



PHSA Ethical Practice Guide

PHSA Ethics Service

April 2022



Contents

Introduction.....	3
PHSA Culture of Ethics.....	3
PHSA Ethics Service.....	4
Research Ethics.....	4
Indigenous Rights and Worldviews.....	5
Values and Ethics.....	6
Values.....	6
Ethics.....	8
Approaches to Healthcare Ethics.....	9
Relational Ethics.....	10
Narrative Ethics.....	10
Intersectional Bioethics.....	10
Rights-based Approaches.....	10
Principles of Biomedical Ethics.....	10
Ethical Resolution Process.....	11
Information.....	12
Options.....	13
Resolution.....	15
Definitions.....	17
Citation.....	17
References.....	18
PHSA Ethics Service Practice Tool.....	19

Introduction

The PHSA Ethical Practice Guide offers an overview of values and approaches that support ethical practice on a daily basis across our organization. The Ethical Resolution Process included in this guide provides a standardized approach to working through ethical challenges in the healthcare setting.

The PHSA Ethics Service is accountable for developing, disseminating and revising this guide, with input from patients, clients, families and teams across PHSA. In our annual report, we document trends in ethics issues and how we apply this information in supporting quality improvement, for example, through education and policy.

The PHSA Ethics Service is grateful to all patients, clients, family members, health care providers and professionals, administrators and leaders who provided feedback throughout the development of this guide.

PHSA Culture of Ethics

PHSA is committed to supporting a culture of ethics in our delivery of healthcare. A culture of ethics requires that values be made explicit in the design and delivery of healthcare. The values, perspectives, experiences, and knowledge of the individuals, families and communities we serve are foundational to the care we provide.

Everyone at PHSA has a role to play in ensuring care is provided ethically. All members of the PHSA community are encouraged to access this guide and other PHSA Ethics Service resources. The Ethics Service provides educational opportunities to enhance ethics-related skills and is available for consultation on clinical, organizational and policy issues. Staff are also encouraged to refer to codes of ethics from their professional organizations to guide their work.

The PHSA Ethics Service acknowledges that our healthcare ethics practices have traditionally been limited to western ways of thinking, which contribute to ongoing oppression within healthcare. We further acknowledge that previous ethical decision-making frameworks at PHSA, which centered western biomedical ethics principles, were not adequate for providing optimal care for all individuals and communities, particularly those marginalized due to Indigenous identity, race, colour, ancestry, place of origin, religion, marital/family status, disability, sex, sexual orientation, gender identity, gender expression or age. We explicitly recognize that Canadian health care systems perpetuate colonial violence, Indigenous-specific racism, structural barriers, and social inequities that affect First Nations, Métis and Inuit.

Using sound approaches to ethical practice across PHSA is essential for reaching ethically appropriate and publically accountable resolutions to complex issues. The PHSA Ethics Service supports robust ethical analysis through careful application of relational ethics, narrative ethics, intersectional bioethics, rights-based ethics and principles of biomedical ethics. Through this we strive to promote anti-racism, [Indigenous cultural safety](#) and humility, justice, equity, diversity and inclusion to support positive healthcare experiences.

PHSA Ethics Service

The [PHSA Ethics Service](#) is available to support you in working through ethical issues. We receive requests for support from people seeking and accessing care (patients and clients), families, health care providers and professionals, administrators and leaders. The guidance we provide and the tools we use are tailored to each request.

Contact us: ethics@phsa.ca or 604-875-2345 ext. 4029

The PHSA Ethics Service strives to:

- Foster a culture of ethics within PHSA;
- Make values explicit in healthcare service delivery and decision-making processes;
- Support anti-racism, [cultural safety](#), justice, equity, diversity and inclusion; and
- Support Indigenous cultural safety and humility.

We do this through:

- Providing confidential support to patients, clients, families, health care providers and professionals, administrators and leaders;
- Supporting open, transparent, inclusive, fair, accountable decision-making processes;
- Giving recommendations to support ethical processes surrounding clinical, organizational and policy issues; and
- Providing education and resources to support ethical practice.

Requests may involve clinical care, public health, organizational issues, policy or education.

- Clinical and public health ethics: Clinical ethics consultations focus on healthcare services delivered to individuals and families. Public health ethics consultations address services delivered to populations and communities.
- Organizational ethics: Organizational ethics consultations focus on helping healthcare systems operate ethically. We guide ethical practices at the organizational level by, for example, supporting administrators and leaders in resource allocation decision-making and addressing bias in healthcare.
- Policy: We partner with healthcare teams to develop and review policies and guidelines that shape clinical practice, public health services and organizational operations.
- Education: We foster strong ethical practices throughout PHSA by providing education and resources. We build ethics capacity within PHSA through collaborative practices, ethical practice tools and both in-person and online education.

