

# Canadian Bioethics Society

# NEWSLETTER

Volume 13, Number 2

October 2008

**“Just Evidence/  
Quelle preuve  
pour une  
décision juste?”**



**20<sup>th</sup> Annual**

**Canadian  
Bioethics  
Conference**

**June 11-14, 2009  
Hamilton, ON**

email:  
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Inspiring Innovation and Discovery



## 20<sup>th</sup> Canadian Bioethics Society Conference

**LOCATION:** Hamilton, Ontario, Canada, *The City of Waterfalls*

**DATES:** June 11 -14, 2009

**THE THEME:** *“Just Evidence/Quelle preuve pour une décision juste?”*

The theme of the 2009 Canadian Bioethics Society Conference is **Just Evidence**. The Conference Abstract Committee invites proposals for papers, workshops or posters that raise ethical issues around evidence-based knowledge, clinical care, health law, health policy and health related research. Discussions of justice in relation to global, local or clinical health contexts is particularly encouraged.

**Accommodations:** Accommodations have been arranged at the Sheraton Hotel located directly across the street from the Hamilton Convention Centre. A limited number of rooms have been reserved so reserve early. Information for events and attractions in the City of Hamilton are available through Tourism Hamilton [www.tourismhamilton.com](http://www.tourismhamilton.com)

### PROGRAM:

**Rosemarie Tong:** Dr. Rosemarie Tong is Distinguished Professor of Health Care Ethics in the Department of Philosophy and Director of the [Center for Applied and Professional Ethics](#) at UNC Charlotte. Internationally recognized for her contributions to feminist thought and bioethics, Dr. Tong has published thirteen books, over one hundred articles and has served on numerous boards and committees, providing expert advice and oversight regarding issues such as health care reform, genetic and reproductive technology, biomedical research, and ethics and public policy. Previously Thatcher Professor in Medical Humanities at Davidson College, Dr. Tong came to UNC Charlotte in the fall of 1999.

**Bernard Keating:** Dr. Bernard Keating is the past Canadian Bioethics Society President. He is also a Professor of Theology & Religious Science at the University of Laval in Quebec. Professor Keating teaches Catholic biomedical ethics and bioethics. In addition to teaching at the faculty of Théologie et Sciences Religieuses at Université Laval, he is also responsible for teaching ethics to students of the faculties of Pharmacie and Médecine Dentaire. His most recent work is on the ethics of research, ethical problems related to the development and commercialization of drugs and on the nourishment and artificial hydration of patients in permanent vegetative states. He is currently developing work on orphan diseases and drug policy.

**CALL FOR ABSTRACTS:** A call for abstracts will follow shortly with a closing dated of January 15, 2009. The call will be posted on the CBS website.

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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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**Introducing...**

**THE CANADIAN NEUROETHICS INTEREST GROUP**

Dear colleagues,

It is my pleasure to inform you of the existence of a new interest group dedicated to neuroethics, the Canadian Neuroethics Interest Group (CNIG). There is no doubt that the creation of this group reflects the leadership Canadians are playing in this field and I would like to take the opportunity to thank all of our colleagues who have so far contributed to the success of the CNIG while encouraging those who have not to please join.

The CNIG was officially launched at the June 2007 annual meeting of the Canadian Bioethics Society held in Toronto. Over 70 attendees met to discuss the creation of this new interest group and learn more about Canadian and international advances in neuroethics including research, funding, and events. Following the meeting, an online consultation was put in place to identify goals and priorities for the CNIG. One of the strongest recommendations was to create a newsletter, featuring forthcoming events and literature updates. A second meeting was held at the 2008 CBS conference in St-John's where current topics were discussed, including the 2008 survey consultation results. Since then, the CNIG has started publishing its newsletter, *Brainstorm*, which now provides state-of-the art updates on events, funding, education, literature, resources, and news in neuroethics. The editorial team of *Brainstorm* welcomes contributions and updates from Canadian and international colleagues. Other priorities for the CNIG include supporting Canadian teaching and outreach in neuroethics and providing additional Canadian online coverage of neuroethics. The Canadian Neuroethics Interest Group is also particularly interested in working with CBS members to extend the CBS's new vision of outreach and inter-professional collaboration in the specific domains of mental health, neurology, and neuroscience.

Parties interested in the activities of Canadian Neuroethics Interest Group and or interested in receiving the newsletter *Brainstorm* should write to [neuroethics@ircm.qc.ca](mailto:neuroethics@ircm.qc.ca)

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# BIOETHICS ACCORDING TO NORMAN DANIELS:

## A discussion on justice in healthcare

### INTRODUCTION

Since its inception, bioethics has been primarily interested in a patient's agency and the issues emerging from biotechnological developments to the detriment of social and political aspects in healthcare. At those times when we blame the field for its lack of perspective, it would be useful to go back to the thoughts of Norman Daniels who, in a 1981 article, had already brought up the importance of political philosophy and questions of social justice in bioethics.

In this article, I will first present Daniels' conception of bioethics and its connection to John Rawls' justice theory. I will then define the principle of equal opportunity and health concepts, disease and need for healthcare. Following this theoretical framework, I will present fundamental themes such as access to healthcare, social determinants of health, equitable limitation of access to health services and technology, and bioethics' role in decision making.

### 1. JUSTICE IN HEALTHCARE

#### *Broadening the field of bioethics*

Traditionally, bioethics has almost exclusively addressed three main areas: (1) the relationship between caregivers and patients, (2) the relationship between researchers and research subjects, and (3) the powers and responsibilities created by advances in medical science and technology, and life sciences (2006, p.22). These questions are admittedly important and need to be addressed. However, according to Daniels, by focusing on the micro level we often neglect fundamental issues on social and political levels.

