Why?
- ✓ Does it meet the "reasonable person" standard? Is it consistent with the institutional vision, mission and values, as well as with past decisions?

### 5. Implement the selected option and follow-up.

- ✓ Implement the option and follow up on results.

## Appendix 4. Laws, Regulations, Standards, Codes and Institutional Policies Related to Ethics

The MUHC's ethics framework includes the application of several laws, regulations, policies and standards, which are listed below in a non-exhaustive manner.

- Laws and regulations

<i>Civil Code of Québec</i>	<i>Canada Health Act</i>
<i>Act respecting health services and social services</i>	<i>Canada Consumer Product Safety Act</i>
<i>Act respecting Access to documents held by public bodies and the Protection of personal information</i>	<i>Food and Drugs Act</i>
	<i>Professional Code</i>

- Departmental and government standards

Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans
Guide d'éthique de la recherche et d'intégrité scientifique
Standards du FRSQ sur l'éthique de la recherche en santé humaine et l'intégrité scientifique
Code of ethics and professional conduct for members of boards of directors under the <i>Act respecting the Ministère du conseil exécutif</i> (chapter M-30)

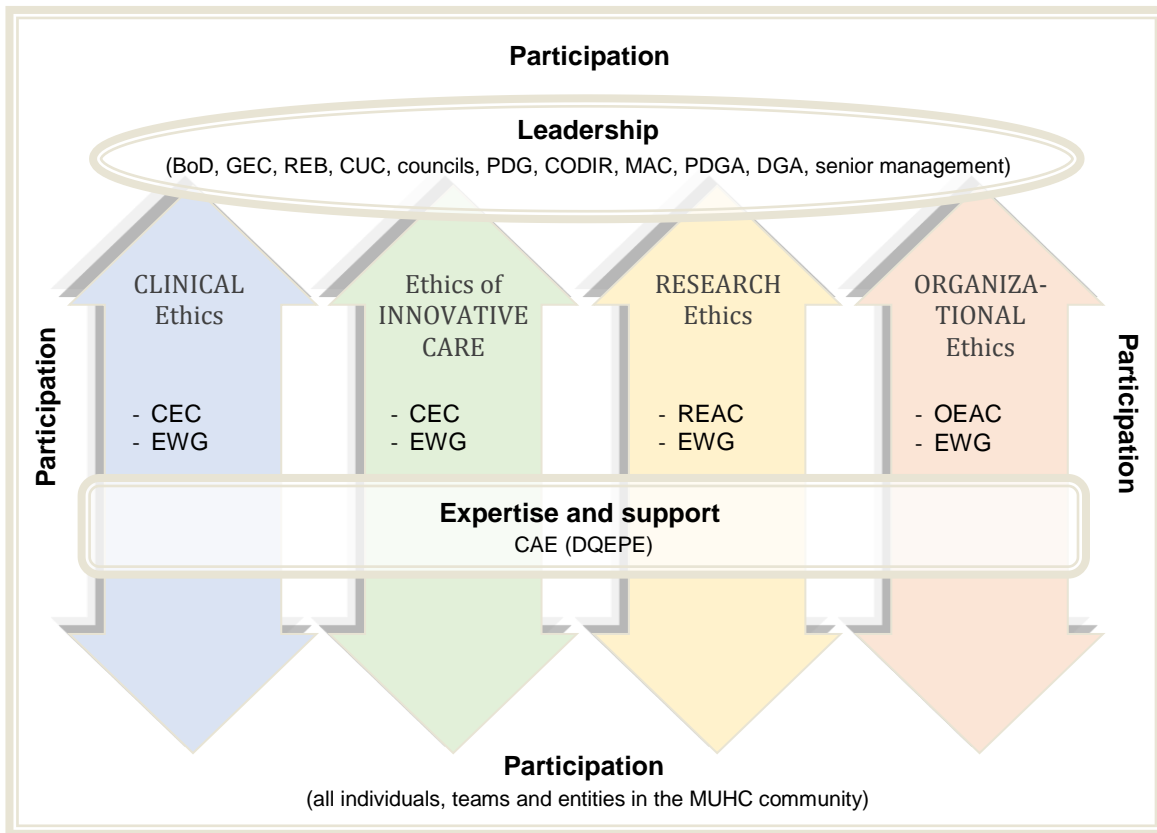
- Professional standards and codes of ethics and professional conduct

Standards and codes:
- Canadian Medical Association
- Collège des médecins du Québec
- Ordre des infirmières et infirmiers du Québec
- Ordre des inhalothérapeutes du Québec
- Ordre des ergothérapeutes du Québec
- Ordre des pharmaciens du Québec
- Ordre des physiothérapeutes du Québec
- Ordre des infirmières et infirmiers auxiliaires du Québec
- Etc.

