

## Workshop Abstracts and Facilitators



### **Monday, May 15, 11:00-14:30 ET 1A - Canadian Practicing Healthcare Ethicist Engagement in a Scoping Review of Outcomes Reported in Clinical Ethics Consultations**

**Facilitators:** Jennifer Bell, University Health Network; Andria Bianchi, University Health Network; Marina S. Salis, The Centre for Addiction and Mental Health (CAMH); Ann Heesters, University Health Network

**Abstract:** Clinical ethics consultations (CEC) can be complex interventions, involving multiple methods, stakeholders, and ethical values in conflict. Despite longstanding calls for rigorous evaluation of CEC, scientific progress has been limited. The Medical Research Council (MRC) has developed guidance for evaluating the effectiveness of complex interventions. Applying the MRC framework can help advance the transparency and scientific rigour of CEC. A first step is to understand the outcomes measured in evaluations of CEC in healthcare settings.

We conducted a scoping review of the literature to identify and map the outcomes reported in primary studies of CEC evaluations. Review findings demonstrated diversity of CEC in terms of method, ethical issue identified, and referrers/clients served. Studies varied according to participant type, sample size, institutional characteristics, study design, and research methodology. Outcomes reported in CEC evaluations were mapped across five conceptual domains: personal factors, process factors, clinical factors, quality, and resource factors.

According to Arksey and O'Malley (2005), stakeholder engagement can “inform and validate findings from the main scoping review” (p. 23). The purpose of this workshop is to engage members of the bioethics community, with a focus on practicing healthcare ethicists, in a review of our preliminary findings to inform next steps for this collaborative area of study. Objectives include capturing participants’ agreement/disagreement with the outcomes and conceptual domains identified, discussing the relative importance of each outcome, and identifying next steps for stakeholder engagement and planning scientifically rigorous efficacy trials of CEC.

### **Monday, May 15, 11:00-14:30 ET 1B - Understanding and Managing Emotions in Acute Care Medicine**

**Facilitators:** Hillary Ferguson, Dalhousie University; Andra Cardow, Nova Scotia Health; Christy Simpson, Dalhousie University; Timothy Holland, Dalhousie University

**Abstract:** The focus of this workshop is on emotion in medicine. Specifically, the types of distressing emotions (e.g., guilt, shame, grief, anger, etc.) that arise in practitioners who work in acute areas of medicine - such as critical, emergency, or surgical care. Our particular focus is on why “negative” emotions, or reactions like crying, when displayed openly by healthcare providers at the bedside or on the unit, are considered to be a weakness in practice. We outline the general cultural and social phenomena that are thought to contribute to the denial of feelings in medicine and the shame that accompanies “being emotional”. We also discuss the ways in which staff feel obligated to suppress emotions in healthcare, for varying reasons e.g., to preserve one’s medical identity, or to protect patients and families, etc.

The purpose of this session is to discuss specific impediments to the “natural” flow of human emotion in the workplace in the face of trauma and grief; to discuss the ways in which repressive emotional practices can harm providers and patients alike; and lastly, to engage in a

group discussion about how we can avoid this type of harm in medicine overall (which may further prevent occupational stress disorders like burnout, overall moral residue, and high rates of attrition from medical careers). Possible solutions may include ethical debriefs, ethics education sessions, ethics simulation, or cultural shifts in thought and belief.