Research Ethics

The approaches presented in this document can be applied in supporting best practices in health research and are consistent with the Tri-Council Policy Statement. (1) Specific questions about [research ethics at PHSA](#) should be directed to the appropriate [Research Ethics Board](#).

Indigenous Rights and Worldviews

The Ethics Service strives to continually evolve our approaches to ethical practice at PHSA, and to do this in partnership with Indigenous Peoples (First Nations, Métis and Inuit). We will work alongside PHSA Indigenous Health to support Indigenous cultural safety and humility, elimination of Indigenous-specific racism and upholding of Indigenous rights. (2,3,4) Addressing all forms of Indigenous-specific racism in PHSA workplaces involves taking a zero tolerance stance to all instances and manifestations of anti-Indigenous racism.

We are committed to supporting and respecting values, culture and self-determination of BC First Nations, other First Nations, Métis and Inuit. In our work we seek to support the rights recognized in the *United Nations Declaration of the Rights of Indigenous People* (UNDRIP), the *B.C. Declaration on the Rights of Indigenous Peoples Act* (DRIPA), the *Truth and Reconciliation Commission of Canada Report: Calls to Action*, the *National Inquiry into Missing and Murdered Indigenous Women and Girls: Calls for Justice* and the *In Plain Sight Report*. (5,6,7,8,9)

These foundational documents recognize and define universal Indigenous rights and Indigenous human rights, including the Indigenous Right to Health. Specific rights recognized within these documents include: the highest attainable standard of physical and mental health; access healthcare without discrimination; be actively involved in developing health programs; and access traditional medicines and maintain traditional health practices.

PHSA is committed to the application of Indigenous Cultural Safety to all services, policies, and processes to address and decrease health inequities for Indigenous Peoples. [Wise Practices](#), which exemplify the inclusion of diverse Indigenous Knowledge and health practices that contribute to sustainable and equitable conditions, are given equal space and weight alongside [Best Practices](#), a western evidence-based approach to care reflecting current medical and therapeutic perspectives.

In supporting Indigenous rights to health, we are called upon to recognize multiple worldviews, in particular, Indigenous worldviews, when working to resolve ethical issues involving Indigenous patients, clients, families and communities. This requires exploration and recognition of conscious and unconscious biases that can give undue weight to western worldviews, as well as active engagement with Elders, Knowledge Keepers and Indigenous thought leaders who can support our understanding of Indigenous worldviews. This also requires consistent and meaningful culturally safe engagement with Indigenous people at the point of care as well as with Indigenous peoples and communities providing specific input into the development, enhancement and ongoing provision of PHSA programs and services.

Indigenous Knowledges, worldviews and Wise Practices must become integral parts of supporting wholistic health and wellbeing within our systems of care. This includes focusing on living well (not just alleviating illness), recognizing the value of Indigenous healing practices and promoting organizational practices that support taking care of the land and people for future generations.

The PHSA Ethics Service supports:

- Anti-racism, Indigenous cultural safety and humility;
- Purposeful, ongoing and inclusive partnerships and open communication with First Nations, Métis and Inuit;
- Creating environments for truth telling and reconciliation in culturally safe ways;
- Delivering inclusive and culturally safe programs and services; and
- Establishing transparent, respectful and reciprocally accountable relationships to support culturally safe, trauma-informed care.

As we shift our healthcare ethics practices to better support Indigenous cultural safety and humility, relational approaches both guide and inspire us to do better. Fostering Indigenous cultural safety and humility, eliminating Indigenous-specific racism, and supporting Indigenous rights-based approaches are every day issues, requiring our everyday attention.

The PHSA Ethics Service is grateful to the PHSA Indigenous Health team members who shared their knowledge to support the development of this guide.

Values and Ethics

Values

Values shape our attitudes, behaviours, actions and relationships. Personal values are an individual's deeply held beliefs about what is important and what is right. Collective values are core beliefs shared by members of a group, organization, culture or society. Our individual and collective values may evolve over time.

At PHSA, our organizational values are to respect people, be compassionate, dare to innovate, cultivate partnerships, and serve with purpose. These values are foundational to organizational, clinical, and research ethics practices across PHSA. In addition to these overarching ideals, the following values are central to healthcare ethics.

Healthcare Values

Care

Respect

Humility

Equity

Stewardship

Justice

Care

Care involves demonstrating kindness, concern, attention and empathy in providing what is necessary for health and wellbeing. Wellbeing is a state of wholistic health, comfort and life satisfaction. It is our duty as health professionals to engage in caring relationships with individuals, families and communities and to find out what care and wellbeing means to them.

