An Ethical Framework for Windsor Elms Village

Prepared with the assistance of:
The Canadian Centre for Ethics in Public Affairs (CCEPA)
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Preface

The Windsor Elms Village and its Standards of Ethical Practice

The Windsor Elms is a private, not-for-profit nursing home that has been in operation in the town of Windsor, Nova Scotia since 1966. Originally established as a retirement home by the United Church of Canada, the ‘Elms’ has been operated by and has taken its direction from a Board of Directors since its inception. To this day, the Board membership reflects the early efforts of the founding presbyteries – Valley, Halifax, Truro, and Pictou – and the support of the Maritime Conference of the United Church of Canada.

In 1970, in response to the needs of an aging population, the Windsor Elms made application to the Province of Nova Scotia to operate as a Nursing Home. From that time forward, the operation of the Elms became a shared responsibility with the Province of Nova Scotia providing operating funds and setting standards of care and the Board of Directors with its representation from the United Church providing oversight.

At present, the Elms, now known as the Windsor Elms Village, is poised to embark upon yet another major shift in its provision of long-term care. A new facility using a ‘smaller neighbourhood’ design will be constructed in Falmouth, Nova Scotia and is scheduled for occupation by November 2010. With the new facility, the ‘Elms’ will adopt a new model of care that emphasizes concepts such as choice and empowerment and flexibility and one that organizes care around the resident rather than the institutional schedule.

As one of nine new nursing homes in the province using the ‘smaller neighbourhood’ design principles, the Windsor Elms Village is subject to the requirements outlined in the Department of Health’s Continuing Care Strategy for Nova Scotia (July 2007). One of those requirements is “the consistent application of ethical principles in decision-making”.

Since the United Church of Canada has also set requirements for dealing with ethical issues in its Seniors’ Facilities Standards (2006), the Windsor Elms Village has chosen to reference both these standards and those of the Nova Scotia Department of Health in the development of this Ethical Framework.
1. Introduction

Windsor Elms contacted the Canadian Centre for Ethics in Public Affairs (CCEPA) for support in developing an Ethical Framework to promote practices that meet the highest ethical standards and to ensure that the Home remains in compliance with provincial and United Church requirements.

The provincial requirements are set out in the Nova Scotia Department of Health’s publication entitled Long Term Care Facility: Program Requirements, (FINAL, July 25, 2007; section 7.7 on Ethics) which specify:

**Outcome:** Resident values are promoted and protected by the consistent application of ethical principles in decision-making

**Requirements:** The Service Provider shall ensure:
1. There are written policies and procedures to address ethical issues.
2. There is a documented decision-making process for dealing with ethical issues.
3. There is a process to address non-compliance with the home’s code of ethics.

The United Church of Canada’s Seniors’ Facilities Standards (2006) stipulates (Article 11.5) that:

- There is a process to help staff deal with ethics issues
  - the team has access to education, resources, and advice
  - the team addresses different views and conflicts.

1.1 Purpose and Objectives

This document contains a practicable and workable Ethical Framework with two objectives:

1. **To develop a positive and supportive ethical framework for Windsor Elms** (which promotes the highest possible set of ethical standards in the caring of its residents and in respecting them and their families)

2. **To ensure that the framework is in conformance with the relevant standards** (Department of Health and United Church)

1.2 The Process

The process for developing the framework has involved employees, residents and their families. Beginning in October 2007 with a consultation phase, the process extended over an approximate 2-year period. Steps included the following:

1. Three introductory sessions (in October 2007) at Windsor Elms, introducing the process and its objectives and helping employees identify ethical questions (i.e., possible conflicts of values) in their work at Windsor Elms. Four categories of ethical question were most common:
   - degree of residents’ freedom of choice;
   - differences with family expectations about resident care;
   - quality of care; and
   - integrity and collaboration.
2. A 3-hour planning session (in November 2007) with a range of employees from all departments to respond to a variety of questions, brainstorm regarding value statements, and deal with ethical dilemmas. In particular the session developed the basic material contained in Chapter 3 – translating the values into guidelines for behaviour.

3. An introductory and information gathering session with residents and their families (in November 2007) to identify possible ethical issues, to review the results of the earlier efforts and to provide input to potential guidelines.

4. The development of a draft ethical framework based on the information gathered in steps 1-3.

5. A number of open feedback sessions to get comments on the emerging framework;

6. The development of the organizational component.

7. Final round of feedback from Windsor Elms employees providing advice for refinements to document.

1.3 Definitions

In order to have a common basis for communication, we needed to define four key terms – values, ethics, ethical questions and ethical framework. The following definitions might not be dictionary-accurate; however they serve the purpose of this exercise.

<table>
<thead>
<tr>
<th>Definitions of Key Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values</td>
</tr>
<tr>
<td>Ethics</td>
</tr>
<tr>
<td>Ethical questions</td>
</tr>
<tr>
<td>Ethical framework</td>
</tr>
</tbody>
</table>

An ethical framework:

- guides the behaviour of all stakeholders – employees, contractors and volunteers, as well as residents and their families;
- becomes especially important when there are ethical questions (when one or more values are in tension and when there is no clear answer);
- improves responsiveness to the ethical dimensions in resident care by promoting decisions that are more thoroughly reasoned and that balance competing values, wishes, and preferences; and
- informs decision-making, does not replace it.
Ethical frameworks are particularly important and useful in the area of family caregiving, a responsibility that affects both intimate private relationships and public resources.

### 1.4 Components of an Ethical Framework

An ethical framework contains four components – a values component, a guide to implementing the values, an organizational component and a procedural component.

The rest of this report contains separate sections on each ethical framework component, as follows:

<table>
<thead>
<tr>
<th>Values component</th>
<th>… mission, vision and values statements which reflect an organization’s key reason for existence, where it wants to go and what it values most</th>
<th>Chapter 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guide to implementing the values</td>
<td>… showing how values are to be applied… by translating those values into guidelines for behaviour and action</td>
<td>Chapter 3</td>
</tr>
<tr>
<td>Organizational component</td>
<td>… a committee/group/person … bringing constructive support to dealing with ethical questions, pursuing the continued improvement of decision-making, and monitoring the implementation of the values</td>
<td>Chapter 4</td>
</tr>
<tr>
<td>Procedural component</td>
<td>… outlining the process on how the values are to be applied, especially in cases where there are ethical questions (potential conflict in applying different values)</td>
<td>Chapter 5</td>
</tr>
</tbody>
</table>
2. **Values Component**

Windsor Elms has well established Mission, Vision and Values statements; a key element of an ethical framework. The statements are prominently displayed in the facility.

