

Canadian Bioethics Society

NEWSLETTER

Volume 7, Number 2

August 2002



PRESIDENT'S LETTER

Christine Harrison 2001-2002

Dear CBS Members,

I hope you are enjoying your summer vacation. I have a few thoughts to share with you in my final President's Letter.

Organizational Ethics

One of my vacation books was "Leading Quietly: An Unorthodox Guide to Doing the Right Thing," by Joseph Badaracco. While following the pattern of other business/management philosophy books, Badaracco proposes a model of leadership that really resonates with my experience. He identifies organizations as large and complex, and people as driven by different motivations and interests. While this may seem obvious, appreciating this determines the way "quiet leaders" address complex moral problems within their organizations, and may account for the apparent dearth of "heroes" in bioethics. "Quiet leaders" possess the virtues of restraint, modesty, and tenacity, and for them leadership is a long and slow process rather than a single dramatic event. Badaracco quotes from Albert Schweitzer's autobiography:

"Of all the will toward the ideal in mankind only a small part can manifest itself in public action. All the rest of this force must be content with

small and obscure deeds. The sum of these, however, is a thousand times stronger than the acts of those who receive wide public recognition. The latter, compared to the former, are like the foam on the waves of a deep ocean."

Perhaps your organization's library would order this book for its collection (and let the CEO know when it arrives).

How is Bioethics Doing in Canada (or how is it that you have time to read this newsletter?)

There have been several developments over the past decade that have influenced the demand for bioethicists and for educated and skilled ethics committee and REB members. One has been the increased attention of the Canadian Council on Health Services Accreditation (www.cchsa.ca) to ethical matters in its accreditation of Canadian hospitals. Hospitals must show that they have systems in place to provide means of addressing patients' rights (for example to information), end of life decision-making, and ethics at the organizational level, including the education of staff and volunteers and the harmonization of policies with organizational mission and values.

A second development has been the requirement of the Royal College of Physicians and Surgeons of Canada (<http://rcpsc.medical.org/english/ethics/>) that all postgraduate residency training programs include bioethics in their curricula. This means that all specialty and sub-specialty doctors-in-training in Canada must have the opportunity to learn bioethics, with the practical implication that all sixteen medical schools and affiliated teaching hospitals

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Canadian Bioethics Society NEWSLETTER

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This newsletter is published in both French and English and is distributed to CBS members in their preferred language. Members can obtain an additional copy in the alternate language upon request.

Newsletter submissions in the form of articles, letters, book reviews, notices and events are welcomed.

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President's Letter – continued from page 1 ...

have been developing learning opportunities. This has increased the need for capable faculty, who may be hospital bioethicists, University medical faculty, or teams of bioethicists and clinicians.

Thirdly, in 1998 the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (www.nserc.ca/programs/ethics/english/policy.htm) was introduced. This Policy applies to all publicly funded research in Canada. Research Ethics Boards require assistance with learning and teaching about the Policy, and implementing it in their organizations. Review of research protocols has increased in numbers and complexity, and the Policy requires that at least one REB member be knowledgeable in ethics.

Finally, another significant factor in the increased profile of bioethics was the recent creation of the Canadian Institutes for Health Research (www.cihr-irsc.gc.ca), Canada's major federal funding agency for health research. Ethics is an integral part of the agency, with membership on the Governing Council, a Standing Committee on Ethics, Ethics designates on each of the thirteen Institutes' Advisory Boards, an Ethics Office, and a Health Ethics and Law Peer Review Committee.

CBS Update – From the Executive

The CBS Executive meets several times by teleconference throughout the year. Items of note from our recent teleconference:

Conference updates. The 2002 conference will be in Victoria in October. Abstract review and selection is complete, and the planning committee has been working very hard to provide you with an excellent meeting. In 2003 we will meet jointly with the American Society for Bioethics and the Humanities, in Montreal. Be prepared for a very early call for abstracts for this meeting. The CBS will co-sponsor another conference: Clinical Ethics Consultation: A First International Assessment, to be held at the Cleveland Renaissance Hotel, Cleveland, Ohio, and April 4-6, 2003.

Working Conditions Project (details are provided elsewhere in this newsletter).

Bioethicist Award? Several years ago it was discussed at a CBS annual meeting that there be some kind of award for a leader (quiet or otherwise) in Canadian Bioethics. There was considerable ambivalence expressed, and the idea was put aside for the time being. There may be some interest in discussing it again. If you have any thoughts about this please let me know. (The ASBH has a Lifetime Achievement award – information is available about this award at www.asbh.org/awards/).

We need your help! Michael Coughlin is looking for volunteers to assist him with CBS financial matters, possibly as a member of the CBS Finance Committee. If you have some experience and would be willing to help, please contact Michael.

Members of your Executive have made a valuable contribution to the CBS during my term as President. I thank them all for their commitment and dedication to the Society.

