

CONFIDENTIAL

CLINICAL ETHICS CONSULTATION REQUEST FORM

Urgency of request:

Within 5 business days

Within 15 business days

Within 20 business days

Person making the request:

Health Care Provider

Health Care Team (group)

Leadership/Management/Board

Clinical Guidelines https://www.princeedwardisland.ca/sites/default/files/publications/clinical_and_organizational_ethical_decision-making_guidelines.pdf

Explore

1. Identify the Issue(s).

2. Gather the information and facts.

(as outlined in the criteria of the Clinical and Organizational Ethical Decision-Making Guidelines)

Medical Indications	Patient/Client/Resident Preferences
Quality of Life	Contextual Features

Discuss**3. Consider all options based on ethical principles and organizational values.*****Act*****4. Identify the Recommendations(s)**

5. Evaluate the outcome(s): What recommendations were implemented? How will the results be measured?

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Consultation requested by (Dept./Division)	Date of Request for Consultation	Requestor Contact Number/Email

Please send your completed form by email to clinicalethics@ihis.org