Respect

Respect refers to our regard for the feelings, wishes, rights and traditions of others. We demonstrate respect through relational and narrative practices, and by honouring privacy, autonomy, self-determination, worldviews and rights to make decisions about health and healthcare. We work to build trust in healthcare systems and to promote respect by fostering inclusion and engaging in best practices, Wise Practices, relational practices, [trauma-informed care](#) and [harm-reduction](#) approaches.

Humility

Humility refers to acknowledging our own limitations and having a willingness to learn from others. We work in partnership and seek consensus wherever possible. We remain modest about our role in the healthcare journeys of those we serve. We recognize the dignity, wisdom and worldviews of patients, clients, families and communities.

Equity

Equity in healthcare involves ensuring every person has opportunities to attain the highest possible standard of health and addressing health disparities rooted in bias related to Indigeneity, race, place of origin, sex, gender, sexual orientation, ability, age, religion and other factors. We promote health equity by working to ensure all people have timely access to quality care, and ultimately, fair and just opportunities to reach their fullest health potential.

Stewardship

Stewardship involves the careful and responsible management and allocation of healthcare resources to ensure sustainability. This includes environmental stewardship, accounting for the impacts of healthcare systems on the wellbeing of the environment and those most affected by climate change and other environmental issues. Indigenous worldviews value caring for the land and people for generations to come.

Justice

Justice means treating people fairly, without favoritism or discrimination. It involves acknowledging the role of society and systems of care in creating injustice and understanding the narratives of, and acting in solidarity with, those being oppressed and marginalized. In upholding justice, we respect human rights and worldviews. We meaningfully engage with interested parties, are transparent in our processes and demonstrate public accountability.

Ethics

Ethics requires us to think critically about our values, how we make decisions and how our actions affect others. Ethics involves systematically determining how to act in ways that are consistent with values.

Ethics at PHSA is important because it helps ensure that we act with integrity and are accountable at every level of the organization. Acting ethically means that we actively engage in discussions about what values are most important in a given situation. This enables us to resolve ethical issues in robust, sustainable ways that meet the needs of the patients, clients, families and communities we serve. Doing so allows us to build and foster relationships, maintain transparency and trust, and promote the wellbeing of patients, families, communities and providers alike.

We encounter ethical issues on a daily basis in healthcare. You may have an ethical issue if:

- You are asking, what is the right thing to do?
- You are asking, what is most important?
- You are asking, what is the right way to be in a relationship with others?
- You are asking, how do we resolve conflict when there is disagreement about the right thing to do or the right way to act?
- None of the available options seems acceptable.

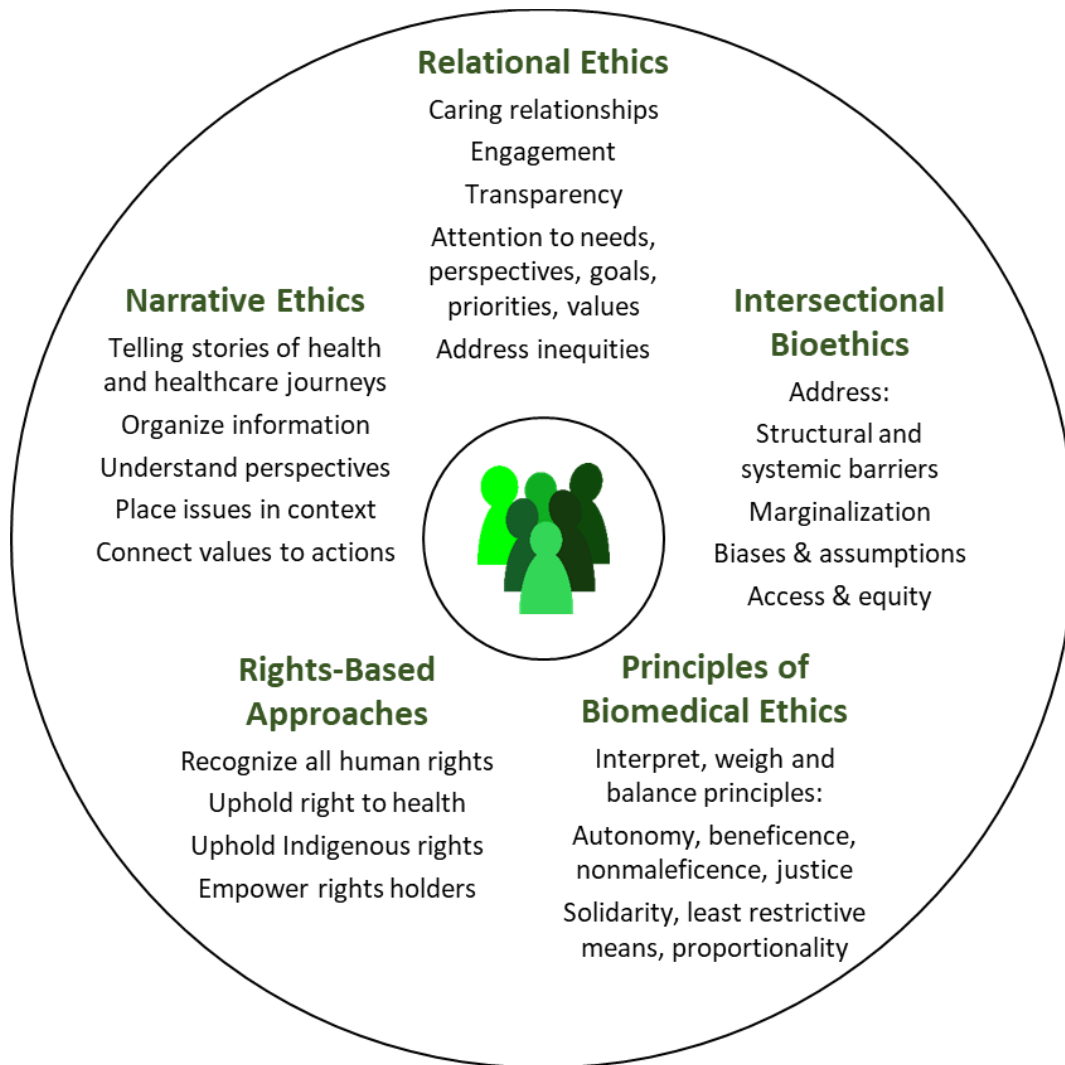
The following are ethical themes that are common in ethics consultations at PHSA:

- Best interests of the patient, client or family
- Capacity of a patient or substitute decision maker to make care decisions
- Consent and assent to care
- Cultural safety and humility
- End-of life decision making
- Equitable access to care
- A patient choosing to live at risk or decline a therapy
- Privacy and confidentiality
- Professional integrity and duties
- Resource stewardship and allocation

Approaches to Healthcare Ethics

We recognize that no single ethical approach can be applied to resolve all ethical issues in healthcare. Therefore, we draw on multiple recognized approaches to support every day ethical practice and respond to ethical challenges. The Ethics Service can help determine which approach or approaches are most appropriate for addressing specific ethical issues.

The [primary interested parties](#) are those whose lives are most affected by the ethical issue (e.g., patients, clients, families, substitute decision makers, communities). Primary interested parties should be kept at the centre when considering how to resolve the issue. Health care providers and professionals, administrators and leaders may play a role in resolving the issue. We apply relational ethics, narrative ethics, intersectional bioethics, rights-based approaches and principles of biomedical ethics as appropriate to the ethical issue and interested parties in the analysis and resolution of ethical issues.



Relational Ethics

Relational ethics focuses on the ways in which we act and respond within interpersonal relationships, with understanding that people are dependent on one another and should not be viewed in isolation. Caring relationships should be fostered in every interaction, through respectful engagement, transparency, and attending to the needs, perspectives and experiences of those engaged in care. Relational ethics also describes our collective, social responsibility to provide care with humility and in ways that address inequities. (10,11)

Narrative Ethics

Narrative ethics recognizes the importance and power of story-telling about health and healthcare journeys when engaging in conversations about ethics. These narratives can organize information, connect values to actions, and reveal potential resolutions to ethical challenges. A narrative approach may involve asking people to reflect on how their healthcare journey has unfolded and then explore the best path forward based on the information, perspectives, context and values revealed through the telling of the story. (12,13)

Intersectional Bioethics

Intersectional bioethics focuses on the unique forms of oppression and the structural and systemic barriers experienced by those with marginalized and intersecting identities (e.g., Black, disabled, transgender, woman). Integrating [intersectionality](#) into bioethics involves self-reflection, examining biases, challenging assumptions and understanding how healthcare equity, access and interactions are shaped by institutions, policies, and social identities. (14,15)

Rights-based Approaches

Rights-based approaches focus on the ethical responsibility to recognize and fulfill our shared commitments to all human beings. For example, health is widely recognized as a right, and interconnected with other human rights such as food, housing, dignity, life, non-discrimination, privacy and access to information. Indigenous rights-based approaches are guided by UNDRIP and DRIPA, which outline human rights, fundamental freedoms and minimum standards for survival, dignity and well-being of Indigenous Peoples. Rights-based approaches seek to empower rights holders at individual and systems levels, for example, through engagement in the ongoing development and delivery of healthcare programs and services. (5,6,16,17)

