



Ethics Framework



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PART ONE: OVERVIEW

Lakeland Long Term Care (LLTC) places high value on the integration of best practices in all areas of responsibility. Best practice surrounding ethics is for organizations to have an ethical framework that is utilized to support ethical decision making at all levels. The LLTC Ethics Framework is available to all members of the Board, all staff, physicians, volunteers, students, Residents and families, as well as our community partners.

Why an Ethics Framework?

- Ethical decision making is an important part of clinical and overall organizational functioning. An ethics framework can assist organizations and individuals within organizations to identify and work through ethical dilemmas or issues using a standardized decision-making approach. By defining processes, tools and resources to support leaders, clinicians and all staff to manage ethical issues, dilemmas or concerns, the framework is intended to guide discussions and decision making related to ethics issues.

Goal of the WPSHC Ethics Framework

- Ensure a standardized and transparent organizational ethical decision-making approach that will enhance and guide the ethical decision-making process related to clinical and organizational issues at LLTC.

Key Terms

Ethical Decision-Making: structured, disciplined review and reflection on how to make decisions about what should be done in a particular situation. The decision-making process answers such questions as:

- a) What should be done? (*What are the right actions or results in the most good in this situation?*)
- b) Why should it be done? (*Exploration of the values and reasons that support the options available.*)
- c) How should it be done? (*What actions or plans best fit with the defined values and reasons?*)
- d) Who should do it? (*Who is responsible for making, acting upon, communicating and evaluating the final decision?*)

Clinical ethics: a structured approach used to support clinicians in identifying, analyzing and resolving an ethical dilemma or issue that arises from result the care or decision making about a specific clinical situation or Resident.

Organizational ethics: a structured approach used to support an organization or team within an organization define and address the ethical situations that affects groups of residents as well as non-clinical dilemmas such as resource allocations or realignment of staffing patterns or roles.



PART TWO: ETHICAL DECISION-MAKING PROCESS

When the Ethics Framework might be utilized¹:

Not every decision individuals are required to make within the context of their role requires the use of this framework. Some decisions can be guided by the available policies, procedures, and systems that are actively in place at LLTC to support us to do the right thing. However, in some situations, knowing and/or doing the 'right' thing can be unclear or difficult. These types of situations are examples of ethical dilemmas, which this framework is designed to address. An ethical dilemma or conflict occurs when two or more ethical values apply to a situation, but these values support diverging courses of action². Individuals or groups experience tension or ethical uncertainty when faced with a situation in which they are unsure of what values, legislative or regulatory requirements apply or even where the moral problem is^{3 4}. They may also experience ethical distress when they know the 'right' thing to do, but various constraints make doing the 'right' thing difficult.

What are the signs of an ethical dilemma?

- The "yuck" factor: an intuition that something isn't right; a feeling of moral angst or distress.
- Knowing the 'right' thing to do in a situation but encountering organizational or personal barriers.
- Wondering what a 'good' person or professional ought to do in the particular situation.
- A situation where two equally important values seem to conflict (e.g. between telling the whole truth and preserving confidentiality).
- A conflict between members of a team around a challenging situation, often a result of differing professional roles, beliefs or world-view.
- Moral ambiguity: a situation characterized by uncertainty about the right thing to do either because it is novel, or it has unique features that make standards of practice difficult to apply.

What do I do or who can I go to if it is decided I have an ethical dilemma?

The process diagram in Appendix A outlines what an individual or team can do if they identify or are concerned there is an ethical dilemma.

Who is on the Ethics Team at the LLTC?

Lakeland Leadership, WPSHC Partners.

¹ Adopted from Hamilton Health Sciences (2010). *Ethics framework*. Hamilton, ON: Author.

² *Code of Ethics 2017 Edition- Canadian Nurses Association (2017)*. Toronto: Author

³ *Canadian Medical Association (2018). CMA Code of Ethics and Professionalism*. Ottawa: Author, reviewed May 2021

⁴ Davey, T. (2013). *Individual and organizational ethical practices*. *Healthcare Management Forum*, 26, 51-53

Part Three: Ethical Approval Process for Research



LLTC believes in fostering learning and collaborative partnership- and this includes supporting research activities and projects when it is appropriate and viable to do so. AS LLTC does not have a Research Ethics Board, We rely heavily on university ethics or an equivalent research ethics approval board. In addition, LLTC approval is required for all research projects for the purpose of assessing impact to resources, teams and ultimately our patients. Impact is defined as any procedure or research protocol which requires use of but not limited to, extra tests, procedures, preparation and dispensing of special medications for drug trials, additional nursing/staff time, or ancillary costs. LLTC will not normally absorb the costs associated with research projects and extra costs must be clearly indicated.

Submission process

Any individual or team that is seeking to implement a research project at LLTC must minimum have the following information submitted:

- A letter outlining the following information:
 - ☐ Title of the project
 - ☐ Investigator(s) names and their contact information
 - ☐ Estimated start and end dates of the project
 - ☐ The source of funding
 - ☐ Description of what it is you are requesting of LLTC (ie: space, staff time, etc.)
 - ☐ Description of the impact anticipated (Supplies, space, personnel, test, procedures, etc.)
- The most completed and up to date study description and protocol
- Letter or document (s) of approval from a Research Ethics Board affiliated with the postsecondary institution(s) that is (are Supporting the research.

