

**CONFIDENTIAL**

**ORGANIZATIONAL 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](https://www.princeedwardisland.ca/sites/default/files/publications/clinical_and_organizational_ethical_decision-making_guidelines.pdf)

**1. Explore**

**What are the problems?**

--

**Is this your problem to solve? If not, to whom does it belong?**

--

**What do you want to achieve?**

--

**What do you want to avoid?**

--

## 2. Discuss

<b>What are the options?</b>
<b>Apply criteria to each option (<i>as outlined in the Clinical and Organizational Ethical Decision-Making Guidelines</i>).</b>
<u>External Environment</u>
<u>Governance Context</u>
<u>Service, Quality and Performance</u>
<u>Values and Ethics</u>
<u>Integrity</u>

## 3. Act

<b>Identify the decision(s)</b>

#### **4. Implementation**

<b>Who leads?</b>
<b>Who needs to know?</b>
<b>What are the results?</b>
<b>How will the results be measured?</b>

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

**Please send your completed form by email to [clinicaethics@ihis.org](mailto:clinicaethics@ihis.org)**