Conseil Cri de la santé et des services sociaux de la Baie James
ᓂᑐᑯᔭᓐ ᑲᔭ ᐏᒥᐄ ᐚᐏᓐ ᐊᓇᓇᑲᒋᑕᑿᓂᐅᒡ
Cree Board of Health and Social Services of James Bay

GUIDE FOR INTERVENERS AND CLIENTS
OF THE
PATHWAYS TO "MIYUPIMAATISIIUN" SERVICES

HEREBY REFERRED TO AS

CODE OF ETHICS

Approved by the Board of Directors on March 19, 2009 / Revised JUNE 2016

Table of Contents

INTRODUCTION

During a Special General Assembly on health and services held in Ouje-Bougoumou in February 1999, the following **vision statement** was developed for the Cree Board of Health and Social Services of James Bay (CBHSSJB).

> *The Eeyou Nation of Eeyou Istchee, with the guidance of Tsheymendo, is committed to developing responsible, healthy communities in such a way as to result in:*
>
> ***Individuals who are well-balanced emotionally, spiritually, mentally and physically;***
>
> ***Families that live in harmony and contribute to healthy communities;***
>
> ***Communities that are supportive, responsive and accountable;***
>
> ***A healthy environment that will continue to produce traditional resources***
>
> *All within a context of a strong national Eeyou government which exercises complete jurisdiction and control over the delivery of quality comprehensive, integrated, interagency health and social services, promotes Cree human resource development and applies adequate resources to address our needs with a strong expression of the Cree values of respect, honesty, loving, caring and sharing.*

The vision statement and its **expressed values** are the foundation to the present Code of Ethics. The Code was created with the input of interveners, managers, and clients as well as members of the CBHSSJB Board of the Directors. It is based on similar codes used by various other health and social services institutions elsewhere.

The present document also reflects the commitment of the CBHSSJB for **Cultural Safety**. Culturally Safe Care emphasizes explicit attention and action to address power relations between the service client and service provider.

The purpose of the present document is to create **awareness about accountability**. It highlights the responsibilities of the interveners who seek to meet the needs and expectations of the community which they serve.

It is **not a list** of all rights and responsibilities regarding the clients. Also, it is not a list of all practices and conducts regarding the interveners who are also governed by the specific codes of their respective professions.

The Code of Ethics includes some **definitions** to clarify some terms that are used in this document.

The **preamble** deals with the scope and objectives of the Code.

Section I deals with mandate and key values of the Code.

The core of the Code of Ethics (**Sections II**) lists the fundamental rights of the clients and describes the practices and conduct expected from interveners who must act in respect of these rights.

The third part of the Code (**Section III**) addresses the clients' responsibilities towards themselves, other clients, the interveners and the organization.

In the final provisions (**Section IV**), the Code deals with the complaints procedure and the time frame for the suggested review period.

Section V contains the clients' rights at a glance.

Finally, an **Index** can help to find what clients and interveners are looking for.

All interveners must receive a **copy of the Code of ethics** as soon as they are selected to dispense care or services within or for the CBHSSJB.

DEFINITIONS

Miyupimaatisiiun: Cree term which translates as “being alive well” that describes a holistic state of wellness, including the spiritual, emotional, mental and physical aspects of one’s life. This state of wellness includes the family, the community, the environment and all elements in the environment that contribute to the person’s well-being such as food and shelter.

Tsheymendo: Cree term which translates as “Great Spirit”; variant spelling of Chishaaminituu.

Accident: An action or a situation that is or could be harmful to the health or well-being of clients, an intervener, involved or a third party.

Client: Any person who has received, ought to have received, receives or requires health or social services from the institution; this term may include, if applicable, any client's representative under the terms of the Act[1] as well as any heir or legal representative of a deceased client. The term “client” also includes the patients seeking or refusing end-of-life care.

Cultural safety : Within an Indigenous context means that the intervener, whether Indigenous or not, can communicate competently with a client in that client’s social, political, linguistic, economic, and spiritual realm.

End of life care : The palliative care services that are provided to patients at the end of their lives, including medical aid in dying.

Incident: An action or a situation that is not harmful to the health or well-being of clients, an intervener, involved or a third person, but the outcome of which is unusual and could have been harmful should the circumstances have been different.

