



# TVN Ethical Framework

## Workbook



TVN (Technology Evaluation in the Elderly Network) is supported by the Government of Canada through the Networks of Centres of Excellence (NCE) Program.

## **Authors:**

### **Sr. Nuala Kenny, OC, MD, FRCPSC, FCAHS**

Professor Emerita, Dalhousie University  
Board Member, Technology Evaluation in the Elderly

### **Dr. Patricia (Paddy) Rodney, RN, MSN, PhD**

Associate Professor, University of British Columbia (UBC) School of Nursing  
Faculty Associate, W. Maurice Young Centre for Applied Ethics, University of British Columbia  
Research Associate, Providence Health Care Ethics Services

## **TVN Ethical Framework Principal Investigators:**

Sr. Nuala Kenny, OC, MD, FRCPSC, FCAHS  
Dr. Patricia (Paddy) Rodney, RN, MSN, PhD<sup>1</sup>

## **TVN Ethical Framework Research Assistants:<sup>2</sup>**

Nassim Adhami, RN, BSc, UBC Nursing PhD Student;  
Marissa Bird, BSc, UBC BSN Graduate;  
Rebecca Birkner, BSc, UBC BSN Graduate;  
Barbara Jean Buckley, RN, PhD(c), UBC Nursing PhD Student;  
Michelle Fairney, BA, UBC BSN Student<sup>3</sup>  
Jennifer A. Gibson, RN, MSN, UBC Nursing PhD Student;  
Shawn Langlois<sup>4</sup>, BA, UBC BSN Graduate;  
Lynn Musto, RN, RPN, MSN, UBC Nursing PhD Student.

---

<sup>1</sup> Dr. Rodney would like to acknowledge Dr. Daren Heyland for his original inspiration regarding the importance of an ethical framework for TVN.

<sup>2</sup> Unless otherwise noted, funded by Dr. Rodney's UBC School of Nursing Research Account

<sup>3</sup> Funded by CIHR Summer Student Fellowship (2014)

<sup>4</sup> Funded by CIHR Summer Student Fellowship (2013)

## PART A: Ethical Framework Context: TVN Mission<sup>5</sup>

TVN's mission is to *improve the care of seriously ill, frail elderly patients and their families* through the development, rigorous evaluation, and ethical implementation of *health care technologies*, including drugs, devices, knowledge products, improvement strategies and tools, ultimately leading to *better outcomes for patients and their families, health care professionals and the health care system as a whole*. The goal is to enable the frail elderly, their families and caregivers, to have evidence-based information to make decisions ensuring that patients receive the right treatment in the right setting at the right time.

Technology Evaluation in the Elderly Network has *four main audiences*:

- Seriously ill elderly patients and their families
- The public, including groups serving the seriously ill elderly and their families
- Health care providers, practitioners and organizations, and
- Health care system decision makers and influencers.

TVN engages various audiences and stakeholders, including patients and families, in identifying gaps, developing a research agenda and communicating research results and best practices to those that can use this evidence in the care of the seriously ill elderly and their families, and in influencing the healthcare policies that impact them.

TVN also supports multi-sectoral and multi-disciplinary collaboration among researchers in Canada and abroad, and creates research partnerships between universities, and private and public sectors. Further, TVN offers training that promotes multi-disciplinary and multi-sector research approaches, and encourages trainees to consider the economic, social, environmental and ethical implications of their work.

---

<sup>5</sup> Abridged from: <http://www.tvn-nce.ca/>  
Retrieved August 6, 2014.

## PART B: TVN Workshop Objectives<sup>6</sup>

The TVN Mission reflects a profoundly *value-laded* endeavour for all levels of health care--from individual decisions to health system interactions to health authority-provincial-national priorities.

In this workshop we will review the meaning of values in public policy as well as the nature of ethical frameworks; share the values of *respect, empowerment, equity, collaboration and innovation* identified through a reflective and iterative process; and explore the importance for the frail elderly and their families of matching these values to all TVN activity through discussion of a set of case scenarios. *Workshop participants will leave with a plan of how they can incorporate a values-based approach to their clinical practice, their research, and their policy work.*

More specifically, the objectives of this workshop are to:

1. Commit to the importance of ethics in health care and health research.
2. Review the meaning and utility of an ethical framework.
3. Operationalize an ethical framework for the seriously ill elderly and their families/caregivers for all levels of TVN activity.<sup>7</sup>
4. Confirm the foundational values necessary for an ethical framework specific to the TVN; and
5. Identify next steps for the engagement of TVN Board, researchers and partners in operationalizing an ethical framework.