**Tuesday, May 16, 11:00-14:30 ET**

**2A -Do clinical ethicists improve with experience? And, if so, how would we know?**

**Facilitators:** Jennifer Flynn, Memorial University; Victoria Seavilleklein, Alberta Health Services; Frank Wagner, University of Toronto; Katarina Lee-Ameduri, St. Boniface Hospital and Reseau Compassion Network

**Abstract:** For more than a decade, the field of clinical ethics has been concerned with issues of professionalization (e.g., CAPHE-ACCESS in Canada), standardization (e.g., ASBH’s Core Competencies and HEC-C program), and evaluation (e.g. Fins JJ et al, 2016; Pearlman RA et al, 2016) of clinical ethics consultation. Those of us working in the field are familiar with the challenges associated with these three related endeavours. These endeavours continue to receive attention in the literature (e.g., Bell JAH et al, 2022; Cohn F, 2022; Haltaufderheide J et al, 2022; McClimans L et al, 2019; Schildmann J et al ,2019)

We, however, are interested in the improvement of clinical ethics consultation work. More specifically, we will examine the issue of whether clinical ethicists improve with experience in their consultative work. This topic, while closely related to the topics noted above, has received significantly less attention, yet is critical to adequately addressing quality improvement of clinical ethicists.

The concept of improvement is more complex than it may initially seem. After all, while there may be an assumption in clinical ethics discourse that clinical ethicists improve over time—just consider how the title “senior ethicist” seems to be allocated based on seniority—it is not clear that this is a safe assumption. Experience doing ethics consultation might itself not lead to improvement in the quality of ethics consultation. In fact, there may be reasons to doubt that clinical ethicists improve with experience. Consider the possibilities of biases and cognitive errors becoming entrenched, the development of over-confidence, strengthened alignments with certain stakeholders, and/or education and training becoming outdated (or forgotten!).

In this workshop, we will consider the many facets of this issue. The question of whether clinical ethicists improve with experience leads to further questions, many of which we shall raise with our workshop participants. Examples include:

- How do we know whether a clinical ethicist is improving? (We can consider this from first-person and third-person perspectives.)
- Which aspects of ethics consultation work lends themselves more readily to improvement than others?
- Is it possible to measure improvement? If so, how?
- When clinical ethicists do improve at ethics consultation, what are they improving at?
- What does improvement in this arena feel like, from a first-person perspective?
- In what areas might clinical ethicists most want to improve?
- Are the areas in which clinical ethicists might want to improve the same as the areas in which improvement is most readily detectable and evaluated?
- How should we evaluate or address the areas in which ethics consultants fail to improve or even become less expert?

The workshop is multi-purpose. Our aims are to stimulate collaborative discussion and insights about the above-listed questions, to cultivate reflection on this question of the improvement of clinical ethicists over time, and to generate further thinking and research on this topic.

The format will primarily be discussion-based (break-out groups and then larger group sharing). Facilitators will provide some introductory remarks and reflections at the beginning and then help to guide the discussions for the remainder of the workshop. Facilitators have been chosen to represent a diverse range of perspectives on this topic in order to promote a rich discussion. For instance, they are at various career stages, have varying training and backgrounds, and represent geographic diversity.

**Tuesday, May 16, 11:00-14:30 ET 2B - How ought the best interests of children be considered in medical decision making? A collaborative workshop toward a consistent and reliable guide**

**Facilitators:** Zoe Ritchie, Western University; Macaela Forte, Western University; Lacy Soparlo, Western University; Jacob Shelley, Western University; Maxwell Smith, Western University

**Abstract:** The focus of this workshop is to explore the nature of the Best Interest Standard (BIS) for medical decision making on behalf of children. We will explore how the standard has been interpreted legally and how the interpretation and analysis of the standard plays out in practice. The workshop will also engage attendees in moderated discussion on how the standard ought to be considered and applied. This workshop will share the results of an ongoing collaborative study between the Faculty of Law and the Faculty of Health Sciences at Western University.

