

# NORTHERN HEALTH INTEGRATED ETHICS FRAMEWORK



2014-Oct-22

## Overview Document

Northern Health uses an integrated ethics approach when working through ethical issues, addressing conflicts of interest, and in decision-making. This document provides an overview of the codes of conduct, guidelines, policies, principles, resources, and values statements available to direct ethical behaviour and guide decision-making for all persons associated with Northern Health.

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## Northern Health Integrated Ethics Framework

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# Northern Health Integrated Ethics Framework

## OVERVIEW DOCUMENT

### I. INTEGRATED ETHICS

#### A. Defined

In a health care setting ethics can be viewed narrowly as only covering the domain of clinical ethics. In order to remind ourselves that an ethical framework is broader than just clinical ethics, which is in keeping with the Accreditation Canada definition of an ethics framework, Northern Health will refer to its ethics framework as an *Integrated Ethics Framework*.

#### B. Integrated Ethics and Quality

The integrated ethics approach links the following domains of ethics with quality improvement and effective resource management:

- Clinical ethics & bioethics
- Organizational ethics & business ethics
- Research ethics

*A central tenet of the Integrated Ethics model is that ethics is integral to quality. A health care provider who fails to meet established ethical standards is not delivering high quality health care. Conversely, a failure to meet minimum quality standards raises ethical concerns. Thus, health care ethics and health care quality cannot be separated". (Fox<sup>1</sup>; p.7)*

Don Berwick, former CEO of the Institute for Healthcare Improvement and author of "Promising Care: How can we rescue health care by improving it?" has this to say about the link between ethics and quality improvement:

*Our professions and its leaders have a deep, ethical duty to improve health care in all of its dimensions. Here are the principles we should embrace:*

- 1. Professionals have an affirmative, ever-present duty to participate in and, when possible, lead the improvement of the systems of care in which they work.*
- 2. Health care leaders - by which I mean executives, boards, policy makers, and clinical leaders - have an affirmative, ever-present duty to establish contexts in which professionals' adherence to principle number 1 is logical, feasible, and supported.*

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<sup>1</sup> Fox, E. et al. 2010. Integrated ethics: An innovative program to improve ethics quality in health care. *The Innovation Journal: The Public Sector Innovation Journal*, Vol. 15(2), article 8. [http://www.innovation.cc/scholarly-style/fox\\_integrated8ethics\\_8\\_final.pdf](http://www.innovation.cc/scholarly-style/fox_integrated8ethics_8_final.pdf)

3. No excuses for inaction on principles number one and number two are ethically acceptable.
4. The affirmative duty to improve includes improvement in safety, reliability, cost and equity of health care. The continual reduction of waste is an ethical obligation.
5. Those who educate professionals and leaders have an affirmative duty to prepare them for the successful discharge of these responsibilities, including the task of securing knowledge of systems and safety sciences in all who assume these roles. (Berwick<sup>2</sup>; p.234-5)

## II. ACCREDITATION CANADA<sup>3</sup>

### A. Governance

One of Accreditation Canada's high priority processes is *Governance*. Within the Qmentum Program Governance Standards<sup>4</sup> Section 1.3 states:

*The governing body approves, adopts, and follows the ethics framework used by the organization.*

#### **Guidelines**

*An ethics framework provides a standardized approach to working through ethical issues, addressing conflicts of interest, and making decision. The framework can include codes of conduct, guidelines, processes, and values to help guide decision-making.*

*The organization's leaders develop the ethics framework for the organization, but may receive input from the governing body.*

*The governing body's minutes reflect that the ethics framework is used as part of its regular activities.*

Additionally, section 2.6 asks that Directors sign a statement which includes compliance with the organization's ethics framework, and section 3.1 asks that Directors use the ethics framework to guide decision making, including when allocating resources as mentioned in section 8.7.

Ethics is a high priority area, the criteria<sup>5</sup> for which are outlined in the accreditation standards.

