
The Building Blocks of Good Decisions: *Putting 'values' into action*

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Overview

1. Organizational ethics AHS
2. Applied ethics healthcare
3. Facts, values, emotions
4. Bringing values into practice

section 1

Organizational ethics at AHS

Organizational Ethics Office Functions

Organizational ethics consultation

- Consults
- Capacity building

Prioritization/resource allocation

- Supporting ELT and others
- Refinement/validation/piloting RA E/E Framework

Some distinctions

Clinical Ethics consult

Re. provision of care to individual patients or patient groups

Organizational Ethics consult

Re. programs, services, business relationships & stakeholders

Ethics and Compliance consult

Re. compliance with AHS governance documents

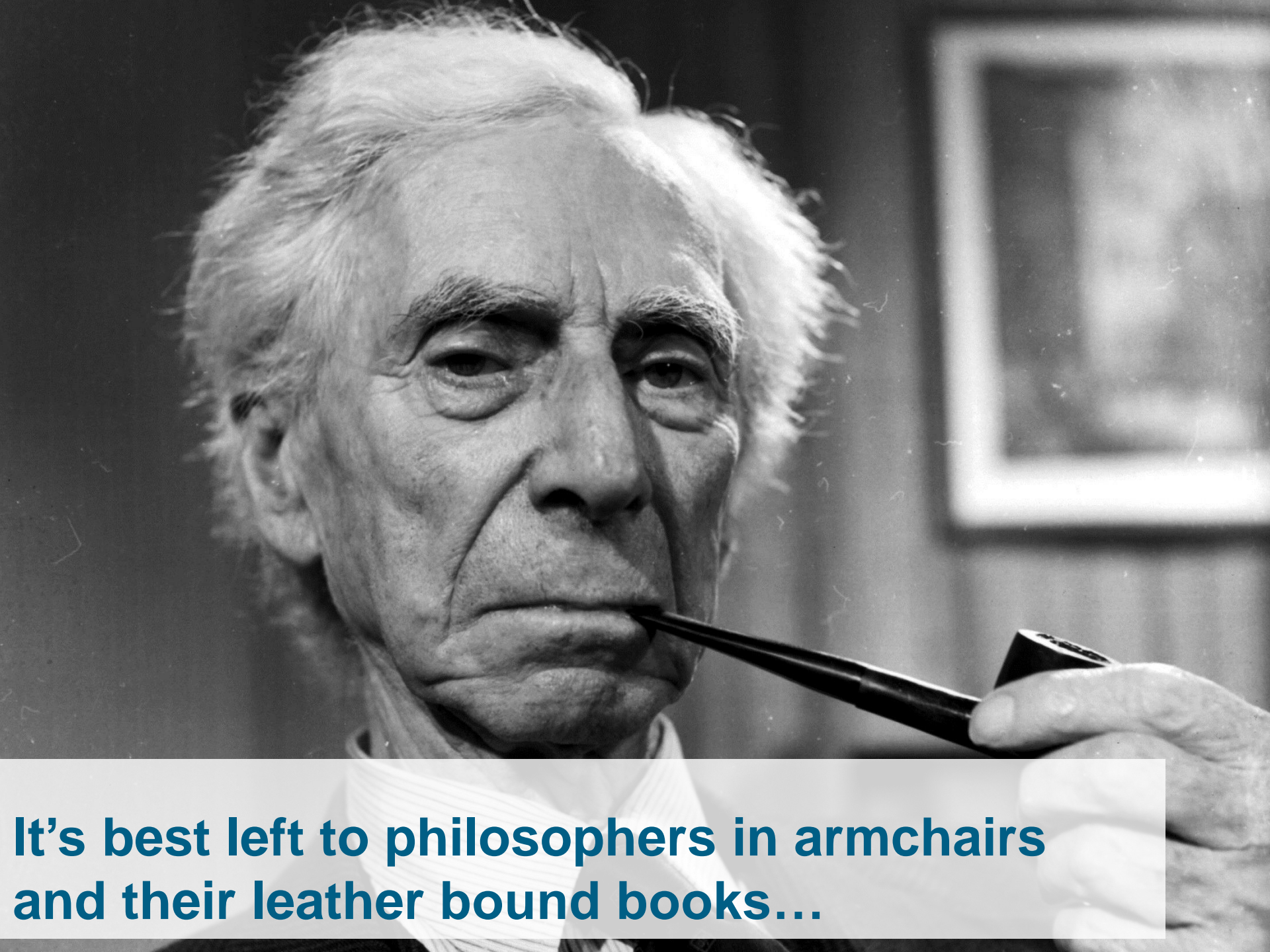
Past consults

Context	Scope	Outputs
Sharing of information in MHSU	Regional	Policy, guidelines, implementation
Medical cannabis	Regional	Policy & guidelines
Pandemic planning	Regional	Guidelines & criteria
COI in drug reviews	Provincial	Policy processes
Supply chain disruption	Provincial + IHF World Hosp Congress	Criteria & processes
Isotope shortage planning	Provincial	Criteria & processes
Sexual health & intimacy residential	Provincial	Policy, guidelines, implementation

section 2

Applied ethics in healthcare

What the heck is ethics
anyway?!?!?