### **Tuesday, May 17, 15:00-16:00 ET 2C - A Workshop to Explore Ethical Challenges Related to Community and Patient Engagement in Health Research (Student-Led Workshop)**

**Facilitators:** Emily Cordeaux, University of Toronto, Yasmin Sheikhan, University of Toronto, Rhonda Boateng, University of Toronto

**Abstract:** Community and patient engagement in research involves meaningful and active collaboration with people with lived experience and intersecting identities throughout the research process, from study conceptualization to knowledge translation. People with lived experience can be engaged on a continuum, ranging from consultation and advisory roles to equal partnerships, leadership, and decision-making roles. Community and patient engagement activities have been shown to enhance the appropriateness, quality and potential impact of health research, and reflect a human rights-based approach. Furthermore, adopting intersectionality and anti-oppressive approaches can ensure engagement activities are meaningful, tailored to intersecting identities, and prevent harm. However, engagement activities also have the potential to create ethical harm. Ethical challenges include tokenistic practice, balancing risks and benefits to community and patient partners, engaging communities and patient populations that are structurally underserved and seldom-heard due to exclusionary institutional systems, and power dynamics within research teams. The following workshop will provide participants with an opportunity to explore common ethical challenges related to engagement work and promising mitigation strategies. This workshop will be led by three trainees with diverse experiences in community and patient engagement in research and health systems change.

The workshop will commence with a brief theory burst about the literature on ethical challenges of community and patient engagement in research, followed by small group discussions to address the following questions:

1. What are some common ethical challenges in community and patient engagement in health research?
2. Are there ethical challenges unique or specific to projects led by trainees and early career researchers?
3. What strategies can researchers and research teams use to minimize risks of ethical harm to community and patient partners?
4. What actions can funding agencies and research institutions take to support ethical community and patient engagement in research?
5. How can intersectionality and anti-oppression approaches be drawn upon to minimize ethical harm in research practice?

**Wednesday, May 17, 13:00-16:30 ET 3A - Clinical ethics fellowship programs in Canada: Making the move towards standardization**

**Facilitators:** Winifred Badaiki, Hamilton Health Sciences; Kathryn Morrison, Hamilton Health Sciences; Julija Kelecevic, Hamilton Health Sciences

**Abstract:** Since the practice of clinical ethics in Canada is unregulated, it is no surprise that the delivery of clinical ethics fellowships in Canada varies significantly. Currently, there is a paucity of literature about how fellowship programs in Canada are run. However, informal communication among fellows and ethicists has revealed that the programs operate with great variability. This means that fellows are unaware of what to expect during the course of an ethics fellowship. Unlike training programs for nurses, pharmacists, social workers, or physicians with uniform standards and accrediting bodies, which enables trainees to appraise the strength of their training and properly assess their skills, the variability in ethics fellowships and absence of standardization leaves this assessment to individual judgment without any formal framework for comparison.

This situation is not ideal for fellows because a lack of standardization does not support learning equity. Fellows are unable to accurately determine that they are being adequately

trained compared to the rest of their peers or whether they are prepared for independent practice. It also presents problems for clinical ethics employers, as they cannot define clear performance expectations for incoming employees who have just completed their fellowship. These concerns make an argument for the standardization of clinical ethics fellowships in Canada.

One of the workshop facilitators is a current fellow, and the other facilitators are ethicists who also mentor and supervises fellows. Together we wish to improve the quality of fellowship programs and future fellows' learning experience. In order to achieve this purpose, we will promote discussion with stakeholders by:

- i. Assessing the fellowship landscape in Canada to understand the similarities and differences that exist across various programs
- ii. Inviting fellowship directors, supervisors, fellows and prospective trainees to engage in perspective-taking regarding the standardization of fellowship programs in Canada.

To achieve the goals of the workshop, questions will be posed to the participants, and learning activities will take place. The participants will be divided into small groups supported by a facilitator. We aim for an open session with the exchange of ideas as they arise provided that they are relevant to the focus of the workshop. The questions, albeit not exhaustive, are divided into three sections:

1) Before the fellowship: Fellow recruitment

- a) What should the admission requirements into an ethics fellowship be in terms of qualifications and skills?
- b) Because of the interdisciplinary nature of bioethics, prospective fellows might not have uniform qualifications and skills across the board. How should those differences be addressed?
- c) How should a fellowship be structured regarding length, status (full-time or part-time), and training model?