**Mission** *(who we are, why we exist)*

The Windsor Elms offers a holistic environment for residents that promotes independence, love and compassion and reflects our belief in the right of all people to live lives of dignity and respect. We create that environment through excellence in building design, ongoing employee education, development and support, new and innovative programming, and community involvement and consultation.

**Vision** *(where we want to be)*

To transform long term care in Nova Scotia by creating a home environment where residents can continue to grow and experience the fullness of life. Our home reflects our commitment to embrace life, provide compassionate support and encourage meaningful relationships with residents, families, staff and community.

**Values**

<table>
<thead>
<tr>
<th>Quality</th>
<th>We are committed to maintaining high standards of care and service by continually exceeding resident and family expectations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability</td>
<td>We are accountable for our actions, celebrate our successes and learn from our mistakes. Our lines of communication, at all levels, are open. We are transparent in our reporting, operations, and financial matters. We maintain environmental stewardship.</td>
</tr>
<tr>
<td>Respect/Harmony</td>
<td>We respect the dignity of all individuals, value residents’ freedom of choice, and involve them in decision-making regarding their care. We strive to create a warm, friendly home-like environment for everyone at Windsor Elms.</td>
</tr>
<tr>
<td>Integrity</td>
<td>We are committed, trustworthy, honest &amp; reliable. We practice ethical and professional standards.</td>
</tr>
<tr>
<td>Collaboration</td>
<td>We value community partnerships. As a team we utilize a collaborative approach at all levels (board, employees, volunteers, residents and families), while fostering meaningful relationships with our community.</td>
</tr>
<tr>
<td>Team Work</td>
<td>We believe we can achieve our goals and enhance the quality of life for residents by recognizing the value of team-work. Everyone plays a part in our success.</td>
</tr>
</tbody>
</table>

These three statements, particularly the set of values, “drive” the development of the rest of the ethical framework.
3. Guide to Implementing Windsor Elms’ Values

Critical elements of each value are identified from three perspectives:

- **Windsor Elms** – referring to the Board, to management and to employees when they are acting as part of or representing Windsor Elms;
- **employees** – including management, staff, contractors and volunteers; and
- **residents and their families**.

The result, which was reviewed at a meeting with residents and their families, was a set of tables that could be used as guidelines for behaviour and as an instrument in dealing with ethical questions. The results appear in the following five sections below.

3.1 Guide to Implementing the Quality Value

<table>
<thead>
<tr>
<th>QUALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>We are committed to maintaining high standards of care and service by continually exceeding resident and family expectations.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Windsor Elms is committed to …</th>
<th>Employees are expected to …</th>
<th>Residents &amp; Families are asked to …</th>
</tr>
</thead>
<tbody>
<tr>
<td>• promote an environment that provides residents with opportunities for self-development and maximizes their potential for well-being</td>
<td>• provide residents with opportunities to maximize their potential for well-being</td>
<td>• be involved in the life of the residents and the Home, respect common courtesy of home environment, and support the continued growth of the Home environment</td>
</tr>
<tr>
<td>• work together with and support employees and residents and their families to provide the highest quality care possible</td>
<td>• respect the rights of residents to their reasonable choices of care provision</td>
<td>• work together with employees to provide quality care</td>
</tr>
<tr>
<td>• function as an advocate for residents who cannot speak for themselves</td>
<td>• recognize the needs of residents for social contact and provide opportunities for social interaction</td>
<td>• meet financial obligations</td>
</tr>
<tr>
<td>• enable ease of access for families and other visitors, with due regard for the wishes of residents</td>
<td>• work together with other employees and residents and their families to provide the highest quality care possible</td>
<td>• facilitate communication with employees and other residents and their families</td>
</tr>
<tr>
<td>• inform the public about our services and expectations to meet the needs of the residents</td>
<td>• become familiar with residents and families expectations (and communicate the information and expectations)</td>
<td>• understand the type of care Windsor Elms is able to provide, have appropriate expectations and participate in the ongoing quality improvement process of the Elms</td>
</tr>
<tr>
<td>• deal fairly and efficiently with difficult ethical issues, as they arise</td>
<td>• raise ethical issues and participate fully in resolving them</td>
<td>• raise ethical issues and participate fully in resolving them</td>
</tr>
</tbody>
</table>
3.2 Guide to Implementing the Respect/Harmony Value

<table>
<thead>
<tr>
<th>Windsor Elms is committed to …</th>
<th>Employees are expected to …</th>
<th>Residents &amp; Families are asked to …</th>
</tr>
</thead>
<tbody>
<tr>
<td>• provide a supportive environment for employees and residents that promotes team building, relationship building and home-like, fun environment</td>
<td>• offer best choices within Windsor Elms resources and provide consistent and continuous care</td>
<td>• participate in their own loved one’s care and be involved in the life of the residents and the Home</td>
</tr>
<tr>
<td>• respect the dignity and contribution of all employees, residents and their families</td>
<td>• respect the dignity of Windsor Elms, other employees, residents and their families</td>
<td>• respect the dignity of Windsor Elms, its employees and other residents and families</td>
</tr>
<tr>
<td>• communicate in a respectful, non-judgmental and collaborative manner</td>
<td>• communicate in a respectful, non-judgmental and collaborative manner</td>
<td>• communicate in a respectful, non-judgmental and collaborative manner</td>
</tr>
<tr>
<td>• maintain the confidentiality and privacy of all residents, family and employees</td>
<td>• maintain the confidentiality and privacy of Windsor Elms, other employees and residents and their families</td>
<td>• maintain the confidentiality and privacy of all residents and families</td>
</tr>
<tr>
<td>• ensure properly trained employees and adequate staffing levels, within available resources</td>
<td>• be warm and welcoming to families and other visitors</td>
<td>• respect all policies and practices, within the Home, that promote a respectful and conscientious approach to caring for the Home environment, in its entirety</td>
</tr>
<tr>
<td>• develop and administer policies that further resident care in a respectful manner</td>
<td>• respect, accept, and inform other employees within their department as well as other departments.</td>
<td>• appreciate that caregivers respond to resident needs by balancing quality of care and time restraints</td>
</tr>
<tr>
<td></td>
<td>• respect policies and procedures of Windsor Elms and contribute to their ongoing updating and development</td>
<td>• respect the common courtesy of home environment, including use of the buildings, fittings and furniture in a responsible manner</td>
</tr>
</tbody>
</table>
### 3.3 Guide to Implementing the Accountability Value

#### ACCOUNTABILITY

We are accountable for our actions, celebrate our successes and learn from our mistakes. Our lines of communication, at all levels, are open. We are transparent in our reporting, operations, and financial matters. We maintain environmental stewardship.

