

**CONFIDENTIAL**

**CLINICAL ETHICS CONSULTATION REQUEST FORM**

**Urgency of request:**

**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**

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)

***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)

<p><b>Medical Indications</b></p>	<p><b>Patient/Client/Resident Preferences</b></p>
<p><b>Quality of Life</b></p>	<p><b>Contextual Features</b></p>

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

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