<christine.harrison@sickkids.ca>



14th Annual
Canadian Bioethics Society

CONFERENCE

Ethical Challenges Across the Lifespan

Join us in Victoria!

for

**The 14th Annual Canadian Bioethics Society General Meeting
and Conference**

Ethical Challenges Across the Lifespan

Oct.17-20, 2002

Victoria Conference Centre, 702 Douglas Street, Victoria, British Columbia

Pre-conference day Oct. 17th hosted by the College of Physicians and Surgeons of British Columbia.
Negotiating Bioethics in a Culturally Diverse Society

Post-conference morning Oct. 20th hosted by the National Council on Ethics in Human Research

Opening Plenary 7 pm Thursday October 17

Mr. Justice Murray Sinclair, Justice of the Court of Queen's Bench of Manitoba.

“Why didn't they tell me? Some thoughts on the ethical issues that arose during Manitoba's pediatric cardiac inquest.”

Conference Plenaries

Dr. David Flaherty

“Privacy, Data Protection and Research on Human Subjects”

Dr. Hubert Doucet

“A Lifespan without limit, is that progress?”

Dr. Franco A. Carnevale

“Socio-cultural diversity and the Voice of the Child”

Dr. David Kuhl

“Iatrogenic Suffering: Revisiting Our Relationships with Patients”

Dr. Patricia Marck

“The Life of Modern Health Care: Ecological Questions for a Technological Systems”

Dr. Karen Lebacqz

“Stem Cells, Regenerative Medicine, and Global Justice”

Friday Evening

Community Building Reception hosted by numerous ethics centres in Canada.

Crystal Gardens: 5:30 to 7:30 PM Friday, Oct 18 <http://www.bcpcc.com/crystal/>

Drinks and hors d'oeuvres at the Crystal Garden

For further information check the conference website at www.uvic.ca/cbs
Or email us: cbs@uvic.ca

THE IAN ANDERSON CONTINUING EDUCATION PROGRAM IN END OF LIFE CARE

– A New Resource for Healthcare Providers

One has only to listen to the stories of dying people, to the recollections of their families and loved ones to realize that the quality of end of life care — from the ethics of decision-making upon diagnosis of a life threatening illness to the management of pain and suffering — is in dire need of improvement. For those who remain unconvinced, they need only consult the recent Senate Subcommittee report, *“Quality End of Life care: The Right of Every Canadian”* to see that while the challenges we face in caring for the dying may differ from region to region, they are pervasive and very real.

Established with a \$1 million donation from alumna Margaret Anderson in memory of her husband, the Anderson Continuing Education in End of Life Care’s goal is to improve the quality of end of life care for all Canadians. To achieve this goal, the Anderson Program will educate 10,000 primary care physicians and specialists across Canada over a five-year period to increase their skills in dealing with issues surrounding death and dying.

Educational activities are accredited by the College of Family Physicians of Canada and the Royal College and promote a variety of educational techniques. Respecting the ongoing efforts of others in continuing education in this area, the Anderson Program endeavors to integrate with and support existing programs and interactive networks. In order to discover and meet participants’ needs, we conduct needs assessments to determine perceived knowledge gaps in end-of-life care within regions and specialist groups.

As a first step, we developed educational modules (*table 1*). Each module begins with a case, followed by an introduction describing why this topic is important in EOL care and learning objectives. Core content knowledge is followed by a more detailed case description and some teaching tips for small group facilitators. Each module is accompanied by a power-

point presentation which we encourage teachers to use whenever they are called upon to teach any of these topics — we ask only that credit be given to the Anderson Program. Both the modules and power-point presentations are accessible free of charge on our website (www.cme.utoronto.ca/endoflife).

TABLE 1: Modules

- Palliative Care – Standards and Models
- Pain Management, Symptom Management
- End-of-Life Decision-Making
- Communication with Patients and Families
- Psychological Symptoms
- The Last Hours
- Culture
- Indigenous Perspectives on Death and Dying
- Conflict Resolution
- **In development:** Paediatric End-Of-Life Care, Bereavement, Caregiver Issues, Collaborative Work

As if the obstacles we all confront in improving the quality of end of life care were not large enough, the current continuing education literature reveals that efforts to change healthcare providers’ attitude, knowledge and skills are often met with dismally unsuccessful results. To address these challenges, the Anderson Program uses a combination approach of opinion leaders (educationally influential peers) small group interactive techniques, formal continuing education (e.g. grand rounds) and public education. Each module can be taught using the “traditional” small group problem based learning (PBL) approach. We also use the innovative small group “Build a Case” teaching technique, developed at the University of Toronto. This technique uses the development of a case to teach — in effect turns PBL upside down. Such a technique permits the development of contextually nuances cases, specific to the educational needs of participants and capitalizes

on one of the most effective continuing education strategies: learning from peers.

One of the biggest challenges to effecting change is often overcoming resistance, the “red tape” or inertia that arises from always having the same approach to problems — even when such an approach admittedly needs improvement. Changes require understanding how to collaborate with others. The Anderson program proposes some tools that help us think about resistance and how we can work together to overcome it.