---

<sup>6</sup> These objectives are both short term and long term.

<sup>7</sup> Planning, implementation and evaluation for the TVN Board, researchers, partners, trainees, and knowledge users.

## PART C: Reflection on Values and Ethical Frameworks

**Values** are generally understood as “principles or standards of importance; judgments of what is important in life”; “important and lasting beliefs or ideals shared by a culture regarding the good and bad or desirable and undesirable.”

**Principles** are generally understood as guides to decision and action embodying sets of values. Ethical frameworks are not a theoretical task; they are directed to guide *practical* decisions and actions.

As we see it, the goal for TVN is to *explicate the values/principles most relevant to all TVN activities*. The ethical/values framework should first and foremost guide the overall project priorities and activities. The values *ought* to be reflected in any approved project and in the subsequent knowledge translation activities generated by each project as well as related trainee and public activities.

One formal analysis identifies three levels or types of values/principles<sup>8</sup>:

- 1) Ends or Goals (Terminal or Ultimate Values)
- 2) Process (Procedural Values and Justice)
- 3) Criteria for Decisions and Actions (Substantive Values)

---

<sup>8</sup> An example may be helpful here. Using the categories we have articulated above, the operational principles of the Canada Health Act (universality, accessibility, comprehensiveness, portability and public administration) can be understood as *procedural values* working toward justice. The values underlying the Canada Health Act principles were identified in the 2002 Romanow Report (*Building on Values: The Future of Health Care in Canada*). Based on the Romanow Report, the *terminal* value of the Canada Health Act can be understood as justice, founded on equity. The *substantive* values can be understood as including universality/solidarity, trust/fidelity, efficiency, effectiveness/evidence-based, response to need and sustainability/stewardship. *See also Appendix A for sample ethical frameworks.*

## PART D: Establishing an Ethical Framework for TVN

### *The Population: The Fragile and the Seriously Ill Elderly*

An ethical framework ought to consider:

- The importance of dignity and identity in limitations and losses (as well as opportunities) in old age.
- Stereotypes and discrimination against the elderly, especially dependent elderly (“un-successful” aging). There is a wide range of health states across the elderly.
- For many, there is cognitive decline and impairment of judgment and decision-making capability with dependence in care and in decision-making.
- Advance care planning to promote and extend patient values even in decline; the importance of third-party support for care and decisions.
- The importance of the distinction between decisional and executorial competence.
- The prevalence of ageism<sup>9</sup>, especially regarding fears of strained resource allocation in an aging society.
- High incidence of co-morbidities and fragmentation of care.

### *The Circumstance: Dying and End-of-Life Care*

An ethical framework ought to address:

- An important and vulnerable time for the dying person and their loved ones: the “value of life at end of life” and acceptance of increased risk in the face of death.
- Distress re: duty and obligations; grief and third-party decisions.
- Lack of awareness of and/or limitations of meaningful, well-supported options for care of the dying maintain focus on acute, hospital care.
- Different trajectories of dying with dominance of the chronic illness/organ failure and frailty/dementia trajectories.

### *The Focus: Technology Assessment*

An ethical framework ought to work in the context of:

---

<sup>9</sup> Butler coined the term "ageism" in 1968, contending that old age is equated by society as powerlessness, as a result of disease, disability or 'uselessness'. Ageism results in prejudices and stereotypes that are applied to older people solely on the basis of their age. (Harrigan, M.L. [2010]. *Alzheimer Society of Canada older adult abuse and dementia: A literature review*. Vancouver, BC: Alzheimer Society of BC).

