A Framework for Ethical Discernment

reprinted from the
Health Ethics Guide
2000
APPENDIX I

A Framework for Ethical Discernment

1. Identify the problem
2. Acknowledge Feelings
3. Gather the Facts
4. Consider Alternatives
5. Examine Values
6. Evaluate Alternatives
7. Articulate the Decision
8. Implement the Plan

VALUES
- Dignity of the person
- Respect for life
- Interconnectedness
- Common good
- Solidarity
- Stewardship

PRINCIPLES
- Totality
- Double effect
- Benefits/burdens
- Cooperation
- Subsidiarity
- Informed choice
- Confidentiality

Prayer and Quiet Reflection
Discerning in the context of faith

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1. This chapter is reprinted and adapted from Appendix I of the Health Ethics Guide (2nd edition) printed in 2000 by the Catholic Health Alliance of Canada, then the Catholic Health Association of Canada. The framework is adapted from “A Framework for Ethical Decisions in Health Care,” Dr. Michael D. Coughlin, Ethics Service, St. Joseph’s Hospital, Hamilton, Ontario, and includes elements from “An Ethics Work-up or Work-out,” Dr. George C. Webster, Health Care Ethics Service, St. Boniface General Hospital, Winnipeg, Manitoba.
General Guidelines

These eleven observations will aid those making ethical decisions.

1. The Catholic tradition has always respected the role of both faith and reason in ethical discernment. The teachings of the faith are not contrary to reason, nor is the use of reason a denial of the need of faith for deeper spiritual insight and significance. The use of reason insists on using rational understanding, the logic of consistency, clarity of terms, and transparency of information and process.

2. There is an uncompromising recognition of both the equal dignity of all human life as a gift from God and the social nature of human persons.

3. No human being is to be treated simply as a means to another end or to be judged on the basis of any qualitative distinction.

4. Since the teachings of the faith are an organic whole, there is a hierarchy of truths and moral values, all interrelated but some of more importance than others, e.g. murder is a greater moral evil than mutilation.

5. When a conflict arises between a formally declared teaching of the church (e.g. innocent human life must be protected) and a possibly compromising procedure, preference must be given to human life unless another human life is equally being threatened, in which case the principle of double effect may be used.

6. When situations arise involving morally controversial treatments or procedures which are supported by reputable ethical opinions and not specifically prohibited by church teachings, such views may be legitimately followed, e.g. some treatments for ectopic pregnancies, the withholding/withdrawing of nutrition or hydration in some situations.

7. Christian ethical discernment also attends to the moral promptings of God as we experience them internally, e.g. intuition, emotions, imagination and “gut-feelings.” These promptings have a legitimate place in ascertaining moral correctness.

8. Feelings of interior harmony and integration can be valid indicators of God’s Spirit when informed by objective criteria including medical information, legal obligations, church teaching, Sacred Scripture, and the authority of experts.

9. Sound ethical discernment is usually best made through a team approach which involves the person receiving care, health care and social service professionals and a bioethics consultation.

10. The discernment process can be facilitated best in a prayerful atmosphere where reasoned presentations and adequate time are provided.

11. Every effort should be made to resolve ethical conflicts by using communication and dialogue, remembering that God does not expect the impossible in our efforts to respect the dignity of life.
DISCERNMENT PROCESS

The following model is a framework that identifies the key elements of a discernment process. It offers a way of focusing attention on the questions that should be raised in addressing ethical decisions in health care. It provides a process for integrating into such decisions the values and principles articulated in the Guide.

Begin with prayer and quiet reflection

A. OBSERVE

1. Identify the Problem
   Name the problem clearly. Where is the conflict?

   What seems to create difficulty?

   Is the conflict between individuals?

2. Acknowledge Feelings
   What are the “gut” reactions? biases?, loyalties?

   What are the initial feelings about the case?
3. Gather the Facts

**Issues to consider:**

- **Clinical factors:** (diagnosis, prognosis, certainty?)
- **Psycho-social factors:** (history, family situation?)

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<th>What are the ethically relevant facts?</th>
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<th>Whose account of the “facts” counts?</th>
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<th>Have all relevant perspectives been obtained?</th>
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B. DELIBERATE

4. Consider Alternatives

**Issues to consider:**

- **What are the alternative courses of action?** *All options should be seriously considered before eliminating any.*
- **What are the likely consequences?** e.g. medical, quality of life, relationships, legal, moral/spiritual

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<tr>
<th>What are the alternatives? Probable consequences?</th>
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<td>Alternative 1.</td>
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| Alternative 2.                                   |
|                                                  |

| Alternative 3.                                   |
|                                                  |
5. Examine Values

Issues to consider:

a. Preferences of the person receiving care: wishes, values, beliefs?
b. Are others’ values relevant?
c. What beliefs/values of the Christian community are relevant?
d. Which of the values are in conflict? What is the problem? Whose values conflict? Economics involved?

What are the important values?

Whose?

What is the good we seek?

6. Evaluate Alternatives

Issues to consider:

a. Identify the decision-maker(s). Who speaks for the person receiving care?
b. Rank values.
   – Dignity of the person;
   – Respect for life;
   – Interconnectedness of every human being;
   – Common good;
   – Solidarity;
   – Stewardship.
c. Justify ranking. By what principles?
   – Totality;
   – Double effect;
   – Benefits/burdens;
   – Legitimate cooperation;
   – Subsidiarity;
   – Informed choice;
   – Confidentiality.
d. Evaluate the consequences of alternatives in terms of principles.
e. What alternatives are excluded?
C. **ACT**

7. **Articulate the Decision**

*Issues to consider:*

a. Which alternative best reflects the ranking of values?
b. Which alternative best balances more of the values?
c. Have any other alternatives come to light?

*State the decision.*
8. Implement the Plan

Issues to consider:
   a. How best to communicate the decision?
   b. Who needs to know it?
   c. How best to document the process?
   d. Who needs to act?

Concluding Review:
What are the feelings of those involved?
Conclude with a prayer or reflection

Conclusion: In working through the discernment process, practitioners may gain insight into the decision to be made. The experience may also help them identify opportunities on a wider institutional level for policy change, education and research. Some cases will result in the identification of opportunities for education or collaboration with community agencies, other organizations and persons needing care.