

Donnybrook Family Doctors

Ethical Dilemma Policy and Procedure

Structured framework for identifying, managing and resolving ethical dilemmas in general practice



Version	Effective date	Next review	Document owner
2.0	30 June 2026	30 June 2028	Practice Manager

RACGP Standards (5th ed): C1 Respectful and culturally appropriate care · C2.1 Clinical governance framework · C2.2 Clinical risk management systems · C2.3 Managing health information · Aligned with the Medical Board of Australia's Good Medical Practice — A Code of Conduct for Doctors in Australia; AHPRA registration standards; Privacy Act 1988 and Australian Privacy Principles; WA Guardianship and Administration Act 1990; mandatory reporting obligations under WA legislation.

Approved by: Iminder Singh Nandha (Practice Manager) on behalf of Donnybrook Family Doctors Pty Ltd · Clinical Lead: Dr Nina Nandha (Practice Principal) · Applies to all GPs, registrars, nurses, allied health practitioners, students, contractors and administrative staff involved in patient care.

1. Purpose

This policy provides a structured framework for identifying, managing and resolving ethical dilemmas in clinical practice at Donnybrook Family Doctors. It supports compliance with the RACGP Standards for general practices (5th edition), the Medical Board of Australia's Code of Conduct, AHPRA registration standards, and applicable Commonwealth and Western Australian legislation.

2. Scope

This policy applies to all GPs, registrars, nurses, allied health practitioners, students, contractors and administrative staff involved in patient care at DFD. It applies to all ethical issues arising within clinical, administrative or professional contexts — including issues that affect colleagues, patients, families, the community or third parties.

3. Guiding ethical principles

Ethical decision-making at DFD will be guided by the four foundational bioethical principles:

- 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 also align with the Medical Board of Australia's Good Medical Practice — A Code of Conduct for Doctors in Australia, the NMBA Code of Conduct for Nurses (for nursing staff), AHPRA standards relevant to each practitioner's profession, and relevant Commonwealth and Western Australian legislation.

4. Common ethical dilemmas

Ethical issues that may arise in primary care at DFD include (without limitation):

- Confidentiality versus duty to warn — mandatory reporting, child-protection concerns, threats to self or others, public-safety concerns.

- Consent and capacity concerns — assessing competence to consent, supported decision-making, advance care directives, treatment of minors.
- Refusal of treatment — including treatment that the clinician believes is medically indicated.
- End-of-life care decisions — voluntary assisted dying eligibility queries (under the WA VAD Act 2019), palliative care, do-not-resuscitate orders.
- Requests for inappropriate prescriptions, investigations, certificates or referrals — drug-seeking behaviour, fitness-for-work certificates, Centrelink certificates.
- Conflicts of interest — commercial, personal, family or community relationships.
- Professional boundary issues — dual relationships, social media interactions, gifts.
- Cultural or religious conflicts impacting care — including conflicts between family beliefs and the patient's expressed wishes.
- Mandatory reporting situations — child protection, impaired colleagues, notifiable conduct under AHPRA.
- Discontinuation of care — when a relationship between a clinician and a patient is no longer safe or therapeutic.

5. Procedure for managing ethical dilemmas

When a clinician or staff member identifies an ethical dilemma, work through the following structured 9-step process:

1. Identify and clearly define the ethical issue. Distinguish between a clinical question, a legal question and an ethical question — they often overlap.
2. Gather relevant clinical facts and assess patient capacity (where capacity is relevant).
3. Consider the patient's values, cultural background, language needs and stated preferences (RACGP C1). Use TIS National or other interpreter support where required.
4. Review applicable legislation — Privacy Act 1988 (Cth), Health Practitioner Regulation National Law (WA), Medicines and Poisons Act 2014 (WA), Guardianship and Administration Act 1990 (WA), Children and Community Services Act 2004 (WA), Public Health Act 2016 (WA) and any other relevant statute.
5. Consult with a senior GP, the Practice Principal or a relevant colleague. Two-clinician input often clarifies an apparently complex ethical question.
6. Seek medico-legal advice from your indemnity provider (Avant, MIPS, Experien/Lloyd's, MDA, etc.) if the dilemma involves potential liability, regulatory exposure or significant patient harm.
7. Consider risk-management implications (RACGP C2.2) — patient safety, staff safety, third-party safety, reputational risk.
8. Document all discussions, consultations and decisions in the patient health record in Best Practice (RACGP C2.3). Capture the reasoning, not just the outcome.
9. Communicate the decision respectfully and clearly to the patient (or their substitute decision-maker), including any reasonable alternatives, and document that communication.