- A widespread belief in modern health technology, which creates unrealistic societal expectations.
- Technology is generally understood as drugs, devices and aggressive intervention but is not as well understood in terms of human systems of health care delivery (from home to hospital to long term care).
- The lack of evidence regarding benefit in this population of seriously ill older adults is not well understood.
- Health Technology Assessment (HTA) is itself multi-disciplinary and value-laden: what ends/goals are chosen (e.g. prolongation of life; improved function and quality of life; a peaceful death; economic efficiency); what methods are used? (e.g. quantitative, qualitative)

### *The Need: System Efficiency, Effectiveness, and Compassion*

An ethical framework ought to provide moral guidance because:

- The public imagination is captured by acute care, high-technology 'fix' and cure.
- The importance of human care and quality of life at the end of life is not visible enough to the public.
- The importance of a full continuum of care tends not to be realized until it is experienced personally.
- Patients/families dealing with their own crises are not amenable to thinking of the needs of others or the common good. Addressing the needs of others and the common good should be undertaken at policy/system levels (e.g. through effective and compassionate end of life guidelines).
- Thoughtful stewardship of resources (vs. rationing) is essential to respond to human need and to create system sustainability and to better support the seriously ill elderly, their families/caregivers, as well as health care providers.

## PART E: TVN Ethical Framework Values <sup>10</sup>

**Respect** for the dignity, diversity and autonomy of the frail elderly and their families/caregivers, especially at the end of life.

This respect acknowledges differences in physical and cognitive health; socio-cultural contexts; family and community supports; and sites of residence and care. It is expressed in collaborative health care decision making, health care practices and policies, health care research, and health care knowledge translation.

**Empowerment** of the frail elderly and their families/caregivers in all levels of care and decision-making.

This is supported by timely, comprehensible, and evidence-informed communication which is sensitive to patient/caregiver needs, values, beliefs and cultural backgrounds, and actively engages the frail elderly and their families/caregivers. Practice and policies take into account the burdens that different decisions place on families/caregivers as well as the complex and sensitive circumstances in which family members and others assume responsibility to support the frail elderly.

**Equity** of access to care that addresses substantive differences in the situations of the frail elderly and their families/caregivers in order to work toward the best possible health care outcomes.

This is demonstrated in improved health status and/or improved quality of life for all frail elderly. Equity requires non-discrimination as well as positive actions to address systemic barriers to access such as ageism, racism, poverty and rural/remote locations.

**Collaboration** in meaningful relationships and projects at all levels of decision-making and care.

This requires inclusiveness and transparency in decision making so that trust is built and accountability is shared at all levels of research and clinical work. It is manifest in respectful inter-disciplinarity and systematic support of the frail elderly and their families/caregivers, health care professionals, researchers, policy makers and public representatives.

**Innovation** in a participatory, cohesive, transformative, solution-driven program of research

This is demonstrated in productive, creative and ethical research which addresses the effectiveness and efficiency of technologies in the care of the frail elderly and their families/caregivers. The program of research is based on consultations with diverse communities to identify strengths and gaps in current research related to complex issues of end of life decision-making and care. It results in the promotion of networks to accelerate utilization of research results and catalyzes change in health care practices and health care policies, thereby addressing the health and care needs of an aging Canadian society.

---

<sup>10</sup> This formulation has been articulated by Dr. Kenny. Initial draft values were revised based on TVN Board input and further work by Drs. Kenny and Rodney. Further revisions were made based on a workshop delivered at the 2<sup>nd</sup> Annual TVN Conference on improving care for the frail elderly, held in Toronto September 21, 2014.



## PART F: Application: Case Vignettes<sup>11</sup> and Ethical Framework Analysis

### *Case One Vignette: Individual Level: Complex Decision Making: Levels of Care between Long Term Care and Acute Care*

Georgina Schultz is a 78 year old woman with a 25 year history of chronic heart failure living in a long term care (LTC) setting. She is widowed and has two grown children nearby who are busy with families of their own. Georgina's disease has progressed over the past year, and she is now requiring repeated urgent admissions to a local emergency department when the LTC staff can no longer manage the severity of her symptoms. Since her early LTC decision re levels of interventions Georgina has had no explicit discussions about her wishes regarding future treatment and care with the staff in LTC, her physicians or her family.

*1. What challenges do you anticipate in this situation?*

*2. What ethical values might be most relevant?*

*3. How could those values direct research, practice and policy in situations such as this?*

---

<sup>11</sup> These cases are based on related research/inquiry by Drs. Kenny and Rodney as well as TVN Board input.

## **Case Two Vignette: *Organizational Level: Allocation Inequities: Hospital Resources and Short Staffing***

Brian MacKenzie is 82 year old man from a small town in the North. For the past three weeks he has been in a general medical unit in a large tertiary care hospital because of end-stage renal failure. He is now unconscious and considered to be in the terminal stages of his disease, and has been designated as Do Not Attempt Resuscitation (DNAR). The acute medical unit where Brian is being cared for has experienced a steady erosion of the level of nursing staffing over the past 6 months because of fiscal challenges in the health region. Patients such as Brian who are designated DNAR are receiving less nursing care because they are not seen as treatment priorities.