In association with the ALS Society of Canada along with the financial support of *Aventis* and *Liberty Health* we developed two videos with Dr Barry and Karen Smith (the former dean of Queen’s University and his wife) in conversation with broadcast journalist Judy Maddren. Both videos are useful tools for those involved in teaching ethics of decision-making at the end of life. In *Making Hard Decisions: The Essence of Being Human*, Dr Smith shares his thoughts, hopes, fears and anxieties when confronted with the diagnosis of ALS. The video and its

accompanying discussion guide are designed to facilitate discussions between people diagnosed with a life threatening illness and their families — the sometime difficult discussions of their own values, hopes, fear and feelings about life sustaining interventions. In *Making Hard Decisions: Insights for healthcare providers*, Dr Smith shares some very valuable advice for all providers caring for dying people and their families. Both videos and accompanying discussion guides are available for a small cost from the ALS Society website (www.als.ca).

We would like to invite all members of the Canadian Bioethics Society to both use and give us feedback on the educational material we have developed. We hope you will find it useful and we encourage all of you to ask how you can help in the quest to improve the care we provide to dying people and their families.

*Dr. Laura Hawryluck, MSc, MD, FRCPC
Physician Leader
Ian Anderson Program in End-of-life Care
University of Toronto Continuing Education Program
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CANADIAN BIOETHICS SOCIETY AND AMERICAN SOCIETY FOR BIOETHICS AND THE HUMANITIES – JOINT CONFERENCE

*Montreal, October 23-26, 2003
Wyndham Hotel*

CONFERENCE THEME:

Multiculturalism ? Ethics in the Americas

Contacts:

Hubert Doucet (douceth@meddir.umontreal.ca)
Marie-Eve Bouthillier (bouthillier17@hotmail.com)

Please note: As this will be a large meeting, the deadline for abstract submissions will be earlier than usual.

BOOK REVIEW

DYING AND DEATH IN CANADA

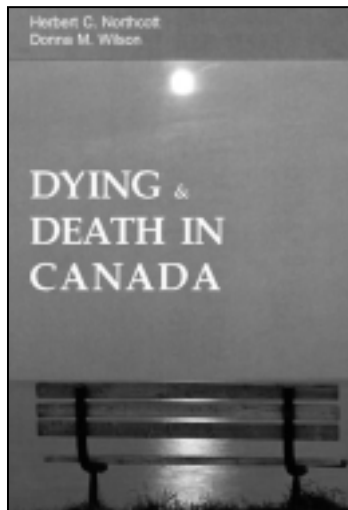
by Herbert C. Northcott and Donna M. Wilson
Garamond Press ISBN 1-55193-023-4, 189 pages

Review by Monica Branigan, MD

I sat down with interest to read this Canadian book on dying and death. As a new palliative care physician I looked forward to gaining a Canadian perspective on this topic. The authors, from sociology and nursing backgrounds respectively, have written this book primarily for students and practitioners working with the dying and the bereaved. They wanted to highlight social science discourse in Canada in order to supplement larger texts, such as Kastenbaum's *Death, Society and Human Experience*. To accomplish this, they divided the book in three parts.

The book began with a rather dry and distant tone in Part 1, the demography and epidemiology of dying and death. This served to reinforce the point the authors made that we view death with distance and detachment when we are not dying. The ability of facts to reveal individual or even collective experience is limited. Changes in life expectancy, cause of death and place of death over the past centuries were documented. Although I have a clearer sense of what has happened in the past, the authors did not include projections or predictions on where we will be likely be in the future.

The social and cultural response to dying and death was covered in Part 2. Studies on dying and death in the context of Canadian social institutions and culture were cited. They included a short section on the health care system with an overview of palliative care in Canada. The section on the legal system provided a summary of cases pertinent to withholding/withdrawing treatment, advance directives and euthanasia/assisted suicide. I found the discussions of the funeral industry most fascinating. The authors



argued that the funeral industry is moving into areas previously attended to by religion. Preparing the body after death and assistance with rituals to acknowledge or celebrate death are increasingly in the realm of the funeral industry.

Finally the authors focused on the individual point of view in dying and bereavement. I found this section most compelling and clearly authentic. The personal narratives gave a very clear sense of that individual's experience, a sense that was entirely missing in the epidemiological data. What was more

difficult to grasp was the connection between individual and societal experience. Information on being a caregiver and the impact on families of death of a family member were not included.

When I put the book down, I must admit to a feeling of dissatisfaction. With all the facts, all the information, all the studies, what do we really know about death and dying in Canada. Very little it seems. I did not read about death denial in this book. It would be important to know how we changed from a country that was familiar with death in childhood, at birth and in young adults to a country that postpones dealing with death until it is imminent. This may enable us to make choices that reflect a more balanced view of death as a part of life. Do we want to support dying at home? Can we educate ourselves about living with dying and resist the current trends towards medicalization and bureaucratization of dying. Unfortunately, it is easier to come up with questions, rather than answers.

Monica Branigan is a palliative care physician and a recent graduate of the MHS in Bioethics program at University of Toronto.