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 (including options not taken and the reason)
- Advice sought (peer consultation, indemnity provider, legal advice)
- Final decision and rationale
- Communication with the patient (what was said, what they said, what was agreed)
- Any follow-up action or scheduled review

Documentation must comply with RACGP Criterion C2.3 — Managing health information, the DFD Privacy Policy and the Health Information Management Policy.

7. Escalation and governance

- Unresolved or high-risk ethical dilemmas must be escalated to the Practice Principal (Dr Nina Nandha) for clinical-governance review.
- Significant issues may be discussed within practice team meetings as part of continuous quality improvement (RACGP C2.1) and the standing Ethical Dilemma agenda item.
- Serious concerns may require external reporting — including AHPRA notifications (mandatory or voluntary), child-protection notification, Coronial referral or police involvement — consistent with mandatory reporting laws and DFD policy.
- Where a clinician believes a colleague is impaired or has breached professional obligations, the AHPRA Code of Conduct mandatory-reporting framework applies.

8. Risk management

- Ethical dilemmas with potential patient harm, staff harm or reputational risk must be entered into the DFD risk register and reviewed by the Practice Principal and Practice Manager.
- Incidents arising from ethical dilemmas (e.g. complaints, clinical errors, regulatory notifications) may be reviewed as part of DFD's clinical governance and QI activities.
- The practice's clinical risk register, complaints register and incident register are integrated — an ethical dilemma may feed into all three.

9. Staff support and wellbeing

- DFD recognises that ethical dilemmas can cause moral distress and may have a lasting impact on staff wellbeing.
- Staff are encouraged to seek peer discussion, mentoring or professional support services when grappling with an ethical issue.
- External supports include each practitioner's indemnity insurer (which often provides medico-legal and peer-support hotlines), the AMA Peer Support Service, DRS4DRS, RuralLink WA (1800 552 002), Beyond Blue (1300 22 4636) and Employee Assistance services where available.
- Confidentiality is respected when staff raise an ethical concern — but mandatory reporting obligations are not overridden by confidentiality.

10. Training and continuous improvement

- Ethical decision-making principles are reinforced during staff induction and ongoing professional development.
- De-identified ethical-dilemma case discussions are used for education and quality improvement at practice meetings (in the standing "Ethical Dilemma" agenda item).
- Records of these discussions form part of DFD's accreditation evidence (AGPAL C2.1, C3.4).
- Clinicians are encouraged to complete relevant ethics CPD as part of their AHPRA / RACGP / NMBA / Physiotherapy Board CPD obligations.

11. Related DFD policies and procedures

- DFD Privacy Policy v1.1 and Health Information Management Policy
- DFD Open Disclosure Policy
- DFD Patient Complaints Handling Procedure

- DFD Discontinuation of Care Letter
- DFD Cultural Awareness Policy
- DFD Medicines Management, Emergency Medicines and S8 Policy (incl. ScriptCheckWA and Monitored Medicines Code)
- DFD Work Health and Safety Policy and Procedure
- DFD Email, Internet & Electronic Communication Policy
- DFD Social Media Policy
- Position Descriptions — Practice Principal, Practice Manager, GP, Practice Nurse, Medical Receptionist, IPC Coordinator, Allied Health (Physiotherapist)

12. Policy review

This policy is reviewed every two years or earlier if legislative, regulatory or RACGP Standards changes occur. The next scheduled review is 30 June 2028. Material changes prompt an out-of-cycle review.

13. Acknowledgement

By signing below, the staff member, contractor or visiting clinician acknowledges that they have read, understood and undertake to comply with this Ethical Dilemma Policy and Procedure.

Signatory	Name	Signature	Date
Staff / contractor / visiting clinician			
Approver — Practice Manager	Iminder Singh Nandha		

Filing & review: This Ethical Dilemma Policy is held by the Practice Manager and reviewed every two years, or earlier after any material change to AHPRA standards, the MBA Code of Conduct, RACGP Standards or WA / Commonwealth legislation. Signed staff acknowledgements are filed in each person's profile folder in the DFD Accreditation Hub. Documented ethical-dilemma discussions in monthly meeting minutes are AGPAL evidence under C2.1.