<table>
<thead>
<tr>
<th>Windsor Elms is committed to …</th>
<th>Employees are expected to …</th>
<th>Residents &amp; Families are asked to …</th>
</tr>
</thead>
<tbody>
<tr>
<td>• provide and promote a safe working environment</td>
<td>• be honest and hardworking</td>
<td>• communicate within the family for all aspects of residents care including end of life care instructions</td>
</tr>
<tr>
<td>• take ownership for decisions and work swiftly to correct any problems or issues</td>
<td>• encourage residents and their representatives to take responsibility for their actions and choices</td>
<td>• be responsible for history reporting and working with the care team to achieve goals</td>
</tr>
<tr>
<td>• be clear about the roles and responsibilities of Windsor Elms, its employees, other partners and residents and their families</td>
<td>• be aware of the roles and responsibilities of Windsor Elms, its employees, other partners and residents and their families</td>
<td>• be responsible for finances</td>
</tr>
<tr>
<td>• ensure that only qualified people are employed</td>
<td>• address concerns with each other as well as with supervisors in a collaborative, teamwork environment</td>
<td>• be aware of their rights and responsibilities and act accordingly</td>
</tr>
<tr>
<td>• encourage residents or their representatives to take responsibility for their actions and choices</td>
<td>• guide care, service and operations through provision of appropriate policy and procedures</td>
<td>• accept personal responsibility for their actions and choices</td>
</tr>
<tr>
<td>• guide care, service and operations through provision of appropriate policy and procedures</td>
<td>• handle all finances responsibly and with a high level of documented accountability and transparency</td>
<td>• appropriately report and communicate concerns</td>
</tr>
<tr>
<td>• handle all finances responsibly and with a high level of documented accountability and transparency</td>
<td>• report and record information in an accurate and timely manner (incl. making personnel records easily available to employees at their request)</td>
<td>• make recommendations to improve processes</td>
</tr>
<tr>
<td>• make recommendations to improve processes</td>
<td>• respect all applicable policies and provide feedback</td>
<td>• accept personal responsibility for their actions and choices</td>
</tr>
</tbody>
</table>

Page 11
3.4 Guide to Implementing the Integrity Value

<table>
<thead>
<tr>
<th>Windsor Elms is committed to …</th>
<th>Employees are expected to …</th>
<th>Residents &amp; Families are asked to …</th>
</tr>
</thead>
<tbody>
<tr>
<td>• continually seek to improve care quality</td>
<td>• commit to high practice standards in the best interests of the residents</td>
<td>• be involved in their own and their family member’s care</td>
</tr>
<tr>
<td>• ensure employees are properly trained</td>
<td>• be consistent and reliable</td>
<td>• follow through on commitments to residents</td>
</tr>
<tr>
<td>• deal consistently, appropriately and transparently with issues and problems</td>
<td>• communicate honestly and positively</td>
<td>• communicate significant family history</td>
</tr>
<tr>
<td>• have clear role definitions, policies and procedures</td>
<td>• report any observed failures of standard of care through the appropriate mechanisms</td>
<td>• appropriately raise and discuss concerns and speak honestly</td>
</tr>
<tr>
<td>• be fair and consistent in decision making</td>
<td>• maintain confidentiality</td>
<td>• report any concerns regarding issues of care through the appropriate mechanisms</td>
</tr>
<tr>
<td>• establish confidentiality policies and communicate well</td>
<td>• participate in opportunities provided for ongoing and further education and training</td>
<td>• be responsible with use of the services available</td>
</tr>
</tbody>
</table>

INTEGRITY

We are committed, trustworthy, honest & reliable. We practice ethical and professional standards.
## 3.5 Guide to Implementing the Collaboration Value

**COLLABORATION**

We value community partnerships. As a team we utilize a collaborative approach at all levels (board, employees, volunteers, residents and families), while fostering meaningful relationships with our community.

<table>
<thead>
<tr>
<th>Windsor Elms is committed to …</th>
<th>Employees are expected to …</th>
<th>Residents &amp; Families are asked to …</th>
</tr>
</thead>
<tbody>
<tr>
<td>• inform the community of infectious outbreaks and other relevant issues and protect community, residents and employees</td>
<td>• actively participate in fulfilling the Mission and pursuing the Vision of Windsor Elms</td>
<td>• actively participate in fulfilling the Mission and pursuing the Vision of Windsor Elms</td>
</tr>
<tr>
<td>• communicate needs and expectations and appreciation for others</td>
<td>• communicate needs and expectations and appreciation for others</td>
<td>• participate/volunteer in key activities in the life of Windsor Elms</td>
</tr>
<tr>
<td>• listen and be open to suggestions and concerns of all team players</td>
<td>• listen and be open to suggestions and concerns of all team players</td>
<td>• actively work in collaboration with employees</td>
</tr>
<tr>
<td>• encourage teamwork and collaboration</td>
<td>• be tolerant, patient of individual differences</td>
<td>• develop partnerships / feel more like a partner with employees and the Home</td>
</tr>
<tr>
<td>• respect and value the contribution of all departments (teams)</td>
<td>• work effectively in teams</td>
<td>• communicate expectations</td>
</tr>
<tr>
<td>• welcome participants such as volunteers, new employees, families</td>
<td>• respect and value the contribution of all departments (teams)</td>
<td>• include children, grandchildren, great grandchildren in their efforts</td>
</tr>
<tr>
<td>• seek collaboration with outside professionals, other homes and other Boards</td>
<td>• welcome participants such as volunteers, new employees, families</td>
<td>• provide input and identify barriers to active participation</td>
</tr>
</tbody>
</table>
# 3.6 Guide to Implementing the Team Work Value

**TEAM WORK**

We believe we can achieve our goals and enhance the quality of life for residents by recognizing the value of team-work. Everyone plays a part in our success.