Informed consent: A process of communication between clients and an intervener that results in the clients' authorization to accept a specific clinical orientation or intervention, or to consent to the release of confidential information.

In this process, the clients should have the opportunity to ask questions to elicit a better understanding of such specific orientation or intervention, or what information is to be released, so they can make an informed decision to proceed or to refuse.

Institution: Term which refers to the CBHSSJB as a regional organization for health and social services. It includes every centre where services are provided as outlined in the mandate of the CBHSSJB.

This term also refers to any other public facility where health and social services are dispensed outside the territory.

Intervener: Any member of the staff of the institution, trainee, contractual or voluntary worker working in the institution, any midwife, as the case may be, having concluded a service contract in accordance with article 63.1 of the Act[1] as well as any physician, dentist, pharmacist or resident required to intervene with a client in the exercise of his duties or profession;

Palliative care: The active and all-encompassing care that is provided by an interdisciplinary team for patients affected by a life-limiting disease, while neither hastening nor delaying death, such care has the goal of relieving suffering, helping clients to maximize their quality of life and offering help and support to them and to their loved ones.

---

[1] Chapter S-5. *An Act respecting health services and social services for Cree Native Persons*.

PREAMBLE

The word **“ethic”** refers to a way of acting aimed at the well-being of the person who is receiving the service. It requires a continuous awareness and commitment on the part of the intervener to behave in an ethical manner at all times.

The Code of Ethics is not an evaluation or a prevention tool. Rather, it is a **guiding tool** concerning the actions and interactions of all involved in the course of service delivery to people. It recognizes each person's right to receive appropriate, adequate, and continuous health and social services.

Through this recognition, the interveners commit to respecting the clients' rights by providing them with quality care and services in a considerate way.

As well, the Code of Ethics is meant to be a **promotion tool** for clients’ rights. It emphasizes the building and upholding of good relationships in a spirit of mutual respect.

The Code of ethics promotes **cultural safety** throughout all CBHSSJ activities. It encourages the interveners to enter in a state of self-reflection to understand the power differentials and that it is the clients who define what ‘safe service’ means to them.

The Code of Ethics also presents an opportunity for **continual reflection** with the aim of easing the relationships between the interveners and the clients.

This Code of Ethics does not replace nor prevail over the set of laws, regulations or agreements in effect in the province of Québec.

SECTION I - MANDATE, KEY VALUES

Mandate

The CBHSSJB is the regional organization responsible for:

> the development and the delivery of quality, comprehensive, integrated, interregional health and social services in its jurisdiction. Research is also an important aspect of the mandate of the CBHSSJB as it relates to specific issues common in the territory.

These services are provided through various centres operated or designated by the institution.

Although Cree traditional practices with respect to health and well-being are not currently part of the CBHSSJB's mandate, the organization wishes to integrate these miyupimaatisiiun practices in its approaches to care.

Key Values

Based on the values specified in the introduction, key aspects of values have been identified to help attain the overall goal of miyupimaatisiiun.

The key values are:

- Keep people safe;
- Treat people with respect, trust, and dignity;
- Consider all community members’ needs with sensitivity;
- Use a holistic and integrative approach regarding the provision of care;
- Assist community members in achieving greater levels of self-sufficiency and autonomy in regards to their own health and well-being;
- Ensure that clients have adequate information so that they can make knowledgeable decisions regarding their care plan;
- Let the clients define what ‘safe service’ means to them;
- Ensure public trust through personal and professional integrity.

SECTION II: RECOGNITION OF CLIENTS RIGHTS & PRACTICES AND CONDUCT EXPECTED FROM THE INTERVENERS

BECAUSE **the clients are at the heart of the CBHSSJB's mission**, the respect of their private person is a value we endorse. Therefore, **the CBHSSJB considers the recognition of the following rights to be essential**.

