4-Day Intensive Health Ethics Seminar

Introduction to Clinical Ethics, Apr 7 - 10, 2025

Overarching learning objectives for the 4-Day seminar:

1. **Learn about key points in the history of health care (clinical) ethics and build knowledge about the foundational approaches to health care ethics, including different approaches to ethical decision making (e.g., consequentialism, deontology, principlism, virtue ethics, etc.).**

    - Learn about the historical evolution of health care ethics. Build understanding of major historical events and theories that have shaped contemporary health care ethics. Participants will explore case studies and examples to understand historical injustices, such as medical experimentation on vulnerable populations and discriminatory practices, and develop understanding of how these cases continue to shape current ethical debates.
    - Gain confidence in using decision-making frameworks and understand the elements of decision making (e.g., identifying the ethical issue(s); including and engaging interested parties; exploring our own biases and worldviews; weighing principles in relation to the ethical problem(s); and making/communicating a decision).
    - Grow insight into the impact of biases, stereotypes, assumptions, systemic racism, and personal perspectives on how situations are interpreted and understood. Develop new skills to enhance personal reflexivity and insight into self.

2. **Grow knowledge about the essential components of health care ethics including respect for autonomy, capacity, and informed consent. Understand capacity, the roles and duties of substitute decision makers and the ethical considerations involved in substitute decision making. Develop skills to support people who are making choices where health care teams have identified potential risks of harm.**

    - Delve into the concept of autonomy and examine related critiques of individualized conceptualizations. Learn about feminist and critically oriented influences on the concept of

autonomy and deepen the understanding of tensions between individualized and relational positions.

- Understand the concept of autonomy and the principle of respect for autonomy in the context of health care and clinical practice. Distinguish between the ideas of capacity, capability, and competence and learn how to use these terms.
- Explore the idea of capacity in relation to key components including understanding, appreciation, reasoning, and communication and how capacity relates to patient/client assessments, and the types of decisions being made.
- Build knowledge about the role of substitute decision makers and ethical considerations including substituted judgement and the best interests standard.
- Examine the notion of risk and develop skills to think about ways to support people who are making choices where health care teams have identified potential risks of harm.
- Understand emergent/urgent care and the role of substitute decision makers and the health care team. Grow knowledge around advance directives in relation to substituted judgement and appreciate professional obligations to make clinical decisions based on prior known wishes/directives.
- Learn about circumstances (e.g., emergency care, mental health, adult guardianship) where treatments are provided involuntarily and related conditions and limitations that apply.

3. **Explore common ethical dilemmas that arise in life-limiting illness, end of life care, and at the beginning of life.**

- Delve into conversations about non-beneficial and potentially harmful treatments during life-limiting illness and at end of life. Build understanding about the role of substitute decision makers. Explore the concept of "futility" and develop knowledge and proficiency around communicating ideas about treatment(s) that the team believes is harmful, not indicated, or non-beneficial.
- Explore the ethical differences between withholding and withdrawing care. Explore common ethical principles such as double effect. Examine frequently encountered ethical dilemmas that can arise at end of life (e.g., requests to withhold pain/sedation, truth-telling and requests to withhold information about prognosis). Be able to clearly articulate the ethical difference between withdrawing treatments/interventions and medical assistance in dying.

- Learn about the history of medical assistance in dying in Canada. Grow knowledge about the evolution of the legislative landscape of medical assistance in dying in Canada including eligibility criteria and areas where more focused study and exploration continue (advance requests, mature minors, mental illness as a sole-underlying eligibility criteria). Examine known reasons why people seek medical assistance in dying and gain new insights into the complexities of suffering and responses to suffering.
- Gain understanding of ethical issues at beginning of life and explore ethical issues that can arise during pregnancy. Explore differences between parental decision making and substitute decision making.

4. **Build knowledge about ethical issues that arise beyond an individual case or clinical encounter (e.g., organizational ethics, public health ethics). Appreciate various ethical principles that are brought into different kinds of ethical dilemmas.**

    - Appreciate the history of Catholic Bioethics and the impact on current biomedical ethics.
    - Learn about different kinds of ethics and ethical principles that are used to weigh options in other contexts (e.g., ethical dilemmas in public health).
    - Explore ethical dilemmas that arose during the COVID-19 pandemic and appreciate various ethical resources that were created to support decision making.

Monday, April 11: Day 1

Opening messages and welcomes

0915 – 1030h **A brief history of biomedical/health care ethics**

Themes: historical moments that have led the establishment of bioethical decision making and thinking, different approaches to ethical decision making, ethical principles

Objectives:

- Gain an introductory understanding of the complex history of bioethics/health care ethics by discussing major events (e.g., Nuremberg Code (1947), Tuskegee Syphilis Study (1932-1972), Declaration of Helsinki (1964), Human Genome Project (1990 -2003), Dolly the Sheep (1996), Henrietta Lacks (HeLa) (1951), Milgram (1961), Standford prison (1971), etc.). Be able to articulate why ethics as a discipline has evolved and now exists. Understand what kinds of questions ethics can answer and what it cannot.
- Introduce various branches of ethics (e.g., clinical ethics, public health ethics, organizational ethics) alongside distinct ethical approaches including different approaches such as consequentialist, deontological, rights-based, principles, and virtue ethics.
- Enhance understanding of the four commonly used Western biomedical ethical principles (respect for persons and autonomy, beneficence, non-maleficence, justice including differentiation between equality and equity) along with the four ethical rules (fidelity, veracity, confidentiality, privacy). Grasp the *prima facie* premise and its implications in weighing ethical principles when confronted with complex moral dilemmas.
- Explore diverse scenarios where ethical dilemmas surface, including situations where conflicting values lead to opposing viewpoints on appropriate actions or where competing principles endorse difference goals.

