Ethically justified decisions

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Abstract

Good Decisions is a framework that assists healthcare leaders to make ethically justified system-level decisions. This article describes some of the features that make a decision ethically justified and discusses the experience of its use in one Canadian health authority. The framework sees the membership and relationships of the decision team, the quality of analysis, the breadth of consultation, and the implementation of and follow up on decisions, as all impacting a decision's ethical justification.

Introduction

Imagine that an organization is undertaking a restructuring process. Should a new organizational and staffing structure be implemented? What strategies should newly formed teams use to create a harmonious work environment? If key resources used by a service are in short supply, how should the available resources be allocated? A program wants to establish a common practice guideline within a service where different practitioners have different standards of practice; what should be the new guideline? These are just a few of the many challenging issues that leaders in organizations face. The details of the stories can be filled in from contexts ranging from government and education to business and industry. Of course, healthcare organizations encounter these questions every day.[1]

Although these types of decisions are not usually exposed to ethics analysis,[2] in today's world it is not especially provocative to suggest they all have to do with ethics.[3] It has been argued that the character of leaders is central to an organization's integrity.[1] It has also been argued that the ethics dimension of organizational decisions has to be more explicitly recognized by leaders.[3] At Fraser Health Ethics Services (FHES), we agree with these statements.

In our experience, while commonly operating with good intentions, different organizational leaders handle the types of questions described earlier in different ways (note 1). Many do not have systematic processes, and ones that are used include varying degrees of clarity, critical thinking, engagement, and transparency (note 2). The absence of feasible, supported decision processes in circumstances where there is uncertainty and or disagreement about the right way to move forward has also left decision leaders and leaders impacted by upstream system-level decisions with the feelings associated with moral distress.

For those interested in helping organizations, and the individuals and teams that make up these entities, to live with integrity (note 3), two important questions loom large. One question is conceptual: what makes a system-level decision ethically justified? In other words, what standards should we expect decisions to meet and should we use to assess how ethically justified decisions are? The second question is practical: how can those who support leaders, help them make more

ethically justified decisions?[1] How do we help leaders evolve current practice to yield decisions that will live up to the standards set out in the first question?

At FHES, we provide system-level decision support and focused education in an effort to help leaders guide our organization towards decisions, actions, and attitudes that are more aligned with what we believe should matter in our work (note 4).

Our approach to organizational decisions is based on *Good Decisions: A Guide to System-Level Decision-Making* (note 5).[4,5] This framework includes an overall process laid out in workbook format. It is a 15-step guide for navigating towards an ethically justified system-level decision (note 6). The framework provides advice about how teams can implement the process (note 7), including a suggested meeting plan and facilitation tips. It also includes tools in the form of worksheets and practical advice to help leaders move towards these ideals.

In this article, I introduce key elements of this approach to system-level decision-making and describe the way it has been operationalized in one Canadian health authority.

Ethically justified decisions

Ethical justification depends on more than a decision

Traditionally, the "goodness" of a decision is understood to be determined by the degree of its alignment with the right values. Sources of values include a leader's intuition, the law, scholarly literature, the traditions or core values of the organization, and principles derived from professional codes of ethics (note 8) or from generally accepted moral theory.

In the *Good Decisions* framework, seeking ethical justification requires attention to the broader decision process—including the dynamics of the decision team, the process of

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analysis of facts and values, the consultation of others in the analysis process, the articulation and communication of the rationale behind the decision, and the implementation of and follow-up to the final decision.

All decisions are based on beliefs about facts and values

Good Decisions takes the view that the ethical justification of a decision will depend in part on the extent to which the policy gets the facts of the matter right and the extent to which its prioritization and balancing of values is well justified.

Every decision, action, and attitude is a reflection of the actor's understanding of the facts against which the decision is made and what the actor believes is important (note 9).[6] For example, any policy made on the immunization of healthcare workers will be based on what the decision-makers believe about the world: for example the number of people required to be vaccinated in order to prevent the spread of the disease to one person, who is the most vulnerable to serious illness or death, the nature of the settings in which these individuals receive care, and the difference in lives saved through voluntary and mandatory immunization policies. The chosen policy will also be selected because it is believed to best deliver on what matters. These values might include providing consistent care to all those served by the health system, minimizing the risk of serious physical harm coming to those most vulnerable served by the health system, and not stigmatizing particular healthcare providers for their personal values and beliefs.

The framework calls for systematic attention to be paid to exploring what the decision team believes to be true about the context and their evidence for these beliefs. It identifies gaps in information and calls for strategies to fill these gaps where possible. The framework also calls for the brainstorming of relevant values articulated in a fine-grained way. These value statements are then prioritized and thematized, and the justification of the prioritization deliberated upon and made explicit.