Brian's family has become increasingly concerned about the quality of Brian's care and are trying to pursue options to take him home to die.

*1. What challenges do you anticipate in this situation?*

*2. What ethical values might be most relevant?*

*3. How could those values direct research, practice and policy in situations such as this?*

### **Case Three Vignette: Societal Level: Working Toward Equitable Resources for Health and Health Care: Establishing Research Priorities for the Next 5 Years**

Tom Yee is an 82 year old man who is a long-standing resident of a small community in a rural area. He has mild dementia and severe chronic obstructive pulmonary disease (COPD). Further, his English fluency is minimal, and he is living on a small pension.

Tom periodically sees a respirologist and nurse practitioner in a city 3 hours drive from the small town where he lives. Both the respirologist and nurse practitioner are aware that the resources in small communities such as Tom's are often thin and fragmented. They have decided to do some policy work around outreach visits from their clinic to help patients such as Tom, but can find little related research to support their initiative.

*1. What challenges do you anticipate in this situation?*

*2. What ethical values might be most relevant?*

*3. How could those values direct research priorities for the next 5 years?*

*4. What would be the long-range implications be for practice and policy?*

## PART G: Closing Reflections

1. What is the current relevance of ethics in health care and health research for the seriously ill elderly and their families/caregivers?
2. What do you think about the structure and utility of an ethical framework for health care and health research for the frail seriously ill elderly and their families/caregivers?
3. How can the foundational values necessary for an ethical framework specific to the TVN be operationalized in future TVN work? What are the implications for your own work?
4. How ought we to plan for continuing engagement of TVN Board, researchers, partners, trainees and knowledge users around the ethics framework?
5. How might TVN establish the relevance of ethics in technology evaluation for the seriously ill/frail elderly and their families/caregivers across Canada and beyond?

## APPENDIX A: Sample Ethical Frameworks from Other Agencies

**1) A summary of the values** identified in a set of Canadian health care and policy documents by Dr. Kenny are as follows:

Acceptability, accountability, affordability

Care for the vulnerable, collaboration, compliance with policy, compromise, consensus, common good, compassion, creating moral space

Democracy, duty to accommodate, duty to care (SEE respect for human dignity)

Effectiveness, efficiency, empathy, equality of access, equality of opportunity, equal outcome, equity, excellence, fidelity to trust, generosity, good governance

Honesty and truth-telling

Inclusiveness, integrity, intellectual honesty

Justice-procedural (fairness) and distributive

Kindness

Non-abandonment

Patient benefit, patient-centered care, pluralism, professional competence, patient safety

Quality improvement

Relationships and community

Respect for human dignity; individual liberty; patient autonomy; privacy and confidentiality; professional integrity and responsible stewardship

Social utility, solidarity, spirituality, support for health care providers, support for patient relationships, sustainability

Transparency, trusting relationships

Unconditional positive regard (an element of respect for human dignity)

## 2) CIHR Institute on Aging

“The Institute on Aging will use the following values to guide its work:”

*Excellence, population needs based, risk taking, innovation, creativity, integration, partnerships, transparency and accountability*

**3) The Alzheimer Society of Canada** summarizes the core concepts of person-centred care as the following:

- **Dignity and Respect:** Like all individuals, people diagnosed with dementia are people *first*. Their caregivers listen to them and respect their wishes, concerns, values, priorities, perspectives and choices. They have dignity, value and personhood which remains with them throughout the whole course of the disease and should be respected at all times. The values, beliefs and cultural backgrounds of people with dementia and families are incorporated into the planning and delivery of care.
- **Information Sharing:** Caregivers and health professionals communicate and share complete and unbiased information with people with dementia and their families in ways that are affirming and useful. People with dementia and their families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.
- **Participation:** People with dementia and families are given choices and make decisions. They are encouraged and supported to participate in care and decision-making at the level they choose. This therapeutic relationship is based on the participation of the person with dementia, regardless of their level of mental or physical impairment. The goal is to put the person at the centre of any decision, without excluding family members.
- **Collaboration:** Caregivers and people with dementia collaborate through mutual sharing and work together to achieve common goals to improve the quality of care and the quality life for the person with dementia. Caregivers are flexible to accommodate the person’s preferences.

