Document generated on 09/15/2026 2:50 p.m.

Canadian Journal of Bioethics
Revue canadienne de bioéthique

National Engagement in Canadian Bioethics: Insights from the CBS-SCB 2023 Workshop and Community Forum

Victoria Seavilleklein, Amanda Porter and Hazar Haidar

Volume 7, Number 2-3, 2024

URI: https://id.erudit.org/iderudit/1112273ar
DOI: https://doi.org/10.7202/1112273ar

See table of contents

Publisher(s)

Programmes de bioéthique, École de santé publique de l'Université de Montréal

ISSN

2561-4665 (digital)

Explore this journal

Cite this document

Seavilleklein, V., Porter, A. & Haidar, H. (2024). National Engagement in Canadian Bioethics: Insights from the CBS-SCB 2023 Workshop and Community Forum. *Canadian Journal of Bioethics / Revue canadienne de bioéthique*, *7*(2-3), 1–3. https://doi.org/10.7202/1112273ar

© Victoria Seavilleklein, Amanda Porter and Hazar Haidar, 2024

This document is protected by copyright law. Use of the services of Érudit (including reproduction) is subject to its terms and conditions, which can be viewed online.

https://apropos.erudit.org/en/users/policy-on-use/

This article is disseminated and preserved by Érudit.

Érudit is a non-profit inter-university consortium of the Université de Montréal, Université Laval, and the Université du Québec à Montréal. Its mission is to promote and disseminate research.

https://www.erudit.org/en/

Canadian Journal of Bioethics
Revue Canadienne de Bioéthique

V Seavilleklein, A Porter, H Haidar
Can J Bioeth / Rev Can Bioeth. 2024;7(2-3):1-3

ÉDITORIAL / EDITORIAL

National Engagement in Canadian Bioethics: Insights from the CBS-SCB 2023 Workshop and Community Forum

CANADIAN BIOETHICS SOCIETY SOCIÉTÉ CANADIENNE DE BIOÉTHIQUE
In collaboration with / En collaboration avec

Victoria Seavilleklein[a,b], Amanda Porter[c], Hazar Haidar[d]

Mots-clés
ateliers, Société canadienne de bioéthique, éthique de la santé, normalisation, profession, prise de décision, impact moral

Keywords
workshops, Canadian Bioethics Society, health ethics, standardization, profession, decision-making, moral impact

Affiliations
[a] Clinical Ethics Service, Alberta Health Services, Edmonton, Alberta, Canada
[b] John Dossetor Health Ethics Centre, University of Alberta, Edmonton, Alberta, Canada
[c] Department of Bioethics, Department of Medicine, Dalhousie University, Halifax, Nova Scotia, Canada
[d] Department of letters and humanities, Université du Québec à Rimouski, Rimouski, Québec, Canada
Correspondance / Correspondence: Victoria Seavilleklein, victoria.seavilleklein@albertahealthservices.ca

NATIONAL ENGAGEMENT IN CANADIAN BIOETHICS

From May 15-18, 2023, the Canadian Bioethics Society-Société canadienne de bioéthique (CBS-SCB) organized a four-day national virtual gathering. The *CBS-SCB Workshop and Community Forum* (hereafter, the "Forum") aimed to share knowledge and reflections on various topics in bioethics and to provide opportunities for ongoing discussion and community-building. Embraced as a welcome opportunity to gather following the disruption of its in-person annual conferences due to the pandemic, the Forum was attended by 155 people, including 36 students, from all three coasts of Canada. Participants with any connection to, or interest in, health ethics were invited, including academics and scholars, students, health care leaders and providers, researchers, and practising health care ethicists.

The Forum comprised eight half-day (3.5 hour) workshops and one student-led one-hour workshop, along with six virtual networking events organized by subject area, a featured *Conversations in Canadian Bioethics* series event, student networking and mentorship events and the CBS-SCB Annual Business Meeting.

The Forum's nine workshops were selected following a national Call for Abstracts that was circulated widely in September 2022 through the CBS-SCB mailing list and social media outlets. Abstract submissions were encouraged in any area that advanced the field of bioethics and that would benefit from in-depth discussion and idea-generation from a multi-disciplinary group of interested participants. To ensure the progression of ideas around the topic, at least 50% of each workshop was reserved for interactive discussion. The successful workshop facilitators were a diverse group of academics, clinicians, practising health care ethicists, administrators, students, and fellows engaged in various aspects of bioethics work in Canada. Following the Forum, workshop facilitators were offered the opportunity to publish summaries of their workshops as Conference Proceedings in this special issue of the Canadian Journal of Bioethics (CJB-RCB). These texts, which we introduce below, capture some of the core content and rich discussions that took place during seven of these workshops.