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ABBYANN D. LYNCH MEDAL IN BIOETHICS

Call for Nominations

The Abbyann D. Lynch Medal in Bioethics was established by the Royal Society of Canada and Associated Medical Services, Incorporated.

Its purpose is to raise the profile of ethics in medicine and science by honouring leading Canadian exponents in these fields and bring recognition to their work.

The medal will be awarded for a major publication in bioethics by a Canadian.

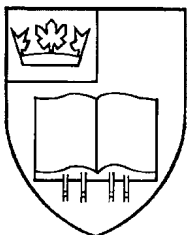
The publication may be a book, a report, a scholarly article, a monograph or series of articles, which will normally be published in the 2 years preceding the nomination.

The first award will be given in November 2003; the award will consist of a bronze medal, and a cash award of \$2,000.

Individuals and organizations who wish to nominate for this award are invited to visit www.rsc.ca/english/awards_lynch.html or contact the awards co-ordinator at:

The Royal Society of Canada
283 Sparks Street, Ottawa ON K1R 7X9
Telephone: (613) 991-6990 • Facsimile: (613) 991-6996 • adminrsc@rsc.ca

Nominations should be received by December 1, 2002.



*The award was created to honour
bioethicist and Past President of AMS,
Professor Abbyann Lynch, CM, PhD
for her substantial achievements
and support of biomedical ethics in Canada.*



CAN A BIOETHICS EDUCATION AFFECT THE OPINIONS OF STUDENTS REGARDING MEDICAL ETHICS?

by Fethi Tebourski

Introduction

Medical ethics or bioethics “refers to the code of conduct that a society gives itself to deal with difficulties or dilemmas born out of the advances of science”.¹ The issues that arise from genetic screening, genetically modified organisms, organ transplants, clinical trials, keeping registers of cancer or AIDS patients, or in vitro fertilization (IVF) – a technique allowing the creation of embryos outside of a woman’s body² – can be ethical, legal, social, even philosophical or religious. While it is true that some consider research on embryos as essential³, it also raises issues for others⁴.

To reduce the risks of uncontrolled research, ethics committees such as UNESCO’s International Bioethics Committee (IBC) and Tunisia’s *Comité National d’Ethique Médicale* (CNEM) have been created. These authorities, whether national or international, contribute to the ethical debate within the general population and play a pedagogical role by encouraging, for example, the creation of chairs in bioethics within universities.

Nowadays, we believe that ethical reflection is an integral part of the field of scientific research. Conscious of the necessity to train a new kind of biologist who masters recent knowledge and new techniques, and who is capable of applying them to serve socio-economic needs while respecting his bioethical responsibilities, our team of biology teachers and researchers (in genetics, immunology and biotechnology) have introduced for the first time a course in bioethics for students majoring in genetic studies. It must be said that, except for the Faculty of Medicine, no other faculty or biology institute provides this kind of teaching. This is, therefore, a recent and unique experience in Tunisia. In the present essay, we examine whether teaching bioethics in universities affects the opinions of students regarding bioethical issues.

Method

In order to reach our objective, we surveyed students (future doctors, nurses and technicians) attending three public health institutions and who have been given bioethics courses through a program that has been well established for some years.

The sample was made up of 428 Muslim students (12.29% of the total number of students) of which 166 were men. 119 students had taken or were taking bioethics classes (Group Bio +) while 309 had never received any education in bioethics (Group Bio –).

The survey included, in addition to the questions regarding the students’ age, gender and schooling, six questions (two open and four closed) regarding medically assisted procreation (MAP). Concerning the students’ attitudes towards embryos obtained by IVF, we used the following measuring scale: «I agree», «I disagree», or « I have no opinion». In the second part of the survey, the students had to list the reference (or references) on which they base their opinion regarding issues raised by MAP. The listed references were then grouped in categories. It should be noted that the questionnaire had been previously tested on fifty students and then modified to eliminate logical errors and feasibility problems that were discovered.

The data was computerized and a statistical analysis was carried out using Lancaster’s partition of chi-square to obtain the final results. The threshold of significance is 5% with $p > 0.05$ non significant, $p < 0.05$ low significance, $p < 0.01$ significant and $p < 0.001$ highly significant (Program: Winks version 4.6 « Windows KWIKSTAT » TexaSoft).

Results

When asked about ethical and legal problems raised by MAP, students of the Bio + Group, who

were more sensitive to these issues than students from the Bio – Group, cited at least one issue raised by MAP (52.94% and 28.80% respectively). The problems most often cited concerned parenthood in the case of sperm donation, loan of the uterus, inseminating widowed women, gender selection, commercialization of human embryos, and risk factors.

Students of the Bio – Group were more favourable to

experimentation and to embryo donation. On the contrary, students taking bioethics courses (Bio +) reject these choices (*Table 1*).

Regarding other issues such as the destruction or the sale of excess numbers of embryos, the two groups do not show significant differences of opinion. In particular, both groups categorically reject the sale of embryos (79%).