All applications are to be submitted to the attention of the Quality and Risk Manager who will review the initial application for errors and/or omissions. The research project application will then be reviewed by the Ethics Team approval.

PART FOUR: WPSHC ETHICAL DECISION-MAKING TOOLS

Individual and organizational values permeate all that we do in all roles and at all levels of the organization. Members of the LLTC board, staff, physicians, volunteers, students, patients, families or others may experience an **ethical dilemma** or conflict at any time during the course of their role.

IDEA: Ethical Decision-Making Framework

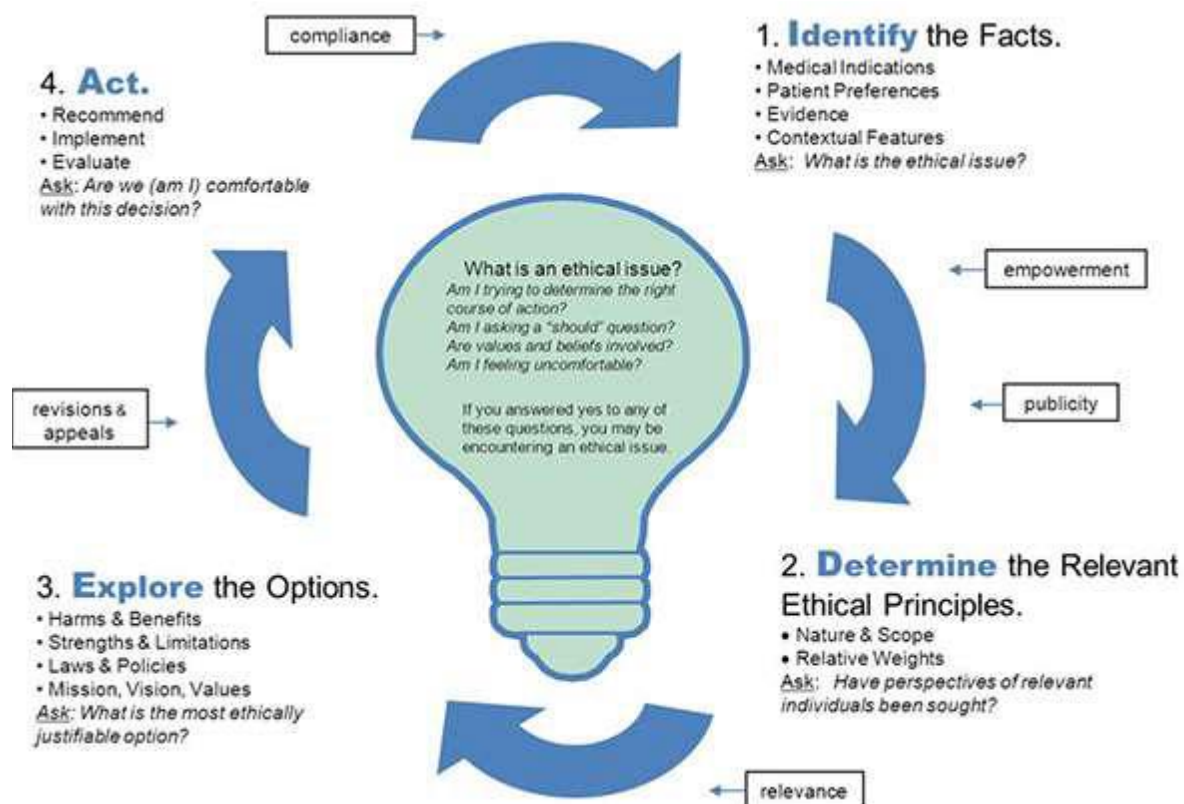
The LLTC Ethical Decision-Making Process is outlined by the acronym “IDEA.5” This acronym stands for:

I – Identify the facts

D – Determine the ethical principles in conflict

E – Explore options

A – Act on your decision and evaluate



⁵ The IDEA: Ethical Decision-Making Framework was modified by the WPSHC and builds upon the Toronto Central Community Care Access Centre *Community Ethics Toolkit* (2008)

Clinical Ethical Decision Making - Process Tips



To make an ethically sound decision it is important to identify the relevant information. Not only will this help to ground a focused and informed decision, but it will also help eliminate uncertainty due to insufficient information/evidence as well as disagreement about the facts. Use the boxes on the Clinical Ethical Decision-Making Worksheet to list the information you know as well as the information you need to better understand. Use the worksheet prompts to identify common types of information to consider. If information is incomplete, identify who you need to talk to and what specific information you need to gather. If you identify missing information later in the process, come back to this section and fill in your findings.

1. Identify the facts

Things to consider:

- What is the conflict/issue as you currently see it?
- What are the facts surrounding the situation or issue? Consider clinical issues, patient and family preferences, quality of life and contextual factors such as family relationships, religious preferences, and cultural perspectives.
- Engage in reflective practice and consider feelings, values, and prior experiences as well as emotional, cultural, or societal factors influencing yourself, the individuals involved.
- Who else might be impacted and who else should be consulted?
- How soon does a decision need to be made and what decision-making processes might need to be taken into account?

