# *CSS Shared Resources, Ontario East*







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# Living at Risk and the Duty to Care

CSS Shared Resources Ontario East - November 2026

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# Objectives

1. Review components of the Central East Regional Ethics Network (CEREN)
2. Explore ethical considerations in cases involving individuals who live at risk.
3. Define moral distress and discuss strategies for addressing it.



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# CEREN

## Current state

- The **Central East Regional Ethics Network (CEREN)** provides organizations across the continuum of care with access to professional health-care ethics services. The services are provided on an as-needed basis.
- The CEREN was developed by former Regional Ethicist from the Champlain Centre for Health Care Ethics, and has used a similar model to deliver consistent, reliable support to organizations since 2021.
- While not funded by the Province, the CEREN takes an equitable approach to support delivery. Organizations can partner with the CEREN for an annual fee based on their annual budget (sliding scale).

**For Partner organizations of CEREN, anyone, at any time, may access the Ethicist:**

ethics@centraleastethics.ca

http://centraleastethics.ca

CEREN can provide access to:



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# Why access regional ethics services?

Professional Ethics Consultation

Access to professionally trained ethicist rather than reliance on no, or another, model of support. Such as:

- Ethics Committee
- Staff in another role (e.g. Quality manager)
- No resources?

Consultation to improve Accreditation ethics-standard compliance – Current 100% success rate.

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# Why access regional ethics services?

Capacity Building

- Capacity Building organizationally, and regionally to develop “Ethics Champions”.
- Participation in communities of practice for decision-making on regional issues. (e.g. Waitlists, Senior’s care, etc.)
- Benefits to heightening ethics capacity at all organizations in the region
- Common policies and approaches to address individual and system-wide ethical issues.

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# Why access regional ethics services?

Consistency in Addressing Regional Issues

- Regional approach to important issues
    - E.g. Ensuring a consistent, accessible, and ethically-sound approach to regional issues and policy decisions, including: approach to waitlists, Ethics Frameworks, various guidance tools, etc…
    - Ensures that, as clients move from organization to organization, they are not subjected to different ethical standards and can access similar ethics resources.
- Compare + address issues happening elsewhere.
    - Regional resources to promote best practice at the individual and organizational levels
- Other Patient, Staff, and Organization Benefits:
    - Positive impact on quality of care and client satisfaction,
    - Decreased moral distress and staff turnover,
    - Positive impact on effectively managing waitlists.
    - Ethical guidance on allocation of scarce resources

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# Case types CEREN can support

1. Initially, home care services were appropriately scheduled for Mr. Deere according to his assessed care needs and preferences for time/day. Recently, staff have noticed a decline in his functioning, including increased forgetfulness, reduced insight, and poor balance. He lives alone and tells staff that he still cooks for himself but has mentioned forgetting items on the stove. After several months of receiving services, Mr. Deere claimed that he wanted only certain staff to provide service. If the agency would not meet this request, he claimed he would refuse services all together. The reasons provided were simply that he preferred the company of certain staff over others. In an attempt to ensure client-centered care, the agency considers Mr. Deere's request, but if addressed such that all his attendants were those that he agreed with, it would cause significant adjustments to the service schedules of other staff and clients.