<table>
<thead>
<tr>
<th>Windsor Elms is committed to …</th>
<th>Employees are expected to …</th>
<th>Residents &amp; Families are asked to …</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Creating an environment where team work is expected and reinforced</td>
<td>• Work together, support each other and respect the contributions, talents, experience and knowledge of all team members</td>
<td>• Understand and acknowledge that Windsor Elms values and supports team work as part of the Vision, Mission, Values.</td>
</tr>
<tr>
<td>• Respecting and encouraging everyone’s talents, experiences and knowledge</td>
<td>• Help integrate residents and families as team members and ensure that they feel a part of the team</td>
<td>• Recognize that they are members of the care team</td>
</tr>
<tr>
<td>• Communicating expectations regarding approaches to and goals of teamwork (e.g., including team work as an important consideration in the annual performance review of all employees)</td>
<td>• Embrace new team members (staff, residents and families)</td>
<td>• Understand who the members of the team are and respect their different roles, talents, and experiences.</td>
</tr>
<tr>
<td>• Recruiting caring staff that are prepared to work in a team oriented environment</td>
<td>• Understand the specific goals of his/her work team and take ownership for the work of the team</td>
<td>• Participate in their loved one’s activities of daily living</td>
</tr>
<tr>
<td>• Empowering employees to actively participate in a variety of team decision-making opportunities.</td>
<td>• Understand the roles played by all members of Windsor Elms staff and recognize that all are essential to supporting a meaningful life for the residents</td>
<td>• Provide input to the resident’s care plan (include participation in the annual Resident Review Team meetings)</td>
</tr>
<tr>
<td>• Continuing dialogue among team members and with residents and families</td>
<td>• Communicate openly and honestly within the work team</td>
<td>• Actively engage care team members in discussions involving resident care</td>
</tr>
<tr>
<td>• Ensuring families feel they are an essential part of the care team</td>
<td>• Respect the diversity on the team and value its contribution to the overall team effort</td>
<td></td>
</tr>
<tr>
<td>• Providing appropriate education opportunities for employees and volunteers.</td>
<td>• Develop and exhibit positive working relationships with all team members</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Actively engage residents and their families as team members in discussions involving resident care</td>
<td></td>
</tr>
</tbody>
</table>
4. Organizational Component: An Ethics Advisory Committee

Given the variety of interests involved in Windsor Elms and the potential range of ethical issues, the best approach for implementing an ethical framework appears to be a multi-disciplinary advisory committee (rather than an ethics officer, an ethics “watchdog” or an external ethics monitor). This section sets out the purpose and scope, role and functions, membership and implementation requirements for setting up and operating the Committee.

4.1 The Ethics Advisory Committee

The establishment of a multi-disciplinary Ethics Advisory Committee is recommended.

The primary purpose of the Committee would be to help Windsor Elms, its employees, residents and their families implement their respective responsibilities in accordance with Windsor Elm’s mission, vision and values.

The Committee should be advisory and assistive. It should not have decision making authority. It would complement the roles of the care team, residents and families by providing a forum in which all perspectives regarding an ethical question can be heard.

The Committee should have multi-disciplinary membership. This would heighten all parties’ sensitivities to the ethical dimensions in resident care. It would thus help to support the making of difficult decisions in a more thoroughly reasoned manner and with a better balance of competing values, wishes, and preferences.

4.2 Role and Functions

The functions of the Ethics Advisory Committee should include advising, consulting, educating, and deliberating with employees, residents, and families about ethical issues, including such issues as degree of residents’ freedom of choice, differences with family expectations about resident care, quality of care and integrity and collaboration.

In particular, the Committee would:

- help employees, residents, and families to better address issues that have ethical implications;
- provide a process for discussion of ethical issues - hearing issues brought to it, and aiding in resolving ethical conflicts or dilemmas;
- ensure that ethical principles are recognized;
- support the development of an atmosphere that is sensitive to ethical priorities;
- be an integral component of the facility's continuous quality improvement/quality assurance program;
- help develop guidelines concerning ethical issues in the delivery of care;
- help Windsor Elms, its employees and residents and their families better understand and appreciate the values and how they should be applied; and
- assist in educating employees, residents, and their families about ethical principles and ethical issues in resident care.

Such a committee, if successful, would help Windsor Elms to develop and implement policies that can better account for the broad and complex range of ethical dilemmas that may arise in long term care. Using such a multidisciplinary approach will help guard against the tendency to create policies that are based solely on a single perspective. A multidisciplinary committee is better able to reflect the richness and diversity of the moral life in a pluralistic society.

4.3 Membership

The Ethics Advisory Committee should have a "balanced" structure that is multi-disciplinary, representative, and responsive to the particular needs of the Windsor Elms community – management, employees, residents and their families and the broader community.

The number of members on the Committee should be sufficient to ensure manageability, to promote divergent points of view, to allow it to function with absenteeism, and to be both multi-disciplinary and representative.

Accordingly, it is suggested that the Committee be constituted with 10-15 members and that membership come from a wide range of backgrounds, including at least one person from:

- Management
- Employees
- Residents
- Family members
- Community
- Funder/Board

The key characteristics in appointing members should be their:

- Openness - the nature of ethical questions is that they defy simple answers. Members should be open to learning so that they can consider carefully all of the expressed opinions about an ethical issue.
- Optimism - given that many ethical dilemmas are difficult to resolve, the members must be optimistic in such efforts.
- Compassion - Committee members need to be able to deliberate ethical issues from the residents' perspective.
- Patience - establishing an ethics committee may take two to three years so patience is required.
4.4 Monitoring and Evaluation

There would be a need to evaluate the effectiveness of the Committee. The input of employees, volunteers, community members, residents, family members, and other service providers will help the Committee identify new needs and future initiatives for the Committee and for Windsor Elms.

4.5 Implementation Requirements

A number of design issues need to be addressed in setting up the Committee:

- the reporting relationships (including a revised organogram);
- length of tenure of Committee members;
- the nominations and appointment process, including how the Chair is appointed;
- brief written policy and procedures for the committee;
- procedural guidelines in relation to the process of bringing forward issues for consideration by the Committee and the confidentiality of both the Committee decisions and minutes;
- the frequency of Committee meetings and a mechanism for convening ad hoc meetings;
- defining a quorum for meetings;
- education of Committee members (which is crucial to establishing and maintaining a successful Committee); and
- periodicity of monitoring effectiveness of the Committee.

4.6 Terms of Reference

The Ethics Advisory Committee, consisting of a voluntary body, will advise, consult, educate, and deliberate with employees, residents, and families about ethical issues, including such issues as degree of residents’ freedom of choice, differences with family expectations about resident care, quality of care and integrity and collaboration.

It is the intention of this Committee to deal with ethical dilemmas that cannot be resolved by the care team, or by the team receiving input or clarification of a policy from the Leadership Team. It is the mandate of this Committee to develop recommendations and reports to be brought to the Leadership Team that could influence the revision of an existing policy or that could have serious implications that may affect the Windsor Elms.

**Purpose:**

To help Windsor Elms Village, its employees, residents and their families implement their respective responsibilities in accordance with the Mission, Vision and Values.

To complement the roles of the care team, residents and families by providing a forum in which all perspectives regarding an ethical question can be heard.
To heighten all parties’ sensitivities to the ethical dimensions in resident care, thus helping to support the making of difficult decisions in a more thoroughly reasoned manner and with a better balance of competing values, wishes, and preferences.

**Accountability/Reporting:**
This Committee will consider any issue brought to its attention and prepare recommendations for the Team dealing with the issue. The Committee will prepare a report at the conclusion of each case and submit it to the CEO of the Windsor Elms Village.