TABLE 1: Student opinion regarding the use of embryos obtained by IVF, expressed in percentage

Use of surplus embryos	Student opinion	Group Bio + %	Group Bio – %	
Experimentation	agree	30	54	SD (p=0.003)
	disagree	58	39	
	indifferent	12	7	
Destruction	agree	37	29	NSD
	disagree	49	59	
	indifferent	14	12	
Donation	agree	33	81	HSD (p<0.001)
	disagree	45	12	
	indifferent	22	7	
Sale	agree	7	7	NSD
	disagree	79	79	
	indifferent	12	12	

Group Bio + : Students who have received education in bioethics.
 Group Bio – : Students who have not received education in bioethics.
 SD : Significant Difference
 HSD : Highly Significant Difference
 NSD : Non Significant Difference

On what basis do students form an opinion regarding MAP?

It seems the students of the Bio + Group rely on science (19.39%), human rights (17.35%), and ethical standards (15.56%). The opinions of the students who haven't received instruction in bioethics (Bio –) are based on personal opinion

(21.09%) and social custom (12.36%). The differences in opinion of the two student groups vary significantly (*Table 2*). Finally, it is important to note that the reference to religion is very important in both groups.

TABLE 2: Student references for forming an opinion regarding issues raised by MAP

	Society	Religion	Law	Science	Personal Opinion	Human Rights	Ethical Principles
Group Bio +	9.44	18.37	7.91	19.39	11.99	17.35	15.56
Group Bio –	12.36	18.3	7.39	16.12	21.09	15.39	9.33

Group Bio + : Students who have received a bioethics education.
 Group Bio – : Students who have not received a bioethics education.

Conclusion and Discussion

This preliminary study demonstrates that the opinions of students regarding medical ethics (MAP in this case) can be affected by the bioethics education they receive. Students who have taken bioethics classes (Bio +) base their opinions on ethical principals and human rights whereas those who have not (Bio -) rely on their personal convictions and social customs to form an opinion. If we contend that responsible decision-making should be based on reflection and respect for humankind rather than on personal conviction and social customs, then we should encourage the integration of bioethics into the curricula of medicine, health sciences and biology faculties. Many scientists such as J. P. Changeux "believe that we should associate education and ethical reflection just as we associate the reflection on medicine and on society."⁵ However, we must concede that our results don't allow us to affirm that there is such a difference in attitudes since 50% of the students' answers in both groups are almost identical.

Religion is also an important factor for both groups. This proves that teaching bioethics cannot, by itself, be sufficient to change students' opinions. Public

awareness campaigns could support bioethics education to help change these opinions.⁶

This study has certain limitations due to the fact that only a small number of students who had received education in bioethics participated compared with the number of students who had not, and also due to the age variation among the participants (19 to 27 years old). Age is a factor that can influence a student's opinion.

Also, the survey considered only opinions regarding MAP and different results could be obtained if we were to use a different aspect such as organ donations or clinical testing.

Finally, it would be interesting to find out whether a change in opinion due to education or awareness campaigns would still be apparent after several years. A study similar to ours using researchers and doctors who have had training in bioethics during their studies could supply answers to this question.

Fethi TEBOURSKI – Genetics, Immunology and Biotechnology Laboratory, Tunis Faculty of Sciences & Department of Philosophy, Institut supérieur des sciences humaines, Tunis.
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Charles Weijer – Elected Fellow of Hastings Center



On June 18, 2002, Charles Weijer was elected a Fellow of the Hastings Center. The Hastings Center, founded in 1969, is widely recognized as one of the premier independent bioethics research centers in the world.

Each year, new Fellows are elected by the board of directors of Hastings Center "from among individuals who have made a distinguished contribution to the fields in which the Center is engaged". There are currently just over 100 Fellows of the Hastings Center, and they include many of the founding figures in the field of bioethics. His election this year makes him only the second Canadian so honored in the 33-year history of the Hastings Center. The CBS extends its congratulations to Charles Weijer for his appointment at The Hastings Center.



HELLO TO ALL STUDENTS

By Marie-Eve Bouthillier

First, please allow me to congratulate all those who submitted an abstract for the student competition at the 2002 conference in Victoria. In all, 31 students are taking part in the competition. Good luck to all participants!

I would like to give you a few details about the student competition. This year, the competition is organized by Bernie Pauly of the University of Victoria. The judging committee includes people from a variety of fields (such as medicine, nursing, philosophy and law) and from various regions of Canada, from coast to coast. Moreover, following a request made by students last year, the Executive Comity of the CBS has decided to award seven grants of 750\$ instead of the usual seven grants of 500\$. In Winnipeg, during the networking luncheon, students had come to the conclusion that the 500\$ grants offered weren't sufficient to cover the travel expenses incurred to come to the conference and give their presentation. The new amount of 750\$ is more appropriate. As for the competition guidelines, they were published in the previous issue (Volume 7, Number 1; February 2002) which can be consulted on the CBS website at www.bioethics.ca.

