



Ethics Representatives Meeting

Capri Hotel - Red Deer, Alberta

May 3, 2007, 7:00 pm – 9:30 pm

Summary

In Attendance:

Leanne Brown- *Provincial Health Ethics Network*
Barbara Cameron- *Tom Baker Cancer Centre*
Ashley Carlson- *Provincial Health Ethics Network*
Jo Chan- *Provincial Health Ethics Network*
Alice Dreger- *Feinberg School of Medicine of Northwestern University*
James Dwyer- *Center for Bioethics and Humanities, SUNY Upstate Medical University*
Jon Gilchrist- *Royal Alexandra Hospital Clinical Ethics Services*
Glenys Godlovitch- *Office of Medical Bioethics, University of Calgary*
Gary Goldsand- *Royal Alexandra Hospital Clinical Ethics Services*
John Hnatuik- *East Central Health Ethics Committee*
Bashir Jiwani – *Fraser Health Ethics Service*
Nora Johnston- *Population Health Strategies Branch, Alberta Health & Wellness*
Brendan Leier- *John Dossetor Health Ethics Centre, University of Alberta & Stollery Hospitals*
Debbie Leitch- *David Thompson Health Region Ethics Committee*
Joe MacGillivray- *Provincial Health Ethics Network Board*
Gordon MacPherson- *Provincial Health Ethics Network Board*
Connie Mahoney- *Regional Clinical Ethics Service, Calgary Health Region*
Amy Middleton- *Provincial Health Ethics Network*
Al-Noor Nenshi Nathoo- *Provincial Health Ethics Network*
Thaine Olsen- *Chinook Health Region Ethics Committee*
Margaret Plain- *Provincial Health Ethics Network Board*
Randall Sargent- *Provincial Health Ethics Network Board*
Tara Tierney- *Provincial Health Ethics Network*
Donna Van Bruggen- *David Thompson Health Region Ethics Committee*
Marika Warren- *Provincial Health Ethics Network*
Daniel Wikler- *Harvard School of Public Health*

Regrets:

Albert de Villiers- *Peace Country Regional Health Ethics Committee*
Neil Elford- *Capital Region Health Ethics Coordinating Council*
Brian Farewell- *Calgary Health Region Clinical Ethics Service*
Pat Furey- *Northern Lights Health Region Ethics Committee*
Yolanda Lackie- *Aspen Regional Health Ethics Committee*
Marie Josée Paquin- *Tom Baker Cancer Centre Ethics Committee*
Michael Shea- *Alberta Catholic Health Corporation*
Dick Sobsey- *John Dossetor Health Ethics Centre, University of Alberta*
Angela Thachuk- *Royal Alexandra Hospital*
Sheila Toews- *Winnipeg Regional Health Authority Ethics Services*
Eric Wasylenko- *Calgary Health Region Clinical Ethics Services*
Craig Widmer- *Palliser Regional Bioethics Committee*

Goals of Meeting

- To share best practices in ethics in Alberta
- To identify challenges facing the promotion of ethics dialogue and practice in Alberta
- To generate strategies to address these challenges

Summary Presentation of Region / Board / Centre Activities

See attached PowerPoint presentation

Discussion One: Clinical Ethics Committees

Clinical Ethics Committees were established as resources within health care organizations to address ethical issues arising largely in the delivery of health care. The quality and effectiveness of these committees, both within Alberta and across North America, ranges widely. How can we help to improve the quality of services provided by clinical ethics committees?

Some suggested strategies, which are not mutually exclusive, include:

- 1. A voluntary or required accreditation process, similar to healthcare organization accreditation*
- 2. A province-wide quality improvement program to assess a baseline of the existing effectiveness of ethics committees, and a voluntary program that clinical ethics committees could participate in to improve their quality*
- 3. Unconference on the next generation ethics committee hosted by PHEN (an unconference being a conference-style gathering where the agenda and content are determined by participants dynamically)*

Suggestions provided through discussion:

- Develop the capacity of individuals working within health care organizations to identify ethics dilemmas
- Examine the perceptions of the ethics committee's role within the health care organization
- Raise awareness of health ethics among executives and members of the public and promote ethics committees within health organizations
- Aim to make ethics committees approachable and available to those who seek their services
- Ethics committees are happy to respond when called to in some kind of crisis, but should try to be present on the front line when there is no crisis and assume some responsibility for building capacity
- Be clear about the function of an ethics committee and develop its role beyond clinical consultations and urgent issues to also include organizational ethics
- Aim to increase the number of consultations conducted by committees in order to gain experience and increase quality
- Support ethics education among ethics committee members, including ethical theory, case discussion and practical experience in consultation
- Establish quality assurance and evaluation processes for committees
- Examine whether it is feasible/ effective to have one standard for quality when there are so many different kinds of ethics committees
- Create links, foster dialogue among ethics committees in the province to share experiences, best practices etc.

Discussion Two: Health Ethics Personnel

A number of Regional Health Authorities across Alberta and Canada report that access to trained, paid (as opposed to volunteer) health ethics personnel contributes to the effectiveness of their clinical ethics services. However, there is a significant disparity in access to trained personnel, particularly between rural and urban regions. How can we address this challenge in Alberta (at least, if not elsewhere), particularly outside of Calgary and Edmonton?