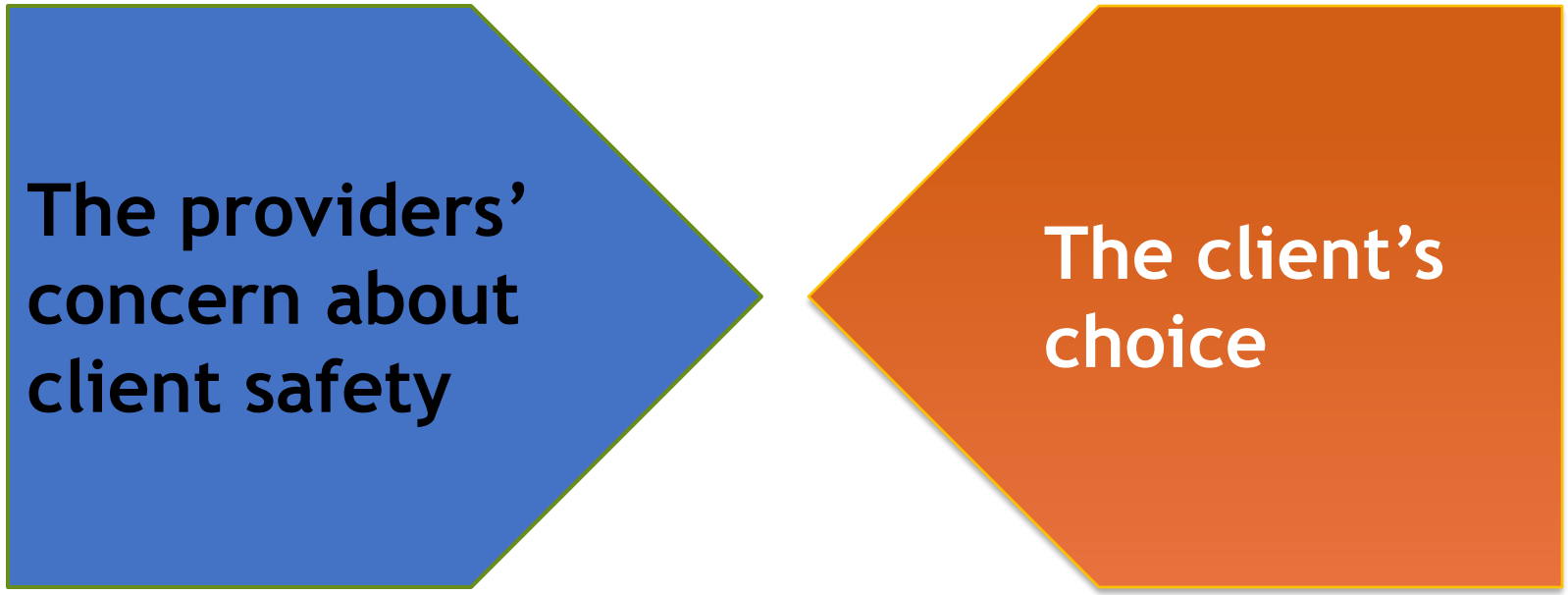
2. Mr. Parker is an 88-year-old client with your organization who suffers from moderate dementia. After providing the required personal health services to him, the PSW is asked by his substitute decision-maker (who just happens to be there that day) to walk Mr. Parker's dog and take out the garbage. It is a very cold and icy day, and Mr. Parker does not feel comfortable going outside with his wheelchair. In the past, out of compassion and wanting to do a good deed, the PSW did engage in activities that were outside the scope of her practice. For example, she cleaned the fridge and dishes and cooked a meal or two. Furthermore, Mr. Parker has heard about other clients receiving similar help with garbage disposal and other special unusual requests. Today however the PSW feels uncomfortable to satisfy his request because she is concerned with slipping on the ice and frostbite. In addition, she is running late for her next client.

3. Your organization has just been granted an increase in their annual budget. While the increase will be extremely helpful, the extra funds must only be given to one service/program and cannot be split up. All services/programs could benefit from increased funding at this point. Where should the extra funds be distributed?

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# Living at Risk: The (usual) conflict

In the case of Mr. Deere…



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# Living at Risk

- There is no standardized definition or understanding of what constitutes "living at risk".
- Being alive is inherently "risky".
- Must consider the degree of risk and the probability of harm.
- Additional examples:
  - Eating when aspiration is possible.
  - Wishing to continue living at home without adequate support.
  - Smoking around home-oxygen supplies.
  - Refusing to use a walker with increasing mobility challenges.

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# In these scenarios, ideally...

- We enhance and respect autonomy
- We agree with client choices
- We practice client-centered care
- Clients and families agree with and adhere to the treatment or plan
- We ensure continuity of care, and resources are available to facilitate transitions and minimize risks



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# In reality, many challenges…

- Disagreement with client choices and/or with treatment or plans
- Limited resources and increasing pressures
- Fragmented and silo-ed “system”
- Unsure of where our responsibility ends
- Rescue culture – not trained to “let go”
- We may be influenced by implicit biases

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# Risk and capacity




- Confusion of rights with best interests
- Projection of personal values (i.e. how I live is the barometer for all)
- Confusion of functional capacity with decisional capacity

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# Consent and capacity

Consent & capacity are key to this ethical debate

Why?

