“Specialist Palliative and Older Person Care”

Our Mission, Philosophy & Ethical Code

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(representing staff in all departments)
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1. INTRODUCTION

Our Mission, Philosophy & Ethical Code is approved by The Board Of Directors of Marymount University Hospital & Hospice Ltd. to be the cornerstone of our collective work at Marymount, applying to board members, staff, volunteers and fundraisers who act on behalf of our service.

In this document, our philosophy is described by means of our mission and core values which form the basis and guide for what we do, why we do it and how we do it. Our ethical code provides guidelines or ethical standards which are rooted in our philosophy.

A Mission Committee reporting to the Board Of Directors is tasked with ensuring that our Mission, Philosophy & Ethical Code informs day-to-day practice and guides our strategies and decisions. This committee also has access to the Religious Sisters of Charity Healthcare Ethics Committee for advice and to the Clinical Research Ethical Committee of Cork Teaching Hospitals (CREC).
2. OUR MISSION & PHILOSOPHY

Specialist Palliative And Older Person Care
Marymount is an independent, voluntary, teaching hospital and hospice governed by a Board Of Directors in order to provide exceptional care for the dependent older person and for those with life limiting illness.

The service owes its origin to a Cork-born physician, Dr. Patrick Murphy, who was alerted (by his own work) to the care needs of the sick and poor of his community in the nineteenth century. He entrusted much of his estate after death to the Religious Sisters of Charity (RSC) to build a hospital to care for those who were unable to be cared for at home. Thus, as far back as 1870, our caring for our community commenced.

The original hospital was built on a beautiful site on the north side of the city. When Dr. Murphy’s estate proved to be inadequate to finish the hospital, it fell to the community of Cork to provide the necessary materials and trades to complete the project, which they did readily. This community support for us, in turn, has prevailed to the present day. Along with state funding, it has enabled our service to be transferred to the new modern facility at Curraheen.

Marymount’s tradition is a proud one. At the same time, our progressive outlook inspires us on an ongoing basis to strive for excellence in specialist palliative and older person care.

Mission Statement
In providing excellent care, we cherish the uniqueness and dignity of each person, showing compassion and respect. We strive for quality and integrity in all we do.
**Excellent Care**

What do we mean, then, by *excellent care*? Excellent care is pastoral, competent, person centred, ethical and environmental in its approach. And it demonstrates our core values. Let us look at each of these aspects in turn.

- **pastoral**

Our service is proud of the enduring religious faith and spirit of the people who engaged in its long history of care. We are faithful to the ideals of our founders, the Religious Sisters Of Charity (RSC) who initiated that tradition.

We cherish our deep roots in the vision of Mother Mary Aikenhead who started the RSC. At its best, the Catholic tradition of our service has been universal in welcome and outreach.

Since the Religious Sisters Of Charity have transferred governance to our Board Of Directors, our service continues to try and live by gospel values as expressed in this document. At the same time we know and respect that many of our patients, residents, staff, and volunteers may be of different religious affiliation or none. We value our independence in continuously developing our approach in line with the needs of a changing society and in continuing to develop our expression of pastoral care.

The community we serve has become more diverse in terms of its religious, spiritual and cultural expression. In this context, we are faithful to the following ideals:

- We respect the sacredness of human life. We believe that everyone has a fundamental right to appropriate, safe and quality health care as a right.
• This is regardless of gender, marital status, family status, age, disability, race, sexual orientation, religious belief or ethnic community. This belief applies to patients, residents, families, staff, visitors and all stakeholders.

• We continue to have a special duty towards the poor and the vulnerable

• We continue in as far as practicable to offer interdenominational chaplaincy and pastoral care including places of worship and reflection that are appropriate to all patients’ individual faith, spiritual needs or search for meaning, where expressed.

• We tangibly celebrate and develop the best of our heritage as evidenced by our Annual Foundation Day Celebration, the naming of our St Patrick’s Oratory and the dedication of the teaching facilities (named the Mary Aikenhead Education Centre) in Marymount to the memory of the foundress of the RSC.

- **competent**

We aspire to clinical excellence, consultant led and provided by a multi-disciplinary care team, enabled by effective management, administration and general services and facilities. We believe in the need for ongoing development, education, research and cooperation among stakeholders in order to achieve a high standard of quality care in our care.