## APPENDIX B: Related Literature

- Anderson, J. M., Rodney, P., Reimer-Kirkham, S., Browne, A.J., Khan, K.B., & Lynam, M.J. (2009). Inequities in health and healthcare viewed through the ethical lens of critical social justice: Contextual knowledge for the global priorities ahead. *Advances in Nursing Science*, 32(4), 282-294.
- Austin, W., Lernermeier, G., Goldberg, L., Bergum, V., & Johnson, M.S. (2005). Moral distress in healthcare practice: The situation of nurses. *HEC Forum*, 17 (1), 33-48.
- Autti-Rämö, I., Mäkelä, M. (2007). Ethical evaluation in health technology assessment reports: An eclectic approach. *International Journal of Technology Assessment in Health Care*, 23(1), 1-8.
- Baylis, F., Kenny, N.P., & Sherwin, S. (2008). A relational account of public health ethics. *Public Health Ethics*, 1 (3), 196-209.
- Beagan, B., & Ells, C. (2007). Values that matter, barriers that interfere: The struggle of Canadian nurses to enact their values. *Canadian Journal of Nursing Research*, 39 (4), 37-57.
- Bell, J. & Breslin, J.M. (2008). Healthcare provider moral distress as a leadership challenge. *JONA'S Healthcare Law, Ethics, and Regulation*, 10 (4), 94-97.
- Bolmsjö, I. A., Sandman, L., Andersson, E., (2006). Everyday ethics in the care of elderly people. *Nursing Ethics*, 13(3), 250-263.
- Bombard, Y., Abelson, J., Simeonov, D., & Gauvin, F.-P. (2011). Eliciting ethical and social values in health technology assessment: A participatory approach. *Social Science & Medicine*, 73, 135-144.
- Braunack-Mayer, A. J., (2006). Ethics and health technology assessment: Handmaiden and/or critic? *International Journal of Technology Assessment in Health Care*, 22(3), 307-312.
- Brazil, K., Kassalainen, S., Ploeg, J. & Marshall, D. (2010). Moral distress experienced by health care professionals who provide home-based palliative care. *Social Science & Medicine*, 71, 1687-1691.
- Burls, A., Caron, L., Cleret de Langavant, G., Dondorp, W., Harstall, C., Pathak-Sen, E., & Hofmann, B. (2011). Tackling ethical issues in health technology assessment: A proposed framework. *International Journal of Technology Assessment in Health Care*, 27(3), 230-237.
- Callahan, D. (2011). End-of-life care: A philosophical or management problem? *Journal of Law, Medicine and Ethics*, (Summer)114-120.
- Callahan, D. (2012). Health technology assessment implementation: The politics of ethics. *Med Decis Making*, 32: E13.
- Carstairs, S. (2010). *Raising the bar: A roadmap for the future of palliative care in Canada*. Ottawa: The Senate of Canada.
- Clark, P., Cott, C., & Drinka, T. (2007). Theory and practice in interprofessional ethics: A framework for understanding ethical issues in health care teams. *Journal of Interprofessional Care*, 21(6), 591-591.
- Claxton, K., Palmer, S., Longworth, L., Bojke, L., Griffin, S., McKenna, C., Spackman, E., Youn, J. (2012). Informing a decision framework for when NICE should recommend the use of health technologies only in the context of an appropriately designed programme of evidence development. *Health Technology Assessment*, 16(46).