2) During the fellowship: Fellow training

- a) How should fellowship programs help fellows reach the American Society for Bioethics and Humanities (ASBH) competency goals? What other competencies, frameworks, or guidelines are applicable to the Canadian setting?
- b) When trying to recruit fellows, many fellowship programs inform candidates that a fellow will engage in at least three activities among the following: ethics consultation, education, organizational ethics projects, policy development, research ethics, and scholarly work. Should any of these activities be given priority over the others, and why? How much time should be devoted to these tasks?
- c) How should fellowship curricula be structured? For example, should they be modeled as a "one size fit all" curriculum or be adapted to suit an individual fellow's needs and goals?
- d) How do supervisors assess the successes and shortcomings of fellows, and how should these assessments be communicated?

3) End of fellowship: Fellow assessment

- a) How do/ should supervisors assess a fellow's readiness for independent practice?
- b) How can prospective employers use this information in their advertisement and recruitment process?

At the end of the workshop, we hope that the outcome of the small groups will inform the creation of a draft of a comprehensive clinical ethics fellowship program description and that the engagement provides insight into how to further advance ethics fellowships in Canada with the goal of standardization.

**Wednesday, May 17, 13:00-16:30 ET 3B - Equal Respect, Equitable Treatment (ERET): Core Commitments for Inequality in the Health System**

**Facilitators:** Moji Adurogbangba, Fraser Health Ethics Services; Bashir Jiwani, Fraser Health Ethics Services; Allen Alvarez, Fraser Health Ethics Services; Susan Rink, Fraser Health Ethics Services; Mustafa Ahmed, Fraser Health Diversity Services

**Abstract:** The Fraser Health Authority has established a framework of commitments to guide a range of contemporary issues, ranging from how to respond to diversity, equity and inclusion in clinical and policy decisions, how to pay particular attention to the historical and present discrimination against First Nations, Métis and Inuit peoples, creating psychological safety, dealing with harassment, bullying and other harmful, disrespectful behaviours. Like broader society, the people who live within the boundaries of Fraser Health (FH), who are served by the health authority and who serve within the health authority are all part of the same human community, the same common humanity and are all deserving of equal respect.

While we all belong equally to humanity, we are different from each other in many ways. How society has responded to this diversity over time has led to unequal access to health care and unequal holistic health outcomes for people and communities. This unequal treatment has often been discriminatory: people have been treated differently because of characteristics that should not matter. This workshop will create the opportunity to review and provide critical reflection on these commitments and then to imagine the type of integrated strategic response that would be required to live up to these commitments.

This framework guides all Fraser Health policies, procedures, practice guidelines, strategies and standards for addressing discrimination in the many forms it appears in the organization.

Purpose: The objective of the workshop is to provide Fraser Health with feedback on the framework and to offer leaders, including bioethicists, from other contexts to explore how they might apply such a framework in their settings.

## **Thursday, May 18, 13:00-16:30 ET 4A - Bioethics and Burnout: Unpacking the Relationship**

**Facilitators:** Randi Zlotnik Shaul, The Hospital for Sick Children; Roxanne Kirsch, The Hospital for Sick Children; Carey DeMichelis, University of the Fraser Valley

**Abstract:** This workshop we will build on a recent publication by the presenters: DeMichelis, Carey; Zlotnik Shaul, Randi; Kirsch, Roxanne (2022). Healthcare’s search for “wellness”: How bioethics reduces burnout among health professionals. Canadian Health Policy, SEP 2022. ISSN 2562-9492, <https://doi.org/10.54194/OHTC9692>, [www.canadianhealthpolicy.com](http://www.canadianhealthpolicy.com).