On the meso and macro levels, the main issues are about justice. In bioethics, the question of justice developed in the field of research ethics and was concerned with making sure that research subjects were aware of the significance of their contribution to the knowledge base. As a result of institutional and political problems more refined theoretical tools

were required. This led to Daniels attempt to broaden Rawls theory of distributive justice to healthcare. Before we can consider how health services and determinants are to be distributed, we must define the concepts of health, disease and health needs.

#### *Health, disease and health needs*

Daniels borrows Christopher Boorse's definition of health and disease: *health is the absence of disease and disease is a deviation relative to the natural organisational functionality of a typical member of the same species* (1981, p.155). This definition is biomedical and the onus is on medicine to determine what is the natural organisational functionality. Daniels is aware that there is a part of normalcy in determining what is pathological, especially in the field of mental health. However, he believes that if we keep to a strict definition of health and disease (as opposed to the WHO), we find few controversial cases and we come up with a more or less objective definition of disease. From these definitions, we can determine what represents a health need: *it is what we require to maintain, restore or bring a functional equivalent to what we naturally find in the members of the same species* (1981, p.158).

#### *Health and the principle of equal opportunity*

When it comes to allocating collective resources in order to respond to the needs of members of a society, the same importance is not given to every element. Automatically, and in a multitude of moral and social contexts, individuals tend to prioritize, among others, health requirements. According to Daniels, disease is an obstacle to the normal function of a person, it reduces the range of possibilities available to this person which contradicts a well-anchored and widespread intuition that each is entitled to equal opportunities in life (1981, p.161). Daniels' position starts from a belief which needs to be linked to principles and theories. This is where Daniels calls on Rawls theory of justice as equity.

...continued on page 4

Rawls' theory of justice is based on the principle of equal opportunities. Any restriction of opportunities, such as ethnic origin, social class, sex, etc., must be compensated with measures improving one's chances. Yet, Daniels' contribution is to have emphasized that disease is an obstacle to self realization which requires compensatory measures, in other words healthcare: *'But if it is important to use resources to counter the advantages in opportunity some get in the natural lottery, it is equally important to counter the natural disadvantages induced by disease'* (1981, p.166). It is then in accordance with the principles of equal opportunity – which is a principle of justice – that health services acquire, on a theoretical level, a particular moral importance:

The central moral importance, for purposes of justice, of preventing and treating disease and disability with effective healthcare services derives from the way in which protecting normal functioning contributes to protecting opportunity. Specifically, by keeping people close to normal functioning, healthcare preserves for people the ability to participate in the political, social, and economic life of their society (2001, p.3).

## **2. EQUAL DISTRIBUTION OF HEALTHCARE AND OF HEALTH DETERMINANTS**

### ***Universal access to healthcare***

If everyone is entitled to equal opportunity while planning their social, political and economical life and that health is a necessary condition to this equality, then a fair society must include institutions that ensure healthcare for everyone based on their needs and not on their ability to pay. It follows that Daniels is a militant for universal access to healthcare:

(...) the account supports the provision of universal access to appropriate healthcare – including traditional public health and preventive measures- through public or mixed public and private insurance schemes. Healthcare aimed at protecting fair equality of opportunity should not be distributed according to ability to pay, and the burden of payment should not fall disproportionately on the ill (2001, p. 4).

## **Social determinants of health**

However, healthy environments, safe work environments and access to preventative and curative health services – rendered by public health institutions and healthcare – are not the only health determinants. An increasingly growing literature in sociology reveals the *social* health determinants. We have known for a long time that a correlation exists between a country's wealth and the life expectancy of its population. But health is not the only social health determinant. According to many studies, after a certain minimal threshold, revenue ceases to be a factor in health and longevity. For example, although its gross national product per capita is low, the Indian state of Kerala has invested in education and its population's health is greater than that of the rest of India and many other richer countries. Incidentally, although the United States' GNP per capita is greater than Costa Rica's by \$21,000, the life expectancy of Costa Ricans is slightly greater than most Americans'.

Analysis of this data reveals that, past a given poverty line, the relative socio-economic position is what determines health, which is explained by the gaps within a given society. A less wealthy, but more egalitarian economical society is in better health. Likewise, a society that is less wealthy but inclusive when it comes to race and ethnic origin, and where quality education is available, will be in better health. Therefore, we recognize today that, aside from public health services and healthcare, social justice relating to revenue, race and education are important factors in maintaining and improving health. According to Daniels, equality in health does not exist without social justice. It follows that bioethics must be involved in social justice: *'All socially controllable factors that affect the distribution of health become the concern of those who pursuing equity in health'* (2006, p.25).

## **3. FAIR LIMITATION OF HEALTH SERVICES**

Each society, however rich and egalitarian, is nevertheless faced with a restriction of resources that can be mobilized for health. Health is not the only important good for citizens, and costs of biotechnologies increase infinitely faster than a country's revenue. We then have to wonder whether we should establish limits to health services, in other words how do we determine rationing rules that are morally justified: *'How should fair decisions about such limits be made? Under what conditions should*

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we view such decisions as a legitimate exercise of moral authority?' (2001, p.9).

Daniels presents different examples of problems of this type (2001, 2006). For example, the *priorities problem* studies the alternative between prioritizing treatments for those who need it the most and treatments that will generate greater benefits on a collective level. Another way of looking at this question is to ask ourselves how many advantages we are willing to sacrifice to favour the underprivileged. Another issue is the *aggregation problem*. When is it better to choose a treatment reaping modest health benefits for many people as opposed to choosing a treatment reaping great benefits for a few people only?