In preparation for the next conference in Victoria, three events are worth mentioning: 1) the students' networking luncheon; 2) student housing and 3) the social activities during the conference. First, concerning the students' networking luncheon, I think this is tradition worth continuing because it allows us to make important decisions regarding the role of students at the CBS. Also, it's an excellent time to get to know each other and to share valuable information concerning students. My two-year mandate as student member-at-large also comes to an end in Victoria. We will therefore be electing the person who will be replacing me. Make sure to take note of the

date, time and place of the networking luncheon. It's a rendez-vous not to be missed.

Secondly, in the hope of encouraging as many students as possible to come to the Victoria conference, I would like to put forward two ideas to help reduce student housing expenses. The first option is to build a network using e-mail to allow those who wish to share a room to get together. Please send me your propositions and/or needs and I will forward them to interested people. As a second option, I'm calling on the hospitality of all students and CBS members who live in Victoria. Those who have a bit of extra space and who would like to host a student during the conference should e-mail me to let me know the possibilities. In your e-mail, please indicate your preferences with respect to the invited guest. Thanks in advance for your generosity.

Finally, with respect to the social events of the conference, I would suggest keeping everything informal, as was the case during previous conferences. Very often, a number of proposals are made during the day (e.g. going to a restaurant or having a drink in a nearby pub) and the information spreads by word of mouth to all interested. If you want to make sure not to miss out, come and see me for the latest news.

Don't forget that you are always welcome to share your comments, ask questions or simply meet me for a discussion.

I'm looking forward to seeing you at the conference,

Marie-Eve Bouthillier

Ph.D. Candidate

Applied social sciences, bioethics specialization

Université de Montréal, Montréal, Qc

<m-eve.bouthillier@sympatico.ca>

WORKING CONDITIONS UPDATE

CBS Ad Hoc Working Group on Employment Standards for Bioethics.

By Paddy Rodney with updates from Chris MacDonald

At the 13th Annual CBS Meeting in Winnipeg, the CBS Ad Hoc Working Group on Employment Standards for Bioethics conducted a focus group with 15 bioethicists. The focus group was co-facilitated by members of the Working Group, including Paddy Rodney and Michael Coughlin. The process included a brief presentation on the work of the Working Group's progress to date, followed by a semi-structured discussion of participants' experiences related to ethics consultation. The focus group was co-facilitated by Paddy Rodney and Michael Coughlin, and Eoin Connolly made detailed notes of the meeting.

One of the conclusions of the Focus Group was that the best way to make progress would be to contract someone to work intensively on this issue. To this end, the CBS Executive decided in June 2002 to contract Chris MacDonald to work on this project in a focused

way for 2-3 months this summer and fall. Chris's work will build on the Working Group's past efforts and will include such items as: the development of a set of guidelines on rights and responsibilities of those doing ethics consultation within organizations, to help those starting out in this role determine what should be in a job description when negotiating a contract; continuing work previously begun on a Code of Ethics for ethics consultants; a draft discussion paper on conflict of interest for ethics consultants in corporate settings; two papers, suitable for peer-reviewed publication, on such topics as professional autonomy and accreditation for ethicists; and an annotated bibliography to aid in the CBS's future work in this area. *Updates on this project will be posted on the CBS website. Chris can be contacted at chrismac@ethicsweb.ca.*

The members of the Working Group are: Michael Coughlin (Chair), Eoin Connolly, Christine Harrison, Marie Hirtle, Abbyann Lynch, Chris MacDonald, Pat Murphy, Paddy Rodney, Mary Rowell, & George Webster.

CALL FOR ABSTRACTS

for presentation of individual papers, panel discussion, or case-focused presentations at the

Clinical Ethics Consultation: First International Assessment Conference

Cleveland Renaissance Hotel, Cleveland, Ohio

April 4-6, 2003

Appropriate topics include, but are not limited to, the following — Administrative aspects: organization and structure of consultation services; Case presentations; Charting, documentation, and record keeping; Clinical ethics dilemmas, problems, and questions; Conflicts of interest and commitment in ethics consultation; Credentialing and professional status issues; Education/training prerequisites and continuing education; Empirical studies of ethics consultation; Ethics consultation and its critics; Evaluation strategies; Goals and purposes; Improving the quality of ethics consultations; Liability/malpractice in ethics consultation; Methodology and process; Models of ethics consultation; Place of law in ethics consultation; Relationship of ethics consultation service and ethics committee

All submissions should include: Title of Abstract, Word count (500-word maximum); Full name(s), affiliation(s) and e-mail/telephone of abstract author(s). (Panels should provide names, affiliations and e-mail/telephone of all presenters.) All abstracts will be peer-reviewed by an international review committee.