“Nearly three years into the COVID-19 pandemic, healthcare providers are experiencing startling rates of burnout and healthcare institutions are bracing for a predicted mass exodus of

workers. In the face of this alarming reality, healthcare institutions are investing billions in wellness programs, aimed at boosting resilience and incentivizing staff retention. Though literature on burnout and professional exit often include “moral distress” and “moral injury” as contributing factors, it is striking that clinical ethics consultation is almost never constructed as part of the “wellness solution”.(CHP 2022)

In this workshop we discuss the extent to which moral distress and moral injury are explicitly ethical dimensions of burnout and explore how tools of ethical analysis can support better understanding and addressing of burnout. Throughout this interactive workshop, drawing on interdisciplinary lenses and cross-country experiences, we will also brainstorm about ways in which a well-resourced bioethics service may 1) provide valuable insight into the moral experiences contributing to burnout, 2) implement targeted interventions shown to significantly reduce moral distress, 3) provide input regarding the just implementation of wellness initiatives, 4) consider implications of the above for bioethicist burnout and wellbeing. Objectives:

1. Review the current state of burnout amongst healthcare providers and bioethicists in Canada
2. Describe the spectrum of wellness strategies targeting healthcare providers
3. Discuss the link between moral distress, moral injury and burnout

Brainstorm about strategies for having Bioethics appropriately engaged by and/or supporting hospital wellness strategies or programs addressing burnout

**Thursday, May 18, 13:00-16:30 ET**

#### **4B - Chercher l'apaisement face à des décisions thérapeutiques difficiles à avaler en matière de dysphagie**

**Animateurs:** Hugues Vaillancourt, CHU de Québec - Université Laval; Adélaïde Doussau, CHUSSS de l'Estrie – CHUS; Matthew Hunt, McGill University; Nadia Faucher, CHU de Québec - Université Laval

**Résumé:** La dysphagie représente une problématique de santé complexe dont les conséquences peuvent être gravissimes. Une partie essentielle de sa prise en charge repose sur

la modification de certaines habitudes alimentaires. Ces habitudes alimentaires peuvent être déclinées en deux composantes principales: le contenu alimentaire (le quoi) et les pratiques (activités de la vie quotidienne et de la vie domestique - AVQ/AVD) rendant possible la prise alimentaire (le comment). Ainsi, l'alimentation, par-delà son caractère essentiel à la vie, contribue également de manière significative à l'autonomie, à l'identité, à la vie relationnelle et à la qualité de vie des patients. Une modification alimentaire motivée par la présence d'une dysphagie ne peut donc pas raisonnablement faire l'économie d'une prise en compte des valeurs et des préférences du patient. La dysphagie implique alors un processus complexe de gestion raisonnée du risque pour la santé, sur lequel professionnels, patients, proches, auxiliaires de services et gestionnaires, ne s'entendent pas toujours sur les principes éthiques à prioriser...

Cet atelier permettra d'apprécier la complexité morale de la prise en charge de la dysphagie, en prenant en compte de manière la plus exhaustive possible l'ensemble des questions éthiques qui gravitent autour de cette problématique de santé. Pour ce faire, l'atelier sera construit autour d'une vignette clinique principale, dont l'évolution permettra d'aborder différents contextes cliniques, professionnels et institutionnels. Les différentes expertises des coanimateurs impliqués (éthique, nutrition, réadaptation, médecine) permettront également d'apporter une appréciation multidisciplinaire des enjeux en présence. L'atelier aura pour objectif final de co-construire avec la participation de l'auditoire une liste de critères pour aider à aborder de manière systématique les situations de dilemmes éthiques mettant en scène la dysphagie. L'approfondissement des enjeux éthiques dans ce contexte clinique particulier détient, à notre humble avis, le potentiel d'ouvrir des pistes de réflexion transposables à plusieurs sujets universels en matière d'éthique clinique et organisationnelle : le choix d'avenues thérapeutiques à risque pour la santé, la réduction des méfaits, l'approche centrée sur le patient, le processus de prise de décision partagée, ainsi que la qualité et la sécurité des soins.