**Responsibilities:**
The Committee will be responsible to:
- provide a process for discussion of ethical issues - hearing issues brought to it, and aiding in resolving ethical conflicts or dilemmas;
- help employees, residents, and families to better address issues that have ethical implications;
- ensure that ethical principles are recognized;
- support the development of an atmosphere that is sensitive to ethical priorities;
- be an integral component of the facility’s continuous quality improvement/quality assurance program;
- help develop guidelines concerning ethical issues in the delivery of care;
- help Windsor Elms, its employees and residents and their families better understand and appreciate the values and how they should be applied; and
- assist in educating employees, residents, and their families about ethical principles and ethical issues in resident care.
- assist the Windsor Elms in developing and implementing policies that can better account for the broad and complex range of ethical dilemmas that may arise in long term care.

**Membership:**
All members, including the Chair, Vice Chair, and Secretary, will be appointed by the CEO for a 3-year term. Members may be re-appointed for another 3-year term, and shall not serve more than a maximum of two 3-year terms.

Membership will be multi-disciplinary and consist of 10-15 members that come from a wide range of backgrounds, including at least one person from:

- Leadership Team
- Employees (ie: 1 Support Services; 1 Education Coordinator, 1 PCW; 1 RN; 1 LPN; 1 Non-Union)
- Chair of Resident Council “Ex-Officio Consultant”
- Family Representative ‘preferably two representatives’
- Community
- Board
Members must:

- be open to learning so that they can consider carefully all of the expressed opinions about an ethical issue.
- maintain optimism in resolving difficult ethical dilemmas
- have compassion in order to deliberate ethical issues from everyone’s perspective
- be patient in establishing an effective committee that may take up to two to three years to implement

**Quorum:**

Regular Meetings and Event-Driven Meetings will require a quorum of at least 50% (+ 1) of members

**Meetings & Regulations:**

1. There will be three types of meetings:
   
   i. **Regular meetings** will be scheduled periodically 3-4 times per year to deal with ongoing matters, develop educational and monitoring processes and conduct ethics consultations.
   
   ii. **Ethics visits** will be scheduled to conduct ethics rounds and ethics consultations 2-3 times per year. Ethics visits happen when members of the care team, residents and family present issues and their personal perspectives for discussion by the committee. Ethics visits will be conducted by an individual or a consultation team (as a sub-group of the Ethics Committee) helping the care team to address ethical issues.
   
   iii. **Event-driven meetings** will result from requests to deal with specific ethical issues. They may be unscheduled and unanticipated. These meetings will be at the Call of the Chair.

2. The Committee is encouraged to consider educational assistance of a Consultant(s) or Person(s) of knowledge, and would be invited, by the Chair, or Vice-Chair to attend meetings.

3. Meeting Minutes will contain records of attendance, recommendations, and/or decisions made by the Committee.

**Committee Support & Services**

Support from Windsor Elms Village may consist of the following:

- i. Administrative Support
- ii. Other supports, including educational support for members.

Note: Financial support may be available depending on funding availability. The Chair will consult with the CEO regarding these supports.
5.  Procedural Component

This Chapter sets out two key elements of how an Ethics Advisory Committee could operate: firstly, the types of meetings/deliberations it could undertake; and secondly, a possible format for analysing and dealing with ethical questions and issues.

5.1 Meetings of the Ethics Advisory Committee

There will be three types of meetings – regular, consultation and event-driven.

**Regular meetings** need to be scheduled periodically (say 3-4 times per year) to deal with ongoing matters, develop educational and monitoring processes and conduct ethics consultations.

**Ethics visits** can be scheduled to conduct ethics visits and ethics consultations (say 2-3 times per year). *Ethics visits* happen when members of the care team, residents and family present issues and their personal perspectives for discussion by the committee. *Ethics visits* would be conducted by an individual or a consultation team (as a sub-group of the Ethics Committee) helping the care team to address ethical issues.

**Event-driven meetings** will result from requests to deal with specific ethical issues. They will be generally unscheduled and often unanticipated. The process for addressing these situations is shown in Appendix 2.

5.2 A Process and Framework for Ethical Decision Making

This framework is to be used as a guide rather than a ‘recipe’. Ethical decision making is a process best done in a caring and compassionate environment. It will take time and may require more than one meeting before an issue is resolved.

There are a number of tools available that can be used to guide ethical deliberation. Some samples are provided in Appendix 1. Most of these tools guide the user through a stepped process of “recognizing an ethical issue” to the “gathering of facts” to the “consideration & evaluation of alternatives” to “a final decision”.

In those situations where a resolution is not readily forthcoming, the matter can be brought to the attention of the Team Lead or the Resident Care Coordinator on duty or the relevant Department Head who will initiate a Team process. In the event that the Team is unable to resolve the matter, the assistance of the Ethics Advisory Committee can be accessed through a formal request process. See Ethical Consultation Flowchart in Appendix 2.
Appendix 1: Tools for Ethical Deliberation

A. The Method used at the Markkula Centre for Applied Ethics

1 Recognize an Ethical Issue
   1.1 Is there something wrong personally, interpersonally, or socially? Could the conflict, the situation, or the decision be damaging to people or to the community?
   1.2 Does the issue go beyond legal or institutional concerns? What does it do to people, who have dignity, rights, and hopes for a better life together?

2 Get the Facts
   2.1 What are the relevant facts of the case? What facts are unknown?
   2.2 What individuals and groups have an important stake in the outcome? Do some have a greater stake because they have a special need or because we have special obligations to them?
   2.3 What are the options for acting? Have all the relevant persons and groups been consulted? If you showed your list of options to someone you respect, what would that person say?

3 Evaluate Alternative Actions From Various Ethical Perspectives
   3.1 Which option will produce the most good and do the least harm?
      Utilitarian Approach: The ethical action is the one that will produce the greatest balance of benefits over harms.
   3.2 Even if not everyone gets all they want, will everyone's rights and dignity still be respected?
      Rights Approach: The ethical action is the one that most dutifully respects the rights of all affected.
   3.3 Which option is fair to all stakeholders?
      Fairness or Justice Approach: The ethical action is the one that treats people equally, or if unequally, that treats people proportionately and fairly.
   3.4 Which option would help all participate more fully in the life we share as a family, community, society?
      Common Good Approach: The ethical action is the one that contributes most to the achievement of a quality common life together.
   3.5 Would you want to become the sort of person who acts this way (e.g., a person of courage or compassion)?
      Virtue Approach: The ethical action is the one that embodies the habits and values of humans at their best.
4 Make a Decision and Test It

4.1 Considering all these perspectives, which of the options is the right or best thing to do?

4.2 If you told someone you respect why you chose this option, what would that person say? If you had to explain your decision on television, would you be comfortable doing so?