Principles of Biomedical Ethics

The principles of biomedical ethics are a Western moral framework used in analyzing clinical and public health ethics issues. Clinical scenarios often involve a balancing of self-determination of individuals (autonomy), providing beneficial care (beneficence), minimizing harms (nonmaleficence), and fairness (justice). (18,19) In contrast, public health ethics draws on principles such as solidarity, least restrictive means and proportionality and focuses largely on promoting the health of populations and reducing inequities, using a systematic approach to clarify, prioritize, and justify possible courses of action. (20,21)

Ethical Resolution Process

When facing an ethical issue in healthcare, determining what should be done can be challenging. There may not be one 'right' choice; however, through ethical analysis, some options usually emerge as better than others. Engagement with all [interested parties](#) (e.g. patients, clients, families, substitute decision makers, communities, healthcare providers and professionals, administrators, leaders) is integral to our Ethical Resolution Process.

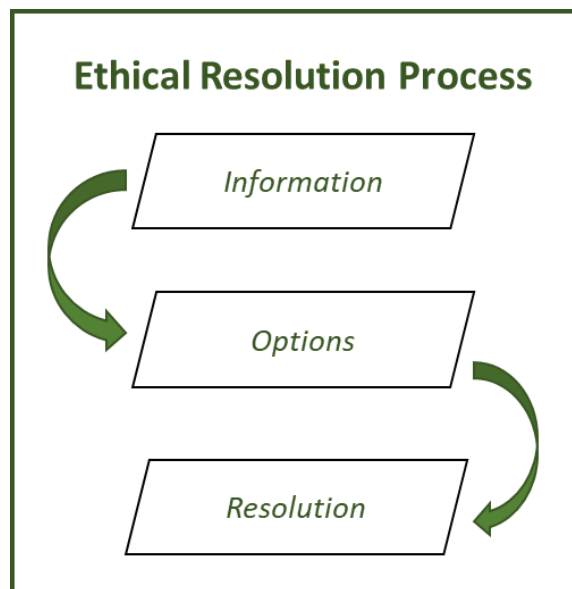
The PHSA Ethical Resolution Process is designed to support teams to:

- Keep patients, clients, families and communities at the centre;
- Draw on appropriate ethical approaches;
- Understand the roles of values and context in addressing ethical issues;
- Engage in inclusive, collaborative, transparent and culturally safe processes; and
- Gather information, identify and analyze options and develop ethical resolutions.

We encourage everyone to use the PHSA Ethical Resolution Process as we strive to provide healthcare of the highest quality to all people, and particularly to Indigenous Peoples and others who have been harmed and continue to be harmed by systemic oppression (e.g., colonialism, medical racism, systemic ableism).

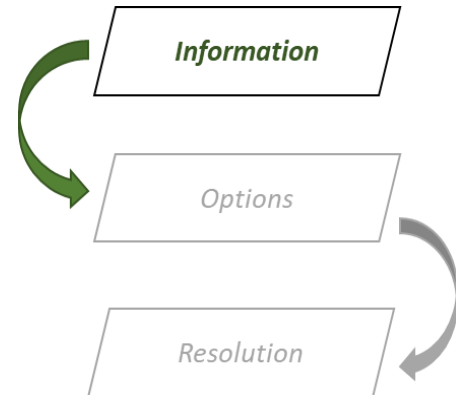
The Ethical Resolution Process focuses on:

1. Gathering **information** to understand and resolve an ethical issue;
2. Identifying and analyzing **options**; and
3. Facilitating and evaluating an ethical **resolution**.



Information

It is important to gather the appropriate information to reach an ethical resolution. The amount of information that may be realistically gathered may depend on time available. Some issues may need to be resolved in minutes (e.g., emergency health services), while others will unfold over weeks or months (e.g., policy issues). It is our responsibility to diligently and thoughtfully collect information necessary to inform a reasonable ethical analysis.



Engaging Interested Parties

Engagement of interested parties should be inclusive, collaborative, transparent and culturally safe. We emphasize relational practices in centering primary interested parties in the information gathering process. Narrative approaches can be used to learn about the values and contextual factors (e.g. intersectional oppression, culture) affecting those closest to the ethical issue. Information (e.g., community supports, medical prognosis, resource and environmental considerations) may also be sought from healthcare providers and professionals, administrators and others.

Identifying Information Needs

Different kinds of information are needed to address different ethical issues. The following questions may be helpful in identifying what information is needed.