- MUHC institutional standards and policies

HPO 030 Code of Ethics of Employees	ADM 310 Security of Informational Assets and Protection of Information
HPO 032 Code of Ethics of the Users of the MUHC	ADM 620 Collection, Use, Disclosure and Retention of Photos taken by staff
HPO 020 Vision, Mission and Values Statement	Guidelines Regarding Support to Researchers in terms of Confidentiality
HPO 040 MUHC Code of Conduct	ADM 710 POL Information Governance
HPO 065 Conduct and Ethics of Managers, Personnel and Professions within the MUHC	Regulatory Framework in Health Research at the MUHC
PM 100 - Informed Patient Consent for Clinical Interventions	ADM 620 Collection, use, disclosure and retention of photos taken by staff
ADM 725 End-of-Life Care	ADM 200 Incidents/Accidents Reporting [AH223]
Policy on resuscitation measures and treatment limitation (pediatrics)	PM 140 Accident Disclosure Policy
Intervention level and resuscitation measures in adults	MUHC Interprofessional protocol : least physical restraint
Goals of Care and Levels of Care – Adult & Pediatrics	Medical records*- confidentiality, access, integrity, security (MCH)

## Appendix 5. Prevention and Management of Situations with an Ethical Dimension



### List of acronyms:

BoD:	Board of Directors
CAE:	Centre for Applied Ethics
CEC:	Clinical Ethics Committees
CODIR:	Senior Leadership Committee
CUC:	Central Users Committee
DGA:	Associate Director General
DQEPE:	Department of Quality, Evaluation, Performance and Ethics
EWG:	Ethics Working Groups
GEC:	Governance and Ethics Committee
MAC:	Medical Administrative Committee
OEAC:	Organizational Ethics Advisory Committee
PDG:	President and Executive Director
PDGA:	Associate President and Executive Director
REAC:	Research Ethics Advisory Committee
REB:	Research Ethics Board

## Appendix 6. List of Entities with an Ethics Mandate

Entities with a legislated mandate in ethics	
Governance and Ethics Committee (of the BoD)	Terms of reference available on the <a href="#">MUHC website</a>
Research Ethics Board	Terms of reference available on the <a href="#">MUHC website</a>
Interdisciplinary Support Group	MUHC End-of-Life Care Policy available on the <a href="#">MUHC intranet</a>
Entities whose ethics mandate is assigned by the MUHC	
Clinical Ethics Committee - Adult patients	Terms of Reference, April 2013, available on the Intranet, in the <a href="#">CPDP Regulations</a>
Clinical Ethics Committee - Pediatric patients	Terms of Reference, May 2014, available on the Intranet, in the <a href="#">CPDP Regulations</a>
Organisational Ethics Advisory Committee (OEAC)	Terms of Reference, August 2018, available upon request from the APED's office
Research Ethics Advisory Committee (REAC)	Terms of Reference coming soon
Centre for Applied Ethics (CAE)	Services detailed on the <a href="#">CAE website</a>

## Appendix 7. Mechanisms for Accessing Ethics Support and Expertise at the MUHC

Applied ethics domain Nature of ethics needs (source of needs)	CLINICAL	INNOVATIVE CARE	RESEARCH	ORGANIZATIONAL
<b>Dilemma or uncertainty about values</b> (all employees* and all teams)	<ul style="list-style-type: none"> <li>- Consultation services: teams contact clinical ethics professionals via Locating (53333)</li> <li>- Tool: Ethics analysis tool (CAE website)</li> </ul>	<ul style="list-style-type: none"> <li>- Consultation service: teams contact professionals in the ethics of innovative care via Locating (53333)</li> <li>- Tool: Ethics analysis tool (CAE website)</li> </ul>	<ul style="list-style-type: none"> <li>- Consultation service: teams contact the research ethics professional assigned to the relevant REB panel directly</li> <li>- Tool: Ethics analysis tool (CAE website)</li> </ul>	<ul style="list-style-type: none"> <li>- Consulting service: managers contact the organizational ethics professional directly <a href="mailto:eugene.bereza@muhc.mcgill.ca">eugene.bereza@muhc.mcgill.ca</a></li> <li>- Tool: Ethics analysis tool (CAE website)</li> </ul>
<b>Research ethics assessment</b> (research teams)	N/A	N/A	<ul style="list-style-type: none"> <li>- Submission of projects to the REB by research teams via <a href="#">Nagano</a> platform</li> </ul>	N/A
<b>Policy development, procedure with an ethical dimension</b> (managers and entities)	<ul style="list-style-type: none"> <li>- The CAE sits on the CEC, ISG, MAC and ad hoc working groups</li> <li>- The CAE provides leadership on clinical ethics policy development</li> </ul>	<ul style="list-style-type: none"> <li>- The CAE sits on the CEC, ISG, MAC and ad hoc working groups</li> <li>- The CAE provides leadership on innovative care ethics policy development</li> </ul>	<ul style="list-style-type: none"> <li>- The CAE sits on the REB, REAC and <i>ad hoc</i> working groups</li> <li>- The CAE provides leadership on research ethics policy development</li> </ul>	<ul style="list-style-type: none"> <li>- The CAE sits on OEAC, MAC, GEC and ad hoc working groups</li> <li>- The CAE provides leadership on organizational ethics policy development</li> </ul>
<b>Information, awareness, training, ethics tool</b> (all MUHC teams via their immediate supervisor)	<ul style="list-style-type: none"> <li>- Ethics Training Program (CAE)</li> <li>- Specific request to the CAE via CAE website</li> </ul>	<ul style="list-style-type: none"> <li>- Ethics Training Program (CAE)</li> <li>- Specific request to the CAE via CAE website</li> </ul>	<ul style="list-style-type: none"> <li>- Ethics Training Program (CAE)</li> <li>- Research teams express their need directly to the CAE</li> <li>- Need identified by the REB</li> <li>- Specific request to the CAE via CAE website</li> </ul>	<ul style="list-style-type: none"> <li>- Ethics Training Program (CAE)</li> <li>- Need expressed by one of the following entities : OEAC, MAC, CODIR, PDGA, PDG, GEC, BoD</li> </ul>

\*For the purposes of this table, the term "employees" includes physicians, dentists and pharmacists, researchers and MUHC managers.