

DONNYBROOK FAMILY DOCTORS

GP ETHICAL DILEMMA POLICY AND PROCEDURES

Aligned with RACGP Standards for General Practices (5th Edition)

1. PURPOSE

This policy provides a structured framework for identifying, managing and resolving ethical dilemmas in clinical practice.

It supports compliance with RACGP Standards (5th Edition), particularly:

- Core Standard C2 – Clinical governance
- Criterion C2.1 – Clinical governance framework
- Criterion C2.2 – Clinical risk management systems
- Criterion C2.3 – Managing health information
- Core Standard C1 – Respectful and culturally appropriate care.

2. SCOPE

This policy applies to all GPs, registrars, nurses, allied health professionals, students, contractors and administrative staff involved in patient care.

It applies to all ethical issues arising within clinical, administrative or professional contexts.

3. GUIDING ETHICAL PRINCIPLES

Ethical decision-making will be guided by:

- Beneficence – Acting in the patient's best interests.
- Non-maleficence – Avoiding harm.
- Respect for autonomy – Supporting informed decision-making.
- Justice – Fair and equitable treatment.

Decisions must align with the Medical Board of Australia Code of Conduct and relevant legislation.

4. COMMON ETHICAL DILEMMAS

Examples include:

- Confidentiality versus duty to warn (mandatory reporting, public safety).
- Consent and capacity concerns.
- Refusal of treatment.
- End-of-life care decisions.
- Requests for inappropriate prescriptions, investigations or certificates.
- Conflicts of interest.

- Professional boundary issues.
- Cultural or religious conflicts impacting care.

5. PROCEDURE FOR MANAGING ETHICAL DILEMMAS

Step 1: Identify and clearly define the ethical issue.

Step 2: Gather relevant clinical facts and assess patient capacity.

Step 3: Consider patient values, cultural background and preferences (RACGP C1).

Step 4: Review applicable legislation (e.g., Privacy Act, Guardianship laws, mandatory reporting obligations).

Step 5: Consult with a senior GP, Practice Principal or relevant colleague.

Step 6: Seek medico-legal advice from the practice's indemnity provider if necessary.

Step 7: Consider risk management implications (RACGP C2.2).

Step 8: Document all discussions, consultations and decisions (RACGP C2.3).

Step 9: Communicate the decision respectfully and clearly to the patient.

6. DOCUMENTATION REQUIREMENTS

All ethical dilemmas must be comprehensively documented in the patient's health record.

Documentation must include:

- Nature of the ethical concern.
- Clinical facts considered.
- Options discussed.
- Advice sought.
- Final decision and rationale.

Documentation must comply with RACGP Criterion C2.3 – Managing health information.

7. ESCALATION AND GOVERNANCE

Unresolved or high-risk ethical dilemmas must be escalated to the Practice Principal.

Significant issues may be discussed within clinical meetings as part of continuous quality improvement (RACGP C2.1).

Serious concerns may require external reporting consistent with mandatory reporting laws.

8. RISK MANAGEMENT

Ethical dilemmas with potential patient harm or reputational risk must be incorporated into the practice's risk register.

Incidents may be reviewed as part of clinical governance activities.

9. STAFF SUPPORT AND WELLBEING

The practice recognises ethical dilemmas can cause moral distress.

Staff are encouraged to seek peer discussion, mentoring or professional support services.

10. TRAINING AND CONTINUOUS IMPROVEMENT

Ethical decision-making principles are reinforced during induction and ongoing professional development.

De-identified case discussions may be used for education and quality improvement.

This policy will be reviewed biennially or earlier if legislative or regulatory changes occur.

Effective Date: _____

Review Date: _____

Approved By: _____