

CONFIDENTIAL

Consultation #: For office use only

CLINICAL ETHICS CONSULTATION REQUEST FORM

Clinical Guidelines http://www.gov.pe.ca/photos/original/mrc_clin_eth_gd.pdf

Within 3 business days

3-10 business days

Within 3 weeks

Person making the request:

Health Care Provider

Health Care Team (group)

Leadership/Management/Board

Explore

1. Identify the Issue(s).

2. Gather the information and facts (as outlined in the criteria).

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

Discuss

3. Consider all options based on ethical principles and organizational values.

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Act

4. Identify the Recommendations(s)

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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	
Patient and/or family members notified of consult		Yes	No