To ensure that the clients' rights are complied with, the interveners are expected to adopt the following practices and conducts:

	CLIENTS'S RIGHTS	**PRACTICES AND CONDUCTS EXPECTED**
FUNDAMENTAL RIGHTS	**1. RESPECT AND DIGNITY**	• Be available to welcome the clients or to assist him with consideration, civility, politeness and respect; • Identify yourself to the clients by stating your name and function; • Specify the object of the visit at each visit and explain the nature of the actions you are about to carry out, if necessary; • Use respectful language, whether by the tone of voice, the content or the way of speaking. The language or terms used should be clear, accessible and understandable by the clients; • Adapt the way you communicate so that the clients understand you; • Use the name that clients prefer. Avoid using informal or childish language; • Respect the human and spiritual values of each person as much as possible; • Respect the privacy and the dignity of the clients. Show reserve and thoughtfulness; • Take reasonable and appropriate means in providing hygiene or other intimate care. If clients express the wish to receive hygiene care from a person of the same sex, allow them to have it when possible.

	CLIENTS'S RIGHTS	PRACTICES AND CONDUCTS EXPECTED
HUMAN RIGHTS	**2. AUTONOMY AND RESPECT OF PERSONAL NEEDS**	• Encourage the clients to be as autonomous as possible in their daily life activities while respecting their individuality. Assist them as needed; • Seek the clients' cooperation in the development and use of care and intervention plans; • Adjust the intervention to the clients with regard to their capabilities or their limitations.
	3. INTEGRITY	• Obtain free and informed consent from the clients before providing them with the necessary care, except when emergency care is needed or when consent cannot be obtained in due time; • Ensure the clients understand the various choices of suggested care or services, as well as the potential risks and consequences; • Comply with the clients' refusal of care or treatment, even if their choice may be harmful to their health. Ensure that the clients are aware of the possible consequences of their refusal. The right of refusal does not apply to hygiene care or when a court orders particular care or services regarding the clients; • Do not tolerate verbal, physical or psychological violence nor any indecent action or gesture toward clients; • Protect the clients from any form of abuse, harassment, exploitation or neglect. Report any type of harm or any unacceptable behaviour toward the clients to the right person in the institution. As much as possible, offer the clients all the help they need to get proper assistance.
	4. PRIVACY	• Respect the clients' private life and of their need to receive or refuse visitors; • Use tact and good judgment as to whether the disclosure of information could harm the clients or their relations in any way; • Avoid getting involved in the personal affairs of the clients or their relations.
	5. FREEDOM OF CONSCIENCE OR RELIGION	• Respect the clients' freedom of conscience or religion as much as possible within the limits provided by the law. At the same time, give consideration to the rights and freedoms of other clients or interveners within the premises of the institution.

	CLIENTS'S RIGHTS	PRACTICES AND CONDUCTS EXPECTED
	6. FREEDOM OF THOUGHT, BELIEF, OPINION AND EXPRESSION	• Allow the clients' freedom of expression. Respect their opinions to the extent that they do not violate the rights and freedoms of other clients or interveners within the premises of the institution; • Respect the feelings expressed by the clients and show compassion regarding the clients' emotional behaviours related to their health condition.
RIGHT TO EQUALITY	**7. EQUALITY**	• Treat all clients equally while taking into consideration their needs as well as the available resources of the organization.
RIGHT TO SAFETY	**8. PROTECTION**	• Protect the clients by providing them with quality care and services at all times. Ensure that emergency care is offered when their life or their integrity is threatened.
	9. SAFETY	• Create a climate of trust and take the means necessary to ensure that the clients feel safe; • Ensure a safe delivery of care and services; • Know and apply the safety and hygiene standards in effect in the institution; • Be vigilant to limit the risks of incidents or accidents; • Report any incident or accident affecting the clients to the person responsible in the institution; • Provide help and protection to the clients when they show dangerous behaviour for themselves or others.
	10.ATTENTION	• Show empathy and give proper attention to the clients. Pay attention to their specific needs by taking into account their health condition.