Due date: September 30, 2002. Submit abstract via e-mail to kieftec@ccf.org

Further information about this meeting will be available in August 2002 on the Department of Bioethics, Cleveland Clinic Foundation website: www.clevelandclinic.org/bioethics/

CANDIDATES FOR 2002-2003

Members-at-Large:

Central — *Sandra J. Taylor, PhD*

Dr. Sandra Taylor is the Director of the Office of Bioethics, School of Medicine, Faculty of Health Sciences, Queen's University and an Associate Professor in the Department of Medicine. She holds cross appointments in the Departments of Family Medicine, Philosophy and Nursing at Queen's and a clinical appointment at the Kingston General Hospital. She received her doctorate in philosophy with a specialization in biomedical ethics from Queen's University.

Her research interests have largely revolved around end of life issues with her most recent publications being "Simply Calling a Telephone an Elephant Won't Do" in *Assisted Suicide: Canadian Perspectives*: U. of O. Press, 2001 and she is the author of *Assisted Suicide: Theory and Practice in Elective Death*. (with C.G.Prado): Humanities Press, 1999. She has recently edited the second edition of *Ethical Guidelines for the Practice of Orthopaedic Surgery* and is co-investigator in a number of research projects. These projects involve decision making in health policy, what constitutes good quality end of life care, patients' and family members' preferences for place of dying, a look into the causes of autism and ethics and biotechnology in developing countries. She has also served as a consultant for a number of organizations including The Canadian Nurses' Association, the College of Physicians and Surgeons of Ontario, the Canadian Orthopaedic Association and the Office of the Solicitor General.

She serves on a number of committees nationally and provincially as well as at Queen's and the surrounding hospitals. She has been a member of the Health Sciences Research Ethics Board at Queen's since its inception in 1991 and has a significant interest in research ethics. She has also authored numerous articles and speaks widely on various issues in bioethics.

Central — *Dawn Dudley Oosterhoff, Bioethicist*

RN (Mohawk, 1985), BA (Guelph, 1993), LLB (Western, 1996), SJD Cand. (Toronto)

Dawn Oosterhoff is a registered nurse and lawyer holding the positions of Resident Research Fellow with the Canadian Catholic Bioethics Institute at the University of St Michael's College, University of Toronto and Graduate Fellow in the Department of Bioethics, Hospital for Sick Children. She also provides bioethics-legal subject matter expertise to The Bioethics Initiative of SouthWestern Ontario, a bioethics support network affiliated with the University of Western Ontario.

Dawn's clinical experience includes work in obstetrics, neonatal care, hemodialysis, and community paediatrics. This experience has been gathered in a number of locations in Ontario, Wisconsin, and Saudi Arabia. Her legal experience includes general articles of clerkship at Harrison, Elwood (now Harrison Pensa) in London, Ontario, policy development and accreditation for the Middlesex-London Health Unit, and project direction for the Holland Group, an association of lawyers working toward legal reform and justice in medical malpractice.

Dawn has written or co-written legal guides for social workers and physicians, a health law casebook for law students, and various articles and book chapters on substitute decision-making and powers of attorney. She has given several presentations in the community and nationally, and consults widely on health care policy development.

Dawn is now in the final stages of completing a doctoral programme in law and bioethics at the University of Toronto. Her thesis is entitled, "A Legal and Ethical Analysis of Withholding and Withdrawing Treatment from Infants and Neonates: Toward a Common Understanding." Her research goals include the development of guidelines that may be used to assist families and practitioners when making decisions about withdrawing or withholding treatment. This research has

been supported by a graduate fellowship from The Research Institute at The Hospital for Sick Children and a doctoral fellowship from the Social Sciences and Humanities Research Council of Canada.

Central — *Susan MacRae*

Ms. Susan (Sue) MacRae in the current Deputy Director of the University of Toronto Joint Centre for Bioethics. Sue joined the University of Toronto Joint Centre for Bioethics and the University Health Network (Toronto General Hospital, Toronto Western Hospital and Princess Margaret Hospital) as a Bioethicist in September 2000. Prior to coming to Toronto, Sue worked as a nurse in Calgary, Alberta, as a clinical ethics fellow, program coordinator and ethics consultant through the MacLean Centre for Clinical Medical Ethics in Chicago and most recently as a research fellow in patient-centered care at the Picker Institute in Boston.

Sue's primary goals in her work are to explore the links between bioethics and quality in the current health care system, while maintaining a patient-centered, and clinically relevant perspective in an effort to find innovative strategies to confront the problems faced by patients, their families and clinical professionals.

Atlantic — *Daryl Pullman*

Daryl Pullman is Associate Professor of Medical Ethics in the Faculty of Medicine at Memorial University where he teaches ethics and humanities to undergraduate and post-graduate medical students. He holds cross-appointments to the School of Nursing and to the Department of Philosophy, and has a clinical appointment with the Health Care Corporation of the City of St. John's where he provides educational and consultation services.

Daryl earned his MA and PhD degrees in philosophy at the University of Waterloo. After completing his graduate work he taught for 8 years at the University of Waterloo Centre for Society, Technology and Values. During that time he worked as a health care ethics

consultant to a number of hospitals, nursing homes, and related organizations in South-Western Ontario. Since moving to Memorial in 1998 he has been centrally involved in a number of provincial initiatives related to health policy and health care ethics, including efforts to establish a Provincial Health Research Ethics Board. He is a member of the REB in the faculty of medicine at Memorial, and sits on the GELS committee of the CIHR Genetics Institute.