2. Determine the Ethical Principles in Conflict

- What ethical principles are in conflict (refer to the LLTC Code of Ethics, Professional Codes of Ethics, external resources as required – e.g. legislation)

3. Explore Options

- What options are available to resolve the situation (look for at least two)?
- What is the possible harm and benefit to various stakeholders (Residents, staff, physicians, family)?
- What ethical principles, values, duties support these options?
- Is this a decision that could be applied in all situations (ie: does this set a good example? Are we making it easier or harder for others to do the right thing in a similar situation?)

4. Act on your Decision and Evaluate

- Accept the responsibility for the choice made – document a clear plan of action and communicate it to all parties involved.
- Evaluate the decision – how well it was carried out, what was the outcome(s)?
- Determine a formal evaluation plan – outline lessons learned, what opportunities for improvement were identified, what organizational processes or systems need to be modified as a result, are there other questions or issues identified that might need resolution and who might be responsible to ensure follow up on the evaluation?



Step 2 - Determine the Ethical Principles in Conflict

Identify ethical issues.	
What ethical principles are in conflict? Refer to the WPSHC Code of Ethics or other professional Codes of Ethics as appropriate	
Principle	Explain the issue



Step 3 - Explore Options

Explore options and consider their strengths and weaknesses.

Brainstorm and discuss options either alone or with peers. Be creative and use your imagination. Consider a compromise. Predict the outcomes for each alternative. Does the alternative fit with the client/patient/family values? Question whether the alternative meets health care and professional policies, directives, and regulations. Consider legislative requirements and consider engaging additional resources as appropriate.

Principle	Strength	Weakness



Step 4 - Act on Your Decision and Evaluate

Develop an Action Plan

Given all the information that you have, choose the best option available. Present your suggested alternative and action plan to the patient and/or those involved in such a way that it allows them to evaluate the plan. Re-examine the alternatives if other factors come to light, if the situation changes, or if an agreement cannot be reached. Determine when to reflect on effectiveness of the plan. Document and communicate the plan to those who are impacted or who have been involved.

**Evaluate the Plan.**

What was the outcome of the plan? Are changes necessary? Document the evaluation.

Self evaluate your decision.

How do you feel about the decision and the outcome(s)? What would you do differently next time? What would you do the same? What have you learned about yourself? What have you learned about this decision making process?



Organizational Decision-Making Process Tips

To make an ethically sound decision it is important to identify the relevant information. Not only will this help to ground a focused and informed decision, but it will also help eliminate uncertainty due to insufficient information/evidence as well as disagreement about the facts. Use the Organizational Ethical Decision-Making Worksheet to list the information you know as well as the information you need to better understand. Use the worksheet prompts to identify common types of information to consider. This tool is useful for non-clinical decisions or issues that have ethical implications, particularly for higher level decisions that are complex and/or have implications for larger numbers of stakeholders.

1. Identify the Facts

Things to consider:

- What is the conflict/issue as you currently see it? Consider the Foundational Concepts, outlined on pages four to nine of this document, to assist in this process.
- What are the facts surrounding the situation or issue? Consider clinical issues, patient and family preferences, quality of life and contextual factors such as family relationships, religious preferences, and cultural perspectives
- Engage in reflective practice and consider feelings, values, prior experiences as well as emotional, cultural, or societal factors influencing yourself, the individuals involved.
- Who else might be impacted and who else should be consulted?
- How soon does a decision need to be made and what decision-making processes might need to be taken into account?

2. Determine the Ethical Principles in Conflict

- What ethical principles are in conflict (refer to the LLTC Code of Ethics, Professional Codes of Ethics, external resources as required – e.g. legislation).

3. Explore Options

- What options are available to resolve the situation (look for at least two)?
- What is the possible harm and benefit to various stakeholders (patient, staff, physicians, family)?
- What ethical principles, values, duties support these options?
- Is this a decision that could be applied in all situations (ie: does this set a good example? Are we making it easier or harder for others to do the right thing in a similar situation?)
- Consider who else you might need to involve – consult the Ethics Process Diagram on page 10 of this document if required.

4. Act on your Decision and Evaluate

- Accept the responsibility for the choice made – document a clear plan of action and communicate it to all parties involved.
- Evaluate the decision – how well it was carried out, what was the outcome(s)?
- Determine a formal evaluation plan – outline lessons learned, what opportunities for improvement were identified, what organizational processes or systems need to be modified



as a result, are there other questions or issues identified that might need resolution and who might be responsible to ensure follow up on the evaluation?

- Ensure you share your findings with colleagues, stakeholders, and the Ethics Team for the purposes of organizational learning and quality improvement.

Organizational Ethical Decision-Making Worksheet- page 1 of

Step 1 - Identify the Facts

a. Define the decision, issue or question (Clearly state the decision, issue or question):

Identify if there are ethical implications to this decision, issue or question. Use the following table to determine whether there are ethical implications to the decision at hand:

	Y	N	?	Initial Reaction
Are we Potentially violating any ethical principles, organizational values or professional standards?				
Could stakeholders be negatively impacted by this decision?				
Could Lakeland`s reputation be negatively impacted by this decision?				
Is there a difference of opinion, or uncertainty, about the right thing to do?				