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<sup>2</sup> Berwick, Donald M. 2014. *Promising care: How we can rescue health care by improving it*. Jossey-Bass. San Francisco. 267 p.

<sup>3</sup> See the Accreditation page on iPortal at <https://iportal.northernhealth.ca/clinicalresources/QualityofCarePatientSafety/accred/Accreditation%20standards/Forms/AllItems.aspx>

<sup>4</sup> Accreditation Canada. May 15, 2013. *Qmentum Program - Standards - Governance*. Version 8

<sup>5</sup> High priority criteria are criteria related to safety, ethics, risk management, and quality improvement.

## B. Leadership

Similarly, Leadership is also a high priority process. Section 1.0 of the Qmentum Program Leadership Standards<sup>6</sup> states:

*The organization's leaders deliver services and make decisions according to the organization's values and ethics.*

And, Section 1.4 states:

*The organization's leaders develop and implement an ethics framework to support ethical practice.*

### **Guidelines**

*An ethics framework provides a standardized approach to working through ethics making decisions. The framework can include codes of conduct, guidelines, processes, and values to help guide decision making. Having an ethics framework helps promote ethical behaviour and practices throughout the organization and clarifies ethical issues when they arise. The ethics framework may address issues related to organizational ethics, business ethics, research ethics, clinical ethics, and bioethics, as applicable. Ethical behaviour includes, but is not limited to, maintaining confidentiality; protecting and properly using the organization's assets; and complying with laws, rules and regulations.*

*The organization's leaders develop the ethics framework for the organization, but may receive input from the governing body.*

## III. ETHICAL DOMAINS

### A. Clinical Ethics & Bioethics

The Northern Health Ethics structure is shown in Appendix 1.

- a) The Northern Health Ethics Committee draws its membership from the three HSDA Ethics sub-committees and serves to:
  1. Providing consultation and support regarding ethical dilemmas to the Board, staff and physicians, and to patients and their families.
  2. Coordinating and standardizing processes within the overall ethics committee structure.

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<sup>6</sup> Accreditation Canada. April 22, 2013. *Qmentum Program - Standards - Leadership*. Version 8

3. Providing ethics related knowledge and education to staff, medical staff and the public served by Northern Health.
4. Applying an ethical lens to policies, directives and practices.

The HSDA Ethics sub-committees draw their membership from physicians, nurses, clergy, administrators, dieticians, pharmacists, social workers, allied health workers and other interested members of the community. The sub-committees also have access to the Provincial Ethics Group<sup>7</sup> and professional ethicists.

New members have access to the Ethics Committee orientation manual<sup>8</sup>.

- b) The activities of the NH Ethics Committee are reported to the Board through the Performance, Planning & Priorities (3P) Committee, to the CEO through the Executive Committee and to the medical staff through the NH Medical Advisory Committee.

Similarly, the activities of the HSDA Ethics Committees are reported to the Chief Operating Officers and to the medical staff through the HSDA Medical Advisory Committees.

- c) The HSDA Ethics Committees conduct confidential case consultations in response to requests from staff, physicians and patients. Case consultations follow [DST 2-2-1-030-G Framework for Ethical Decision-Making](#). The five ethical principles central to the case consultation process are: autonomy, non-maleficence, beneficence, justice and fidelity. (see Appendix 2 for more detail).

The Ethics Committees are advisory only; they assume no decision making role. It is the responsibility of care givers and the care team to make decisions in relation to treatment and care. The recommendations of ethics consultations are documented and copies are provided for inclusion in the patient record.