- What do we already know?
- What social factors, cultural factors, facts and evidence should be considered?
- Who is affected by this issue and who is in relationship with these interested parties?
- Whose needs, perspectives, goals, priorities and values should be clarified?
- What do interested parties hope to get from the resolution?
- What resources are available (e.g., financial, environmental, human resources)?
- What laws, rights (e.g., basic human rights, Indigenous-specific rights) organizational values, guidelines, policies and procedures are relevant?
- What biases and assumptions should be addressed?

Clarifying Ethical Issues

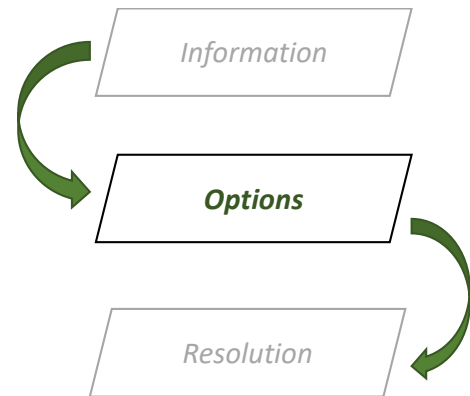
The information gathered should aid in clarifying the ethical issue. It is important to identify the specific problem or issue that needs to be resolved. Ethical issues may be framed in terms of values that are in conflict. It can be helpful to clarify an ethical issue by framing it as a question.

Options

Engaging Interested Parties

The primary interested parties should be engaged in identifying options whenever possible. They have the most to gain and the most to lose in a given situation, and therefore bring important perspectives, particularly about values and context.

It is important to foster strong communication and relationships through this process. Interested parties should be engaged in inclusive, collaborative, transparent and culturally safe discussions about potential options. Confidentiality should be carefully maintained and consent sought for sharing information among interested parties. Potentially harmful biases, particularly among those who hold power within healthcare systems (e.g., physicians, administrators), should be recognized and addressed (e.g., biases surrounding specific worldviews).



Identifying Options

When identifying options, encourage interested parties to put all ideas on the table. Innovative, ethical resolutions may be found through open and inclusive engagement. If possible, identify more than two options, as this can assist in forming rationale for one option over another.

Analyzing Options

Once options have been identified, they should be analyzed to determine how they align with values of the interested parties, whether they are ethically acceptable, and whether they are feasible.

Values

Values should be taken into account in analyzing all options. For example:

- What values (e.g., care, respect, humility, equity, stewardship, justice) support each option?
- Which options best align with the values of the primary interested parties, other interested parties, and PHSA as an organization?

Ethical Approaches

Depending on the setting (e.g., clinical care, public health, organizational), different ethical approaches may be used in the analysis. In some situations, a single approach to analysis may be most appropriate. In other situations, multiple approaches may be applied in determining which options are ethically acceptable.

The following questions can guide application of these approaches in practice:

Relational Ethics

- Which options will enhance caring relationships?
- Which options most closely align with the stated needs, perspectives, goals, priorities and values of interested parties?
- Which options address inequity?

Narrative Ethics

- Which options fit with the narrative of the primary interested parties?
- Which options make the most sense within the context of the narrative?
- Which options are consistent with how the primary interested parties live their values?

Intersectional Bioethics

- Which options best account for intersecting, marginalized identities of primary interested parties (e.g., unique needs, concerns, fears based on lived experiences)?
- Which options best address structural and systemic barriers to healthcare resources?
- Which options best account for and address harmful biases and assumptions?

Rights-based Approaches

- Which options best uphold the right to health?
- Which options best uphold other human rights, such as food, housing, dignity, life, non-discrimination, privacy and access to information?
- Which options are consistent with UNDRIP and DRIPA, in supporting human rights, fundamental freedoms and minimum standards for survival, dignity and well-being of Indigenous Peoples?
- Which options empower rights holders at individual and/or systems levels?

Principles of Biomedical Ethics

- How should the principles of biomedical ethics be balanced?
- Which options support respect for autonomy and self-determination?
- Which options will result in the most benefit?
- Which options will result in the least harm? How can potential harms be mitigated?
- Will any options create an undue burden for one or more interested parties?
- Which options promote fairness and equity, without favoritism or discrimination?

Feasibility

Options should be feasible, in that the resources necessary to safely implement an option are available. These may include healthcare resources, community resources and social supports.

Resolution

As options are analyzed, it may become clear that some are ethically acceptable while others are unacceptable. Some may be ethically acceptable, but not feasible based on available resources.

Based on the available information and analysis of options, a resolution to the ethical issue is proposed.