If you answered **YES** or **Unsure (?)** to any of these questions, continue with the tool to facilitate an ethical decision- making process.



b. Identify the Major Stakeholders & Decision Makers

Stakeholder – any person, group, community, businesses or institution that stands to be impacted by the situation/decision. Make a note of the relevant interests (needs/concerns) they may have relating to the situation/decision. Where possible, solicit input from stakeholders to ensure their identified interests are accurate and comprehensive and keep them appropriately informed throughout the process.

Stakeholders	Relevant Interests

Are we confident that stakeholders and their interests have been accurately and comprehensively defined?

YES NO

If **No**, identify who should have further input and how it will be obtained:



Step 2 - Determine the Ethical Principles in Conflict

a) Identify the relevant information

What we Know	What we Need to Better Understand

As you clarify the missing information, move the information to the known category

b) Identify ethical issues

What, if any, ethical principles are in conflict? Refer to the LLTC Code of Ethics

Principle/Value	Explain the Issue



a) Identify Potential Conflicts of Interest

A conflict of interest arises when a decision maker's secondary interest is in actual or potential conflict with his or her primary interest or responsibility

Do any of the decision makers have a conflict of interest? Yes No

If **Yes**, note how the conflict will be resolved

Step 3 - Explore Options

Brainstorm and reflect on the Options

- 1) **Brainstorm options** using the information gathered in the previous steps. Remember to be open minded and creative but realistic; avoid prematurely eliminating options before giving them some consideration
- 2) **Narrow your list** by eliminating options that are clearly unreasonable or prohibited by law.
- 3) **Evaluate the remaining options** by referring to the relevant values. You may find it helpful to start by incorporating relevant values identified within the 'initial reactions' or the 'stakeholder interest' portions of Step 1.
- 4) **Select the most ethically justifiable option** after reflecting on the pros and cons and ranking the options.

Options	Pros	Cons	Rank
<input type="checkbox"/> Complies with laws and policies			
<input type="checkbox"/> Complies with laws and policies			
<input type="checkbox"/> Complies with laws and policies			



Step 4 - Act on Your Decision and Evaluate

Develop an Action Plan: Develop and document the plan for implementation and communication of the decision.

Communication Plan:

List how the decision will be communicated to the relevant stakeholders and if applicable to departments within the organization and/or the organization as a whole. Ensure all communication is honest, meaningful, and timely.

Steps for Implementation:

List how the decision will be implemented – where applicable, include both the short term and long-term action steps

Evaluate the Plan

Having made your decision, it is important to review your choice and the way you arrived at it. Using the ranking scale below evaluate your decision and the process you took to arrive at it. For each question, place an 'x' in the most appropriate column. Once completed, examine where the 'x's' fall and determine whether your decision was appropriate or should be altered.



	Ranking Scale		
	NO	Yes	
	1	2	3
Did we have the information necessary to make a focused and informed decision?			
Did we take the time to identify the relevant stakeholders and accurately consider their interests?			
Where necessary, did we involve the relevant stakeholders?			
Did we consider different options? If so, did we give due consideration to each, including the relevant ethical aspects?			
If any of the stakeholders in this situation were to examine the decision, would they perceive it as fair or reasonable, given the circumstances?			
Does the decision accurately reflect the organizational values and commitments of Lakeland Long Term Care?			
Would we feel comfortable if our decision – including how we made it – were made public or featured on the national news?			

Multiple X's in columns 1 or 2 indicate lowered confidence in the decision being the result of an effective and ethical decision making process. Consider revising your decision and/or elements of the decision-making process.

Once you have evaluated your decision, consider the following questions moving forward:

1. What went well and what did not?
2. How should we proceed in a similar situation in the future?
3. Are there opportunities for preventative ethics moving forward?
4. Be sure to share your key learnings with colleagues and the Ethics Team.