Requests for case consultations can<sup>9</sup> be made on-line through a secure encrypted website at <http://northernhealth.ca/OurServices/EthicalChoices/EthicsForm.aspx>

- d) Ethics resources are available to staff members and physicians through the NH intranet site at <https://ournh.northernhealth.ca/AboutNH/Pages/Ethics.aspx>

- Articles of interest
- Ethics learning package
- Learning documents
- OurNH newsletter items
- Policies & procedures
- PowerPoint presentations

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<sup>7</sup> Provincial Forum for Clinical Ethics Support and Coordination

<sup>8</sup> See

<http://portal.northernhealth.ca/clinicalresources/QualityofCarePatientSafety/ethics/Shared%20Documents/NH%20Ethics%20Committee%20Orientation%20Manual%20Table%20of%20Contents.pdf>

<sup>9</sup> Since February 2014



- e) Brochures and posters describing and promoting the Ethics Committee are available all sites. Additional copies can be ordered directly from Docusource. (see Appendix 3)
- f) The Ethics Committee can be contacted during business hours by:
  - Email: [Ethics@northernhealth.ca](mailto:Ethics@northernhealth.ca)
  - Phone: 1-888-233-7005
- g) A 30-minute webinar presentation is posted on the [Ethics iPortal site](#).
- h) Ethics Committee members are available to present to staff and management teams upon request. Contact the Ethics Committee by email or phone as listed in (f) above.

## B. Organizational & Business Ethics

### 1. Governance

- a. Directors to the Board of Northern Health are appointed by the Minister of Health on the recommendation of the Board and the Board Resourcing and Development Office (BRDO). In the selection process the BRDO Appointment Guidelines require the following attributes of candidates (partial list shown)<sup>10</sup>:

#### *Personal Attributes*

*In the recruitment process, close attention should be paid to the behaviour and personal attributes of potential directors. This is a critical factor in building an effective board. It is also important to ascertain the candidate's commitment to corporate governance and understanding of the responsibilities of modern-day directors.*

*All persons appointed to organizations in British Columbia should possess the following personal attributes:*

- *high ethical standards and integrity in professional and personal dealings;*
- *good judgment;*
- *appreciation of the responsibilities to the public;*
- *no direct or indirect conflict of interest with the director's responsibility to the organization*

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<sup>10</sup> See [http://www.fin.gov.bc.ca/brdo/appoint/AppointmentGuidelines\\_PublicAgencies.pdf](http://www.fin.gov.bc.ca/brdo/appoint/AppointmentGuidelines_PublicAgencies.pdf)

- b. Board policy<sup>11</sup> BRD210 - Code of Conduct and Conflict of Interest Guidelines for Directors states:

*The Board of Directors of Northern Health (the “Board”) is committed to developing and maintaining a reputation for Northern Health as an ethical organization.*

*The fundamental relationship between each Director and Northern Health must be one of trust; essential to trust is a commitment to honesty and integrity. Ethical conduct within this relationship imposes certain obligations.*

- 1. Directors are expected to use their best efforts to ensure that consideration is given to legal and/or statutory components of any decision taken by the Board. If in doubt, Directors are expected to ask for clarification.*
- 2. No Director shall commit or condone an unethical or illegal act or instruct another Director, employee, or supplier to do so.*
- 3. Directors have a responsibility to have some familiarity with the regulatory regime in which Northern Health operates. They are expected to recognize potential liabilities and to know when to seek legal advice. If in doubt, Directors are expected to ask for clarification.*

*Northern Health is continually under public scrutiny. Therefore, Directors must not only comply fully with the law, but must also avoid any situation which could be perceived as improper or indicate a casual attitude towards compliance.*

Directors sign a *Director Declaration Form* annually acknowledging that they have read, considered and understood the policy and they also provide a written listing of any real or perceived conflicts of interest.

These principles are also included in Board policy BRD140 - Terms of Reference for a Director.

Each Board and Board Committee agenda has as its first agenda item a request from the Chair for Directors to disclose any conflicts of interest they may have with any of the agenda items.