- Coburn, D. (2010). Health and health care: A political economy perspective. In T. Bryant, D. Raphael, & M. Rioux (Eds.). *Staying alive: Critical perspectives on health, illness, and health care* (2nd ed.; pp. 65-91). Toronto, ONT: Canadian Scholars' Press.
- Cuyler, A. J., Bombard, Y. (2012). An equity framework for health technology assessments. *Medical Decision Making, 32*(3), 428-441.
- DeJean, D., Giacomini, M., Schwartz, L. (2009). Ethics in Canadian health technology assessment: A descriptive review. *International Journal of Technology Assessment in Health Care, 25*(4), 463-469.
- Dengler, K., Bittner, U. (2012). What do we mean by talking about "value(s)"? A reply to Saarni et al. *International Journal of Technology Assessment in Health Care, 28*(2), 195-197.
- Dodds, S. (2005). Gender, ageing, and injustice: Social and political contexts of bioethics. *Journal of Medical Ethics, 31*, 295-298.
- Duthie, K., Bond, K. (2011). Improving ethics analysis in health technology assessment. *International Journal of Technology Assessment in Health Care, 27*(1), 64-70.
- Eßmann, B. (2011). Human enhancement: Revisiting the ethical framework. *Medicine, Health Care and Philosophy, 14*(4), 425-427.
- Epstein, E.G., and Hamric, A.B. (2009). Moral distress, moral residue, and the crescendo effect. *Journal of Clinical Ethics, 20*(4), 330-342.
- European Network for Health Technology Assessment [EUnetHTA] (2008). Core Model for Diagnostic Technologies: Work Package 4: The HTA Core Model: FinOHTA. Finland: Finnish Office for HTA. ([www.eunethta.net](http://www.eunethta.net))
- Fields, A.V. & Kirkpatrick, J.N. (2012). Ethics of the heart: Ethical and policy challenges in the treatment of advanced heart failure. *Perspectives in Biology and Medicine, 55*(1), 71-80.
- Fox, E, Bottrell, M., Berkowitz, K., Chanko, B., Foglia, M., & Pearlman, R. (2010). Integrated ethics: An innovative program to improve ethics quality in healthcare. *The Innovation Journal, 15*(2), article 8.
- Frenk, J., Chen, L., Bhutta, Z.A., Cohen, J., Crisp, N., Evans, T. et al. (2010) Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world. *The Lancet, 376*, 1923-1958.
- Gagnon, M.-P., Desmartis, M., Lepage-Savary, D., Gagnon, J., St-Pierre, M., Rhainds, M., et al. (2011). Introducing patients' and the public's perspectives to health technology assessment: A systematic review of international experiences. *International Journal of Technology Assessment in Health Care, 27*(1), 31-42.
- Gammon, D., Christiansen, E. K., Wynn, R. (2009). Exploring morally relevant issues facing families in their decisions to monitor the health-related behaviours of loved one. *Journal of Medical Ethics, 35*(7), 424-428.
- Gastmans, C. (2013). Dignity-enhancing nursing care: A foundational ethical framework. *Nursing Ethics, 20*(2), 142-149.
- Gauvin, F-P, Abelson, J., Giacomini, M., Eyles, J., & Lavis, J. (2010). 'It all depends': Conceptualizing public involvement in the context of health technology assessment agencies. *Social Science and Medicine 70*, 1518-1526.



- Giacomini, M., Kenny, N., & DeJean, D. (2009). Ethics frameworks in Canadian health policies: Foundation, scaffolding, or window dressing? *Health Policy*, 89: 58–71.
- Grunwald, A. (2004). The normative basis of (health) technology assessment and the role of ethical expertise. *Poiesis & Praxis*, 2(2), 175-193.
- Hamric, A.B., & Blackhall, L.J. (2007). Nurse-physician perspectives on the care of dying patients in intensive care units: Collaboration, moral distress, and ethical climate. *Critical Care Med*, 35(2), 422-429.
- Harrigan, M.L. (2010). *Alzheimer's Society of Canada: Older adult abuse and dementia: A literature review*. Vancouver, British Columbia: Alzheimer's Society of BC.
- Harris, I., Jennings, R. C., Pullinger, D., Rogerson, S., Duquenois, P. (2011). Ethical assessment of new technologies: a meta-methodology. *Journal of Information, Communication & Ethics in Society*, 9(1), 49-64.
- Henshall, C., Schuller, T., (2013). Health technology assessment, value-based decision making, and innovation. *International Journal of Technology Assessment in Health Care*, 29(3), 1-7.
- Hensel, B. K., Demiris, G., & Courtney, K. L. (2006). Defining obtrusiveness in home telehealth technologies: A conceptual framework. *Journal of the American Medical Informatics Association: JAMIA*, 13(4), 428-431.
- Heyland, D.K., Cook, D., Rucker, G., Dodek, P., Kutsogiannis, D.J., Skrobik, Y. et al. (2010). Defining priorities for improving end-of-life care in Canada. *Canadian Medical Association Journal*, 182(16), E747-752.
- Hofmann, B. (2005). Toward a procedure for integrating moral issues in health technology assessment. *International Journal of Technology Assessment in Health Care*, 21(3), 312-318.
- Kenny N.P. & Giacomini, M. (2005). Wanted: A new ethics field for health policy analysis. *Health Care Analysis*, 13(4): 247-259.
- Kenny, N.P. & Joffres, C. (2008). An ethical analysis of international health priority setting". *Health Care Analysis*, 16(3).
- Kerstein, S. J., & Bogner, G. (2010). Complete lives in the balance. *The American Journal of Bioethics : AJOB*, 10(4), 37-45.
- Lehoux, P., Williams-Jones, B. (2007). Mapping the integration of social and ethical issues in health technology assessment. *International Journal of Technology Assessment in Health Care*, 23(1), 9-16.
- Levine, M. A., Wynia, M. K., Schyve, P. M., Teagarden, J. R., Fleming, D. A., Donohue, S. K., Anderson, R. T., Sabin, J., Emanuel, E. J. (2007). Improving access to health care: A consensus ethical framework to guide proposals for reform. *Hastings Center Report*, 37(5), 14-14.
- Littlejohns, P., Yeung, K., Clark, S., Weale, A. (2012). A proposal for a new social values research program and policy network. *Journal of Health Organization and Management*, 26(3), 407-421.
- Lorenz, K. A. et al. (2008) Evidence for improving palliative care at the end of life: A systematic review. *Annals of Internal Medicine*, 148 (2).
- Mitton, C., Peacock, S., Storch, J., Smith, N., & Cornelissen, E. (2011). Moral distress among health system managers: Exploratory research in two British Columbia health authorities. *Health Care Anal*, 19,107–121.