EXPLORING STANDARDIZATION FOR A DEVELOPING PROFESSION

In recognition of the movement toward professionalization, three of the workshops broadly shared a common focus on standardizing various elements of the work of practising health care ethicists.

Honan *et al.*'s workshop summary, entitled "Key Insights and priorities for evaluating the effectiveness of clinical ethics consultation" (1), focused on the core outcomes and sub-themes identified in a recently published scoping review of reported outcomes in clinical ethics consultation (2). Participants discussed the purpose of clinical ethics consultation, how to measure its quality and effectiveness, and how to evaluate those identified measures. Participants determined that further work to reach consensus about the core outcomes and measures of clinical ethics consultation was needed, and a desire was expressed to share findings more broadly about clinical ethics consultation measurement across Canada in order to promote research and learning from each other.

In "Clinical ethics training in Canada: Moving towards standardization" (3), Badaiki and Frolilc note and respond to the great variability between clinical ethics fellowship programs. The absence of a standardized curriculum and assessment process is described as something that leaves both fellows and prospective employers vulnerable. Challenges and possible solutions related to fellow recruitment, training and assessment were collaboratively explored. This workshop sparked interest in greater collaboration between ethics fellowship programs across Canada.

2024 V Seavilleklein, A Porter, H Haidar. Creative Commons Attribution 4.0 International License
ISSN 2561-4665

Seavilleklein *et al.*'s summary, entitled "Do clinical ethicists improve with experience? And, if so, how would we know?" (4), explored and problematized the concept of "improvement" of clinical ethicists in the context of the increasing discussion around professionalization. They note that the issue of how to measure improvement has received relatively little attention compared to topics such as evaluation or education of future ethicists. The assumption that ethicists improve with experience may, for a variety of reasons, be inaccurate. Participants explored structural elements that might best facilitate improvement over time, and support, for example, the nurturing of humility, receptiveness to being wrong or challenged, self-awareness and self-compassion.

EMBEDDING ETHICS INTO POLICY, RESEARCH, AND CLINICAL DECISION-MAKING

Three of the Forum's workshops explored how ethical considerations gleaned through ethics support work can make useful contributions to other related areas, including organizational infrastructure and policies (5), community and patient partnering in research (6), and clinical decision-making in pediatrics (7).

In "Equal respect, equitable treatment: core commitments for responding to diversity and inequality in the health system", Rink, Jiwani & Adurogbangba (5) shared the Fraser Health Equal Respect, Equitable Treatment: Core Commitments for Responding to Diversity and Inequality in the Health System Framework – which describes the core commitments in the Fraser Health Equity, Diversity, and Inclusion (EDI) Strategy and Action Plans (8) – and invited participants to critically assess it, to envisage what implementation of the framework would look like, or to posit what would be required to demonstrate adherence to its commitments. This workshop explored a reconsideration of how to strengthen the relationship between ethics and equity, diversity and inclusion, using ethics programs as mechanisms for ensuring that organizations "walk their talk."

In "Addressing ethical challenges related to community and patient engagement in health research", Cordeaux, Sheikhan and Boateng (6) build on the growing recognition of the importance of engaging persons with lived experience as partners (and not merely as participants) in health research. Workshop participants explored a variety of ways that power imbalances make it difficult to live up to this call for partnering, and how some of these challenges might be better and more meaningfully addressed.

In "How 'ought' the best interests of children be considered in medical decision-making?" Ritchie *et al.* (7) facilitated a case-based, interdisciplinary exploration of children's best interests in medical decision-making. Despite "best interest" being the dominant ethical principle in pediatric ethics, the standard faces numerous challenges and criticisms, including vagueness and biased interpretation. Participants examined how insights from bioethics and other disciplines might enrich or facilitate better understanding of the best interest standard.