Some suggestions, which are not mutually exclusive include:

- 1. Several RHAs could “share” a bioethicist*
- 2. PHEN could act as a broker, linking health ethics personnel with health regions/ organizations on an as-needed basis, particularly for ethics consultation*
- 3. RHAs could contract with PHEN to provide a certain number of hours of health ethics personnel support for their health region/ clinical ethics service*
- 4. Engage in a conversation with the Health Boards of Alberta with a view to developing a renewed funding agreement that would enable trained health ethics personnel to be made available to health regions either directly through PHEN or otherwise*

Suggestions provided through discussion:

- While using PHEN as a broker would help with sudden, urgent issues, consider whether it would address ongoing, day-to-day issues within health organizations
- Consider whether health regions could be given a certain number of hours of ethics services from PHEN per 1000 people
- Consider whether contracting with PHEN might stifle the development of a provincial network and regional capacity.
- Develop sufficient organizational support for ethics activities/personnel
- Assist regions and/ or organizations to build a case for supporting access to bioethicists
- Consider whether a bioethicist could take on a capacity building role within the region, educating others in health ethics
- Although some in-person interaction is essential, health regions or organizations could share an ethicist’s services via telehealth, webcast and phone
- Examine how rural facilities might benefit from a shared ethicist if he or she is based out of a main urban centre
- Share education and consultation knowledge among committees through peer consultation
- Develop a certification process in health ethics (as with other professions)
- To encourage health ethics as a career, develop a clear career path as there are for other health care providers (as laid out in Alberta in the Health Professions Act)

Discussion Three: Organizational Ethics

Increasingly, health care organizations are identifying the area of organizational ethics as an important area to be addressed. The traditional organ used to address ethics issues in health care organizations (clinical ethics committees) may not be well suited to address ethical issues arising at the organizational level, whether they be about resource allocation, employee relationships, community/ corporate relationships, or other issues. How can health organizations in Alberta best address emerging issues in organizational ethics?

Some suggestions for strategies, which are not mutually exclusive, include:

1. *Best practice review of how other clinical ethics committees and ethics services are addressing this issue, posting the information on a website and distributing it to RHAs*
2. *Development of a toolkit on addressing organizational ethics issues, distributed to health regions/organizations across the province*
3. *Hosting of a national conference on organizational ethics, with a view to producing a summary of best practices and suggestions for moving forward*

Suggestions provided through discussion:

- Consider how raising organizational ethics issues requires courage and develop strategies to support those who do so
- Staff are often unaware of the ethics committee and its role within the organization, so ethics committees must increase their profile
- Organizational issues are increasingly being recognized by executives who are seeing the role of ethics in big picture organizational issues
- Within health organizations there is an increase in desire for ethical debate. For example, health care providers are making moral arguments to get patient concerns heard. Thus, perhaps organizational change can be achieved through moral argument
- A challenge is to address how business and ethics aspects of an organization are becoming increasingly integrated
- Take advantage of how the accreditation process provides a “push” for organizations to develop ethics activities, establish an ethics committee etc.
- Consider how concerns regarding litigation can drive the development of organizational ethics resources
- Branch out outside of health organizations to address organizational ethics - organizational ethics is part of a trend that extends beyond health care
- Seek ethics committee membership from senior administration and executives and find a champion for ethics within senior administration or upper management
- Consider how most ethics committees report to the board - this presents both opportunities and challenges when addressing organizational ethics
- In order to address organizational ethics, must look at how to reach boards
- Consider how most committees are democratic whereas organizations are hierarchical, presenting challenges

Discussion Four: Health Ethics Capacity

One of the challenges facing the health ethics community is the question of how to build human resource capacity at all levels – health ethics scholars, trained clinical ethicists, clinicians with a literacy and fluency in health ethics, and members of the public with an awareness and sensitivity to health ethics issues. If you agree this is an important goal, how should we accomplish it?

Some suggestions for strategies, which are not mutually exclusive, include:

1. *Multi-tiered, coordinated health ethics education strategy developed between the universities and PHEN*
2. *Introduction to Bioethics, Part II distance education course offered by PHEN*
3. *Fellowships in health ethics with health organizations around the province*
4. *Health ethics web seminars and teleconferences open to all, with continuing education or university credits leading to a certificate or diploma*

5. *Joint Master of Bioethics programme at University of Alberta and University of Calgary*

Suggestions provided through discussion:

- Develop strategy to recruit physicians to serve on ethics committees
- Develop strategies to receive input and perspectives about ethics issues from everyone, including support staff, front line staff, members of the public etc.
- Develop a mandatory ethics course for general undergraduate education programmes and ethics training for practicing physicians
- Emphasize codes of ethics in health professionals' training and practice
- Re-evaluate codes of ethics among health professions
- Develop clear career paths and various levels of credentials for ethicists
- Establish a professional association for ethicists
- Consider the identity of ethicists. He or she isn't the one with the answers, but has a good understanding of the questions.
- Ethics and ethical discussion need to be embedded in the organization and supported with resources for various levels of need for ethics services
- Must include ethics issues in organizational policy development
- Create reflective space within health, especially as resources become more scarce
- Develop ethics partnerships between health organizations
- Create a linkage between organizational ethics and clinical ethics within and between health organizations
- Use non-jargon laden materials to start ethics discussions in organizations/public settings. Must develop ethics awareness so that people can recognize when ethics issues arise in their everyday activities
- The development of a Distance Education II course is a viable suggestion – it is less of an investment than going back to university
- Develop an ethics residency program with PHEN