- Musto, L., Rodney, P., & Vanderheide, R. (2014). Moving toward interventions to address moral distress: Navigating the reciprocity of structure and agency. *Nursing Ethics*, 1-12. (Published online 10 June 2014 DOI: 10.1177/0969733014534879)
- Noorani, H. Z., Husereau, D. R., Boudreau, R. (2007). Priority setting for health technology assessments: A systematic review of current practical approaches. *International Journal of Technology Assessment in Health Care*, 23(3), 310-315.
- Penning, M.J. & Votova, K. (2009). Aging, health, and health care: From hospital and residential care to home and community care. In B.S. Bolaria & H. Dickinson (Eds.), *Health, illness, and health care in Canada* (4th ed.; pp. 349-366). Toronto, ONT: Nelson Education.
- Persad, G., Wertheimer, A., & Emanuel, E. J. (2009). Principles for allocation of scarce medical interventions. *The Lancet*, 373(9661), 423-431.
- Potter, B. K., Avar, D., Graham, I. D., Entwistle, V. A., Caulfield, T. A., Chakraborty, P., Kennedy, C., McGuire, M., Griener, G. G., Montgomery, M., Wells, G. A., Wilson, B. J. (2008). Guidance for considering ethical, legal, and social issues in health technology assessment: Application to genetic screening. *International Journal of Technology Assessment in Health Care*, 24(4), 412-422.
- Robinson, C.A. (2011). Advance care planning: Re-visioning our ethical approach. *Canadian Journal of Nursing Research* 43(2), 18-37.
- Rogers, W.A. (2004). Evidence based medicine and justice: A framework for looking at the impact of EBM upon vulnerable or disadvantaged groups. *J Med Ethics*. 30, 141–145.
- Rorty, R. (1999). *Philosophy and social hope*. London: Penguin Books.
- Rodney, P., d'Agincourt-Canning, L., McPherson, G., Anderson, J., McDonald, M., Pauly, B., Burgess, M., & Phillips, J.C. (2013). Working within the landscape: Ethics in practice. In Storch, J., Rodney, P., & Starzomski, R. (Eds.) *Toward a moral horizon: Nursing ethics for leadership and practice* (2nd ed.; pp. 254-281). Toronto: Pearson-Prentice Hall.
- Rodney, P., Harrigan, M.L, Jiwani. B., Burgess, M., & Phillips, J.C. (2013). A further landscape: Ethics in health care organizations and health/health care policy. In Storch, J., Rodney, P., & Starzomski, R. (Eds.) *Toward a moral horizon: Nursing ethics for leadership and practice* (2nd ed.; pp. 358-383). Toronto: Pearson-Prentice Hall.
- Saarni, S. I., Braunack-Mayer, A., Hofmann, B., Van der Wilt, G. J. (2011). Different methods for ethical analysis in health technology assessment: An empirical study. *International Journal of Technology Assessment in Health Care*, 27(4), 305-312.
- Saarni, S. I., Hofmann, B., Lampe, K., Lühmann, D., Mäkelä, M., Velasco-Garrido, M., Autti-Rämo, I. (2008). Ethical analysis to improve decision-making on health technologies. *Bulletin of the World Health Organization*, 86(8), 617-623.
- Sacchini, D., Viridis, A., Refolo, P., Pennacchini, M., & de Paula, I. C. (2009). Health technology assessment (HTA): Ethical aspects. *Medicine, Health Care, and Philosophy*, 12(4), 453-457.
- Sade, R. M. (2011). *Ethical issues in cardiothoracic surgery for the elderly*. (pp. 89-103). New York, NY: Springer New York.
- Sherwin, S. (2011). Looking backwards, looking forward: Hopes for bioethics' next twenty-five years. *Bioethics* 25 (2), 75-82.