Engaging Interested Parties

The primary interested parties should be engaged in resolving the ethical issue whenever possible. If multiple options are ethically acceptable and feasible, the primary stakeholder should be supported to choose among those options.

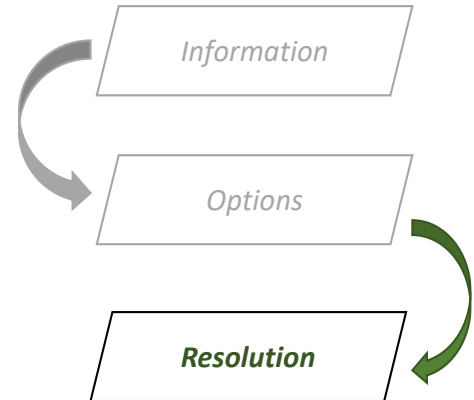
If no ethically acceptable and feasible options are satisfactory to the primary interested parties, PHSA team members should engage through relational practice in transparent and culturally safe discussions about available options and limitations. Ideally, the primary interested parties can collaborate to reach consensus on a mutually agreeable resolution.

If PHSA team members cannot identify a mutual resolution that accommodates primary interested party requests, this should be clearly justified and communicated. The primary interested parties should be informed of any right to review or appeal the conclusions of the healthcare team and the associated processes.

Establishing Ethical Justification

An ethical justification should be established and documented. The following questions can guide this process:

- What was the ethical issue?
- Which interested parties were engaged?
- What information was central to the analysis?
- What options were considered?
- How does the selected option align with values of interested parties and PHSA?
- How was it determined that the selected option was ethically acceptable and feasible?
- Were rights, cultural safety, fairness, equity, inclusion, collaboration, transparency, and accountability appropriately upheld through the ethical resolution process?
- Were Indigenous-specific rights, Indigenous cultural safety and humility, and Indigenous worldviews supported throughout the ethical resolution process?



Facilitating a Resolution

Those involved in the ethical resolution process should facilitate the plan with care and attention given to the concerns of all interested parties. When planning how to facilitate the resolution, several factors should be considered:

- How can patients, clients, families or communities be kept at the centre of care?
- How can the resolution process be facilitated in a way that is responsive to the unique needs of the primary interested parties?
- Who needs to receive information about the resolution?
- Who is best situated to communicate information?
- How can strong relationships be fostered through this process?
- How can the resolution process be inclusive?
- How can the resolution process be collaborative?
- How can the resolution process be transparent?
- How can the resolution process be culturally safe?

Evaluating the Resolution

Once the ethical issue has been resolved, it is important to evaluate the outcomes and implications of the resolution. After gathering feedback from interested parties (as appropriate) and reflecting on the resolution, consider:

- Was the resolution facilitated in a manner consistent with values of interested parties?
- Were relationships impacted as a result of the ethical issue and resolution process?
- Were the actual outcomes the same as the anticipated outcomes?
- Were potential harms effectively mitigated?
- Did the resolution promote fairness and equity?
- Was the ethical resolution process experienced as inclusive, collaborative, transparent and culturally safe?
- Was the plan appealed or reviewed?
- Is further follow-up with any interested parties needed?
- What can be learned from this process to inform future practice?
- Should any changes to policies or procedures be made as a result of this process?

It may be appropriate to hold a meeting with some or all of the interested parties as part of the evaluation process. Documentation of the evaluation is important for informing future practice and policy.

Definitions

“**Best Practices**” are western approaches to care that have been shown by research and experience to produce optimal results and that are established or proposed as a standard suitable for widespread adoption.

“**Cultural Safety**” is the process of making spaces, services and organizations safer and more equitable for people who marginalized, oppressed and/or underserved due to their identities (e.g., Indigenous identity, race, class, gender, sex, sexual orientation, dis/ability, ancestry, place of origin, age). Cultural safety occurs when people who are marginalized, oppressed and/or underserved due to their identities feel safe when engaging in health care.

“**Harm Reduction**” is an approach that minimizes and prevents undue health and social harms (e.g., HIV, hepatitis C, illness, infection, overdose) related to substance use and sexual activity both for people who use substances as well as communities.

“**Indigenous Cultural Safety**” is the process of making spaces, services and organizations safer and more equitable for Indigenous people by considering colonial history and seeking to eliminate structural racism and discrimination. Cultural safety is also an ‘outcome’ based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system; it is when Indigenous people feel safe when receiving Health Care.

“**Interested Parties**” are patients, clients, families, substitute decision makers, communities, healthcare providers and professionals, administrators and leaders who have an interest in an ethical issue and its resolution.