RIGHT TO ACCESS SERVICES	**11. ACCESS TO THE SERVICES**	• Provide the available care and services as soon possible; • If the CBHSSJB cannot offer the required care or services, it should inform the clients of alternatives, providing them with all the required assistance; • In the case of unilingual Cree speakers, ensure that adequate interpreting resources are available before communicating information.
	12. ADEQUATE AND QUALITY SERVICES	• Within the framework of a personalized approach, assess the needs and determine the kind of services which are required; • Maintain skills and knowledge in the carrying out of responsibilities; • Commit to the continuous improvement of service quality; • Encourage the clients to take part in the development of their intervention or care plan. Encourage the cooperation of their family, if possible; • Always keep in mind the clients' well-being and quality of life.
	13. CONTINUOUS AND PERSONALIZED SERVICES	• Ensure continuous services to the clients as required by their health condition; • Within the scope of CBHSSJB's mission and resources, provide personalized services by taking into account the clients' specific needs; • Should the clients be transferred to another institution, organization or professional, ensure an efficient liaison. Forward all required information to the concerned persons in a safe and protective manner. Inform the clients of this exchange of information and, if applicable, obtain their consent.

RIGHT TO INFORMATION	**14.INFORMATION ON THE RESPONSIBLE USE OF THE SERVICES**	• Communicate all important information and answer any questions so that the clients may make informed choices about improving their health condition.
	15.INFORMATION ON AVAILABLE SERVICES AND RESOURCES AND THEIR ACCESSIBILITY	• Inform the clients of the services offered by the institution which correspond to their needs. If needed, inform the clients of other available health and social services resources as well as the way to access them. • Inform the clients about the registration, admission and discharge processes used in the institution. Provide them with all necessary information on the procedures used in the Community Miyupmaatisiiun Centers or external resources in making appointments, for example.
	16.INFORMATION ON HEALTH CONDITION	• Help the clients to better understand their health condition. Use clear and simple words. Explain the goals of the care and services offered and their potential impacts on their health condition; • Provide the clients with the necessary support to easily follow their intervention plan. When required and authorized by the clients, this support should also be available to the persons who are assisting them.
	17.ACCESS TO THE FILE	• Allow all clients who are fourteen years of age and older, in accordance with legislative provisions, to have access to their file; • Explain the access procedures and restrictions regarding the information identifying or coming from a third party.
	18.DISCLOSURE OF ANY INCIDENT/ACCIDENT	• Inform the clients or their relatives of any incident or accident during service delivery that may have harmful effects to their health or well-being; • Inform the clients about the measures that have been taken to respond to the harmful effects, if any, or to prevent future incidents or accidents; • Provide any support necessary to the clients and their relatives.

RIGHT TO PARTICIPATION	**19.PARTICIPATION: During the delivery of care and services**	Support the clients' participation in the care and services with which they are provided; Create an environment that encourages the clients to express their needs and expectations; Provide the clients with all the necessary information that they needs to make their own decisions in a clear and supportive fashion.
	20.PARTICIPATION: During the development or the review of an intervention plan or individualized services plan	• Ensure that the clients understand their intervention or services plan. Involve them in the development, review, or change of the plan.
RIGHT TO SUPPORT AND ASSISTANCE	**21.SUPPORT & ASSISTANCE: Help to understand information**	• Give clear explanations to the clients, particularly information on medical or social details relating to their case. Adapt to the clients' capacity to understand and ensure that the information provided is clearly understood; • Provide any help requested by the clients to favour their understanding of the information.
	22.SUPPORT & ASSISTANCE: Support and help to voice a concern or obtain a service	• Provide help to all clients who wish to voice their concerns about a situation pertaining to them; • Provide help to any clients who seeks help to obtain a service or a follow up.
	23.SUPPORT & ASSISTANCE: Complaints' examination procedure	• Allow the clients to express their dissatisfaction regarding any problem that they had with the health or social services provided by or through the CBHSSJB; • Direct the clients who requires help regarding their complaint to the Commissioner of Complaints and Quality of Services.