- Health-care teams often strive to respect client autonomy, and “capable” individuals have the right to choose how to live
- A “foolish” decision ≠ incapacity
- Before thinking about risk, must assess if the individual is capable or incapable of making a particular decision

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# Decision-making capacity

Definition: A person is capable if they have…

- the ability to <u>understand</u> information relevant to the decision

<u>AND</u>

- the ability to <u>appreciate</u> the reasonably foreseeable consequences of giving or refusing consent

Health Care Consent Act, 1996 (HCCA)

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# Is capacity in question?

- Capacity is presumed.
- Choosing "risk" does not necessarily indicate incapacity.
- Can fluctuate over time
- Decision-specific

**"Red flag" indicators that should prompt further assessment:**



- Confused and irrational thinking
- Inability to retain information
- Fluctuating wishes and alertness
- Level of suffering that impairs understanding
- Inability to make a decision

Do these indications **relate to the specific decision** that has to be made?

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# The moral dilemma

- Tension between respecting choice and minimizing risks
- Questions of liability and professional responsibility
- Lack of consistent guidance or practice standards
- Challenging situations for staff and management

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# Risk in the decision

- Should you only accept client decisions if they are risk free? (e.g. safe to stay at home, with no concerns for safety)

- For a client who is capable of making their own health-care decisions, must the team ensure that what decisions are permitted are in the client's best interests?

- Who, then, is ultimately responsible for deciding whether a decision is too risky or not?

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# Are we asking the right questions when considering "risky" decisions?

## What tends to be asked:

- Should we let the patient do this?
- Is this in their best interests?
- Are they safe?
- What does the family want?

## What we ought to ask:

- Do they have the capacity for this decision?
- What are the patient's preferences?
- Do we understand the patent's goals of care? Are the goals evidence informed?
- How can we maximize safety, functioning, and well-being?

**Ultimately, much patient choice is determined by their decision-making capacity.**

From: Kerry Bowman et al., 2010. *The Ethical Considerations in Discharge Planning*. Presentation at Mount Sinai Hospital, Toronto, ON

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# Moral Distress

- Moral distress was first recognized among nurses but this is not just a nursing experience. It has been identified among nearly all healthcare professionals.
- “Generally speaking, when individuals make moral judgments about the right course of action to take in a situation, and they are unable to carry it out, they may experience moral distress. In short, they know what is the right thing to do, but they are unable to do it; or they do what they believe is wrong”.
- Moral distress may also occur when one knows the correct action to take but feels powerless to take that action.
- The constraints on action can be internal or external, and the distress can be initial or reactive.
- Ironically, dealing with moral distress can cause more moral distress

McCarthy J, Deady R. Moral Distress Reconsidered. *Nursing Ethics* 2008; 15(2): 254-262; Austin, Kagan, Rankel, & Bergrum 2008; Epstein G, Delgado S. Understanding and Addressing Moral Distress. *OJIN: The Online Journal of Issues in Nursing.* Vol. 15, No.3.

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# Moral Distress

10 to 15 years ago, studies showed that:

- 1 in 3 nurses experienced moral distress
- In one study, half of nurses left their units, workplace or the field of nursing altogether
- 47% of healthcare professionals have reported acting against their conscience
- A multidisciplinary study found that “all disciplines experienced moderate to high levels of moral distress” (n=323)
- The multidisciplinary study “demonstrated a correlation with actual moral distress and either past experiences of leaving a job and/or intentions to leave a current job”

Rushton CH. Defining and Addressing Moral Distress. AACN Advanced Critical Care *2006*; 17(2): 161-168.
Allen R, et al. Moral Distress Among Healthcare Professionals at a Health System. *JONA’s Healthcare Law, Ethics, and Regulation* 2013; 15(3): 111-118