#### 4. THE ROLE OF BIOETHICS

Daniels' bioethics then, has three main goals to its agenda: (1) for healthcare, it must try and resolve issues of distribution and equal services, (2) for social health determinants, it must demonstrate how health inequalities – led by an unfair distribution of those determinants – are unfair and what would be the conditions of a fair society on that topic, and (3) in a context of limited resources, establish how we can fairly ration resources allocated to health.

As for the health issues mentioned above, such as issues on distribution of services, social justice and rationing, there is often an opposition between maximizing strategies (economic analysis of utilitarian inspiration) and egalitarian strategies in the development of health policies. The first benefit from total health services, while the second are more interested in distributing health resources and prioritize equality. Therefore, one of Daniels' fundamental roles in bioethics will be to clarify health policies development by outlining the ethical consequence of the choices between maximizing or egalitarian strategies:

Bioethics is not the right field to find the relevant policy levers to reduce health inequalities. That is the task of social epidemiologists and other social scientists. But bioethics should provide guidance, in the light of the complexity we have discussed, to the policy decisions that involve different ways of trading off equity against maximisation (2006, p.26).

In order to fulfill this role, bioethics will proceed in two ways. Of the first part, it will devote itself to

normative work by which it will identify ethical principles that can guide political choices and for which we can reach a consensus. Of the second part, when a consensus of principles is too difficult to achieve, it will attempt to develop public and equitable procedures by which we can achieve fair and transparent decisions.

#### CONCLUSION

In this article, we tried to present the main theoretical elements of Norman Daniels' bioethics. We have outlined his concern regarding political and social issues and his affinity with John Rawls. His definition of disease as *deviation from natural organisational function* lets him identify disease as an obstacle to personal accomplishment that violates the principles of equal opportunity and that requires corrective action on levels of health care and social health determinants. These reflections lead him to defend universal access to healthcare and to call for more equality. However, this definition of disease eludes fundamental issues in philosophy and bioethics, such as the delimitation between *normal* and *pathological* on one hand, and between *treatment* and *enhancement* on the other. We also attempted to demonstrate that for Daniels, allocation and limitations of resources bring up *priorities problems* and *aggregation problems*. Whether we address access, social justice or resource allocation, the bioethicist must contribute to decision-making by exposing the advantages and the disadvantages, as well as the ethical consequences of utilitarian and egalitarian strategies, respectively.

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# FROM THE GROUND UP: Building a Health Ethics Network



The newly-formed Nova Scotia Health Ethics Network (NSHEN), in operation since January 2008, will have its official launch on October 3, 2008. This launch is the culmination of more than two and a half years of focused, concerted effort by a number of committed and enthusiastic individuals. NSHEN is a collaboration between Nova Scotia's District Health Authorities (DHAs), the provincial Department of Health (DoH), and Dalhousie University Department of Bioethics (Dal) and is housed in the IWK Health Centre (IWK) in Halifax, which is the current host organization for NSHEN. NSHEN was created with a collaborative organizational structure in order to most effectively meet its mandate of building ethics capacity across Nova Scotia through the provision of resources, training, and consultative support.

## BREAKING GROUND

The idea of a health ethics network as a resource for Nova Scotia had been circulating for many years, however the process that ultimately led to the creation of NSHEN began in earnest in 2003 with an initiative of the IWK and the DHAs to address the ethical aspects of accreditation standards and to increase their ethics capacity. Concurrently, the DoH had begun to explore ways to expand the role of ethical reflection and analysis within health policy and decision-making. The DoH was also seeking, where appropriate, to align approaches to health ethics with the DHAs and the IWK. These shared interests brought these health system stakeholders together. Finally, Dal, which was already participating in a variety of ethics collaborations, came on board as it was interested in the collaborative model as a means make the best use of departmental resources.

## LAYING THE FOUNDATION

An initial working group grew into an implementation committee and was charged with the task of working collaboratively to establish governance, accountability, and funding structures for the network-to-be. Models considered for governance structure included a non-profit structure, a 'contract

for service' model, and a tripartite collaboration between the IWK/DHAs, the DoH, and Dal. Ultimately the collaborative model prevailed due to the flexibility that was inherent in the structure as well as its ability to ensure equitable input, both of which seemed particularly important given that NSHEN represented a first-time partnership for the collaborating organizations.

Enthusiasm for the project was high, and although there were some unforeseen challenges along the way the collaborating partners successfully constructed a comprehensive memorandum of understanding (MoU). The MoU established the equitable status of all the partners and reflected an innovative approach to the provision of a broad range of ethics supports, with the explicit goal of building capacity. It also clearly established that NSHEN would operate as a network, framed as a collaborative partnership, as opposed to as a service provider.

## FRAMING

NSHEN is made up of a twelve-member advisory council and staff. The advisory council is comprised of representatives of the various collaborating partners and is responsible for setting priorities and giving direction regarding the activities of the network. The staff includes a full-time administrator, Kelsey Antifaeff, and an ethicist, Marika Warren, who is a faculty member in the Department of Bioethics. Christy Simpson and Jeff Kirby, other members of the Department of Bioethics Ethics Collaborations Team, are also integral to NSHEN, providing support and expertise.

## INTERIORS

The advisory council engaged in a visioning process that led to a draft of an identity statement. That draft was presented at NSHEN's first annual conference in April 2008 and was further revised based on feedback received from stakeholders throughout the province. The process resulted in the following:

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## **Building Capacity for Ethical Practice**

*Building awareness, sensitivity, knowledge, and confidence for integrating ethics into what we do every day.*

### **- Through -**

#### **Connection**

*Creating opportunities to talk, share, consult, and for diverse voices to be included and heard.*

#### **Collaboration**

*Committing and being open to exploring new ways to work together.*

#### **Critical Reflection**

*Challenging values, assumptions, norms, interests, choices, and processes from a diversity of perspectives.*

#### **Creativity**

*Fostering innovative approaches to ethical process and practice.*

## **FROM HOUSE TO HOME**

The work of the network is divided into four broad, overlapping categories: ethics education, organizational ethics, health policy, and clinical ethics. In all of these areas the goal is primarily to build capacity, particularly through creating connections and opportunities for sharing of expertise and best practices.

