

Integrated Health and Social Services University Network for West-Central Montreal (CIUSSS West-Central Montreal) CODE OF ETHICS

EXECUTIVE SUMMARY

Basic Principles

We (the providers of health care and social services) and you (the user of those services¹) have obligations toward one another. The basic principles, as outlined in the Code of Ethics, call for respect for one another and an obligation on our part to always protect your independence and best interests. These standards reflect our commitment to acting respectfully and professionally in the course of our duties.

Respect includes care that:

- is safe
- benefits you
- is respectful of your wishes and honours your independence
- is provided in privacy / confidentially
- conforms to the principles of justice

Your Rights

We will work together as partners to ensure that you understand your health issues and are aware of your care options. This includes providing you with all of the relevant information; ensuring that you understand the risks and benefits of a proposed test, treatment or service; offering you polite and simple explanations; and making sure that you feel free to ask questions and receive answers before any final decisions are made.

Our Commitment

Our commitment is to provide care of the highest quality by working together. *This guiding value is based on scientific research, as well as respect for the choices and independence of the user.* Care is provided in a setting that is honest, private and safe. We are committed to keeping ALL USER INFORMATION strictly confidential. Information will be shared only with family members or relatives after your permission has been obtained. In obtaining permission, we always base our understanding on your ability to give consent, or on the need to obtain consent from your legal decision-maker. If you cannot make a decision for yourself, your mandate, living will or advance directive² will guide the care team to *your chosen decision-maker, who will then make decisions for you based on your wishes and instructions.*

¹ The term "user" refers to a patient (receiving acute care), a resident (in a residence or nursing home), or a client (community service), according to the mission of CIUSSS West-Central Montreal.

² Documents that express in writing your personal wishes and instructions for care

About End-of-Life Care

End-of-life care is a natural part of life and must be provided in a manner that ensures your dignity and respect until the end. End-of-life care often involves keeping an individual as comfortable as possible until the end of life. At the individual's request, this type of care may also entail providing medical assistance in dying.

Conclusion

Fundamental to the Code of Ethics are the values of respect, dignity, care of the highest quality, open and honest communication, and ensuring that you are aware, comfortable and informed about promoting your choices and independence. You are entitled to have these objectives met, without feeling that you have been subjected in any way whatsoever to discrimination, bias or judgment. In this way, we strive to ensure that you receive health care and social services of the highest quality.

WE ARE PARTNERS IN CARE

Support

Any complaints about health care or social services, should be addressed to the Local Commissioner of Complaints and Quality of Service at 514-340-8222, extension 5833. Any questions about the CIUSSS West-Central Montreal Code of Ethics can be addressed to the Office of Clinical Ethics at 514-340-8222, extension 3625.

For the full version of the Code of Ethics, please visit **www.ciuss-centreouestmtl.gouv.qc.ca**.

Who We Are

The Integrated Health and Social Services University Network for West-Central Montreal/West Central Montreal Health (CIUSSS) was created in 2015 and is composed of the following institutions: the Jewish General Hospital, Catherine Booth Hospital, CLSC de Benny Farm, CLSC de Côte-des-Neiges, CLSC Métro, CLSC de Parc-Extension, CLSC René-Cassin, Constance-Lethbridge Rehabilitation Centre, Father-Dowd Residential Centre, Donald Berman Maimonides Geriatric Centre, Henri-Bradet Residential Centre, Info-Santé Montréal Regional Service, Jewish Eldercare Centre, MAB-Mackay Rehabilitation Centre, Miriam Home and Services, Mount Sinai Hospital Centre, Richardson Hospital, Saint-Andrew Residential Centre and Saint-Margaret Residential Centre. There are over 9,000 staff members working here, including over 900 doctors.

We serve numerous cultures in one of the most culturally, ethnically and linguistically diverse areas in Canada. Nearly 345,000 people live in the area covered by the CIUSSS. We provide highest quality care for all across the spectrum of all the different institutions within the network. Some of the institutions of the CIUSSS were founded by the English Catholic community, the English Protestant Community and the Jewish Community and these institutions continue their commitment to meet the cultural and religious needs of their founding communities.

This Code of Ethics complies with the Act respecting health services and social services (AHSSS Art. 233) which places the user* at the heart of the healthcare system and whose primary goal is to reaffirm user rights.

***The term “user” refers to either patient (acute care), resident (residence or nursing home), or client (community service), according to the mission of the CIUSSS**

Preamble

We participate and share in many different life experiences including those involving birth and death, joy and sadness, hope and despair. We are dedicated and committed to caring for the users of our services as individuals in an atmosphere of respect, while providing the highest quality health care that is safe and evidence-based. It is our duty to create a compassionate environment within all the institutions of the CIUSSS and to ensure that users' rights and well-being are respected at all times.