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# Moral Distress

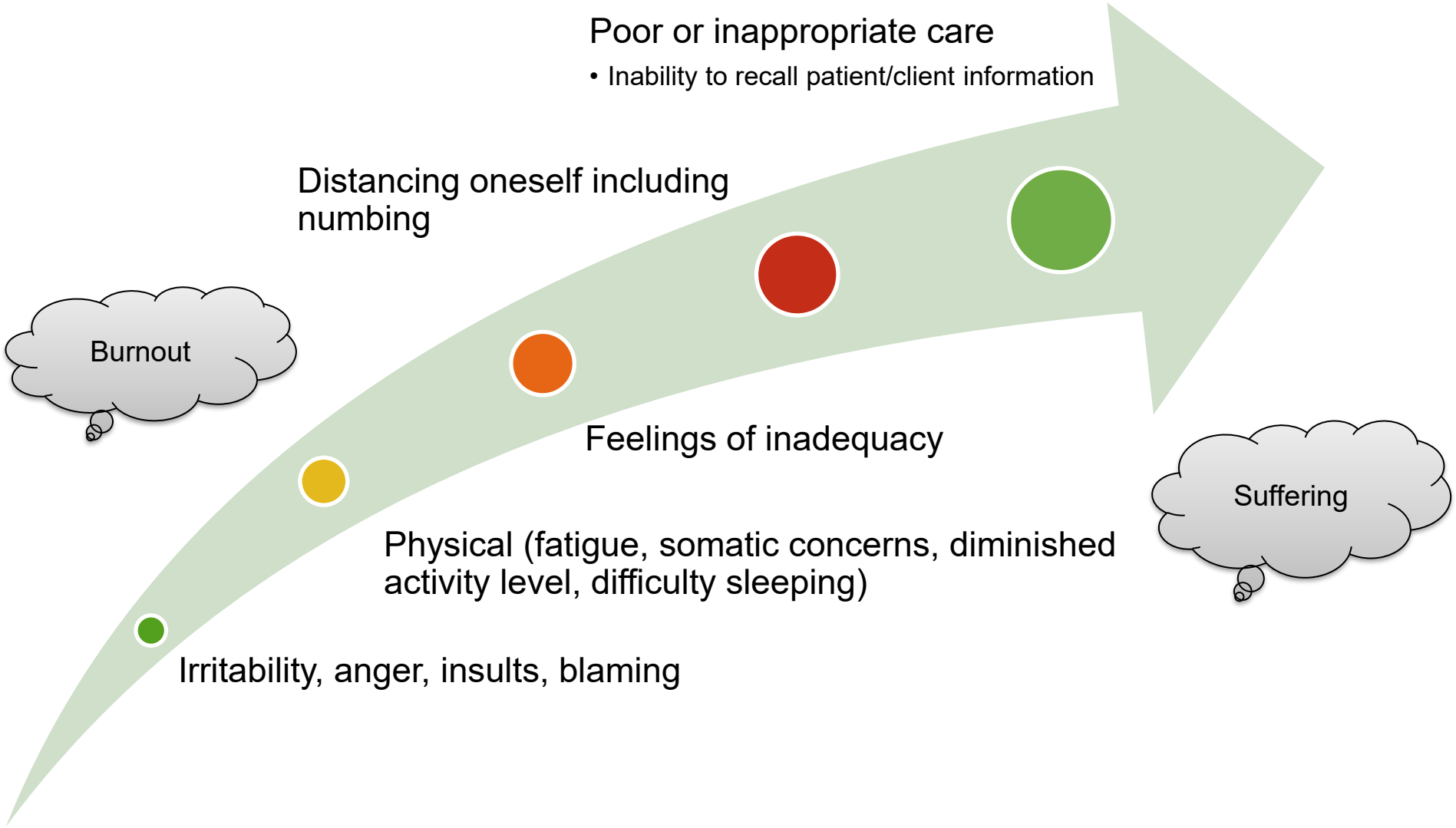
Now, studies show that:

- Regularly, more than half of nurses claim to experience moral distress
- One large cross-sectional survey in the US reported that greater than 55% of nurses surveyed experience moderate to sever moral distress or moral injury.
- Another study, conducted in the (former) SW LHIN, also found a high prevalence of moral distress among community service providers of home health and social care. Many were related to external constraints:
  - Scarce resources (human and financial), Pressure to reduce cost, and Conflicting care policies.
- Other sources of Moral Distress include: clients living at risk, disagreement about goals of care, aggressive behaviours, or unsafe living or care settings.

