

A structured approach to case consultation

1. What are the relevant clinical and other facts (e.g. family dynamics, GP support availability)?
2. What would constitute an appropriate decision-making process?
 - Who is to be held responsible?
 - When does the decision have to be made?
 - Who should be involved?
 - What are the procedural rules e.g. confidentiality?
3. List the available options
4. What are the morally significant features of each option e.g.
 - What does the patient want to happen?
 - Is the patient competent?
 - If the patient is not competent, what is in his or her 'best interests'?
 - What are the foreseeable consequences of each option?
5. What does the law / guidance say about each of these options?
6. For each realistic option, identify the moral arguments in favour and against.
7. Choose an option based on your judgment of the relative merits of these arguments using the following tools.
 - Are there any key terms the meaning of which need to be agreed e.g. 'best interest', 'person'?
 - Are the arguments valid?
 - Consider the foreseeable consequences (local and more broad)
 - Do the options 'respect persons'?
 - What would be the implications of this decision applied as a general rule?
 - How does this case compare with other cases?
8. Identify the strongest counter-argument to the option you have chosen.
9. Can you rebut this argument? What are your reasons?
10. Make a decision
11. Review this decision in the light of what actually happens, and learn from it.

Taken from: A practical guide for clinical ethics support
Section C: Ethical Frameworks, a practical clinical ethics framework that may be useful for a clinical ethics committee to work through in discussion of a case.