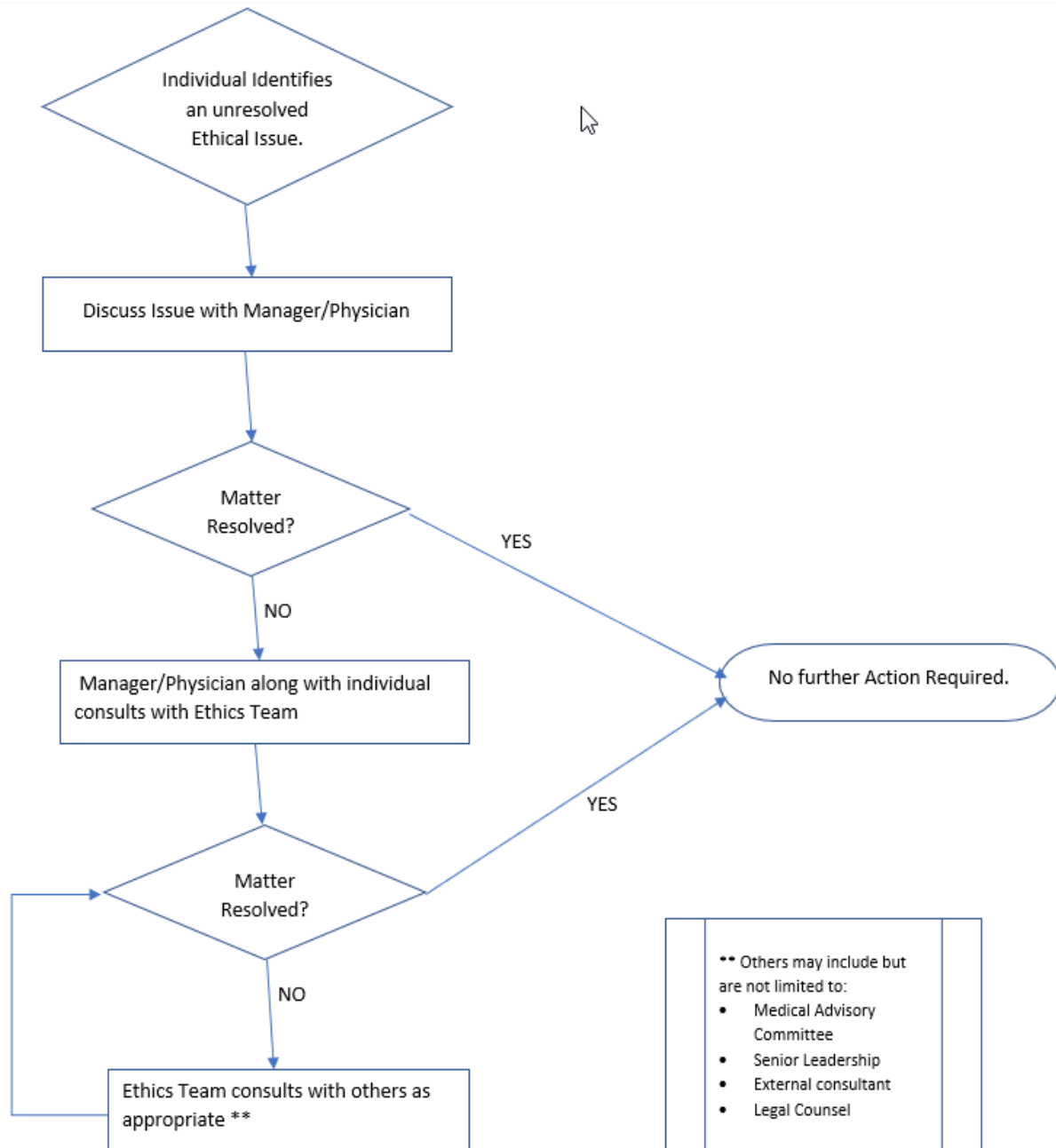


PART FIVE: APPENDIX

Appendix A

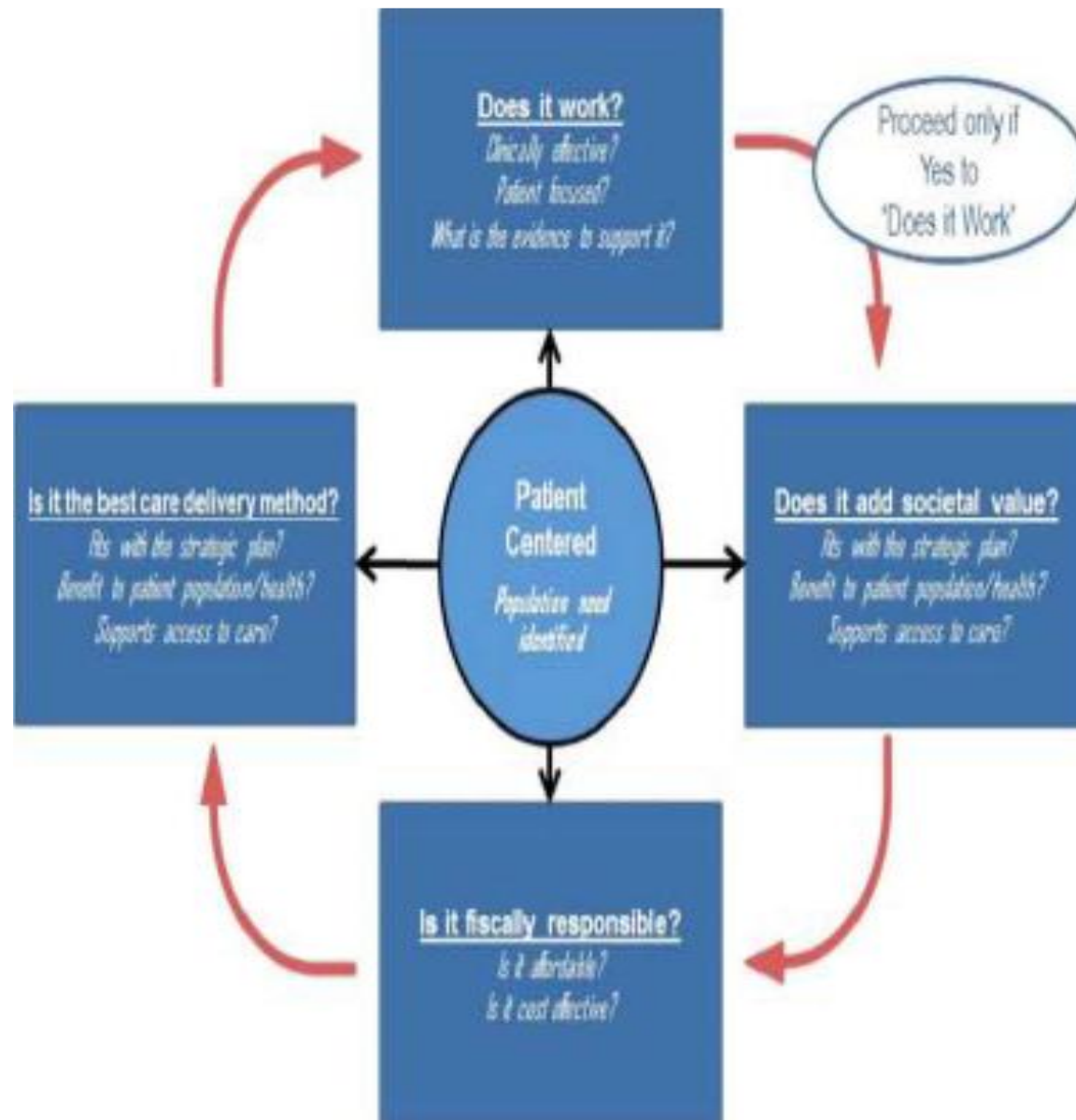
LLTC Ethics Process Diagram

The following decision tree is intended to provide guidance to any staff, physician or individual on what to do once they identify an ethical dilemma 6.



Appendix B

LLTC Organizational Priority Setting Framework



Process Concepts

Compiling the Evidences**

- What information is being used (economic, legislative, population, financial, clinical)**

Stakeholder Engagement

- Are the right people weighing in on the decision?

Values & Context

- Consider values of the organization, community & stakeholders
- Consider organizational goals and strategic directions

Transparency & Accountability

- Ensure clarity about who was involved and how the decision was made
- Ensure clear accountability through communication

Revision/appeal mechanism

- Formal process for decision review and revision
- Constructive process for addressing disagreements

Outcome Concepts

Organizational Uptake

- Improved stakeholder understanding of goals, rationale and organizational priority setting

Shifted Priorities Resource Allocation

- Appropriate allocation of resources – capital, financial and human resources

Quality Decision Making

- Consistent and building on previous priority setting
- Organizational learning and adoption of priorities
- Increased engagement of staff and partners

Stakeholder Acceptance & Satisfaction

- Continued willingness, engagement and satisfaction
- Patient satisfaction, quality health outcomes

Positive External Impact

- Positive media coverage, peer emulation and health sector recognition (e.g. Accreditation)
- Improved patient & community satisfaction

** When compiling the evidences, consider the following information:

Legal	Federal/provincial/municipal legislations, policies or agreements
Organizational	Organizational policies; resource implications; impact on staff, patients, community partners, mission, vision and strategic priorities
Contextual	Relevant cultural, religious, and socio-demographic factors within the community; political priorities
Evidentiary	Pertinent data or research findings; published literature; outcomes of similar decisions in the past
Clinical	Professional obligations and standards of practice; any clinically relevant facts that may affect the decision
Other	Any other information relevant to the decision



Appendix C

Substitute Decision Making Guide

How do we decide who is the SDM?

The Health Care Consent Act (HCCA7) provides the list of SDMs as follows:

1. Guardian