Sumner S (2026). Moral injury among intensive care unit nurses: Roles of moral resilience and a healthy work environment. *American Journal of Critical Care,* 35(2), 118-126.
Webber J, Trothen TJ, Finlayson M, Norman KE. Moral distress experienced by community service providers of home health and social care in Ontario, Canada. Health Soc Care Community. 2022 Sep;30(5):e1662-e1670. doi: 10.1111/hsc.13592. Epub 2021 Sep 28. PMID: 34582602

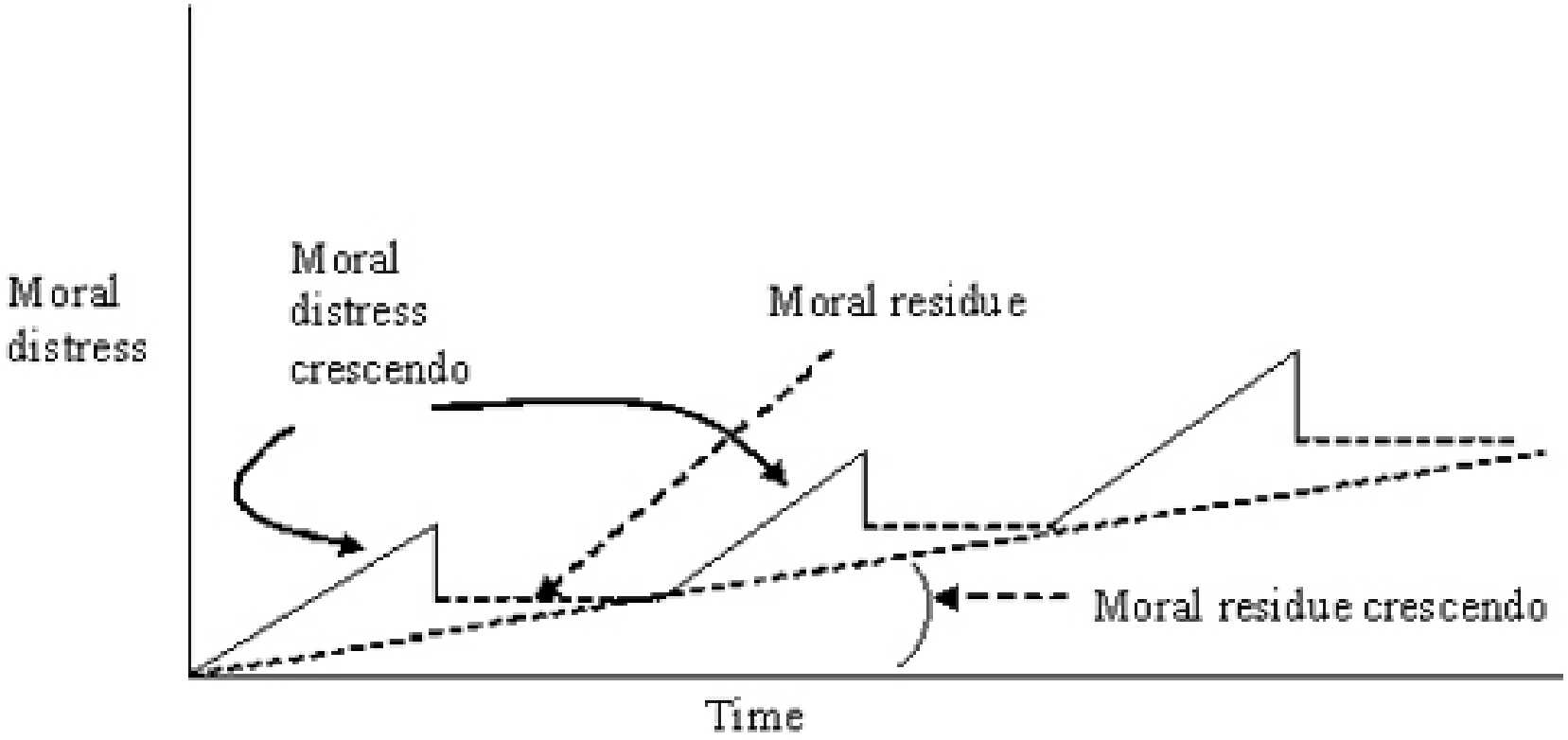
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# What does moral distress look like?