5 Submit Reports to Windsor Elms

(This framework for thinking ethically is the product of dialogue and debate at the Markkula Center for Applied Ethics at Santa Clara University. Primary contributors include Manuel Velasquez, Dennis Moberg, Michael J. Meyer, Thomas Shanks, Margaret R. McLean, David DeCasse, Claire André, and Kirk O. Hanson. The material appeared originally in Issues in Ethics, V. 1, N. 2 (Winter 1988).)
B. The R.I.C.E. Method *

Reflect:
1. Identify your biases and intuitions.
   - What are your gut feelings about the case?
   - What are the sources of your intuitions (ie: your moral training, professional norms, personal history, social position, religious beliefs, relationships with the people involved, etc.)
   - What are the story lines playing in your head? (ie: doctor not listening to nurse, non compliant patient, doctor unable to let go of patient).
   - What is your role or position in this case?

2. Identify the needs and concerns of the client/caller.
   - Why did the client call you?
   - How do they understand this situation as an ethical dilemma?
   - What does the client want from you (a safe place to vent, moral support, brainstorming options, risk management, mediation, advocacy, conflict resolution, etc.)?
   - Is this the right channel to address the issue? Is this case appropriated to the needs/roles of ethics consultation?
   - What can you offer to this situation? How can you support the moral decision/makers?

Investigate: Probe the Facts as Presented
   - Are there contextual, organizational or interpersonal issues complicating the case?
   - Who is the ethical decision-maker? What are their needs and concerns?
   - Who are the other stakeholders in the case? What are their values and interests?
   - Has any perspective been neglected (ie: nursing, family, resident)?
   - Are there crucial unanswered questions or ambiguities?
   - What resources could be mobilized to ease the situation?
   - Who needs support and how could they best be supported?

Contemplate & Communicate: Prioritize Information, Identify Ethical Dimensions
   - What facts are particularly crucial?
   - What ethical principles are in tension?
   - What values are in conflict? Whose values are they?
   - How are the patient’s interests best served? Are there competing interests?
   - What organizational or social structures have contributed to this dilemma?
   - What are the benefits and burdens of the available options? How are these benefits and burdens distributed?
   - How does this case compare to others you have experienced or heard of?
   - How does the literature enhance your understanding of the case?
   - Is there a middle way (ie: can a third option be identified, such as a trial of treatment)?
   - When does a decision have to be made?
   - How do ethical theories, as well as moral inclinations, inform your analysis?
   - What is the good act, and what makes it so?
Evaluate:

1. **Attend to Organizational Dimensions.**
   - Does this case point to an institutional problem?
   - Does it reveal an ambiguity or inconsistency in institutional policy?

2. **Lessons Learned (peer evaluation and follow-up)**
   - How did participants experience the consultation process?
   - Did participants find it helpful? How?
   - Did this consult fulfil the goals and vision of ethics consultation?
   - How could the process be improved?

* Frolic, Andrea. Department of Anthropology, Rice University.
C. The Ocean View Approach

A Process for Ethical Review

1. Acknowledge Feelings

   - Identify “gut” reactions, biases, loyalties

   What are your initial feelings about the case?

2. Determine Ethically Relevant Facts

   - Clinical factors:
     ○ Diagnosis; prognosis; certainty
   - Psycho-social factors:
     ○ History, family situation, economics
   - Legal factors:
     ○ Requirements
     ○ Precedents

   Ethically relevant facts
   Are there any advance directives? If so, what are the instructions?

3. Competency

   - Determine patient’s decision-making capacity

   Is the patient competent to make medical decisions?

   Who is the patient’s substitute decision maker?
4. **Principles**

Determine the moral principles (i.e., action guiding statements) that are at issue in this case.

- e.g. “Respect patient autonomy”
- “Do no harm.”
- “Tell the truth.”

5. **Examine Values**

- Consider primary values and preferences of patient and/or family

- Consider primary values and preferences of health care providers

Relevant Values – Whose Values?

6. **Identify Ambiguous Concepts**

- e.g. health; rights; harm; justice; person; death; futility; benefit; etc.

**Attempt to Clarify Definitions**
7. **Consider Alternative**

Determine the moral principles (i.e., action guiding statements) that are at issue in this case

e.g. “Respect patient autonomy”
“Do no harm.”
“Tell the truth.”

<table>
<thead>
<tr>
<th>Alternative No. 1</th>
</tr>
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<tr>
<td>Probable outcomes</td>
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<tr>
<th>Alternative No. 2</th>
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<tr>
<td>Probable outcomes</td>
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<table>
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<tr>
<th>Alternative No. 3</th>
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</thead>
<tbody>
<tr>
<td>Probable outcomes</td>
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</tbody>
</table>

8. **Evaluate Alternatives**

- Rank values
- Evaluate alternative in light of value priorities
9. **Articulate**  
**Recommendations**
- Consider alternative that best reflects value priorities.
- Which alternative best balances various competing values?

<table>
<thead>
<tr>
<th>State recommendations</th>
</tr>
</thead>
</table>

10. **Implementation Plan**

<table>
<thead>
<tr>
<th>Who needs to be informed of the recommendations?</th>
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<tbody>
<tr>
<td>What needs to be done by whom?</td>
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</table>

11. **Follow Up**

<table>
<thead>
<tr>
<th>Who is the most appropriate person to provide future follow up (ie: checking in with family, staff, etc.)</th>
</tr>
</thead>
</table>
D. The AVH Ethics Tool

1. Identify your biases and intuitions. What are your gut feelings about the case? What are the sources of your intuitions (e.g. your moral training, professional norms, personal history, social position, religious beliefs, relationships with the people involved, etc.)? What is your role in this case? What are your expectations and goals as they pertain to this case?

2. Clarify the question. What is the issue that needs to be addressed? What are the values at issue?

3. Who needs to be a part of the decision? Who is accountable for making the decision?

4. Identify major stakeholders (client, family member, caregiver, health professional, etc.) and their expectations, values and goals. This ought to be discovered in conversation with these stakeholders.

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Their expectations/values</th>
<th>Their goals</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

5. What are the relevant (known) facts? This includes reference to the contributing policies, values, feelings, beliefs, legislation, evidence (sometimes these are in conflict).

6. How significant are the possible harmful consequences of the existing situation? List the possible harms. Important to clarify the context and define the immediacy of the situation.

7. What are the possible approaches to address this issue? You are not limited to exploring only three possible alternatives and remember that doing nothing is an option and needs to be explored as well.