- c. Board policy BRD260 - Corporate Conduct states:

*The Board of Directors of Northern Health (the “Board”) is committed to exemplary standards of corporate conduct, which will inform and guide organizational behaviour and standards of practice. It holds that only by a consistent focus on this goal, and through consistent modelling of expected behaviour by the Board and management, can the organization earn and maintain the trust of those whom it serves.*

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<sup>11</sup> All Board Policies are posted on Northern Health’s external website at:  
<http://northernhealth.ca/AboutUs/NorthernHealthLeaders/NHBoardPoliciesandBestPractices.aspx>

*To this end the Board must establish clear policy objectives for its own conduct, and must also ensure that management, through the President and Chief Executive Officer (the “CEO”), develops, implements and enforces practical, well defined Decision Support Tools (DSTs) for the organization as a whole so that individuals may have clear direction in the discharge of their individual roles and understand their own personal obligation to report known or suspected violations.*

The policy also lists the Board’s expectations of management and lists tests of compliance. Management reports annually to the Board on the effectiveness of this policy.

- d. The BC Provincial Government issued *Taxpayer Accountability Principles: Strengthening Public Sector Governance and Accountability* in June 2014. It states<sup>12</sup>:

*Provincial public sector organizations in B.C. will operate under new taxpayer accountability principles that strengthen accountability, promote cost control, and ensure the corporations operate in the best interest of taxpayers. The new Taxpayer Accountability Principles will be enshrined into the operation of provincial public sector entities:*

- *cost consciousness*
- *accountability*
- *appropriate compensation*
- *service*
- *respect*
- *integrity—including a requirement to establish a strong ethical code of conduct for all employees and executives.*

The taxpayer accountability principles are consistent with Northern Health’s governance and administration policies and procedures and integrated ethics framework and supported by the Board of Directors of Northern Health.

- e. The BC Provincial Government issued *Standards of Conduct Guidelines for the B.C. Public Sector* in July 2014. It states<sup>13</sup>:

*Integrity is a core value of the B.C. public sector. It is a fundamental principle that all public sector entities are accountable for their actions, and ensure they demonstrate integrity in their behaviour and general conduct of business, and that they act in an honest and ethical manner at all times. Public sector*

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<sup>12</sup> See Appendix 4 for an excerpt from the document listing the taxpayer accountability principles

<sup>13</sup> The full document is available online at <http://www.newsroom.gov.bc.ca/downloads/SOC%20FINAL%20July%2010.pdf> (Accessed 2014-09-18)

*entities must ensure the decisions they make reflect the priorities and values of government and their shareholders—the citizens of B.C.*

*Each public sector entity will develop its own code of ethics/standards of conduct to set out certain principles and standards of conduct that all personnel are expected to follow in their day-to-day dealings with customers, suppliers, fellow employees, investors, governmental agencies, other stakeholders, competitors, and with the communities in which their organization does business.*

The Board of Directors has endorsed the Standards of Conduct Guidelines<sup>14</sup> for Northern Health.

## 2. Management

The Board, staff and physicians have guidance on ethical behaviour through other means, all of which have a long history of development, implementation and practice.

- a. Board policy BRD100 - Mission, Vision and Values outlines the values by which the organization operates through its Board, management, staff, volunteers and physicians:

### VALUES

#### WE TREAT PEOPLE WITH:

- *Respect: honouring diversity and treating people fairly*
- *Compassion: caring genuinely*
- *Empathy: understanding and earning trust*

#### WE DEMONSTRATE:

- *Integrity: ensuring open, honest, ethical behaviour*
- *Stewardship: showing transparent, responsible and effective use of resources*
- *Quality: providing exceptional service guided by evidence*

#### WE WORK IN A SPIRIT OF:

- *Collaboration: working together to better serve the people of Northern BC*
- *Innovation: learning and finding better ways to deliver health care*

- b. Board policy BRD130 - Terms of Reference for the President and CEO states:

One of the general duties and responsibilities of the CEO as required by the Board is:

*[To foster] a corporate culture that promotes ethical practices, respect in the workplace, individual integrity, and social responsibility.*

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<sup>14</sup> Approved in principle at the 2014-10-22 Board Meeting and forwarded to PSEC for review