Work in ethics education is aimed at building capacity through providing education and training for health executive team members, boards, policy makers, ethics committee members, and health care providers, among others. Education will be provided through presentations on relevant topics or issues which will be delivered in various formats, including province-wide telehealth sessions, DHA ethics days, and an annual NSHEN conference.

In the area of clinical ethics, NSHEN will build capacity by developing processes, procedures, and other resources for clinical ethics consultations, providing direct consultative support only for complex clinical ethics issues or cases.

NSHEN will furthermore build capacity at the level of the organization by developing organizational ethics consultation processes and ethics-informed decision making frameworks. It will introduce ethics lenses

into the processes of organizational policy development and review and provide consultative support for the management of complex organizational ethics cases.

Finally, NSHEN will build capacity in the health policy context by bringing ethics lenses and analyses into the process of developing policies that have significant ethics dimensions.

## **HOUSEWARMING**

As of this writing, all of the elements of the network are finally in place and enthusiasm is high. NSHEN hosted a successful conference for members of ethics committees in April 2008 which also provided an opportunity to assess needs for ethics support across the province, and work has begun on several initiatives including providing assistance and advocacy surrounding accreditation, producing a policy development and review manual and creating ethics committee orientation materials. As time goes on, NSHEN will continue to build and renovate in response to ethics needs in Nova Scotia. We are pleased to be part of the bioethics neighbourhood in Canada and we look forward to receiving houseguests – take a look at our website ([www.nshen.ca](http://www.nshen.ca)) or give us a call at (902) 470-2744.



# WELCOME BACK FOR THE 2008-2009 SCHOOL YEAR!

By Meredith Schwartz

Hello and welcome back for the 2008-2009 school year! I hope everyone had an enjoyable summer.

We had a great welcome in Newfoundland for the 19<sup>th</sup> Canadian Bioethics Society Conference, *Family!* We had a lovely student social at the Hungry Hearts Café, which also raised money for a community housing initiative. After dinner, some of us became honorary Newfoundlanders with Trapper John's famous Screech-in. Forty students registered for the conference, and several students presented papers or posters. Many students attended the student-mentor breakfast, which provided the opportunity for intimate discussion with some leaders in the field of bioethics. If you have any suggestions for bioethicists you would like to share breakfast in the future, or if you are a bioethicist who would be interested in taking part in this event at future conferences, please send me an email.

**The first undergraduate student representative:** The big news from this year's conference was the election of our first-ever undergraduate student rep! I would like to introduce you to Gina Freeman <freemang@telus.net> from the University of Calgary. If you have any questions about undergraduate bioethics, or if you have events that might be of interest to undergraduate students, please contact Gina.

**The student abstract competition:** There were thirty student abstracts submitted to the abstract competition this year from which seven winners were selected. Congratulations to:

**Constance L. Deslauries**, Institut de recherches cliniques de Montréal (IRCM)

**Marianne Dion-Labrie**, Université de Montréal

**Rose Geransar**, University of Calgary

**Pam Kolopack**, University of Toronto

**Anne H. Simmonds**, University of Toronto

**Katherine Wayne**, McGill University

**Mark Weir**, University of Western Ontario

Next year's abstract competition will be chaired by Kiran Pohar Manhas. More info to follow in the next *CBS/SBC Newsletter*.

**The student travel bursary:** This was the second year that a travel bursary funded by the CBS/SBC and student fundraising efforts was made available to students. We only received four applications for the travel bursary this year, so everyone who applied received an award for \$280.00! Be sure to apply next year, as you may be among the lucky winners! The travel bursaries went to:

**Renaud Boulanger**, University of Toronto

**Emily Bell**, Institut de recherches cliniques de Montréal (IRCM)

**Céline Durand**, Université de Montréal

**Mark Weir**, Western University

**News about the 2009 CBS/SBC student abstract and bursary competitions:** In order to streamline the application process for the student abstract competition and the student travel bursary, we have opened a new email account specifically for submitting to the student programs. Please send your abstracts and bursary applications to <studentscbs@gmail.com> for the 2009 conference, *Just Evidence*, to be held in Hamilton, Ontario.

In order to recognize the winners of the student abstract competition and the student travel bursary, the prizes for these programs will be awarded at the annual CBS Student Business meeting in 2009. More information on these programs will be forthcoming in the next issue of the *CBS/SBC Newsletter*.

**New opportunities from the CBS/SBC:** Are you a student looking to become more involved in the field of bioethics? Would you like to build your CV with great experience in bioethics? If so, the CBS/SBC has some new opportunities that may interest you. The *CBS/SBC Newsletter* is expanding! First, we are looking for articles submitted from the membership. If you have a paper you would like to submit for publication, we are interested in hearing from you! Second, we will be including a section on recent publications in Canadian Bioethics. If you are interested in acting as a research assistant to identify these references, we would love to hear from you. Please refer to the job advertisement in this newsletter edition.