The hospital will lead where standards can be improved, and keep pace with national and international best practice. Our competencies must always include professional knowledge, impeccable clinical skills, patient focus and commitment to quality. We aspire to give leadership in our health care services and to lead in the development of world class standards. We support co-operation and collaboration with external agencies towards our care goals.
- **person centred**
Person centred care asserts the inherent dignity of the whole person in his or her physical, emotional, social, cognitive and spiritual aspects and knows that care for wellbeing cannot be confined to one of those aspects without reference to the others. Person centred care also means actively supporting and reaching out to families and friends of those entrusted to our care.

Person centred care also holds that good relational contact is therapeutic. This suggests a level of compassionate presence to the patient on behalf of the carer, with care being provided in a relaxed unhurried manner. Such contact requires self care and self development on the part of the carer. Marymount will seek to support our staff in this endeavour in order to provide the best possible care for patients and for their loved ones. This support will include regular one-to-one staff reviews, clinical supervision and other employment assistance and staff wellbeing initiatives.

- **ethical**
Ethical care asserts that it is necessary to try and see the world as each patient does in order to best understand their care needs. It values and advocates for the patient’s choice and agency in agreeing individual care plans. It advocates fairness and justice for the patient in terms of accessing the resources needed for their care.

Ethical care asserts that any procedure must always be provided with the intention of doing good for the patient in a competent way and with consideration of the person’s individual circumstances. Procedures should never intentionally harm the patient.

Ethical care asserts that where mistakes or misdemeanours occur in Marymount, appropriate steps are taken to investigate root causes with the right people, appropriate responsibility is accepted and appropriate remedial actions or preventative measures are
undertaken, in a timely & fair manner, with due regard to principles of natural justice.

Marymount will promote learning and research to continuously develop the competence of our staff in providing ethical care.

- **environmental**
  Care of our patients requires care of their environment. Our facilities, general services and environs will reflect the same high standards as our clinical care. Our service will also be proactive in demonstrating environmentally friendly practices where practical (e.g. reduction, reuse, recycling, reinvention)

- **demonstrates our core values**
  In summary, the core values of our service are:

  **Respect:** due regard for another’s feelings, wishes, or rights.
  **Compassion:** empathy and concern for the suffering of another.
  **Justice:** fairness and reasonableness of approach with others.
  **Quality:** general excellence of standard of work.
  **Advocacy:** active support of the position of another.
3. OUR ETHICAL CODE

Our Ethical Code provides general guidelines which are rooted in a healing and caring practice. They govern and inform our approaches to leadership, general healthcare and palliative care which may arise in our service. This code aims to preserve and promote those ethical standards which are essential to the delivery of healthcare with a patient-centred orientation.

The application of these guidelines to the particular case is a matter for the responsibility and judgement of the Marymount stakeholder who must take into account all relevant factors in the situation.

3.1 Approach To Leadership

**Guideline 3.1.1: Governance & leadership** To govern and lead our hospital in line with our Philosophy & Ethical Code, and also in line with good governance code, statutory law, quality authority requirement and state regulation. To bring to the Marymount Board’s attention any situation where these responsibilities are at odds so that a way forward can be found through consideration and discussion. To have a Board Member of suitable calibre and qualification lead the Mission Committee on its behalf to oversee the implementation of our Philosophy & Ethical Code throughout our Service. There is also a duty to ensure that ethical guidelines are established for fundraising and financial governance using national guidelines.

**Guideline 3.1.2: Ethical awareness** To ensure that every Marymount employee is responsible for preserving and promoting the ethical understanding and integrity of his or her activity and profession by availing of opportunities for their development. That the Mission Committee provide Mission Effectiveness training to all staff in line with the Marymount Philosophy & Ethical Code, and ensure that
reference to it forms part of service strategies, staff job descriptions and induction programmes.

Guideline 3.1.3: Identity & reputation To uphold the integrity of the brand, identity and reputation of Marymount so as to avoid unnecessary risk. All stakeholders should be educated on the meaning and use of the Marymount brand and identity and do everything in their power to protect its integrity and reputational value.

Guideline 3.1.4: Equitable access to healthcare To recognise and welcome new partnerships and relationships which can forge a responsible stewardship of limited healthcare resources, and which can be opportunities to provide to poor and vulnerable persons a more equitable access to adequate healthcare. As we advocate equitable access to healthcare for everyone, we commit ourselves to seek adequate funding for services from government and other healthcare funding agencies.