<table>
<thead>
<tr>
<th>Possible Alternative #1</th>
<th>Possible Alternative #2</th>
<th>Possible Alternative #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Possible Alternative:</td>
<td>Possible Alternative:</td>
<td>Possible Alternative:</td>
</tr>
<tr>
<td>Do nothing</td>
<td>Do nothing</td>
<td>Do nothing</td>
</tr>
<tr>
<td>Which values/principles are aligned with this alternative.</td>
<td>Which values/principles are aligned with this alternative.</td>
<td>Which values/principles are aligned with this alternative.</td>
</tr>
<tr>
<td>Which values/principles are in conflict with this alternative.</td>
<td>Which values/principles in conflict with this alternative.</td>
<td>Which values/principles in conflict with this alternative.</td>
</tr>
</tbody>
</table>

Upon ethical analysis, the best possible alternative is # ______.
8. Why is this the best approach? When you say it out loud, does it sound reasonable? Can you live with it?

9. Describe your plan for action and communication. Who needs to hear the decisions? Who will communicate it?

10. How will this decision be evaluated?

11. How confident are you that you have made a good decision?

<table>
<thead>
<tr>
<th>Confidence Level in having reached a good decision</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Extremely Confident:</strong> do not need to revise your decision. Have reached consensus with stakeholders. It sounds reasonable when you say it out loud. All are in agreement and would readily be the messenger of the decision.</td>
</tr>
<tr>
<td><strong>Very Confident:</strong> Should not need to revise your decision. Have reached a decision stakeholders can agree to. It stands the test of publicity and is the best decision, given the circumstances.</td>
</tr>
<tr>
<td><strong>Somewhat Confident:</strong> Might need to revise your decision. Some discomfort remains with stakeholders. Some discomfort when you state the decision publicly (when you say it out loud it doesn’t seem reasonable). Continue to work through or consult with the AVH Ethics Advisory Committee.</td>
</tr>
<tr>
<td><strong>Not Very Confident:</strong> Should revise your decision. Discomfort expressed by stakeholders. Doesn’t sound reasonable when you say it out loud. Consult with the AVH Ethics Advisory Committee.</td>
</tr>
<tr>
<td><strong>Not at all Confident:</strong> Cannot achieve agreement on the best course of action. Revisit the evidence, policies, clarify values, consult with the AVH Ethics Advisory Committee. Seek to revise your decision.</td>
</tr>
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</table>
E. Adapted from the 2010 NSHEN Conference

**Decision-Making Framework**

1. Identify & describe the situation

   a. What in our Vision/Mission/Values is in conflict?
      
      If it is a resident focused concern what of these 5 features are in conflict? (refer to Five Features of Home on page 32)
      
      - Ability to Decide
      - To be at Ease
      - Place of Security
      - Personal Expression
      - Privacy

   b. Who is directly involved?

   c. What is your assessment of the situation?

2. What are the possible alternatives?

3. What is your assessment of the alternatives you chose?

   a. Consider how the alternatives affect who is directly involved.

4. Decide, implement & evaluate

   a. What is the team’s decision?

   b. How will it be implemented?

   c. When will it be evaluated?

Five Features of Home

As a team we strive to ensure these five features work to make the feeling of ‘home’ become real.

The Following are 5 features that make a resident’s environment feel like ‘home’

1. Ability to Decide
   ✓ In control of decision-making
     i. Are there psychological and/or physical limitations that hinder their ability to decide? If no, why was the decision-making ability hindered? If yes, what are the limitations?
   ✓ Ability to reason & make choices

2. To be at Ease
   ✓ Does the resident feel comfortable or at ease with the situation? ✓ assess body language/uncharacteristic behaviors
   ✓ To ‘be at home’ is to ‘be at ease’
   ✓ Don’t have to be anyone or anything else
   ✓ Able to influence surroundings with little to no effort

3. Place of Security
   ✓ Haven from the harsh world outside
   ✓ Respect
   ✓ Able to receive help

4. Personal Expression
   ✓ Extension of self in material surroundings
   ✓ Objects can be links to past, people & events – reflect what is important to them
   ✓ Closeness to loved ones & meaning
   ✓ Desire to be noticed

5. Privacy
   ✓ Access & Respect to Privacy
   ✓ Pattern of public & private space (Example: Some people’s bedrooms may be off limits as a public space – may decide to only have social gatherings in the common areas)
Appendix 2: Ethical Consultation Flowchart

Ethical Question/Concern Arises
Concerned individual brings the issue to Resident Care Coordinator (RCC), Dept. Head (DH), or Team Lead (TL) who will be responsible for gathering intake information and for initiating the Team Process. Team members will be determined based on variables in case as well as expertise found within Team membership.

Review Process by Team
The Team works to create a resolution. They will use the Ethics Framework, Elms policies, and ethical deliberation tools to assist them. They may also approach other Teams for input/clarification.

When the Team is Unable to Create or Consent to a Recommendation
The RCC (or DH or TL) or concerned individual will complete the 'Request for Consultation form and bring to the Chair/Vice Chair of Ethics Advisory Comm for review. The request is screened by Chair/Vice Chair to establish whether the request meets the criteria for an ethics consultation i.e. involves a substantive ethical issue. The Requester is given a copy of the screening criteria.

Concerned Individual's Issue Is Resolved

When Concerned Individual Is Not Satisfied
that individual communicates dissatisfaction to the Team and can either have issue go forward or continue to discuss with Team.

The Chair/Vice Chair
The Chair/Vice Chair shall meet with the requestor to advise them of the result of the screening. If the issue is returned to the Team for further information and/or consideration, the Requester is provided with a written progress report of deliberations by the Chair/Vice Chair. If the decision is to proceed with the consult, the Requester is advised of that by the Chair/Vice Chair and of the formal procedure to be followed. If the decision is not to proceed, the Chair/Vice Chair will suggest a more appropriate route for dealing with the issue.

Issue Returned to Team
The issue is returned to the team for further information and/or consideration. The requestor is provided with a written progress report on deliberations.

Issue Referred to Ethics Advisory Committee
The Ethics Advisory Comm will determine the course of action (logistics & procedures) to follow in reviewing the case and making a written recommendation to the Team who originally dealt with the case.

Case is Declined
Requestor is advised, in writing, by the Chair/Vice Chair of Ethics Comm of reasons for case being declined and advised of more appropriate route for dealing with the issue. The decision to decline is reported to the Ethics Comm by the Chair/Vice Chair of the Comm.

Recommendation is Accepted by Team
The Chair/Vice Chair and the RCC (or DH or TL) will meet with the individual(s) who originally brought the issue forward.

Recommendation is not Accepted by Team
The RCC (or DH or TL) will meet with the Ethics Advisory Comm to discuss reasons and next steps. Reasons for non-acceptance of recommendation are recorded and these, along with next steps proposed by the Team, are included in the Ethics Committee's written report to the CEO.