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# And when we do not address moral distress…




Epstein and Delgado (2010)
http://www.nursingworld.org/ClientResources/Images/OJIN/MoralsDistressFig.jpg

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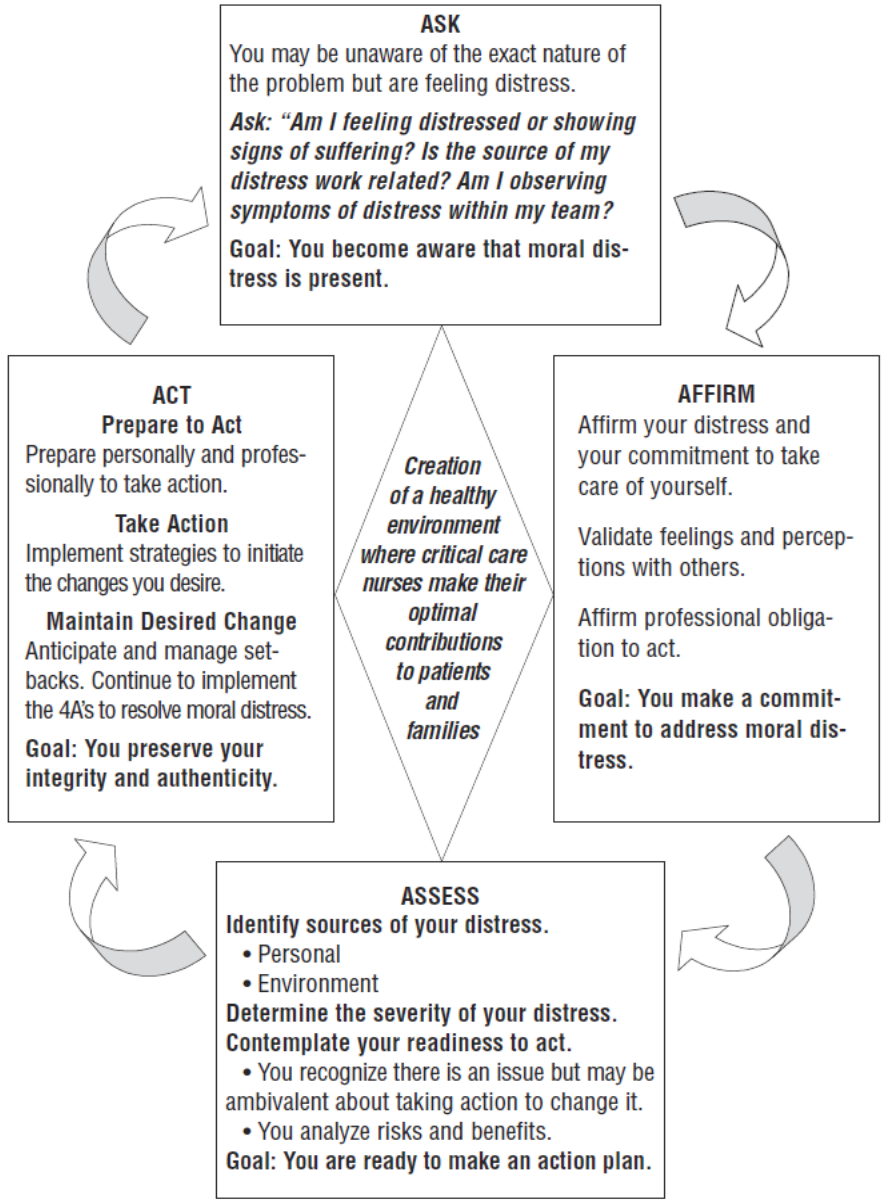
# Barriers to addressing Moral Distress

- Lack of awareness
- Lack of skills
- Lack of confidence
- Institutional obstacles
- Lack of Administrative Support
- Power imbalances
- Policy and Procedure limitations
- Others?