His current research interests include research ethics, ethics and ageing, and issues related to genetic research and therapy. He has a continuing philosophical interest in the concept of human dignity and its foundational role in moral epistemology. He is a recent recipient of a CIHR/Regional Partnership Career Investigator award which will provide additional time for research activities over the next five years.

Daryl has published numerous articles, book chapters, and abstracts in scholarly publications, and is a frequent contributor to public media on a variety of health related issues.

Atlantic — *Fern Brunger, PhD*

Fern Brunger is an Assistant Professor in the Department of Bioethics at Dalhousie University. She is a member of the QEII Hospital Research Ethics Board, the CIHR Health Ethics, Law and Humanities grants review committee, and co-facilitator of the Novel Genetic Technologies Research Group at Dalhousie. Fern is a Medical Anthropologist whose research and teaching is at the interface of Bioethics and Anthropology. Her current research is on culture and genomics. This includes a cross-cultural account of the ethical concerns associated with genomic research, as well as analysis of the social, cultural and economic contexts in which genomic knowledge is produced and applied. Other areas of specialization include cross-cultural clinical ethics and the ethics of health research involving socially identifiable populations.

From 1996 to 2001 she held consulting and post-doctoral positions at the BC Office of Health Technology Assessment and at the Centre for Applied Ethics, UBC. There, she was co-facilitator of the Genetics

and Ethics Research Group of CAE; on the planning committee of the GELS (Genomics, Ethics, Law, Society) component and the RDTP (RNA, DNA, Tissues and Plasma) Banking Committee of Genome BC; and a member of the Clinical Research Ethics Board of UBC. From 1994 to 1996 she was a SSHRC postdoctoral fellow in the Department of Social Studies of Medicine at McGill from 1994 to 1996. Her research was conducted in the Sri Lankan Tamil refugee community of Montreal where she examined community politics of culture in relation to concepts of body and identity. Fern obtained her doctorate in Anthropology from McGill University in 1994.

Western — Jerry Casurier

Employment History:

May 1999-Present: Associate Director of Acute Care Services for the Swift Current Health District. Was initially hired as “Program Manager of Medical Services”, augmented to “Program Manager of Medical and Surgical Services” within 6 months and finally appointed “Associate Director of Acute Care Services” during first year of employment with the district.

1997-1999: Nurse Clinician; Foothills Medical Centre, Calgary Alberta. Was responsible for ensuring the proper delivery of care to critically ill Neurosurgical patients. As the leader of a multidisciplinary team (nurses, physicians, residents, therapists etc) was able to develop a wide variety of administrative skills.

1990-1997: Staff Nurse; Calgary General Hospital/ Foothills Medical Centre, Calgary Alberta. Was heavily involved in frontline provision of care to acutely ill patients and their loved ones in Neuro Intensive Care as well as the ER.

Other interests

- Happily married to wife Stacey for over 11 years. They have three children (Mackenna 8, Rachel 6 and Logan 2^{1/2}.)
- Within 18 months of arrival in Swift Current, had established a multidisciplinary Ethics Committee,

- which continues to function very well. The Committee’s primary objective is education and it has established a number of respected initiatives.
- Recently became the first Saskatchewan resident to have completed the Provincial Health Ethics Network Course (Alberta). Also co-chairs a committee that is trying to establish a Health Ethics Network in Saskatchewan.
 - Currently serves as a Justice of the Peace for Swift Current and area.
 - Is involved in a wide variety of organizations including being an active member of Rotary International, Mensa International, and an elected board member of the Catholic Health Association of Saskatchewan (despite not being Catholic). Is currently planning a cross Canada Bike ride to raise funds for the Heart and Stroke Foundation (May-July of 2003)

Western — Shelley Raffin Bouchal

Dr. Shelley Raffin Bouchal is a nurse and holds a position of Assistant Professor, Faculty of Nursing, The University of Calgary. Recently, in her Doctoral program she completed interdisciplinary ethics courses and a course on Research Ethics. Her research interests and focus of her dissertation centered on the moral practice of nurses caring for individuals who suffered.

Shelley’s clinical background is diverse, but for the past 10 years has been in the specialty of palliative care. In 1992-93, Shelley was a clinical nurse specialist for Hospice Calgary Society where she was involved planning and initiating their Day Hospice Program. Currently she continues to practice in a relief position in the hospice inpatient program. As a professor, she is involved with beginning nursing students teaching ethics in a few foundations courses, as well as graduate students focusing in the area of palliative care. She has a particular interest in ethical issues at the end of life, as well as the formation of values of beginning nursing students. She has presented at a variety of local and national conferences, and is currently conducting research in end of life care, with a particular focus on suffering and spirituality of palliative care nurses, and palliative care teams.

Canadian Bioethics Society

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