**It's best left to philosophers in armchairs
and their leather bound books...**



It's important but the patient is my priority and there just isn't time.....

All of our attitudes, decisions and actions
are based on beliefs about what is true in
life (facts) and what matters (values)

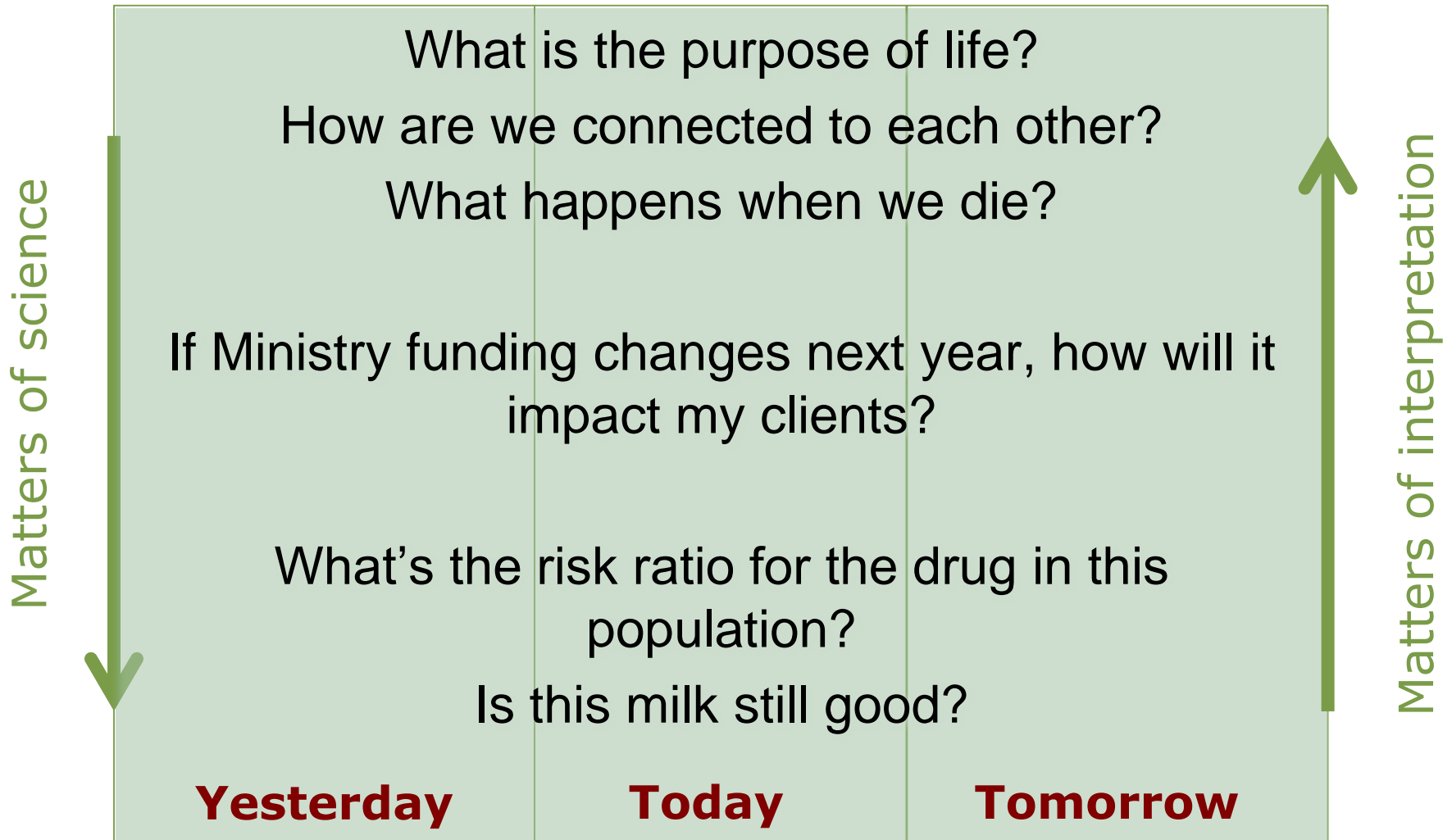
You already do this

section 3

Facts, Values, Emotions

**No matter how hard we work,
if we don't get the facts right,
we can't make good decisions.**

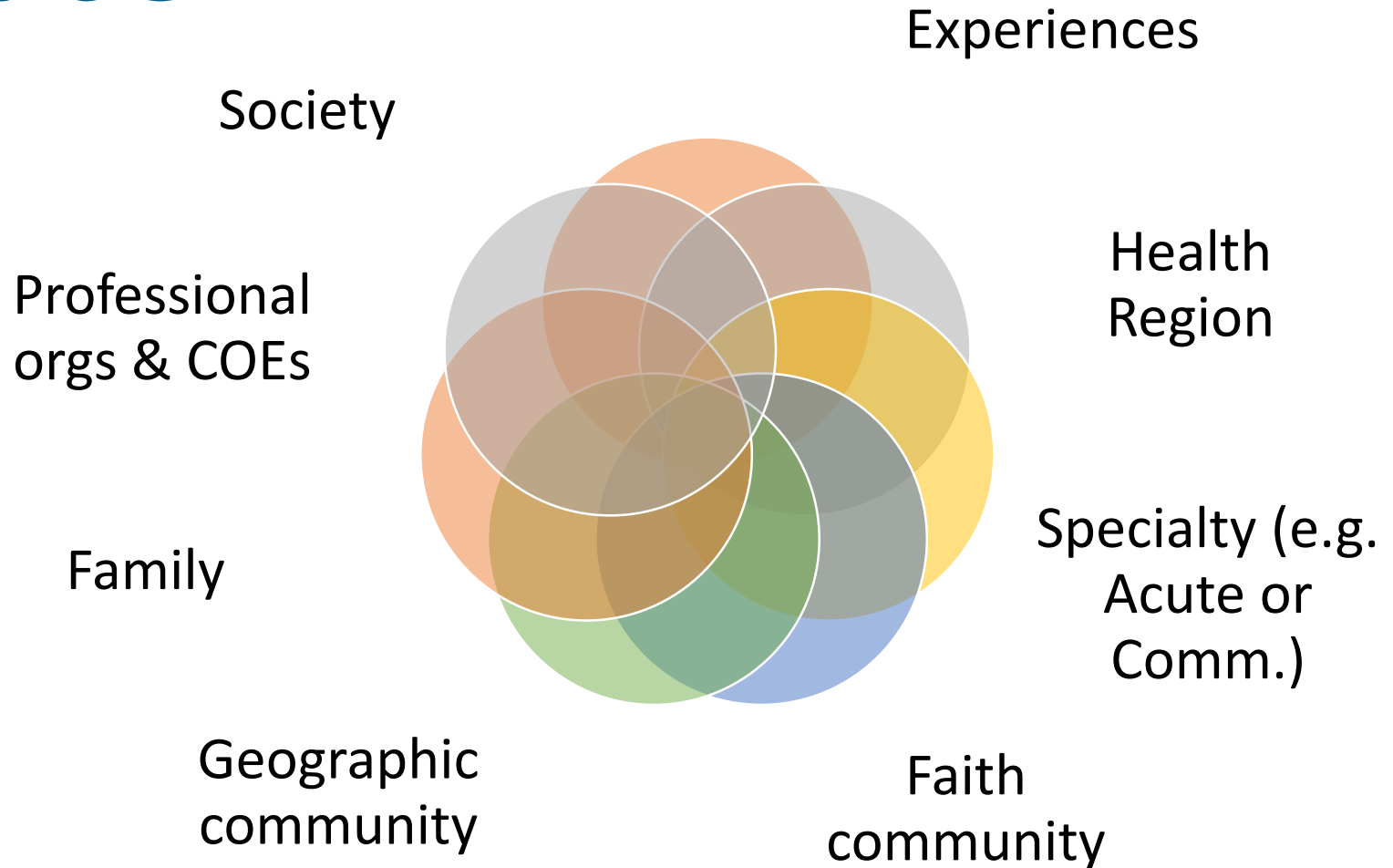
Beliefs about what reality looks like



With every action we show the world what matters to us.

Ethics is about asking: what should matter most and why?

Multiple sources of values



Values

Instrumental

Efficiency

Effectiveness

Conditional
Achieve other values

Intrinsic

Respect for human dignity

Fairness

Goods in themselves
Ends of human life

**To get to a place where we can
think about facts and values,
sometimes need to work through
emotions**

**Meeting people where they are,
including ourselves**

An ethically justified decision is ***BOTH***

- Based on our best understanding of the world (good information)
- Based on well-considered understanding of what is important (values)

Takeaway

Do I/we have a clear and shared understanding of what's going on (the facts)?

- If not, how do we get there?

Do I/we have a clear and shared understanding of what should matter most (the values)?

- If not, how do we get there?

