

## Ethical Decision-Making: Supporting Structures and Policies in Canadian Hospitals

In the most recent report of the Hospital Pharmacy in Canada Survey, which covered the 2005/2006 fiscal year, the special interest topic was ethics in health care. Within that broad subject area, the survey gathered information concerning the organizational policies, structures, and processes that hospitals have in place to support ethical decision-making. The survey also looked at these issues within 3 separate health care domains: research, clinical care, and business. The most important results of this analysis are summarized here, and more information can be found in the ethics chapter of the 2005/0606 annual survey report.<sup>1</sup>

### Research Ethics

Given the extent of research activities carried out in Canadian hospitals, it was not surprising that 96% (135/142) of respondents reported that either a research ethics board (REB) was in place within their institution (73% [103/142]) or that a university-based REB or an external REB fulfilled this function within the hospital (23% [32/142]). Among hospitals with their own REB, 81% (83/103) indicated that a pharmacist was an integral member of the committee. This observation was true irrespective of the hospitals' status as teaching or nonteaching facilities. Of respondents with a hospital-based REB, 98% (101/103) reported that all clinical trials had to be approved by

the committee, with 87% (90/103) reporting that practice-based research also had to be approved by the REB.

### Clinical Care Ethics

Seventy percent (99/142) of respondents indicated that a bioethics or ethics advisory committee was in place to advise clinicians about ethically challenging clinical situations. Forty-one percent (14/34) of hospitals without such a committee reported that this role was assumed by the REB, the Medical Advisory Committee, the Professional Advisory Committee, or the Interprofessional Patient Care Committee. Of the 113 respondents indicating that an ethics advisory group of some sort was present in the hospital, only 32% (36/113) indicated that a pharmacist was a member of the committee. The scope of issues dealt with by such committees included quality of patient care (81% [91/113]), guidance to senior management on budgetary issues that affect patient care (34% [38/113]), and development of ethics-related policies dealing with patient care (75% [85/113]), education (51% [58/113]), research (60% [68/113]), and business (32% [36/113]). Educational programs dealing with ethics issues were provided by 71% (80/113) of these respondents.

An institutional policy dealing with the requirement to disclose adverse events was reported by 83% (118/142) of the respondents. Of these facilities, 92% (109/118) reported that the policy required disclosure of incidents to senior management, and 90% (106/118) reported that the policy required disclosure to patients and their families.



The provision of ethical decision-making support to staff by an on-site bioethicist was reported by only 39% (56/142) of respondents.

## Business Ethics

Sixty-eight percent (97/142) of respondents reported that their respective institutions had a conflict of interest policy. Among those organizations reporting such a policy, it applied to management staff for 99% (96/97), to other hospital staff for 92% (89/97), and to physicians and dentists practising within the hospital for 77% (75/97). The issues most commonly reported as being dealt with in the conflict of interest policies were the employee as a supplier of goods and services (85% [82/97]), the receipt of gifts (89% [86/97]), the use of confidential information for personal gain (82% [80/97]), and the inappropriate use of hospital resources (74% [72/97]). Issues less likely to be addressed by facilities' conflict of interest policies included the referral of clients to private practice (35% [34/97]), educational program content and choice of speakers (31% [30/97]), sponsorship to attend educational events (47% [46/97]), and relationships with the pharmaceutical industry (46% [45/97]). The last of these issues was more likely to be addressed by conflict of interest policies in teaching hospitals (59% [16/27]) than those in nonteaching hospitals (41% [29/70]).

Only 45% (64/142) of respondents reported the existence of a conflict of interest policy supporting the activities of the Pharmacy and Therapeutics Committee and addressing the need for disclosure by employees involved in purchasing and contract decisions. The requirement for disclosure of physician and/or pharmacist involvement with pharmaceutical companies whose drugs were being considered for the formulary was reported by 51% (73/142) of respondents.

When asked if the hospital's orientation program for new staff addressed conflict of interest, only 39% (56/142) of

respondents answered in the affirmative. When asked to identify the areas perceived as the institution's greatest risk for conflict of interest, the most frequently reported issue was sponsorship of educational programs (25% [35/142]), followed by the decision-making process for the drug formulary (20% [29/142]), research (17% [24/142]), and clinical decision-making (17% [24/142]).

## Conclusions

In summary, considerable progress has been made in Canadian hospitals with respect to addressing ethical issues in the conduct of research and clinical decision-making. However, pharmacist involvement in the latter area could be strengthened, and hospitals should increase their efforts to address business ethics, in particular the issue of conflict of interest related to formulary decision-making and sponsorship of educational events.

## References

1. Paton TW. Ethics—special interest section. In: Babich M, Hall KW, Johnson N, Macgregor P, Roberts N, Bussi eres JF, et al., editors. *2005/06 annual report—hospital pharmacy in Canada*. Eli Lilly; 2007 [cited 2008 Feb 26]. p. 89-92. Available from: [http://www.lillyhospitalsurvey.ca/HPC2/Content/2006\\_report/ethics.pdf](http://www.lillyhospitalsurvey.ca/HPC2/Content/2006_report/ethics.pdf)

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