Ethics Advisory Committee Report
The Chair/Vice Chair of the Ethics Advisory Comm prepares a written report on the case and submits to the CEO. The requestor is advised of the ultimate outcome by the CEO or his/her delegate.
Appendix 3: Request for Consultation

Windsor Elms Village
Request for Consultation from the Ethics Advisory Committee (EAC)

This form is to be used when requesting a consultation with the Ethics Advisory Committee. It presumes that the matter has already been considered by the Resident Care Coordinator (or Department Head or Team Lead). Individuals seeking a consultation with the EAC may, in addition to submitting this form, choose to meet with the Committee. If additional space is required in order to complete this form, the reverse side of the form may be used or additional pages added. The completed form may be mailed to the Chair of the Ethics Advisory Committee, c/o the Windsor Elms Village, or may be placed in a sealed envelope and left at the Reception Desk.

1. **Name:**
   Name of person(s) making request.  
   Position (Staff, Volunteer, Resident, Family Member, etc.)

   Contact Info (Tel.number or email address)  
   Date Request Submitted

2. **Is this request:**  
   □ Urgent  
   □ Non-Urgent

3. **Briefly describe the ethical issue or dilemma that needs to be considered.**

   ____________________________________________________________
   ____________________________________________________________
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4. Briefly describe the steps that have been taken and who has been involved

___________________________________________________________

___________________________________________________________

___________________________________________________________

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___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

To Be Completed by Ethics Advisory Committee

Date request reviewed/screened by Chair/Vice Chair of EAC  ____/___/__

Recommended to submit to EAC  □ Yes  □ No

Other recommendation(s)

___________________________________________________________

___________________________________________________________

Date request received by EAC or Subcommittee.  ____/___/__

Date review completed:  ____/___/__  ____________________________

Signature

Ethics Advisory Committee Recommendation

___________________________________________________________

___________________________________________________________

___________________________________________________________

Recommendation forwarded to Team assigned to case.  ________  Date
Appendix 4: Request for Consultation Screening Criteria

Windsor Elms Village
Ethics Advisory Committee

When a request for consultation is received by the Chair/Vice Chair of the Ethics Advisory Committee, the presenting case is reviewed in light of the following screening criteria and, based on that review, the Chair/Vice Chair determine whether the case will be brought forward to the Ethics Advisory Committee.

Screening Criteria

1. The case involves substantive ethical issue(s) and the issues are central to the presenting case.

2. The case involves a mix of issues some of which are better handled by other processes. Only the ethical issues are brought forward for consideration by the Ethics Advisory Committee.

3. The case has been considered by the appropriate Team and Team Lead.
Appendix 5: Five Sources of Ethical Standards *

I. Sources of Ethical Standards

The Utilitarian Approach
Some ethicists emphasize that the ethical action is the one that provides the most good or does the least harm, or, to put it another way, produces the greatest balance of good over harm. The ethical corporate action, then, is the one that produces the greatest good and does the least harm for all who are affected-customers, employees, shareholders, the community, and the environment. Ethical warfare balances the good achieved in ending terrorism with the harm done to all parties through death, injuries, and destruction. The utilitarian approach deals with consequences; it tries both to increase the good done and to reduce the harm done.

The Rights Approach
Other philosophers and ethicists suggest that the ethical action is the one that best protects and respects the moral rights of those affected. This approach starts from the belief that humans have a dignity based on their human nature per se or on their ability to choose freely what they do with their lives. On the basis of such dignity, they have a right to be treated as ends and not merely as means to other ends. The list of moral rights — including the rights to make one's own choices about what kind of life to lead, to be told the truth, not to be injured, to a degree of privacy, and so on—is widely debated; some now argue that non-humans have rights, too. Also, it is often said that rights imply duties—in particular, the duty to respect others' rights.

The Fairness or Justice Approach
Aristotle and other Greek philosophers have contributed the idea that all equals should be treated equally. Today we use this idea to say that ethical actions treat all human beings equally—or if unequally, then fairly based on some standard that is defensible. We pay people more based on their harder work or the greater amount that they contribute to an organization, and say that is fair. But there is a debate over CEO salaries that are hundreds of times larger than the pay of others; many ask whether the huge disparity is based on a defensible standard or whether it is the result of an imbalance of power and hence is unfair.

The Common Good Approach
The Greek philosophers have also contributed the notion that life in community is a good in itself and our actions should contribute to that life. This approach suggests that the interlocking relationships of society are the basis of ethical reasoning and that respect and compassion for all others—especially the vulnerable—are requirements of such reasoning. This approach also calls attention to the common conditions that are important to the welfare of everyone. This may be a system of laws, effective police and fire departments, health care, a public educational system, or even public recreational areas.

The Virtue Approach
A very ancient approach to ethics is that ethical actions ought to be consistent with certain ideal virtues that provide for the full development of our humanity. These virtues are dispositions and habits that enable us to act according to the highest potential of our character and on behalf of values like truth and beauty. Honesty, courage, compassion, generosity, tolerance, love, fidelity, integrity, fairness, self-control, and prudence are all examples of virtues. Virtue ethics asks of any action, "What kind of person will I become if I do this?" or "Is this action consistent with my acting at my best?"
II. Putting the Approaches Together

Each of the approaches helps us determine what standards of behavior can be considered ethical. There are still problems to be solved, however.

The first problem is that we may not agree on the content of some of these specific approaches. We may not all agree to the same set of human and civil rights.

We may not agree on what constitutes the common good. We may not even agree on what is a good and what is a harm.

The second problem is that the different approaches may not all answer the question "What is ethical?" in the same way. Nonetheless, each approach gives us important information with which to determine what is ethical in a particular circumstance. And much more often than not, the different approaches do lead to similar answers.

III. Making Decisions

Making good ethical decisions requires a trained sensitivity to ethical issues and a practiced method for exploring the ethical aspects of a decision and weighing the considerations that should impact our choice of a course of action. Having a method for ethical decision making is absolutely essential. When practiced regularly, the method becomes so familiar that we work through it automatically without consulting the specific steps.

The more novel and difficult the ethical choice we face, the more we need to rely on discussion and dialogue with others about the dilemma. Only by careful exploration of the problem, aided by the insights and different perspectives of others, can we make good ethical choices in such situations.

We have found the following framework for ethical decision making a useful method for exploring ethical dilemmas and identifying ethical courses of action.

The ethical framework is based on widely accepted principles:

- Respect for persons (honoring individual and family autonomy, and providing culturally competent services, maximizing options)
- Beneficence (promoting health and well-being)
- Nonmaleficence (preventing harm)
- Justice (fairness in access to and distribution of resources)

* Excerpt from A Framework for Thinking Ethically. Developed at the Markkula Centre for Applied Ethics at Santa Clara University. Last revised in May 2009.*