Because the meaning of these facts and values is arrived at in the context of interdependent relationships between human beings who are together embedded in the world, this analytical work has to take place using strategies that are relationally driven.[7,8] For example, in order to facilitate open, honest, inclusive deliberation in an efficient manner, the framework calls for the creation of a shared work team with relevantly diverse perspectives to steward the decision process. The shared work team is requested to commit to the values of the decision process which require acknowledging the power dynamics inherent in the team, actively working to counter these forces in the decision process, and creating the safety required to name and challenge fact and value perspectives respectfully.

In practice, we have found that establishing the team, enabling commitment to respectful engagement, building relationships between team members where they can really listen to and respectfully engage each other, and together undertaking systematic analysis of facts and values are best done with the support of an ethics-trained facilitator who can allow the views of the shared work team to emerge (through direct listening and by enabling careful listening and engagement) among the

group and help situate these perspectives against relevant value perspectives from the literature and social norms. Part of the use of the approach at Fraser Health involves training leaders to be able to use the framework independently, though this effort is still in early stages.

The democratic protection of integrity has become attenuated

One way of understanding the ideal of democracy is as a commitment to respect for individual conscience.[9] Because decisions are based on values, those impacted by a decision should have their values taken into account in the making of that decision. Not doing so may cause harm to the individual because it could force her to act in ways that go against her value system—it will compromise her integrity.

The challenge for system-level decisions in Canadian healthcare is that public policy decisions (like the questions mentioned earlier) take place at some distance from those affected by them.[10] Every 4 years or so, the public elects a governing party, and this party appoints a minister of health. The minister appoints a board, the board hires a Chief Executive Officer (CEO), the CEO hires an executive team, the executive team hires staff who are then charged with making decisions, often in private. The reality is not quite so crass or neat and tidy but the central point remains. Those who are affected by the decisions (patients and families, and the broader subpublics in the community) have little or no way to have their values recognized or responded to in decisions that directly impact them.

Good Decisions is based on the premise that a commitment to integrity of the members of society is well justified but that existing structures prevent us from living up to the ideal. A good decision process will have to include a meaningful way of engaging those impacted by the decision (note 10).

In practice, not all those impacted by a decision are ever able to influence it. The *Good Decisions* workbook provides tools for thinking through who is most directly impacted by a decision and how to access these audiences with some effort. The framework also includes tools to focus the type of engagement required. Experience so far suggests that while still far from the ideal, the process does enable a significantly wider reach for audiences in the health system and broader forays beyond the system than would usually be seen.

Determining "goodness" requires deliberative partnership and collaboration

The *Good Decisions* framework recognizes that for most issues there are multiple reasonable, ethically justified perspectives. This is because there are multiple ways of reasonably making sense of different types of evidence, and there are different legitimate perspectives about what should matter most in a given decision. It assumes that the way to determine the best reading of the evidence and to arrive at the best justified understanding of the relevant guiding values is through respectful conversation where people are treated well, their perspectives are understood,

and they are able to participate in a collaborative engagement that is based on the exchange of reasons.[11]

The world we live in, and the healthcare context especially, is deeply unequal (note 11). To respond to this systemic inequality, the conversations that are held within the system-level decision process should be inclusive of different perspectives and seek out alternate perspectives that would otherwise be neglected.[11]

As mentioned earlier, this is practically addressed through the establishment of the terms of engagement for the core team. In addition, *Good Decisions* also calls for systematic consultation with those who have important information about the decision as well as those impacted by the decision. A key element of the process that has proven very useful in practice is the anonymized collation of the feedback received through the consultation process, together with a description of how each element was responded to.

Lessons learned

Formal evaluation of the impact of the use of this tool, experience so far suggests that the approach is paying dividends. Over the past several years, the process has been used in varying degrees on well over 30 system-level decisions ranging from formal regional policies and clinical practice guidelines to team- and program-level strategies for responding to challenging circumstances. The demand for the service has grown to the point that there is a several month wait-list for the use of the service. It has proven especially effective in complex and sensitive issues that impact multiple programs and where it is especially important to get buy-in from multiple stakeholders with competing priorities and interests (note 12). We believe the noted quotes also reflect a greater sense of comfort and control for leaders who are facing ethically challenging situations.

The tool has proven most effective when used from beginning to end. In circumstances where it has been used to reconsider controversial decisions not yet implemented, it has demonstrated that assumptions were made that were not shared and much of the work has had to be redone. In these cases, clients of the service have found themselves frustrated at the delay but glad to have a method that keeps them from finding themselves in lonely spaces in the landscape.