This Code of Ethics outlines the standards of behaviour expected of all CIUSSS employees, health professionals, medical residents, medical students, other health care trainees and volunteers. These standards reflect our commitment to act respectfully and professionally in carrying out our respective duties.

**In addition to this Code, all members of professional orders and associations are bound by the Quebec Civil Code to follow their respective professional codes of ethics.*

*** All teaching activities carried out at the CIUSSS must conform to behavioural standards for Faculty members as strictly defined in their respective Faculties' and Universities' Codes of Conduct*

****All research activities carried out at the CIUSSS must conform to accepted governmental, McGill University and CIUSSS ethical guidelines, policies and procedures.*

*****Members of the Board of Directors for CIUSSS are also bound by the "Code of Conduct for CIUSSS Board of Directors"*

Introduction to Quality Health Care

Taken together with technical competence, knowledge and expertise, this Code of Ethics represents the standard for actions and behaviour for the provision of highest quality health care.

The Code of Ethics is based on the CIUSSS's core values of "Highest Quality Care", "Compassion, Dignity and Respect", as well as the following four ethical principles:

- 1) Beneficence (obligation to help, action that is beneficial)
 - 2) Non-maleficence ("do no harm")
 - 3) User Autonomy
 - 4) Justice
- Quality health care rests on the foundational principles of **beneficence** and **non-maleficence** – health care professionals use their professional judgment to make sure the care provided benefits the user and does not harm them (safety). Health care that benefits users is based on evidence-based practice standards.
 - Practically speaking, health care professionals use their education, training, experience and knowledge of evidence-based practice to determine all indicated and appropriate (beneficial) options for a user in a given situation.
 - The health care *user* then exercises their **autonomy** to make choices/decisions that are best/most appropriate for them as a unique human being.
 - Finally, respect for the principle of **justice** means two things: 1) all users are to be treated equally and without any form of discrimination, and 2) although care providers always advocate for the individual user, they also have a responsibility to be mindful about how they use resources dedicated to health and social services.*

**The CIUSSS must organize care and establish priorities clinically and organizationally to take into account a fair distribution of available resources.*

GENERAL GUIDELINES FOR QUALITY CARE

- In all circumstances users are treated with respect, dignity and courtesy.
- Users are never to be subjected to any form of discrimination or preconceived notions based on their language, ethnic origin, religion, gender, age, sexual orientation, socioeconomic background or special needs.
- We must make sure that the services offered to users are accessible, appropriate and safe.
- All of our actions must be guided by respect for the individuality and specific needs of our users, taking into consideration their habits and preferences, as well as their concept of quality of life.
- Users are active participants in quality care, to the best of their abilities and are expected to collaborate respectfully with care providers and staff at all times.

Although we recognize the importance of family, medicine, education and the pursuit of knowledge, *our primary duty is always to the user*: respect for the autonomy of the user and his or her best interests always take precedence, unless consent from the user is obtained (for care, teaching or research purposes).

SPECIFIC COMMITMENTS TO USERS

(A) Basic courtesy

- We identify ourselves and speak politely to users.
- Similarly, we expect our users and their families to treat our employees, healthcare professionals, medical residents and students, trainees and volunteers with respect at all times: Respectful behaviour is fundamental to the collaborative relationships required for highest quality care. (CIUSSS Workplace Civility Policy).

(B) User participation as partners in care decisions and consent

- The inviolability of the person is a basic human right, therefore **the user must give their free and informed consent**, without any form of pressure, **for care of any kind**: be it an examination, a test, a treatment or any other intervention.
- We must take the necessary time to explain, discuss and answer questions as fully as possible, as well as listen to and understand user concerns when developing a care plan with the user.
- Users must be given all relevant information concerning their state of health and the care and services that they require, in a way that is easily understood so that they can exercise their autonomy and have their wishes respected.
- Users have a right to know the reasons for the care they receive, as well as the benefits, risks, probable consequences and alternatives.
- A user who has the capacity to make his/her own decisions has a right to refuse care and services that are offered.
- Discussion and determination of Level of Medical Intervention between a user and his/her physician helps to ensure provision of medically appropriate care in a given situation that is respectful of the user's goals for their care. A Level of Medical Intervention for the user also serves as an important Advance Directive for the user.

(C) When a user does not have capacity to make his/her own decisions

An inability to make his/her own decision, either temporarily or permanently, is called incapacity or incompetence of the user.