2. Attorney for Personal Care
3. Representative appointed by the Consent and Capacity Board (CCB)*
4. Spouse or Partner
5. Child (>16 years) or Parent or Children's Aid Society (if applicable)
6. Parent with only right of access
7. Brother or sister
8. Any other relative

The person or persons who are highest on this list will be the SDM(s) provided they meet the necessary requirements as outlined later in this guide. If there is more than one person on the same line in the list (e.g., 3 siblings), they have equal decision-making authority. If an SDM from the above list cannot be found, the Public Guardian and Trustee will make the decision to give or refuse consent.

* If there is no appointed guardian or attorney for personal care, any individual (e.g., family member, friend, neighbour) can apply to the CCB to be appointed as representative.

How are spouse/partner defined?

Two individuals are considered spouses if

- a. they are married to each other; or
- b. they are living in a conjugal relationship outside of marriage and have cohabitated for at least one year, are together the parents of a child, **or** have together entered into a cohabitation agreement.

Partner is defined as either of two persons who have lived together for at least one year and have a close personal relationship that is of primary importance in both persons' lives. (Health Care Consent Act 1996, 2021)

What are SDM requirements?

An SDM(s) must meet all of the following criteria:

- Capable;
- 16 years of age or older;
- Not prohibited by court order or separation agreement;



- Available; and
- Willing to assume the responsibility of giving or refusing consent.

According to the HCCA, a person is considered available if it is possible, within a time that is reasonable in the circumstances, to communicate with the person and obtain a consent or refusal. This communication can be done in person or through alternate means such as phone, fax, or e-mail. If the person who is highest on the list of SDMs does not meet all of the requirements as outlined above, consent will be sought from the next highest person(s) on the list.

7 Health Care Consent Act, (1996), Amended 2021 <https://www.ontario.ca/laws/statute/96h02>

Substitute Decision Making Guide (Con't)

The Health Care Consent Act instructs the SDM(s) to make decisions based on the following principles:

- Previously expressed capable wishes of the individual (aged 16 or over) that are applicable to the situation; or
- If there are no previously expressed capable wishes as described above, best interests of the individual.