Additionally, in Board policy BRD230 - Executive Limitations the CEO  
*... shall not knowingly cause or allow any organizational practice to occur,  
which violates legislation, commonly accepted business standards, or  
professional ethics ...*

c. Codes of Conduct

- Professional Standards and Codes of Conduct from the Colleges of the regulated health professions<sup>15</sup> e.g. CRNBC, College of Physicians & Surgeons etc.
- Unregulated health professions have Codes of Conduct e.g. Canadian Society for Medical Laboratory Science
- Other professions also have Codes of Conduct for their members e.g. Chartered Professional Accountants
- Standards of Conduct Guidelines for Northern Health

d. Legislation<sup>16</sup> e.g. Health Authorities Act, Freedom of Information & Protection of Privacy, The Human Rights Code etc.

e. Administrative policies<sup>17</sup> are available to all staff through the Our NH intranet site e.g.:

- Confidentiality
- Conflict of Interest
- Safe reporting (whistleblower protection)
- Theft, fraud & corruption policies
- Computer and Internet use policies
- Respect in the workplace (RITW)

f. The organization has adopted the PBMA (Program Budget Marginal Analysis) approach when considering the allocation (investment) of new resources and when considering spending reductions (disinvestments). The ranking worksheets apply an ethical lens by rating proposals against a set of weighted criteria that consider:

1. The patient's perspective in terms of delivering seamless transitions of care that are smooth and efficient
2. The impact of timeliness or availability of services to defined/affected populations
3. System stability and sustainability
4. The unique cultural values and beliefs of the client/patient considered in the delivery of services
5. Impact on staff and staff engagement

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<sup>15</sup> There are 26 regulated health professions in BC. See <http://www.health.gov.bc.ca/professional-regulation/> for more information and links to all Colleges.

<sup>16</sup> The Board of Directors reviews organizational compliance with legislation at each of its Board meetings. As of October 2014, 25 pieces of legislation have been reviewed.

<sup>17</sup> See <https://ournh.northernhealth.ca/PoliciesProcedures/Pages/DST-Admin.aspx> and follow the links

6. Documented concerns and/or identified risks, and risk/harm reduction
7. Cost effectiveness and optimal use of resources

The more any of these criteria can be demonstrated the higher it is scored.

- g. Northern Health has adopted an Integrated Risk Management (IRM) Framework to ascertain, mitigate and monitor organizational risks. Risks are classified into one of 15 global risk areas, one of which is Ethics and Code of Conduct. Through the IRM process the Board, Executive and senior management are regularly exposed to and have conversations about this important risk area.
- h. Everyone associated with Northern Health is also bound by and expected to comply with common law, the Criminal Code of Canada and the laws of British Columbia.

## C. Research Ethics

Research review is also part of the Integrated Ethics Framework. Northern Health policy requires that all research conducted within or for Northern Health must be reviewed and approved by the Northern Health Research Review Committee (RRC) prior to commencement of research activities. All research applications require operational approval by the department(s) and/or site(s) where the research will be carried out. The RRC facilitates and guides the ethical conduct of health research in Northern BC. It is an arm's length office accountable to the 3P Committee of the Board. Research review adheres to the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans and the Freedom of Information and Protection of Privacy Act. .

Further information may be obtained at:

The Northern Health *Research Ethics - NH Research Review Committee* home page

<http://northernhealth.ca/YourHealth/ResearchandEvaluation/ResearchEthicsNHResearchReviewCommittee.aspx>