- Stajduhar, K.I. (2011). Discourse: Chronic illness, palliative care, and the problematic nature of dying. *Canadian Journal of Nursing Research, 43*(3), 7-15.
- Suhonen, R., Stolt, M., Launis, V., & Leino-Kilpi, H. (2010). Research on ethics in nursing care for older people: A literature review. *Nursing Ethics, 17*(3), 337-352.
- Suhonen, R., Stolt, M., Marja-Liisa Gustafsson, M.L., Katajisto, J., & Andreas Charalambous, A. (2013). The associations among the ethical climate, the professional practice environment and individualized care in care settings for older people. *Journal of Advanced Nursing, 70* (6), 1356–1368. (DOI: 10.1111/jan.12297)
- Tait, C. L. (2008). Ethical programming: Towards a Community-centred approach to mental health and addiction programming in Aboriginal communities. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health 6* (1), 29-60.
- Tannahill, A. (2008). Beyond evidence-to ethics: A decision-making framework for health promotion, public health and health improvement. *Health Promotion International, 23*(4), 380-390.
- Tantivess, S., Pérez Velasco, R., Yothasamut, J., Mohara, A., Limprayoonyong, H., Teerawattananon, Y. (2012). Efficiency or equity: Value judgments in coverage decisions in Thailand. *Journal of Health Organization and Management, 26*(3), 331-342.
- TVN (formerly Tech Value Net) (2011). *Tech Value Net: Better Healthcare for an Aging Population: Book One: Proposal: Competition for New Networks*. (Funding proposal submitted to Government of Canada Networks of Centres of Excellence Program). Kingston: Authors.
- Tony, M., Wagner, M., Khoury, H., Rindress, D., Papastavros, T., Oh, P., Goetghebeur, M. M. (2011). Bridging health technology assessment (HTA) with multicriteria decision analyses (MCDA): field testing of the EVIDEM framework for coverage decisions by a public payer in Canada. *BMC Health Services Research, 11*(1), 329.
- Van der Dam, S., Abma, T. A., Kardol, M. J. M., & Widdershoven, G. A. M. (2012). "Here's my dilemma". Moral case deliberation as a platform for discussing everyday ethics in elderly care. *Health Care Analysis: HCA: Journal of Health Philosophy and Policy, 20*(3), 250.
- Van der Wilt, G. J., Reuzel, R., Banta, H. D. (2000). The ethics of assessing health technologies. *Theoretical Medicine and Bioethics, 21*(1), 103-115.
- Vawter, D. E., Garrett, J. E., Gervais, K. G., Prehn, A. W., & DeBruin, D. A. (2010). Dueling ethical frameworks for allocating health resources. *The American Journal of Bioethics : AJOB, 10*(4), 54-56.
- Wiskow, C., Albrecht, T., & de Pietro, C. (2010). *Policy brief 15: How to create an attractive and supportive environment for health professionals*. Copenhagen DK: World Health Organization.
- Youngkong, S., Tromp, N., & Chitama, D. (2011). The EVIDEM framework and its usefulness for priority setting across a broad range of health interventions. *Cost Effectiveness and Resource Allocation : C/E, 9*(1), 8-8.



TVN is supported by the Government of Canada through the Networks of Centres of Excellence (NCE) program.  
™ Trademark of Technology Evaluation in the Elderly Network (TVN). © TVN, 2013-14. Released 2014 11 21.