**DEFINITION:**

This policy is a guideline for supervisors and managers to follow when an employee requests not to participate in aspects of patient care that conflict with their personal cultural values, personal ethics or religious beliefs.

**PURPOSE:**

To establish guidelines to ensure that patients will be treated with respect and that their care and treatment will not be adversely or negatively affected if the request of an employee not to participate in these aspects of patient care is granted.

To ensure Triangle Health Alliance, LLC has guidelines that outline the method by which employees may request not to participate in these aspects of patient care that conflict with their personal cultural values, personal ethics or religious beliefs.

To ensure employees are informed that they may request not to participate in these aspects of patient care that conflict with their personal cultural values, personal ethics or religious beliefs.

**POLICY:**

It is the policy of Triangle Health Alliance, LLC to allow employees to request not to participate in certain aspects of patient care, specifically sterilization, blood transfusions and the removal of life support. Triangle Health Alliance, LLC is committed to the delivery of quality health care to all patients. This commitment extends to situations where an employee’s personal cultural values, personal ethics and religious beliefs may conflict with those aspects of patient care identified in the policy statement. When the commitment to patient care delivery conflicts with an employee’s personal cultural values, personal ethics, or religious beliefs, the conflict must be resolved in such a way that patient care is not negatively affected.
PROCEDURES:

Employees

Situations may arise that would create a conflict between patient care or treatment plans and an employee’s personal cultural values, personal ethics or religious beliefs.

When there is a conflict the following shall be initiated:

- An employee is to notify their supervisor or manager, in writing, that a conflict exists between their personal values, personal ethics, or religious beliefs and the desire not to perform the treatment or procedure for the assigned patient(s). Verbal requests are discouraged, but will be considered on the basis of existing circumstances.
- The employee’s immediate supervisor should notify the Department Director/Manager of the employee’s desire not to participate. The employee’s request will require the supervisor to explore the following options with the employee:

  a) The supervisor may accommodate the employee’s personal cultural values; personal ethics or religious beliefs by changing patient care assignments with other employees. However, any accommodation made must be in the best interest of patient care and Triangle Health Alliance’s overall operational demands. Reassignments that compromise patient care will not be considered.
  b) Where accommodation cannot be made that is in the best interest of patient care and Triangle Health Alliance, or the employee refuses to accept the accommodation, the employee may exercise the following options:

    1. The employee can be excused from duty and use eligible benefit paid time off once the patient(s) have been reassigned to other staff.
    2. The employee may consider a temporary duty reassignment if it can be accomplished without adversely affecting patient care or treatment.
    3. Seek and accept assignment in a different job or department through the internal recruitment process.
    4. Consider resignation if accommodation cannot be made without adversely affecting patient care including treatments.
    5. The employee may resign their position in the area where the conflict exists and may attempt to locate a position in the hospital whereby the job duties of the position will not conflict with the employee’s personal cultural values, personal ethics and/or religious beliefs. If no position can be located within a reasonable
time, the employee will be terminated from Triangle Health Alliance.

- In emergency or life threatening situations, employees will carry out direct patient care or treatment orders until other arrangements can be made. Perform all duties as assigned if their supervisor or manager determines that their request for accommodation cannot be met because it would adversely affect patient care or treatment.
- A previously made accommodation may not be possible 100% of the time depending on the existing circumstances.

**Managers**

1. Assure that all employee requests are handled in accordance with this policy statement.
2. Carefully consider the employee’s request and reasoning, the availability of other staff members to perform the aspect of patient care or treatment which the employee requests not to perform, the effect that granting the request would have on patient care, the nature and urgency of the aspect of patient care, and other pertinent matters when deciding whether to accommodate an employee’s request.
3. Attempt to accommodate employee requests by arranging for another staff member to perform the aspect of patient care or treatment which the employee requests not to perform, as long as this can be accomplished without affecting patient care or treatment adversely.
4. Excuse the employee from duty if reassignment is not possible, as long as this can be accomplished without affecting patient care or treatment adversely.
5. Notify Human Resources and Department Head of an employee’s request not to participate in these aspects of patient care and document the outcome of the request.
6. Assignment to a new job or resignation should be considered only when the cultural, ethical or religious conflict is likely to be recurrent and not amenable to reasonable accommodation.

**Department**

The Department Director has the overall responsibility for ensuring that patient care or treatment is not negatively affected should an employee request not to treat a patient based on the employee’s personal cultural values, personal ethics or religious beliefs.

The Department Director/Manager may utilize whatever means necessary to meet responsibility of patient care/treatment. Such measures may include, but are not limited to the following:

- Reorganizing staff assignments
- Authorizing use of overtime for staff to cover patient needs
- Calling in additional staff to meet patient needs
Consulting with Human Resources

**Human Resources**

When contacted by a Manager/Supervisor regarding a conflict, Human Resources shall:

- Assist in developing options for resolution.
- Review and exercise every effort to develop a satisfactory solution if management cannot resolve the employee’s request.
- In cases where an employee’s request cannot be met, initiate internal recruitment efforts in a different work area that may accommodate the employee’s request.
- If no positions can be identified that will accommodate the employee’s personal cultural values, personal ethics or religious beliefs, the employee will be placed on an “inactive status” pending successful re-location to a different position.
- If after 30 days in the “inactive status” no position can be located, the employee will be separated from Union Hospital.

Note: Triangle Health Alliance, LLC strictly adheres to a policy of non-discrimination for both patients and employees. All requests received from employees who do not want to participate in designated areas of patient care are to be specific to cultural, ethical and religious beliefs of the employee and may not be discriminatory in nature.

**ATTACHMENTS**

Staff Rights Questionnaire
# TRIANGLE HEALTH ALLIANCE

## STAFF RIGHTS QUESTIONNAIRE

1. I have read and understand my job description and what will be expected of me.
   
   **AGREE**                           **DISAGREE**

2. I have read and understand the policy (THA HR-309) concerning Employee Cultural, Ethical, and Religious Values in Patient Care Settings.
   
   **AGREE**                           **DISAGREE**

3. I foresee no conflicts with my personal ethics, religious beliefs, or cultural values and the required patient care for my unit/department.
   
   **AGREE**                           **DISAGREE**

4. If you have answered “DISAGREE” to number 3, please list potential conflicts below:
   
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

5. To the supervisor: For all “DISAGREE” responses, provide follow-up documentation of resolution as an attachment to this form.

   ________________________________
   Employee’s Printed Name

   ________________________________
   ________________________________
   Employee’s Signature and Date   Supervisor’s Signature

______________________________
Employee’s Printed Name

______________________________
Employee’s Signature and Date   Supervisor’s Signature