

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

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ÉDITORIAL / EDITORIAL

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



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## 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 Frolic 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.

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](#).

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