Guideline 3.1.5: Respect for the independent identity of voluntary healthcare facilities To conduct our work in line with this Philosophy & Ethical Code without compromise with respect to any partnership of co-operation or source of funding that will affect our healthcare mission, unless the Board Of Directors decide to amend the Philosophy & Ethical Code.

Guideline 3.1.6: People management To ensure that staff and volunteers are afforded enlightened management through the implementation of Human Relations and other policies that reflect the ethos of our Philosophy & Ethical Code. While our service has the care of its users as its primary goal, this cannot be achieved without a similar ethos of care towards the staff who deliver it. We will regularly celebrate and recognise staff work and achievement.
Guideline 3.1.7: Traditions and tolerance To recognise the invaluable contribution made to our health services and organisation by people of different nationalities and religious beliefs (and of none) and to welcome their continued co-operation and support. Key events in our service such as Foundation Day, Services of Remembrance for members of staff and volunteers who have died and other hospital celebrations are marked with liturgical ceremony which may be Eucharistic when appropriate. All our wards are named after Saints and the use of Irish as the first official language of the hospital honours our rich tradition- ‘Is maith an scealai an aimsir.’ We respect the right of each person who does not wish to participate in a religious ceremony and we commit to educating staff to become more culturally and diversity aware so that they can initiate or support patients/families to negotiate rituals or processes that are consistent with their beliefs and values.

Guideline 3.1.8: Community voluntarism To embrace the work and spirit of volunteers, to reinforce links with the wider community, thus enhancing patient and resident care on many levels and reinforcing local contact between patients, residents and others.

3.2 Approach To Healthcare

Guideline 3.2.1: Pastoral care To provide pastoral care to all patients, staff and volunteers on request in order to provide for personal, spiritual, sacramental and religious needs in line with religious affiliation or none.

Guideline 3.2.2: Person-centred care To endeavour at all times to provide person-centred care to all who are cared for in our services. Every person, regardless of their functional or cognitive status, must be afforded all due respect and consideration.

Guideline 3.2.3: Ethical care To endeavour at all times to provide ethical care to all persons who are cared for in our services. The
integral well-being of the patient is the criterion for intervention and must be taken into account when deciding about any therapeutic intervention or use of technology. An intervention is ethically required to the extent that it is likely to confer greater benefits than burdens to patients in our care.

**Guideline 3.2.4: Respect for moral conscience** To respect moral conscience. The moral conscience of each healthcare professional must always be respected. If a person has a conscientious objection to participate in any form of diagnostic or therapeutic treatment or to participate in research, this will be respected. The patient must not experience any harm or suffering as a result of this objection.

**Guideline 3.2.5: Patient-Healthcarer relationship** To commit to individual care planning with the patient that is trustworthy and honest and to openly exchange truthful information that is appropriate for the situation and that is needed for therapeutic care.

**Guideline 3.2.6: Confidentiality** To maintain confidentiality and to respect patient privacy at all times subject to standard limitations as set out by the law.

**Guideline 3.2.7: Consent and adequate information** Patient consent and participation is continuously required in the caring process; patients are entitled to be informed about their condition, the procedures to be adopted, alternate treatment options and the probable effects of treatment options.

Free and informed consent for medical treatment and procedures will normally be obtained in written form. Where the patient does not have the capacity to give consent it will be sought from the patient’s legal guardian except in an emergency situation, when consent cannot be obtained. In this latter circumstance the doctor must act in the best interests of the patient.
Ultimate responsibility for ensuring that the patient or, with the patient’s permission, his/her representative is adequately informed resides with the patient’s lead physician, who shall encourage the members of the healthcare team, each according to his/her role to communicate accurate and appropriate information in a manner which is sensitive to the condition and wishes of the patient or his/her representative.

As appropriate in the circumstances, the patient, or his/her parent or guardian, as the case may be, must be given adequate time and opportunity to make a considered judgement to accept or refuse treatment.