The Northern Health *Research and Evaluation* home page

<http://www.northernhealth.ca/YourHealth/ResearchandEvaluation.aspx>

The Northern Health *Innovation & Development Commons* home page

<https://idc.northernhealth.ca/kx/default.aspx>

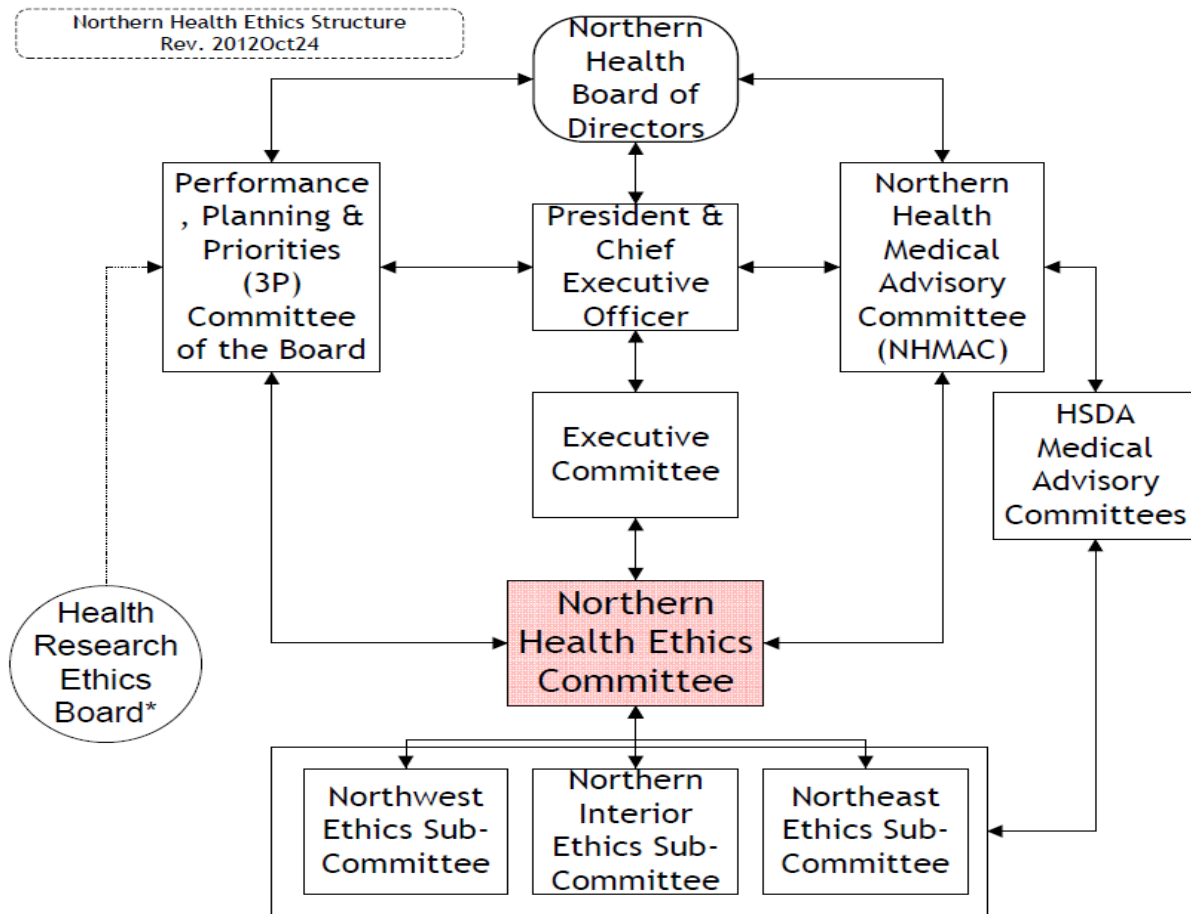
The UNBC *Research* home page

<http://www.unbc.ca/research>

The TCPS2 - Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans

<http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/Default/>

## Appendix 1 - Northern Health Ethics Committee Structure



## Appendix 2 - Ethical Principles<sup>18</sup>

These are principles that are followed in the Northern Health's Framework for Ethical Decision-Making.

### Autonomy:

Would we be exploiting persons, treating them paternalistically, or otherwise affecting them without obtaining informed consent? Have promises been made?

### Nonmaleficence:

Will this harm patients, caregivers, or members of the general public?

### Beneficence:

Is this an occasion to do good to persons? Remember that good occurs when preventing or removing harms.

### Justice:

Are we treating patients/clients/ family members fairly? Are fair procedures being utilized? Are we respecting morally significant rights and entitlements?