RIGHT TO END-OF-LIFE CARE	**24.END-OF-LIFE CARE: The right of all clients whose condition requires it to receive end-of-life care**	• To ensure that patients die with dignity, the practices and behaviours expected of all interveners takes on particular significance. Therefore: • All interveners involved in the patient's end-of-life care have an obligation to ensure that death occurs with dignity and respect for human rights; • The patients may not be refused end-of-life care based on a prior refusal to receive care or the prior withdrawal of consent to such care; in other words, they may change their mind at any time.
	25.END-OF-LIFE CARE: The right of the interveners to refuse to provide such care	• Despite the patients' wishes to receive medical aid in dying, the interveners involved in the care provided to the patients have the right, on grounds of conscience or personal values, to refuse to provide such care to the clients; • Nevertheless, such a refusal entails the obligation to ensure that the patient receives an effective referral to an intervener who is able to comply with their request. Therefore: • A physician may refuse to administer medical aid in dying due to personal convictions and a health professional may refuse to participate in the provision of such care for same reason; • A physician or a professional who refuses to provide medical aid in dying for reasons of personal convictions must ensure the continuity of care provided to the patient consistent with their code of ethics and the patient's wishes.
	26.END-OF-LIFE CARE : The clients' right to expect that their advance medical directives be respected	• All interveners must ensure that the patient's advance medical directives are respected; • All interveners shall verify if such directives are included in the patient's file.
	27.END-OF-LIFE CARE : The right of a person of full age or of a minor capable of giving consent to refuse to receive life-sustaining care or withdraw consent to such care at any time	• All interveners must inform the patients of the services offered by the institution which correspond to their needs. If needed, inform the patients of other available health and social services resources as well as the way to access them; • Give clear explanations to the patients, particularly information on medical or social details relating to their case. Adapt to the patients' capacity to understand and ensure that the information provided is clearly understood; • Provide any help requested by the patients to favour their understanding of the information; • Respect the right of the patients to refuse to receive life-sustaining care or withdraw consent to such care at any time.

RIGHT TO END-OF-LIFE CARE	**28. END-OF-LIFE CARE : To the extent provided by the Civil Code, the right of the guardian of a minor or a person of full age unable to consent to refuse to receive life-sustaining care or withdraw consent to such care**	• Respect the right of the person legally authorized to refuse, on behalf of the patient, to receive life-sustaining care or withdraw consent to such care at any time; • Support the involvement of the patient's representative and provide him or her with the necessary information to allow him or her to carry out his or her role.
RIGHT TO CONFIDENTIALITY, SUPPORT AND COMPLAINTS	**29. PROFESSIONAL SECRECY AND CONFIDENTIALITY**	• Not disclose confidential information obtained during the performance of their duties without the clients' consent, unless ordered by law; • Show discretion and carefully comply with the rules of confidentiality regarding the clients' personal information; • Ensure the confidentiality of the files and communications between the clients and the interveners; • Choose an appropriate location to discuss information regarding the clients; • Ensure the relevance and accuracy of the clinical notes and documents added to the file. Ensure that only the authorized persons have access to the clients' file; • Disclose only the necessary information. Consult with the clients about the nature and the scope of the information which can be revealed to their relatives.
	30. REPRESENTATION	• When the clients can no longer speak for themselves, or consent to the care required by their health situation, the person legally authorized to act on their behalf can give the consent or exercise their rights for them; • Support the involvement of the clients' representative and provide him or her with the necessary information to allow him or her to carry out his or her role.
	31. COMPLAINTS EXAMINATION PROCEDURE	• Provide the clients, their spokesperson or their family with the information necessary to understand the complaints examination procedure; • Direct the clients to the website of the CBHSSJB and/or give a pamphlet and/or provide them with the phone number of the Commissioner of Complaints and Quality of Services.

SECTION III: THE CLIENTS' RESPONSIBILITIES

BECAUSE we believe in the **importance of mutual respect and mutual responsibility**, the CBHSSJB considers the following responsibilities regarding the clients to be essential:

TOWARDS THEMSELVES	The clients : • Are encouraged to be responsible, as much as possible, for their own health; • Are encouraged to seek information about the various services offered by the CBHSSJB; • Shall keep the appointments that have been made for him. The clients have the responsibility to inform the interveners of the institution as soon as possible when he cannot keep the appointment; • Shall take an active role in the care and services that have been recommended for them and to express their needs and expectations; • Shall commit to participating in the preparation of their intervention or individualized services plan.
TOWARDS OTHER CLIENTS	The clients: • Are responsible for the quality of relationships with others and are called upon to be patient, considerate, discreet, thoughtful, and respectful of others; • Have the responsibility not to bring anything that could be harmful to them or to others while they are under the care of the institution.