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# The 4A's Approach

- **Ask**: Identify the source of distress by asking specific questions about the situation.
- **Affirm**: Acknowledge the distress and the validity of the individual's ethical concerns.
- **Assess**: Evaluate the severity of the distress and explore potential solutions.
- **Act**: Take appropriate actions to address the distress.




AACN 2006 : https://www.emergingrnleader.com/wp-content/uploads/2012/06/4As_to_Rise_Above_Moral_Distress.pdf

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# Remember

- It is not realistic to completely eliminate moral distress – we can really only reduce frequency and intensity.
- A certain level of moral distress is inherent in any profession – we need to be able to manage it and understand it.
- It may be helpful to go through the process of addressing moral distress even if it doesn't change the situation – it can be helpful to feel like you've tried to do something (due diligence).

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# Case

## Remember Mr. Deere?

Initially, home care services were appropriately scheduled for Mr. Deere according to his assessed care needs and preferences for time/day.

Recently, staff have noticed a decline in his functioning, including increased forgetfulness, reduced insight, and poor balance. He lives alone and tells staff that he still cooks for himself but has mentioned forgetting items on the stove.

After several months of receiving services, Mr. Deere claimed that he wanted only certain staff to provide service. If the agency would not meet this request, he claimed he would refuse services all together. The reasons provided were simply that he preferred the company of certain staff over others. In an attempt to ensure client-centered care, the agency considers Mr. Deere's request, but if addressed such that all his attendants were those that he agreed with, it would cause significant adjustments to the service schedules of other staff and clients.

**What is the most ethically justifiable path forward, and why?**

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# IDEA Ethics Framework

| | |
|---|---|
| **Step 1: Identify the Facts**<br><br>Identify what is known versus what is not known.<br><br>· Medical Indications<br>· Client Preferences<br>· Quality of Life, and<br>· Contextual Features,<br><br>Users of the framework should take into account all of the relevant considerations and stakeholders; this often includes facts that may not be known initially. | **Step 2: Determine Ethical Principles in Conflict**<br><br>Identifying the ethical principles in conflict will not provide solutions; however, this step will assist in further clarifying and articulating the issues.<br><br>Common ethical principles to consider might include, but are not limited to:<br>· Autonomy<br>· Beneficence (or doing good)<br>· Non-maleficence (or doing no harm) or<br>· Justice |
| **Step 3: Explore Options**<br><br>The intent of this section is to brainstorm different alternatives and to consider the potential outcomes and impacts of each one (e.g., evaluate the potential positive and negative considerations of each option).<br><br>Do the options fit with the client's preferences?<br><br>Do the options comply with corporate policy, regulations, and the law? | **Step 4: Act and Evaluate**<br><br>Develop and document the action plan in the client's chart and obtain consent.<br><br>Evaluate the plan. Were the intended results obtained, or is additional follow-up and/ or action required? Ongoing documentation and communication of the evaluation is necessary.<br><br>Self-evaluate your decision. What have you learned? |

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# Plan

- Use Ethical Decision-Making Framework for rigorous assessment of risks and options
- Build in team consultation to facilitate decision-making
- Discuss risks, consequences and options with client (or SDM, if patient incapable).
- Develop Risk Support Plan and discuss with client and care team.
- Document plan, file and flag in client record
- Implement, monitor and review regularly

# Questions?

Thank you

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# GENERAL FEEDBACK

**PLEASE COMPLETE SURVEY:**

**LET US KNOW WHAT YOU THINK!**



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accesscss
Connect to Community Support Services