

Brandon Regional Health Authority

# Ethics Committee

*Are you facing a  
Health Ethics Dilemma?*

## **Mission Statement**

The Ethics Committee is comprised of volunteers from Brandon RHA, Assiniboine RHA and the community at large, who have a broad base of experience and training. The Committee partners with others to provide education and consultation on ethics, for health care providers and patients/clients/residents and their families; as well as to provide input into policies and approval of research studies.

## **Vision Statment**

Decision making guided by ethics principles.

Date of Issue: October 2009  
Date of Revision:  
Form #: G381



The Brandon Regional Health Authority Ethics Committee can help with HARD or DIFFICULT health questions . . .

- If treatment options do not agree with my values - what choices do I have?
- How do I make the right choices for my family members if they are no longer able to make choices for themselves?
- What can I do when I feel like I am compromising my professional judgment or moral beliefs in caring for a patient or client?

### What is the Ethics Committee?

The Ethics Committee is a group of health professionals and community members from Brandon and Assiniboine Regions who can assist individuals in working through ethical issues.

### Who can access the Committee?

Any member of the public or health staff in the Brandon and Assiniboine regions can receive assistance from the Committee upon request.

A request for consultation to the Ethics Committee is confidential.

### How to access the Committee:

If you would like to access the Ethics Committee you may simply contact the number below or complete the attached form and forward it to the address below. Upon receiving your request you will be contacted by a Committee member to further discuss your request with you.

Chairperson  
Brandon RHA Ethics Committee  
c/o Corporate Office  
150A - 7th Street  
Brandon, MB R7A 7M2

Phone: 578-2305 Fax: 578-2820

Hours: 8:30 a.m. to 4:30 p.m.

Monday to Friday

## Ethics Consultation Request Form

Reason for Consultation (if more space needed, please attach): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Patient/Client/Resident     Family     RHA Staff

Physician     Other (specify) \_\_\_\_\_

Indicate how you can be contacted: \_\_\_\_\_

Expectation of a response by: \_\_\_\_\_  
(date)

### Please forward request in sealed envelope (see address)

#### For Brandon RHA Ethics Committee Use Only CONSULTATION REQUEST FOLLOW UP

Date Requested Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Date of Contact with person requesting consultation: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred to:     Ethics Committee     Ethics Consultation Committee

Other (specify) \_\_\_\_\_

Signature of Chairperson \_\_\_\_\_ Date \_\_\_\_\_