TOWARDS THE INTERVENERS	The clients: • Must collaborate to assure the quality of relationships with the interveners who interact with them; • Are responsible to communicate all the information needed for the development or review of intervention and individualized services plan, so that accurate assessments can be made; • Are responsible to ask for clear information about the care and services suggested to him if he does not understand them.
TOWARDS THE CBHSSJB	The clients: • Are responsible to take care of the equipment or material that is made available for them to use; • Are called upon to respect all safety guidelines; • Are called upon to respect admission, registration and discharge procedures of the institution; • Are responsible for the payment of any contribution not covered by health insurance or non-insured health benefits; • Are encouraged to provide the institution with the names of the persons authorized to act on their behalf in the event that they cannot make their own decisions regarding their health; • When there is no person authorized to act on behalf of the clients, should the need arise, the clients are called upon to find such a person.

SECTION IV – FINAL PROVISIONS

Application of the Code	Any breach to the CBHSSJB's Code of Ethics on the part of an intervener can be the object of a complaint with the Commissioner of Complaints and Quality of Services.
Complaints' examination procedure	The complaints examination procedure is available at the CBHSSJB's office of the Commissioner of Complaints and Quality of Services and at every point of service of the CBHSSJB.
Confidentiality	Any person accessing information concerning a complaint or a request for assistance must ensure the confidentiality of this information .
Information	For additional information on client rights: CBHSSJB's Website : http://www.creehealth.org/ COMMISSIONER OF COMPLAINTS AND QUALITY OF SERVICES Cree Board of Health and Social Services of James Bay Att: Office of the Commissioner of Complaints and Quality of Services Box 250 Chisasibi (Quebec) J0M 1E0 Tél : (819) 855-7650 Toll free : 1-866-923-2624 Fax : (819) 855-2098 Email : R18.complaints@ssss.gouv.qc.ca
Person in charge of the application of the Code of ethics	The Commissioner of Complaints and Quality of Services is the person responsible for the application of the Code of Ethics and its promotion amongst the clients and the interveners in the institution.
Review	The Code of Ethics must be reviewed every three (3) years, at the latest, following its adoption or revision by the Board of Directors.

SECTION V - CLIENTS' RIGHTS AT A GLANCE

1. The right to be **respected** and to have your **dignity** respected
2. The right of recognition of your **autonomy** and the **respect of your personal needs**
3. The right to be treated, at all times, with **courtesy, fairness and understanding**
4. The right to the respect of your **integrity**
5. The right to be **informed** of your state of health and of the various options open to you **before giving your consent**
6. The **right to accept or refuse care**, on your own or through your spokesperson, freely and in an informed manner
7. The right to **culturally safe care and services**
8. The right to your **privacy**
9. The right to be treated with **equality**
10. The right of your **freedom of conscience and religion**
11. The right to your **freedom of thought, belief, opinion and expression**
12. The right to **protection**
13. The right to be **informed** as soon as possible **of any accident** that occurs during the provision of services
14. The right to **quality and accessible services**
15. The right to receive, with **continuity** and in a personalized and **safe** manner **services** that are **appropriate**
16. The right to **information**
17. The right to **be informed of existing services** and the way to obtain them
18. The right to have **access to your record**, which is confidential
19. The right to **participation**
20. The right to **participate in the decisions** that concern you
21. The right to **support and assistance**
22. The right to **be escorted or assisted** by the person of your choice in getting **information about services**
23. The right to **file a complaint** without the risk of reprisal
24. The right to be **informed of the complaint examination procedure**
25. The right to **be escorted or assisted** in the **complaint examination procedure**
26. The right to **representation**
27. The right to **be represented in regard to all your recognized rights** if you are unable to give your consent
28. The right to **end-of-life care**

INDEX

SOURCES

The Indigenous Physicians Association of Canada (IPAC), in partnership with the Association of Faculties of Medicine of Canada (AFMC), (Dr. Darlene Kitty is one of the author). Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada, February 2016.

ALLAN, Billie et al. First Peoples, Second Class Treatment : The role of racism in the health and well-being of Indigenous peoples in Canada. 2015, Wellesley Institute.

AGUIAR, William & Regine Halseth. ABORIGINAL PEOPLES AND HISTORIC TRAUMA: The processes of intergenerational transmission. 2015. National Collaborating Center for Aboriginal Health.