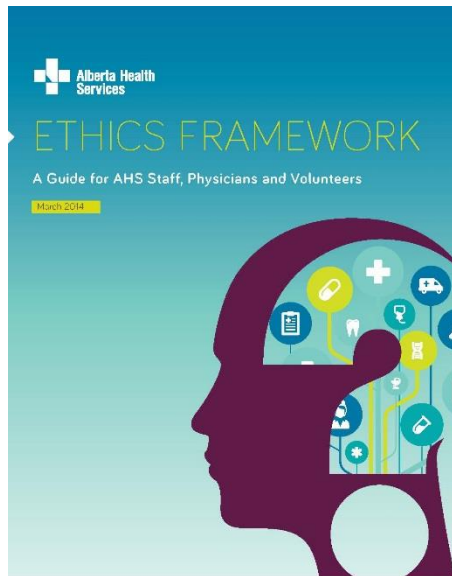
Do I have strong feelings about this (emotions)? Does anyone else?

- How will I work with these?

section 4

Bringing values into practice

Organizational ethics decision-making process



1. Establish the work team
2. Identify the key question
3. Identify the facts
4. Identify guiding values
5. Prioritize the values
6. Brainstorm the options
7. Analyze options
8. Preliminary decision
9. Engagement/consultation
10. Make a decision
11. Education plan
12. Downstream support plan
13. Evaluation and Sustainability plan
14. Implement the decision
15. Evaluate and improve

Case: supply disruptions

- BC Provincial Supply Chain
- Supply chains complexities
- Severity and frequency increasing
- Natural disasters and extreme weather conditions
- Provincial, health authority, and site levels
- All medical products excluding pharmaceuticals

Step 1: Working group

Whose voices and when

Critical to good decision

Dealing with disagreement

Step 2: Key question

What should **process** be for making resource allocation decisions when there is time to bring people or regions together (at provincial, regional, or site levels)?

What **criteria** should be used to make resource allocation decisions in context of either shortage of supply or need to allocate because of context creating urgency of need?

Step 3: Information

Well acquainted with this

Identifying missing information

Assumptions

Step 3: Case

- Six Health Authorities experience medical product disruptions
- At times result in long term product supply disruption and service delivery challenges.
- Scarcity creates a need for deliberate choices guided
- Who is accountable for a decision will change depending on who is impacted from a supply disruption

Step 4: Values

Source of values

Process for eliciting

Clear/shared understanding and plain language

No prioritization/disagreement here

Step 4: Case (Process)

- Communication is clear and timely and provides the relevant information required by the affected programs/units/services
- Clinicians exercise good clinical decision-making in assessing patients' need for the product (as applicable)
- We maintain/support best standards of practice/patient care
- We limit negative impacts on patients' safety in our choice of product

Step 5: Prioritization

Between meetings – individual ranking

Discussion at next meeting

- 1. Overall ordering*
- 2. Flagged variance*

Building guidance and rationale for decision

Step 5: Case

PROCESS for resource allocation of short supply	Priority: 5 = Crucial 4 = Extremely important 3 = Very important 2 = Important 1 = Somewhat Important							Average	Notes on rationale
Communication is clear and timely and provides the relevant information required by the affected programs/units/services	4	5	5	5	5	5	5	4.9	
Clinicians exercise good clinical decision-making in assessing patients' need for the product (as applicable)	5	4	5	5	5	5	5	4.9	
We maintain/support best standards of practice/patient care	5	5	5	5	5	5	4	4.9	
We limit negative impacts on patients' safety in our choice of product	5	5	5	5	5	4	5	4.9	
We limit negative impacts on staff safety in our choice of product (e.g. SARS, needle pricks)	5	5	5	5	5	4	5	4.9	

Output from values steps – for decision analysis

PROCESS for resource allocation of short supply	Priority	Does decision live up to value commitment?				Changes required to decision
		Yes	No	Only if	N/A	
Communication is clear and timely and provides the relevant information required by the affected programs/units/services	Highest					
Clinicians exercise good clinical decision-making in assessing patients' need for the product (as applicable)	Highest					
We maintain/support best standards of practice/patient care	Highest					
We limit negative impacts on patients' safety in our choice of product	Highest					
We limit negative impacts on staff safety in our choice of product (e.g. SARS, needle pricks)	Highest					
Criteria apply to all patients – the same criteria are used to discriminate/distinguish between all patients	Highest					
We maximize the benefits of clinical needs by considering all the alternatives/options	Highest					
We keep human resources engaged – not have staff underutilized	Medium					

Step 6: draft decision onwards

Draft decision – build based on facts & values

Analysis – does draft live up to values?

Consultation – are facts, values, and decision right?

Tweaking decision

References:

Jiwani, Bashir. (2015). Ethically Justified Decisions

Widdershoven et al. (2009). Empirical Ethics as Dialogical Practice

Stein, Janice (2002). The Cult of Efficiency

Thank you!

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