When making decisions, SDM(s) should consider: “Would the individual want the proposed treatment, admission to a care facility or personal assistance service?”

What does ‘best interests’ mean?

In determining best interests, the SDM(s) should consider the following:

- a. the individual’s values and beliefs.
- b. any other expressed wishes of the incapable individual
- c. the following treatment-related factors:
 - i. will treatment likely improve the individual’s condition, prevent, or decrease rate of deterioration?
 - ii. is the individual’s condition likely to improve, remain the same or deteriorate without treatment?
 - iii. do expected benefits of treatment outweigh risks of harm?
 - iv. is there a less intrusive treatment that would be as beneficial as proposed treatment?



What if SDMs do not agree?

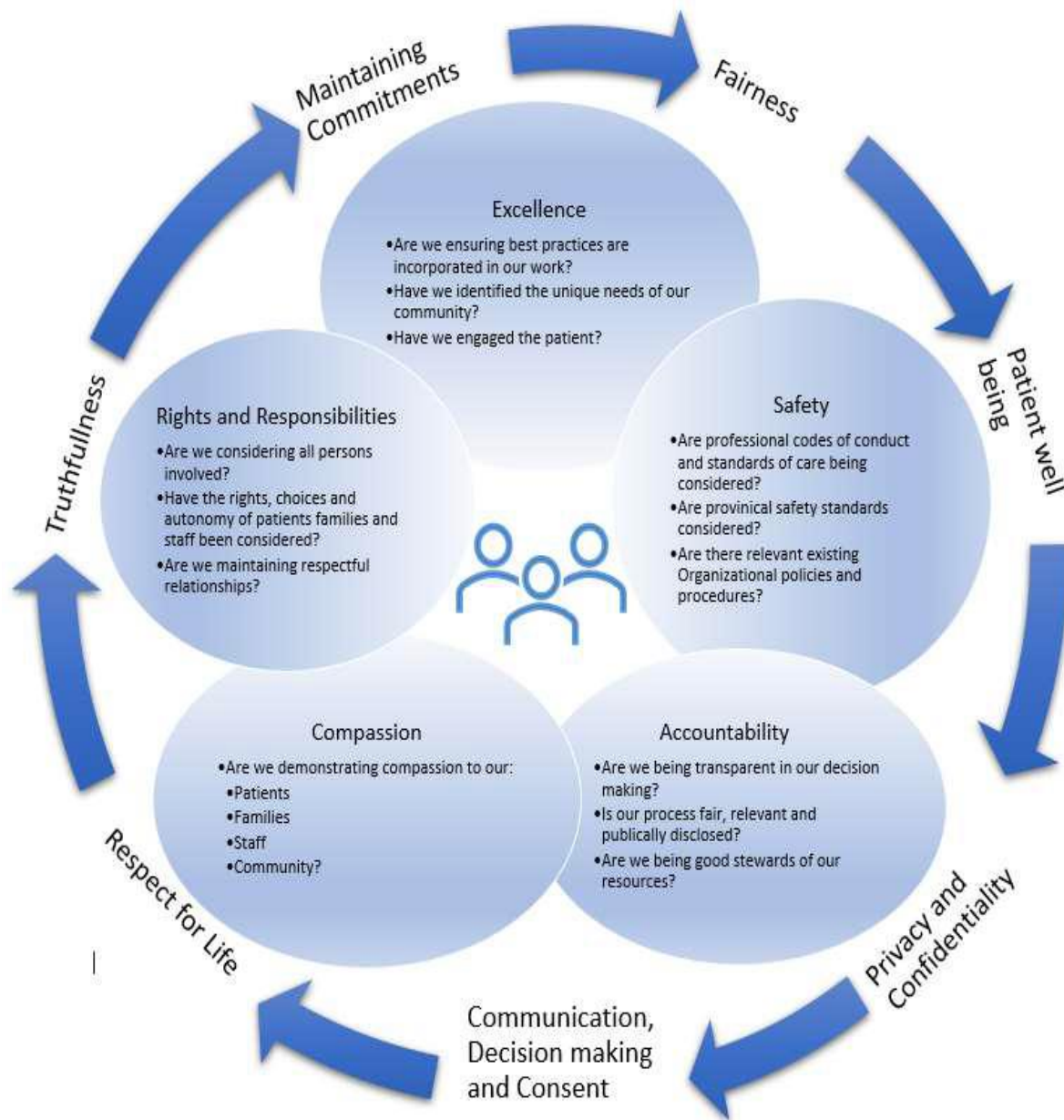
If two or more SDMs of equal ranking (e.g., 3 siblings) disagree about whether to give or refuse consent, there are several ways to resolve the conflict depending on the situation and its urgency.