- In a life-threatening/emergency situation if:
 - a) it is medically appropriate to attempt life-saving treatments
and
 - b) the user's advance directives are not known or do not exist
--> **we attempt to provide life-saving care** (Q.C.C. Art. 13)
- In a non-life-threatening situation: we must ensure that the patient's legal representative participates in the decision making process and acts **solely in the user's interest**, respecting the user's wishes when known (Q.C.C. Art. 12).
- A user's *Mandate, Living Will, Advance Directives* or previously established *Level of Medical Intervention* will be respected, when a user is incompetent or lacks decision making capacity* (in both life-threatening and non-life-threatening situations).
- When the user does not have a mandate, living will or advance directives, the legal decision maker is the user's spouse, or close relative, or person showing special interest in the user (Q.C.C Art. 15).

When a user/patient is incompetent and his/her legal decision maker has consented to care on their behalf, if the user/patient categorically refuses care, a court order for care must be obtained (Q.C.C. Art. 15).

(D) Privacy and confidentiality

- We are committed to keeping strictly confidential ALL USER INFORMATION when communicating with other members of the healthcare team or anyone else.
- Before speaking with family members or relatives, the user's consent must be obtained when possible.

- Members of the healthcare team who are privy to user information must at all times be discreet and refrain from any comments except when they are required in the provision of care and services; communication must be made in an appropriate, secure place.

Exceptions to the right of privacy of files: we may allow access to files with the user's authorization or that of their legal representative, or on the order of a court or coroner in performance of their duties, or with the authorization of the Director of Professional Services within the limits provided in the Art. 19.2 of AHSSSS.

Unless the user objects, the user's name and address may be used to solicit a donation from an institutional foundation, in accordance with provisions of the law (AHSSS Art. 27.3).

(E) Quality care and services provided

- We are committed to providing all users with access to quality care and services that are appropriate and effective.
- All health care professionals and staff must meet the highest standards of competence and professional integrity and perform their duties in accordance with their respective Code of Ethics, as well as this Code of Ethics.
- Our professionals are accountable for the care and services they provide. They may consult colleagues or refer the user to more appropriate resources that are better able to respond to the user's needs.
- We are committed to and accountable for continuous quality improvement through our Quality Improvement Program.
- We contribute to the development of teaching and research according to highest standards.
- Research at CIUSSS institutions is governed by and conducted in compliance with legislative requirements and the strictest internal policies.

End of life care (L.R.Q. S-32)

- Any person whose condition requires it is entitled to receive end of lifecare. The law defines "end of life care" as palliative care for people at the end of life, and medical assistance to die/medical aid in dying.

- All persons in an end of life situation are entitled to have their human rights respected and to die with dignity.
- Any adult capable of consenting to care may, at any time refuse, to receive care that is needed to keep him/her alive, or may withdraw consent to such care. As provided by the Quebec Civil Code, minors who are 14 years old and older as well as the person with the authority to provide consent to care for the minor can also make such a decision. The denial of care or withdrawal of consent may be communicated by any means.
- A person may not be denied end of life care for previously having refused to receive certain care or having withdrawn consent to certain care.
- Notwithstanding the wishes of a person to receive medical aid in dying, health care professionals have the right, for reasons of conscience or personal values, to refuse to provide this care to the patient. However, the health care professional is obliged to assist with a referral to another health care professional, while ensuring continuity of care for the person.

(F) User safety and comfort

- In our residences and nursing homes, we try as much as possible to create a tranquil and home-like environment.
- We strive to keep our premises clean and orderly, while complying with the rules in force for minimizing the risk of transmission of infectious diseases.
- We work in a proactive manner to prevent physical and psychological abuse, and the risk of incidents and accidents; everyone is responsible for reporting all incidents and accidents as well as high-risk situations. All forms of violence, aggressive behaviour, threats and blackmail are strictly prohibited and vigilantly monitored.
- We advocate a culture of transparency. We are committed to informing users as soon as possible of any situation that arises in the course of care that may have consequences to their health and well-being.

(G) Assistance and complaints

- The CIUSSS works continuously to improve the quality of care and services. With this in mind, we facilitate access to the Service Quality and Complaints Commissioner for any questions, for assistance, or for the filing and handling of complaints.

If you have any questions, or would like to file a complaint, or obtain assistance, please contact the Service Quality and Complaints Commissioner at: 514-340-8222, ext. 5833.

- Suggestions for improvement can be brought to the Office of Patient Experience at: 514-340-8222 ext. 3928.

*If you wish to discuss the principles set forth in this Code of Ethics,
please contact the CIUSSS Office of Clinical Ethics at:*

514-340-8222 ext. 3625.

*Clinical Ethicists are available to everyone for ethics consultations
at:*

- *Zita Kruszewski (Lucie Wade) : 514-413-0229 (pager)*
- *Kevin Hayes : 514-261-0390 (cellular phone)*
- *Dr. Eugene Bereza (Annick Simard) : 514-934-0505, 7515*