If a patient is unable to give consent and no other person has legal authority to make decisions on the patient’s behalf, the doctor in charge will have to decide what action to take. In making such decision the following should be considered:

- The treatment option which will provide the best clinical benefit for the patient;
- The patient’s previously expressed wishes concerning medical intervention, when known;
- Whether there is likely to be an increase in the patient’s capacity at a later stage;
- The views of other people close to the patient who may be familiar with the patient’s beliefs and values;
- The views of other healthcare professionals involved in the patient’s care.

Guideline 3.2.8: Refusal To recognise and uphold the freedom and responsibility of each patient to refuse treatment when he or she can make a competent decision. If a patient refuses treatment they should be afforded the opportunity to reflect on their reasons for refusal in order to ensure that their refusal is informed and not motivated by fear or duress.
Guideline 3.2.9: Decisions to provide treatment To foster good treatment decisions by conducting consultant led multi-disciplinary team meetings where necessary to share relevant information, making the rationale for treatment decisions transparent, respecting each other’s views and professional expertise, feeling free to express differences of opinion as well as doubts and uncertainties, being open to negotiation and decision review.

Guideline 3.2.10: The need for medical research and consent To allow for the advancement of medical knowledge and the adequate teaching of students, health professionals and/or researchers may require procedures and tests to be carried out on patients, or other persons, which are of no direct benefit to them. The informed and free consent of patients and other persons undergoing such procedures and tests is always required and must be documented. Such consent may be freely withdrawn at any time. The rights of patients must be protected at all times in the research process and the Board Of Directors has overall responsibility for the medico-ethical conduct of such procedures.

Guideline 3.2.11: Donation of tissue from donors To ensure that the obtaining of tissue for diagnostic, therapeutic or research purposes, or organs for donation from living donors should not cause significant harm. All research activity will be conducted with the consent of the Board of Directors, the patient’s consultant and following approval from CREC.

Guideline 3.2.12: Protection of children & vulnerable adults To make the welfare of the child and vulnerable adult paramount, by ensuring that all allegations made by them should be taken seriously and managed in line with best practice. The priority of the hospital is to ensure the safety of children and vulnerable adults and to take protective measures that are proportionate to perceived levels of risk.
3.3 Approach To Palliative Care

Guideline 3.3.1: Care at the end of life To ensure that every person regardless of their functional or cognitive status is afforded all due respect and consideration. This applies to patients availing of Marymount’s services whether as inpatients or managed in the community.

Guideline 3.3.2: The definition of palliative care To understand that Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical and psychosocial and spiritual (WHO, 2002). Palliative care seeks to integrate and address the physical, psychological and spiritual needs of patients and families as they cope with the effects of advanced and progressive disease. The principles of palliative care are:

• To provide relief from pain and other distressing symptoms;
• To affirm life and regards dying as a normal process;
• To intend neither to hasten or postpone death;
• To offer a support system to help patients live as actively as possible until death;
• To offers a support system to help the family cope during the patients illness and in their own bereavement;
• To use a team approach to address the needs of patients and their families including bereavement counselling if indicated;
• To enhance quality of life and to positively influence the course of illness;

Guideline 3.3.3: The aim of treatments / investigations administered in Palliative Care. To make careful and continued assessment of the relative benefits and burdens of the specific treatment or investigation when selecting any treatment or
intervention, whether for diagnostic or therapeutic purposes. This is to ensure that its use is appropriate to the particular needs of each individual patient. Patients should not be subjected to investigations or treatments which are overly burdensome and which are unlikely to contribute positively to the patient’s well-being and quality of life.

**Guideline 3.3.4: The right to prepare for death** To offer support to patients in their preparation for death in keeping with our Philosophy & Ethical Code. Any action intended to cause or accelerate the death of any patient under any circumstance is considered to be morally wrong and contrary to the core principles / values of Palliative care.

**Guideline 3.3.5: Analgesic interventions in Palliative Care** Given that medications and interventions intended to relieve pain and distress are frequently employed in palliative care patients, to select and monitor these treatments to ensure that patients derive the maximum benefit with the minimum level of adverse effects.

**Guideline 3.3.6: Nutrition / Hydration in Palliative Care** To ensure that the nutritional and hydration needs of patients are appropriately addressed at all times. With the imminently dying patient, the ability to eat and drink will diminish as a direct and irreversible consequence of the underlying disease process. When considering the introduction or continuation of assisted nutrition and / or hydration, a careful assessment of the benefit / burden ratio must be undertaken by a competent clinician.
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