ADDRESSING THE MORAL IMPACT OF WORKING IN HEALTH SYSTEMS

Finally, in "Bioethics and burnout: unpacking the relationship" (9), DeMichelis, Zlotnik Shaul & Kirsch encourage reflection on the connection between moral distress and burnout among health care providers and administrators, exploring a range of ways that bioethicists are involved in supporting hospital wellness strategies or programs addressing burnout. Risks and benefits both to participants and ethicists in bioethics debriefs were explored. Coming out of this workshop, several participants from across Canada have begun collaborating on the development of a common best practice approach to moral distress interventions.

PROMOTING ONGOING DISCUSSION AND COLLABORATION

This collection of texts provide a snapshot in time of the lines of inquiry of practising health ethicists moving toward professionalization. It also represents some of the distinct ways that ethicists are trying to embed ethical considerations (of equity, partnership, and inclusion) into the policies and practice of health systems and health research. The collection concludes by offering thoughtful reflections on the effect of ethics work on ethicists themselves and how ethicists can be part of wellness-related planning to address moral compromise and burnout experienced by so many in our health systems.

It is hoped that the publication of this special issue of the CJB/RCB will help bring these thoughtful discussions to new audiences and promote additional opportunities for collaboration beyond the Forum itself. Anyone who would like to pursue these topics further is welcome to contact the individual authors directly or the CBS-SCB. All who would like to engage further in ethics discussions about these or any other topics in Canadian bioethics are encouraged to join the CBS-SCB community.

Reçu/Received: 22/05/2024
Publié/Published: 21/06/2024

Conflits d'intérêts
Hazar Haidar est éditrice de section de RCB.

Conflicts of Interest
Hazar Haidar is a section editor of CJB.

Édition/Editors: Aliya Affdal & Bryn Williams-Jones

Les éditeurs suivent les recommandations et les procédures décrites dans le Code of Conduct and Best Practice Guidelines for Journal Editors de COPE. Plus précisément, ils travaillent pour s'assurer des plus hautes normes éthiques de la publication, y compris l'identification et la gestion des conflits d'intérêts (pour les éditeurs et pour les auteurs), la juste évaluation des manuscrits et la publication de manuscrits qui répondent aux normes d'excellence de la revue.

The editors follow the recommendations and procedures outlined in the COPE Code of Conduct and Best Practice Guidelines for Journal Editors. Specifically, the editors will work to ensure the highest ethical standards of publication, including: the identification and management of conflicts of interest (for editors and for authors), the fair evaluation of manuscripts, and the publication of manuscripts that meet the journal's standards of excellence.

REFERENCES

1. Honan L, Heesters A, Bianchi A, Salis M, Bell J. Key insights and priorities for evaluating the effectiveness of clinical ethics consultation. Canadian Journal of Bioethics/Revue Canadienne de Bioéthique. 2024;7(2-3):201-4
2. Bell JAH, Salis M, Tong E, et al. Clinical ethics consultations: a scoping review of reported outcomes. BMC Medical Ethics. 2022;23:99.
3. Badaiki W, Frolic A. Clinical ethics training in Canada: Moving towards standardization. Canadian Journal of Bioethics/Revue Canadienne de Bioéthique. 2024;7(2-3):205-208.
4. Seavilleklein V, Flynn J, Frolic A, Wagner F, Lee-Ameduri K. Do clinical ethicists improve with experience? And, if so, how would we know? Canadian Journal of Bioethics/Revue Canadienne de Bioéthique. 2024;7(2-3):209-213.
5. Rink S, Jiwani B, Adurogbangba M. Equal respect, equitable treatment: Core commitments for responding to diversity and inequality in the health system. Canadian Journal of Bioethics/Revue Canadienne de Bioéthique. 2024;7(2-3):214-217.
6. Cordeaux E, Sheikhan NY, Boateng R. Addressing ethical challenges related to community and patient engagement in health research. Canadian Journal of Bioethics/Revue Canadienne de Bioéthique. 2024;7(2-3):218-21.
7. Ritchie Z, Forte M, Smith MJ, Shelley J. How "ought" the best interests of children be considered in medical decision-making? Canadian Journal of Bioethics/Revue Canadienne de Bioéthique. 2024;7(2-3):222-224.
8. Fraser Health. Equity, Diversity and Inclusion (EDI) Strategy and Action Plans.
9. DeMichelis C, Zlotnik Shaul R, Kirsch R. Bioethics and burnout: unpacking the relationship. Canadian Journal of Bioethics/Revue Canadienne de Bioéthique. 2024;7(2-3):225-228.