Today's healthcare leaders want to make ethically justified system-wide decisions, however, there is no course or preparation on how best to do this. *Good Decisions* is far from the last word on these matters. Nevertheless, the resource can play a significant role in the hands of leaders who wish to advance the discussion of these questions, and it has proven effective in a number of contexts.

Notes

1. In part, this is because no formal training for making system-level decisions is provided to decision leaders in preparation for taking on these roles.
2. In my experience, a general pattern of decision-making is discernible. (This description is admittedly harsh. It is not meant to be unkind but rather an honest description of what I and colleagues around me have observed.) A team is struck and immediately begins developing a solution. This begins by surveying literature and practices at other organizations. Group mandate or dynamics are not directly addressed and a preferred solution is often already in the leader's mind. Descriptive assumptions about the context (facts) and what matters (values) are not seen as distinct ideas and are discussed fluidly, often in defense of the preferred solution. Technical information and practices at other places are often compiled well but unsystematically. Information about what matters to the experts involved and the values implicit in preferred solutions are frequently left unexplored. Often, representatives of those impacted by such decisions, such as patients and families, are not consulted. Once made, the decision tends to be written with incomplete descriptions of the context against which it is made. Justifications (if they are provided at all) incompletely articulate the values that the decision lives up to and remain silent about the values the decision sacrifices and why this is seen as, on balance, acceptable. Decisions are made and then unevenly followed up. Practice standards are sometimes supported by a short-term educational push, while policy decisions often receive no follow-up.
3. By integrity, I mean the alignment of decisions and actions with the well-considered, coherent and consistent values of those impacted by the decision. The first part of the definition is formal, describing the relationship between values and action. The second half is ideal in that such a coherence and consistency are never practically realized. Integrity is always a work in progress. While underdetermining right action, moving towards this ideal requires respectful, deliberative engagement among the community affected by the decision, which in turn requires commitments to inclusiveness, honesty, respect, humility, and courage.
4. The "we" here includes decision leaders as well as impacted individuals as described in the process subsequently.
5. This is part of a broader academic and professional project that began with providing organizational ethics support at various health organizations in British Columbia and Alberta, and several civil society institutions and organizations.
6. For an interesting related comparator, see Bennett, MD, & Gibson, JM. *A Field Guide to Good Decisions*. Westport, CT: Praeger Publishers; 2006.
7. The process usually takes at least several months to complete, though discrete sections can be applied in the span of a few meetings.
8. For example, the Canadian College of Health Leaders' code of ethics. http://cchl.in1touch.org/site/about_codeof_ethics#sthash.AG0ZA7Ax.dpbs.
9. This isn't to say decision-makers always explicitly recognize this, or what she takes to be facts are actually true, or that what she considers most important is well justified.
10. How to meaningfully engage citizens is a relatively new challenge that health care leaders have to think carefully about.
11. As implied earlier, there are many perspectives that cannot penetrate the corridors of power because of their status in the system's hierarchy, because of their socio-economic status, and because their cultural and linguistic traditions are outside the mainstream.

12. Quotes from past clients (excerpted from *Good Decisions*): "Our team has the fortune to be led through this facilitated process to achieve a mutual decision around a historically controversial issue that may have otherwise been impossible. The added benefit was the insight that all participants acquired in observing how difficult decisions can, in fact, be achieved through a respectful, collaborative and value driven process." (Rowena Rizzotti, former executive director, Public Health, Women's Health, Maternal, Infant, Child and Youth Programs and Abbotsford Regional Hospital.) "This decision map provided a framework for our interprofessional team to problem solve ethical challenges in our work place. This systematic approach assisted us to understand and then support resident requests. These requests are often complicated with complex family dynamics and the mapping process minimized the complexities. Following the map, we identified barrier and could take necessary steps to remove them. This document assisted our team to develop healthy dialogue throughout the process. We found the mapping process kept the resident in the center of the planning and decision-making, by providing feedback loops to maintain our focus." (Glenda Wonnacott, former manager, Operations Residential Care and Assisted Living.) "We were looking for a neutral approach to a problem that was fraught with emotion and complexity. What we found in using this decision-making model was that our diverse group recognized their commonly held beliefs and consequently engaged in values-based dialogues. Because we were grounded in what really mattered and because the model leads you through sorting out the social contract of the planned changed, we have been able to sustain this change while remaining committed to it." (Carla Kraft, Manager, former Public Health Delta, White Rock/South Surrey.)

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