**University Reps:** The university representative program continues to grow! Are you interested in becoming a member of the team? We are especially looking for University Reps from Saskatchewan, Manitoba, New Brunswick, PEI, and the Northern Territories, as these regions are currently underrepresented. The roles and responsibilities of the University Rep are simple, but important:

1. BE PRESENT – attend bioethics club meetings and visit bioethics classes at least once a year to tell them about Student CBS/SCB; get to know the bioethics profs as well; *if you are comfortable, give out your email address when you visit*
2. BE A HUB – allow me and others to contact you, and contact me and others to keep CBS/SCB informed on important issues (scholarships, new developments, growing programs, new centres)
3. MAKE OTHERS AWARE – advertise for the annual conference (post posters); *if you are comfortable, write down your email address at the bottom of the flyer*

If this job sounds interesting to you, please send me an email to let me know that you would like to be part of the University Representatives.

Warm Regards,  
Meredith Schwartz  
[Meredith.schwartz@dal.ca](mailto:Meredith.schwartz@dal.ca)

*Meredith Schwartz is currently completing her Doctorate in Philosophy specializing in Health Care Ethics at Dalhousie University.*

\* \* \* \* \*

**A Message from Gina:** As an undergraduate student in the Biological Sciences, I recognise the need for increased undergraduate student awareness and involvement in bioethics. As such, it is with great pride that I take the position of Undergraduate Student Representative for the Canadian Bioethics Society.

Working as a lab tech in a stem cell science lab at the University of Edinburgh and as a student researcher in bioethics at the University of Calgary fostered in me a deep interest in bioethics. It is this interest that I wish to promote in other undergraduate students through my work for the CBS.

Contact me with your ideas, bioethics news, or any questions you may have.

Sincerely,  
Gina Freeman  
[freemang@telus.net](mailto:freemang@telus.net)

**University Representatives:**

School	Contact	School	Contact	School	Contact
UBC	Holly	UofT	Shannon	McGill	Anais
UVic	Morgan	UofT	Diego	UMontreal	Josee
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Queens	Erin	McGill	Shawna	Midwifery	Ainsley
Queens	Nir	McGill	Gillian	NewZealand	Pat

*Save the date...*

**MAY 2010**  
**11-14**

# THE ART OF ETHICS

## 6<sup>th</sup> International Conference on CLINICAL ETHICS CONSULTATION

May 11-14, 2010  
Portland Art Museum, Portland, Oregon, USA

[www.ethics2010.org](http://www.ethics2010.org)

# **Springer to publish new journal focusing on ethical issues in neuroscience**

**~ Neuroethics will offer free online access for the first two years ~**

Dordrecht / Heidelberg, 18 March 2008

Springer will begin publishing a new peer-reviewed journal, *Neuroethics*, in March 2008. Appearing three times a year, it will provide a forum for interdisciplinary studies in neuroethics and related issues in the sciences of the mind. Springer will offer free online access to the full text of all articles during 2008 and 2009.

*Neuroethics* will be an important communication medium in the ethics of neuroscience and the neuroscience of ethics. The journal will be highly inclusive in its scope, publishing articles with a historical focus on earlier philosophical discussions of neuroethics, as well as articles with a contemporary focus. Reflecting the diversity of the neuroscientific field, the journal will provide a multidisciplinary forum for scholars from a broad range of areas, including bioethics, social and cognitive psychology, psychiatry, neurology and neurosurgery, the cognitive sciences, philosophy and law. *Neuroethics* will publish research articles, discussion pieces, short communications, reviews of significant literature, information about current scholarly activities in the field and an opinions section for readers' commentaries.

Fritz Schmuhl, Publishing Editor Bioethics & Ethics at Springer, said, "With the launch of *Neuroethics*, Springer aims to provide a unified academic platform to foster rigorous debate on neuroscientific research and also to counterbalance fragmented representations on the ethical, legal, political and social implications of neuroscience."

Editor-in-chief Neil Levy of the Centre for Applied Philosophy and Public Ethics, Melbourne, Australia and the University of Oxford, UK, said, "Given the speed and significance of new developments in neuroscience, and the rapidity with which they are coming to be applied, reflection on the ethical and

social implications of these developments is extremely important. *Neuroethics* will provide a forum for work in applied ethics as well as discuss how the sciences of the mind illuminate conceptual questions in philosophy and beyond."

*Neuroethics* will be available in print and on Springer's online platform [www.springerlink.com](http://www.springerlink.com) [<http://www.springerlink.com/>](http://www.springerlink.com/). All articles will be published online via Online FirstT before they appear in print, thereby ensuring rapid dissemination of its papers to members of the ethical, medical, legal and social science communities. The journal will include Cross Reference Linking and ToC Alerts, a feature by which subscribers receive the table of contents via email weeks in advance of the new issue.

Springer ([www.springer.com](http://www.springer.com) [<http://www.springer.com>](http://www.springer.com)) is the second-largest publisher of journals in the science, technology, and medicine (STM) sector and the largest publisher of STM books. It publishes on behalf of more than 300 academic associations and professional societies. Springer is part of Springer Science+Business Media, one of the world's leading suppliers of scientific and specialist literature. The group publishes over 1,700 journals and more than 5,500 new books a year, as well as the largest STM eBook Collection worldwide. Springer has operations in over 20 countries in Europe, the USA, and Asia, and some 5,000 employees.

Neuroethics: ISSN 1874-5490 (print) 1874-5504 (electronic)

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# West Coast Brain Waves: The National Core for Neuroethics Opens its Doors

*By Sofia Lombera and Daniel Buchman National Core for Neuroethics at the University of British Columbia*

With the remarkable pace of advances in the neurosciences, ethical, legal, policy, and social issues are garnering significant attention in both the academic community and the eyes of the general public. Historically, consideration of the social implications of such frontier technology lagged the development of the technology itself.