1. Although the individual may not be capable of making the decision at hand, he/she may be capable of choosing a SDM by either creating or updating his/her Power Attorney for Personal Care.
2. If there is time, work with the SDMs to achieve consensus. Utilize additional resources as appropriate (e.g., ethicist, social worker, chaplain).
3. If there is time (a few days) and there is no Attorney for Personal Care, one or more of the SDMs or any other person can apply to be appointed the individual's representative by the Consent and Capacity Board.
4. If time is limited, SDMs should be informed that the Treatment Decisions Unit, Office of the Public Guardian will give or refuse consent for the proposed treatment, admission to a care facility, or personal assistance service.
5. If the situation is an emergency and there is no reason to believe that the individual would not want to be treated, treatment may proceed without consent. An emergency exists if the person for whom the treatment is proposed is apparently experiencing severe suffering or is at risk, if the treatment is not administered promptly, of sustaining serious bodily harm.

Appendix D

Lakeland Long Term Care CODE OF ETHICS

The LLTC Code of Ethics is based on the LLTC core values and their accompanying responsibility statements. Surrounding our ethical values based on professional colleges represented at Lakeland.





Appendix E

Additional Resources

Advance Care Planning	<p>Speak-up Campaign: http://www.advancecareplanning.ca/</p> <p>Powers of Attorney Booklet: https://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/poa.pdf</p>
Consent and Capacity	<p>Consent & Capacity Board: http://www.ccboard.on.ca/scripts/english/index.asp</p> <p>Health Care Consent Act and Substitute Decisions Act – 25 Misconceptions: http://www.advocacycentreelderly.org/appimages/file/eamanualesec4c.pdf</p>
Decision-Making Guides for Patients	<p>Ottawa Health Research Institute: https://decisionaid.ohri.ca/index.html</p>
End of Life	<p>Dalhousie End of Life Project: http://eol.law.dal.ca/?page_id=221</p> <p>National Initiative – Care for the Elderly: http://www.nicenet.ca/</p>
General Info	<p>Canadian Bioethics Society: https://www.bioethics.ca/</p> <p>Joint Centre for Bioethics: http://www.jcb.utoronto.ca/</p>
Organ Transplantation	<p>Trillium Gift of Life Network: http://www.giftoflife.on.ca/en/</p> <p>World Health Organization – Human Organ and Tissue Transplantation: http://www.who.int/ethics/topics/human_transplant/en/</p>
Medical Assistance in Dying	<p>Information for Patients in Ontario: https://www.ontario.ca/page/medical-assistance-dying-and-end-life-decisions</p> <p>Dying with Dignity: http://www.dyingwithdignity.ca/</p>
Mental Health	<p>Centre for Addiction & Mental Health: http://www.camh.ca/en/hospital/Pages/home.aspx</p> <p>Guide to Mental Health and the Law in Ontario:</p>



	http://blg.com/en/News-And-Publications/Documents/Publication_4649.pdf Psychiatric Patient Advocate Office (Info Guides): Psychiatric Patient Advocate Office Ontario.ca
Pandemic Planning	Ethics Guidelines: http://www.cdc.gov/od/science/integrity/phethics/ESdocuments.htm Ontario Health Plan for an Influenza Pandemic: http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/pan_flu_plan.aspx
Privacy	Information and Privacy Commissioner of Ontario: https://www.ipc.on.ca/english/Home-Page/ A Guide to the Personal Health Information Protection Act: https://www.ipc.on.ca/wp-content/uploads/Resources/hguide-e.pdf
Senior's Health	Advocacy Centre for the Elderly: http://www.advocacycentreelderly.org/ Elder Abuse Prevention (ON): http://www.eapon.ca/
Substitute Decision-Making	Office of the Public Guardian and Trustee: http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/



Appendix F

Acknowledgments and Sources

LLTC gratefully acknowledges the following resources that were utilized in the development of this framework:

- Canadian College of Health Leaders Code of Ethics (n.d.)
https://cchl-ccls.ca/document/579/CCHL_CodeEthics_EN.pdf
- Canadian Medical Association Code of Ethics and Professionalism (2018)
- Code of Ethics 2017 Edition - Canadian Nurses Association (2017)
- Code of Ethics (2013) College of Physiotherapists of Ontario
- Code of Ethics (2015) Ontario College of Pharmacists,
<https://www.ocpinfo.com/library/council/download/CodeofEthics2015.pdf>
- Centre for Clinical Ethics "A Principle Based Framework/Process for Ethical Decision Making" brochure (adapted from the Catholic Health Alliance of Canada Ethics Guide) (n.d.)
<https://ccethics.com/ethics-service/decisionmaking-making-framework>
- Community Ethics Network Community Ethics Toolkit (2008)
- Hamilton Health Sciences Ethics Framework (2010)
- Hamilton Health Sciences Pandemic ISSUES Ethics Framework (2020)
- Health Care Consent Act, (1996), Amended 2021
<https://www.ontario.ca/laws/statute/96h02>
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- Murphy, T. & Fillatre, T. (2009). Reflections on health care leadership ethics. *Healthcare Management Forum*, a publication of the Canadian College of Healthcare Leaders.
- North York General Hospital Ethics Program
- WPSHC Ethical Decisions Toolkit (2011)
- WPSHC Valuing Diversity Bulletin (2009)
- WPSHC Declaration of Values & Patient Relations (2011)

Special acknowledgement to Jonathan Breslin, PhD, Assistant Professor, Institute of Health Policy, Management & Evaluation, University of Toronto; Ethicist Member, University of Toronto Joint Centre for Bioethics.