“**Intersectionality**” is a framework developed by Kimberlé Crenshaw to explain how individuals experience oppression based on the ways in which their unique identities (e.g., Indigenous identity, race, class, gender, sex, sexual orientation, dis/ability, ancestry, place of origin, age) intersect.

“**Primary Interested Parties**” are the patients, clients, families, substitute decision makers and communities whose lives are most affected by the ethical issue.

“**Trauma-informed Care**” is an approach that takes into account an understanding of trauma in all aspects of care and places priority on patient safety, choice and control.

“**Wise Practices**” are effective and culturally appropriate actions, tools, principles, or decisions that contribute significantly to the development of sustainable and equitable conditions and practices and, in doing so, produce optimal results for Indigenous Peoples.

Citation

Suggested citation:

Clark, B. A., Virani, A., Olmos Pérez, A., & Preto, N. (2022). *Provincial Health Services Authority Ethical Practice Guide*. <http://www.phsa.ca/our-services/programs-services/ethics-service#Resources>

References

1. Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada (2018). Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans. https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html
2. Richardson, L., & Murphy, T. (2018). *Bringing reconciliation to healthcare in Canada: Wise practices for healthcare leaders*. Health Care Can. https://www.healthcarecan.ca/wp-content/themes/camyno/assets/document/Reports/2018/HCC/EN/TRCC_EN.pdf
3. Benn-John, J. (2019). Decolonizing western medicine and systems of care: Implication for education. In N. N. Wane, M. S. Todorova, & K. L. Todd, *Decolonizing the spirit in education and beyond*. Palgrave MacMillan.
4. The Indigenous Health Writing Group of the Royal College. (2019). *Indigenous health values and principles statement*. Royal College of Physicians and Surgeons of Canada. <https://www.royalcollege.ca/rcsite/health-policy/indigenous-health-e>
5. United Nations. (2007). *United Nations Declaration on the Rights of Indigenous People*. <https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html>
6. Declaration on the Rights of Indigenous Peoples Act. (2019). BC Laws. <https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/19044>
7. Truth and Reconciliation Commission of Canada. (2015). *Truth and Reconciliation Commission of Canada: Calls to action*. https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf
8. National Inquiry into Missing and Murdered Indigenous Women and Girls. (2019) *Reclaiming power and place: The final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*. <https://www.mmiwg-ffada.ca/final-report/>
9. Turpel-Lafond, M. E. (2020). *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care (data report)*. https://engage.gov.bc.ca/app/uploads/sites/613/2021/02/In-Plain-Sight-Data-Report_Dec2020.pdf1.pdf
10. Storch, J. L., Rodney, P., & Starzomski, R. C. (2013). *Toward a moral horizon: Nursing ethics for leadership and practice*. Toronto: Pearson.
11. The Language of Noddings, N. (2012). The language of care ethics. *Knowledge Quest*, 40(5), 52–56.
12. Montello, M. (2014). Narrative ethics. *Hastings Center Report*, 44(1), S2-S6.
13. Brody, H., & Clark, M. (2014). Narrative ethics: A Narrative. *Hastings Center Report*, 44(1), S7-S11.
14. Wilson, Y., White, A., Jefferson, A., & Danis, M. (2019). Intersectionality in clinical medicine: The need for a conceptual framework. *The American Journal of Bioethics*, 19(2), 8–19. <https://doi.org/10.1080/15265161.2018.1557275>
15. Grzanka, P. R., Brian, J. D., & Shim, J. K. (2016). My bioethics will be intersectional or it will be [bleep]. *The American Journal of Bioethics*, 16(4), 27–29. <https://doi.org/10.1080/15265161.2016.1145289>
16. Beracochea, E., Weinstein, C., & Evans, D. P. (2011). *Rights-based approaches to public health*. Springer.
17. London, L. (2008). What is a human-rights based approach to health and does it matter? *Health and Human Rights*, 10(1), 65-80. <https://doi.org/10.2307/20460088>
18. Beauchamp, T. L., & Childress, J. F. (2009). *Principles of biomedical ethics*. New York: Oxford University Press.
19. Jonsen, A. R., Siegler, M., & Winslade, W. J. (2010). *Clinical ethics: A practical approach to ethical decisions in clinical medicine* (7th ed.). McGraw-Hill Medical.
20. Dawson, A. (2011). Resetting the parameters: Public health as the foundation for public health ethics (pp. 1 -19). In A. Dawson (ed.), *Public health ethics: Key concepts and issues in policy and practice*. Cambridge University Press.
21. British Columbia Centre for Disease Control. (2020). COVID-19 ethical decision-making framework. British Columbia Ministry of Health. http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19_Ethical_Decision_Making_Framework.pdf

PHSA Ethics Service Practice Tool