In response to the need to better align science and society, the National Core for Neuroethics was established in August 2007 at the University of British Columbia (UBC). As director of the Core, Dr. Judy Illes leads a team of researchers with diverse academic backgrounds whose work is focused on high impact, high visibility areas. These include, for example, tackling the ethical challenges of:

- Predicting devastating dementias that affect cognition and personality
- Identifying signs of consciousness in patients with severe brain injury
- Examining attitudes towards the potential clinical use of brain imaging and genetic testing in psychiatry
- Commercializing pharmaceuticals and devices prematurely
- Clinical, research, treatment, and policy issues in substance use and addiction
- Elucidating international and cross cultural dimensions of neuroethics

Our vision for the field of neuroethics is to tackle these challenges straight-on, by working hand-in-hand with practicing neuroscientists, policy makers, clinicians and the general public to ensure the close alignment of innovation with societal and individual human values. Neuroethics addresses these issues, at the personal, cultural and societal levels and uses those insights to help shape and empower neuroscience and social policy.

On September 11<sup>th</sup>, 2008 the National Core for Neuroethics celebrated its establishment with a public inauguration. Invited plenary speakers included leaders in neuroethics such as Drs. Rémi Quirion, Barbara J. Sahakian, and Joseph J. Fins. They spoke on issues ranging from neuroethics in the life of a scientific director, cognitive enhancement, and the Canadian origins of neuroethics. A highly engaging panel and open discussion on the partnerships, priorities and opportunities for neuroethics in Canada followed the plenary session. This interactive discussion featured a wide-range of perspectives from Drs. Judy Illes, Éric Racine, Michael McDonald and Timothy Caulfield. With a commitment to neuroethical issues across the country, the timeliness and necessity of the research, and the establishment of research groups such as the National Core for Neuroethics at UBC, the Institut de recherches cliniques de Montreal (IRCM) neuroethics group, Neuroethics NET at Dalhousie University, among others, neuroethics in Canada is rapidly, efficiently, and effectively moving forward.

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## **Question:** What do these places have in common?

2003 Montreal • 2004 Calgary • 2005 Halifax • 2007 Toronto • 2008 St John's

**Answer:** These cities have all enjoyed hosting a conference for the Canadian Bioethics Society!

Consistent with a forward vision, the CBS would like to have conference hosts in place for the next several years. On the horizon, 2009 will be hosted by McMaster University, Hamilton, Ontario. The 2010 conference will take place in Kelowna, British Columbia.

Conference planning takes a lot of time and energy. The CBS has resources available to assist future conference chairs and student planning committees in this process.

If your organization would be interested in potentially hosting the CBS conference in 2011, please contact:

Patricia Rodney, RN, PhD  
Associate Professor  
University of British Columbia School of Nursing  
T201 – 2211 Westbrook Mall, Vancouver, BC V6T 2B5  
Phone (604) 822-7507 Fax (604) 822-7466  
([rodney@nursing.ubc.ca](mailto:rodney@nursing.ubc.ca))

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# PRAGMATIC SOCIOLOGY FOR A PROSPECTIVE BIOETHICS?

Invitation to read a book compiled by  
Virginie Tournay:  
**La gouvernance de l'innovation médicale**

The author of the book recognizes it herself. The “governance” discussed has nothing to do with the widespread notion present among today’s politicians; one where governance refers to an interwoven and programmatic network of measures aiming to structure the practices in a field of activity. What other concept of governance would we want to consider in bioethics? Tournay’s work, which claims to be about pragmatic sociology, does not attempt to formulate an answer for us or to explore the interest of bioethics’ pragmatic reasoning. Emergence is at the center of all issues. Alluding to the “social soup” that constitutes our universe, Tournay’s “governance” refers to mechanisms through which our cognitive and social environments emerge. These mechanisms, which require lengthy negotiations among the actors of the medical world, are in themselves subjects of great interest in today’s bioethics which wants to integrate questioning on the meaning of human life to frameworks of medical innovations.

For us, this task effectively poses many challenges because it implies, for instance, that mechanisms and underlying process to medical innovations need to be explained. However, it is doubtful that the affected institutions’ practices always take into account that innovation happens within a social process. Take for example the development of strategic orientation and ethical framework guidelines by subsidized research organizations. Although these practices can take into account current social matters, they do not always ensue from an argument that explicitly acknowledges the interweaving of social movements in the production of knowledge. Also, the ethical evaluation of medical technologies is often simply one element among other measures of control which are largely conducted outside the innovation process itself. A

pragmatic critique would outline that such a situation admits an insidious form of determinism. Seeing as human understanding, as it is produced and used in medical technologies, is the result of consolidation and social representation, and that ethics are not part of this process, it is not considered an element of freedom to be invested transparently. As such, the *will* that prevails during an agreement – when doctors, researchers, experts and others commit to investigate and understand man’s ailments – is left to chance based upon a certain number of contingencies. But is that enough? What influences or steers this will, when it obviously emerges from a social context? We believe that considering this will as a component of human understanding could possibly represent a relevant element to create an ethical procedure from which to invest the medical innovation process.

This ethical procedure requires that some questions be addressed. On what basis can we contest the understanding of a population offered by a biomedical industry? Where would we begin to critique their activities, or even find their motivation? We are periodically restricted to observing the effects of the limits of the framework offered by our institutions. For example, how can we interpret the proliferation of genetic screening techniques when a nagging uneasiness persists after many decades?

The pragmatic position presented in the introduction of the collective work represents ways of grasping mechanisms in medical innovations and offers elements to start a relevant ethical reflection. First, this position does not presume in any way that emerging medical technologies hold an intrinsic value. They are rather perceived as the outcome of a long negotiation process among actors. The implied standardisation in negotiations is a mechanism that

allows a transition from disparate practices to a collective action. It is not by chance that standards, for example the concept of “donation” for research (insert book), have been particularly studied over the past years. These are known to influence a microcosm of social practices, political preferences, economic calculus, scientific necessity and professional judgement. The contributions by various authors to Tournay’s book are examples that not only address standards, but the negotiation processes underlying standardisation. Let’s take for example the contribution made by Cambrosio, Keating and Bourret that investigates deterritorialized mechanisms, when faced with incessant clinical and biological breakthroughs, are responsible for the perpetual realignment between normal and pathological. Or take Rabeharisoa’s contribution which brings to

mind the identity construction of a community of sick and the type of political battle it is entering.