### Fidelity:

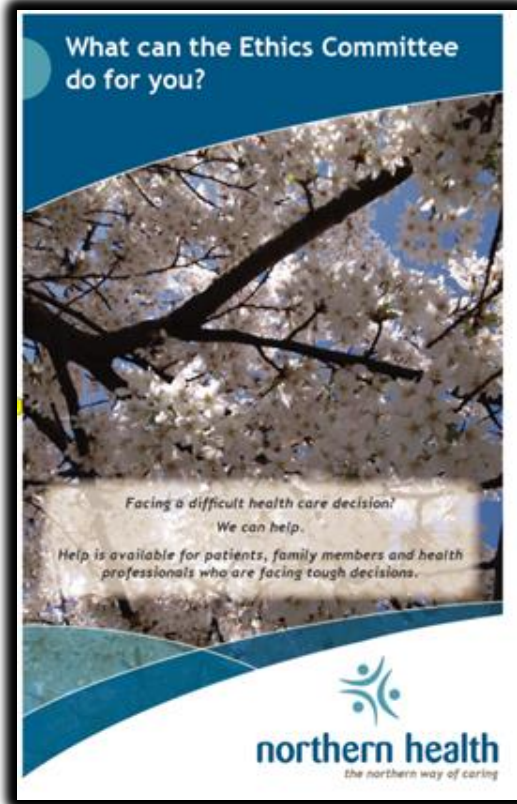
Are staff members being faithful to institutional and professional roles? Are staff members living up to the trust relationships with the parties?

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<sup>18</sup> From DST 2-2-1-030-G - Framework for Ethical Decision-Making



## Appendix 3 - Ethics Brochures and Posters



Brochure: <http://docushare.northernhealth.ca/docushare/dsweb/Get/Document-83138/>

Poster: <http://docushare.northernhealth.ca/docushare/dsweb/Get/Document-127914/10-300-6167.pdf>

## Appendix 4 - Taxpayer Accountability Principles

Taxpayer accountability principles	
<b>1 Cost consciousness (Efficiency)</b>	Strengthen cost management capabilities and foster a culture of cost-consciousness at all levels of public sector organizations. Provide public services and programs as efficiently and effectively as possible to “bend the cost curve” and support sustainable public policies and programs as a lasting legacy for generations to come.
<b>2 Accountability</b>	Transparently manage responsibilities according to a set of common public sector principles in the best interest of the citizens of the province. By enhancing organizational efficiency and effectiveness in the planning, reporting and decision making, public sector organizations will ensure actions are aligned with government’s strategic mandate.
<b>3 Appropriate Compensation</b>	Comply with a rigorous, standardized approach to performance management and employee compensation, which reflects appropriate compensation for work across the public sector that is consistent with government’s taxpayer accountability principles and respectful of the taxpayer.
<b>4 Service</b>	Maintain a clear focus on positive outcomes for citizens of British Columbia by delivering cost-efficient, effective, value-for-money public services and programs.
<b>5 Respect</b>	Engage in equitable, compassionate, respectful and effective communications that ensure all parties are properly informed or consulted on actions, decisions and public communications in a timely manner. Proactively collaborate in a spirit of partnership that respects the use of taxpayers’ monies.
<b>6 Integrity</b>	Make decisions and take actions that are transparent, ethical and free from conflict of interest. Require the establishment of a strong ethical code of conduct for all employees and executives. Serve the citizens of British Columbia by respecting the shared public trust and acting in accordance with the taxpayer accountability principles.

Full document available online at:

[http://www2.gov.bc.ca/assets/gov/topic/FB2FBD12F48B66D4EAD8FDED9E739C96/caro/taxpayer\\_accountability\\_principles.pdf](http://www2.gov.bc.ca/assets/gov/topic/FB2FBD12F48B66D4EAD8FDED9E739C96/caro/taxpayer_accountability_principles.pdf)

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## UPDATES

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