It is interesting to notice the bioethical discourse that inevitably shows up in the book, many actors use these words to describe themselves nowadays. Having said that, the book’s layout does present another advantage: it bypasses the variable and isolated character of emerging technologies to anchor the reflection on social mechanisms and dynamics that present a greater historical consistency.

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 <b>中山醫學大學</b> CHUNG SHAN MEDICAL UNIVERSITY		<b>5th International Conference for Clinical Ethics and Consultation</b> <a href="http://ge.csmu.edu.tw/ethicsconsultation/">http://ge.csmu.edu.tw/ethicsconsultation/</a>	
Chung Shan Medical University <b>Theme: Bioethics &amp; Ethics Consultation in a Diversified World</b>			
<b>Date</b>		<b>Sessions</b>	
March 9 ~ 14, 2009 March 9 ~ 10 Pre-conference at Chung Shan Medical University, Taichung, Taiwan March 11 ~ Tour to Taipei March 12 ~ 14 International Conference at Academia Sinica		Cultural Diversities and Global Bioethics Bioethics and Humanities Methodology in Bioethics Consultation Research Ethics and Consultation Principles and Ethics Consultation Ethics Consultation and Ethics Committee/Review Board Influence of Cultural, Ethical, Religious Commitments on Consultation Consultation and Ethical Decision-making Justice and Health Care Contextualized Bioethics End of Life Care .....	
<b>Organizing bodies</b>		<b>Initiator &amp; Advisor</b>	
Chung Shan Medical University Academia Sinica Ministry of Health National Research Council Taiwan Bioethics Association International Society for Clinical Bioethics		Dr. George Agich Professor of Philosophy and director of BGeXperience Program, Bowling Green State University and clinical professor of Medicine, Ohio State University Medical School USA.  Dr. Stella Reiter-Theil Professor and Director, Department of Medical and Health Ethics Medical Faculty / University Hospital Basel, Switzerland	
<b>For more information visit our website at:</b> <a href="http://ge.csmu.edu.tw/ethicsconsultation/">ge.csmu.edu.tw/ethicsconsultation/</a>		<b>Accommodations</b>	
		1. Academia Sinica Activity Center: Single : \$1800NT(Appro. \$60.00US), Double : \$1400NT(Appro. \$50.00US) 2. Holiday Inn: Single : \$2300 NT ( 10% service ) Double : \$2500 NT ( 10% service ) 3. San Wan Hotel : \$3960 NT (taxes included)	

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# New CIHR funding opportunity for workshops and symposia with relevance to ethics

The CIHR Ethics Office is pleased to announce a new funding opportunity: the **Meetings, Planning and Dissemination Grant: Ethics**. This competition provides support for meetings, planning and/or dissemination activities consistent with the mandate of CIHR and relevant to CIHR Institutes, Initiatives, or Branches. The Ethics Office will provide partial support for workshops and symposia which have direct relevance to ethics.

An announcement for applications will be forthcoming. They can include **partial support for conferences**. Information regarding this competition is available on the CIHR website at <http://www.researchnet-recherchenet.ca/rnr16/viewOpportunityDetails.do?prog=490&&view=currentOpps&org=CIHR&type=AND&resultCount=25&sort=program&all=1&masterList=true>.

This new initiative complements the Ethics Office's existing funding opportunities: Priority Announcements in

the Operating Grant and Doctoral Research Award competitions, and Catalyst Grants in Ethics. The Priority Announcements offer additional sources of funding for highly rated applications that are relevant to research in ethics related to health, to health research and/or to health policy. The Catalyst Grants are meant to encourage applicants to embark on research in ethics that could lead to successful future applications for operating grants; develop broad themes in the areas of interest using relevant methodologies; promote conceptual and/or empirical research; and encourage post-doctoral trainees to apply as co-applicants.

To learn more about current funding opportunities, please visit [CIHR's Funding Opportunities Database](#). If you have questions regarding the initiatives led by the Ethics Office, please contact Lynne Cayer, Ethics Policy Advisor, at 613-952-4264 or at [lynne.cayer@cihr-irsc.gc.ca](mailto:lynne.cayer@cihr-irsc.gc.ca).

## Postdoctoral Research Fellow in Neuroethics

This is a 2-year position. Responsibilities of the PDF include the review and critique of relevant scientific, clinical, philosophical, legal, and/or ethical literatures, as well as the development and elucidation of new perspectives and approaches.

The successful candidate may have a background in bioethics, research ethics, philosophy, or social studies of science. The candidate must have completed a PhD, MD, or LL.M. Experience with policy analysis, knowledge of research ethics, interdisciplinary teamwork experience, and good communication and interpersonal skills are an asset.

The PDF will work with members of the Novel Tech Ethics research team based at Dalhousie University. For further information on our research, visit [www.noveltechethics.ca](http://www.noveltechethics.ca)

Review of applications will begin immediately and will continue until the position is filled. We anticipate a start date of 15 January 2009.

Applications must include a CV, (scanned) transcripts, a writing sample, a statement of research interests, and the names and contact information of 3 referees. Applications should be submitted electronically to [Sandra.Moore@dal.ca](mailto:Sandra.Moore@dal.ca). Only those selected for an interview will be contacted.

Catherine Prince  
Project Co-ordinator  
Novel Tech Ethics Team  
[www.noveltechethics.ca](http://www.noveltechethics.ca)  
902-494-2873  
[catherine.prince@dal.ca](mailto:catherine.prince@dal.ca)

## CALL FOR NOMINATIONS

Nominations are invited for the following positions on the CBS Executive Committee: **Member-at-Large, Central (Ontario)**. All CBS members are encouraged to participate in the nomination process by considering their own willingness to stand, and by recommending others whom they would like to see stand.

### POSITION DESCRIPTIONS

**Members-at-Large, Central Region:** The position involves a two-year term that is renewable once. There are five Member-at-Large positions on the Executive. Members-at-Large provide representation for five regions of the country, participate in all Executive meetings, teleconferences, serve on sub-committees, as required and submit a regional update report twice a year for submission in the Newsletter.

### PROCEDURE

A valid nomination requires that the candidate submit a short (less than one-half page) biographical sketch, indicating interests and background, along with a letter of agreement to stand. Active members of CBS may vote for candidates to these positions at the Annual Business Meeting in June.

Candidates must be members of the Canadian Bioethics Society and nominations should be submitted by **April 1, 2009** to:

Lydia Riddell  
561 Rocky Ridge Bay NW  
Calgary, AB T3G 4E7  
Phone: (403) 208-1619  
[lmriddell@shaw.ca](mailto:lmriddell@shaw.ca)

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# Canadian Bioethics Society / Société canadienne de bioéthique

## CALL FOR NOMINATIONS

The Canadian Bioethics Society is accepting nominations for two awards in recognition of those who have made significant contributions to health care ethics in Canada. Details of the awards including criteria for selection, the nomination process, the Awards Committee, and deadlines for nominations are given below.

### ***Lifetime Achievement Award***

The CBS Lifetime Achievement Award is given annually to an individual whose demonstrated scholarship and/or leadership has contributed significantly to health care ethics in Canada. Any member of the CBS may nominate an individual for the award. Nominees need not be members of the CBS.

The recipient of the award will be determined by the Awards Sub-Committee of the Executive of the CBS. Presentation of the award will be made at the annual general meeting of the society. The recipient will be invited to make a major presentation at the meeting.

*Criteria for selection include:*

- A clear focus on health care ethics in his or her lifetime achievements
- National and international profile in health care ethics
- Outstanding leadership in shaping the field of health care ethics in Canada
- Primary consideration will be given to nominees whose major contributions have occurred in the Canadian context

Nominations should be in the form of a letter demonstrating how the nominee matches the stated criteria. At least three letters of support should accompany the nomination. The final decision will be made by the Awards Committee and will be based on the stated criteria. If, in the opinion of the Committee, there are no nominees who fit the criteria, the Committee may decline to make the award in any given year. Only one nominee will be chosen in each award year. The deadline for nominations is **March 31, 2009**.

### ***CBS Distinguished Service Award***

The Distinguished Service Award recognizes outstanding and dedicated service to the Canadian Bioethics Society. The award will be presented to *an individual or group that has advanced the mission of the CBS in a significant and lasting manner*.

Letters of nomination accompanied by letters of support should be submitted to the Awards Committee by **March 31, 2009**.

#### *Awards Committee*

The Awards Committee is a sub-committee of the Executive of the CBS. The Awards Committee has six members, two of whom are members of the Executive.

Please submit nominations and letters of support to: Lydia Riddell, CBS/SCB, 561 Rocky Ridge Bay NW, Calgary, AB T3G 4E7

## **RESEARCH ASSISTANT WANTED**

### **CBS Newsletter New Feature of Recent Publications in Bioethics**

The Canadian Bioethics Society will be offering to its membership a selection of references to current publications in bioethics as a new, regular feature in its biannual newsletter.

A research assistant is wanted to assist with the identification of these references. The research assistants' responsibilities will be to gather a listing of 25 – 30 articles published within the previous 6 months in bioethics with a focus on Canadian content and contributors. Both English and French articles should be identified.

It is anticipated this position will require 30 – 40 hours per issue and will be remunerated at a rate of \$25.00 per hour. The CBS newsletter is published twice yearly (Feb/Mar and Sept/Oct).

If interested, please contact: Stacey Page PhD  
Communications Officer, Canadian Bioethics Society  
[sapage@ucalgary.ca](mailto:sapage@ucalgary.ca)  
403-220-2763

# Canadian Bioethics Society

## Executive Committee – 2008-2009

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### Treasurer

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### Communications Officer

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### Student Member-At-Large

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## Members-At-Large

### WESTERN

Connie E. Mahoney, RN, BA, PhD (Cand.)  
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### CENTRAL

VACANT

### EASTERN

Ghislaine Cleret de Langavant  
Deputy Health Commissioner  
Responsible for Ethics  
Quebec Health and Welfare Commissioner  
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Montreal, QC H3A 2S9  
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### ATLANTIC

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### NORTHERN

Gwen K. Healey, BSc, MSc  
Executive Director  
Qaujigiartiit/Arctic Health Research Network  
(Nunavut)  
PO Box 11372  
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(867) 975-5917  
(ahrn.nunavut@gmail.com)

### 2009 Annual Meeting Hamilton, Ontario

Lisa Schwartz  
Chair, Health Care Ethics  
McMaster University  
1200 Main St. W, HSC 3V43B  
Hamilton, ON L8N 3Z5  
(905) 525-9140 ext. 22987  
(schwar@mcmaster.ca)

### 2010 Annual Meeting Kelowna, British Columbia

Linda Sawchenko, MSHA,  
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Suite 6 - 1500 Columbia Avenue  
Trail, BC V1R 1J9  
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(linda.sawchenko@interiorhealth.ca)

### Corresponding Secretary

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