Questions for thought:

1. In what ways do philosophical schools of thoughts such as deontology and utilitarianism inform decision making in clinical practice and health care?
2. How are values different from principles and virtues?

3. When ethical principles collide—for example, how do we know when infringing on privacy and breaching our confidentiality duty is justified to avoid harms—how do we proceed?
4. How do the branches of ethics relate to specific scenarios? For example, are the principles also used in public health ethics, or organizational ethics?
5. What is the future of ethical theory? How do we decolonize and enhance the inclusivity of contemporary ethical thought by incorporating Indigenous knowledge and diverse perspectives into theory and practice? What are narrative ethics? What are intersectional bioethics?
6. What was the Belmont (1978) report?

1. Why do ethicists say "on the balance"? What is on the balance?

Speaker: Quentin Genuis, MD, CCFP-EM, MLitt

Physician Ethicist & Emergency Physicians, Providence Health Care

1045 – 1200h **Ethical decision-making: Examining our processes and ourselves**

Themes: tools for ethical decision making, limitations of ethical decision-making frameworks (EDMFs), understanding worldviews and different perspectives, cultivating awareness and appreciation, confronting privilege, challenging biases and promoting inclusivity, decolonizing ethical decision making, promoting critical thinking and reflection

Objectives:

- Grow understanding of ways to include interested and involved parties (e.g., approaches and strategies to include people, ways to amplify voices that might be quiet or unheard).
- Develop insight into our own bias and worldviews, and the impact of bias/worldview on perceptions, attitudes, behaviors, and ethical decision making. Understand cognitive processes underlying biases including implicit biases and stereotypes.
- Discuss consequences of biases in various contexts including health care. Examine how biases contribute to discrimination, inequality, and social injustice.

- Cultivate awareness and empathy. Grow insight into own perceptions and biases. Explore strategies to mitigate potentially negative impacts of biases and learn new ways of fostering inclusivity.
- Enhance ability to create safe and inclusive spaces that invite perspectives from interested parties through open and curious dialogue, and respectful communication. Grown appreciation for active listening and communication styles in sensitive, difficult, or polarizing optics.

Questions for thought:

1. Reflecting on the idea of bias, what do you think was at play in historical injustices such as the Tuskegee Syphilis study? How do biases continue to shape our thinking and approaches (e.g., experiences of Mr. Brian Sinclair and other people as outlined in In Plain Sight)?
2. What strategies/activities do we each have to take to understand our own biases and the impact they have on ethical decision making and responses?
3. How can we each cultivate awareness of our own perceptions and biases? What can we each do to mitigate the potentially negative impacts of biases?

2. What are some practical ways to ensure interested and involved parties are included? Can you elaborate on ways to create inclusive dialogues that give equal space for all voices and perspectives? How do we ensure Indigenous perspectives are included?

Speaker: Jon Gilchrist, MCS, CEC
Ethicist & Corporate Director of Ethics and Diversity, Covenant Health

1300 – 1345h **Autonomy, capacity, and informed consent**

Themes: concept of autonomy and the principle of respect for persons and autonomy, *prima facie* relationships among principles, critiques on the Western conceptualization of autonomy, capacity and capability, presumption of capacity, types of decisions in relation to expectations for capacity, doctrine of informed consent including history of informed consent, negative vs. positive rights, reasonable person standard, informed consent and supported decision making where capacity is lowered, next steps when someone does not have the capacity needed to make a particular decision

Objectives:

- Examine the principle of autonomy and its critiques, particularly focusing on challenges to individualized interpretations. Explore feminist and critical perspectives and examine differences between individualistic and relational viewpoints.
- Differentiate between capacity, capability, and competence. Understand how these concepts are applied in health and social care. Build knowledge about capacity in relation to key elements (understanding, appreciation, reasoning, and communication) and grow knowledge about capacity in relation to different kinds of decisions. Explore presentations of the sliding scale strategy and its critiques.
- Appreciate the assumption of capacity until assessment information proves otherwise. Explore the notion of supported decision making.
- Distinguish between negative rights and positive rights (e.g., Malette v. Shulman (Ont. C.A.).
- Learn about the right to self-determination and the doctrine of informed consent. Examine the elements of informed consent. Build knowledge about the reasonable person standard and history (Jeremy Bentham, John Stuart Mill "reasonable man"). Learn about how the reasonable person and duty of disclosure has appeared in Canadian contexts (e.g., Reibl v. Hughes, [1980] 2 SCR 880).
- Introduce role of substitute decision makers and ethical considerations including substituted judgement and the best interests standard.

Questions for thought:

1. Can you elaborate on the critiques of autonomy? When did feminist and critical critique of autonomy gain momentum? Who are scholars in this area? What are care ethics (ethic of care and an ethics of rights and justice)?
2. How is "competence" used in the Canadian and BC context?
3. How should a team respond when they are worried about the quality of informed consent (e.g., concerned about voluntariness, comprehension, information)? How

much information needs to be shared to be sure that informed consent is truly informed?
    4. How does informed consent in health care decision making differ than research?
3. How does the concept of autonomy differ among populations? For example, how does respect for autonomy look for people/group who are more communal or where decision-making within families is done with others?

Speaker: Tyler Paetkau, BA, MA Philosophy (Bioethics)
Clinical Ethicist, Providence Health Care

1400 – 1600h **Supporting choices when there are risks of harm**

Themes: choices where there are potential risks of harm to self and others, honoring personhood and autonomy, assessment of types of risks and acknowledging the benefits of risks, developing and explaining/defending risk mitigation plans, responding to risks when there are concerns about capacity, communicating care plans to team members

Objectives:

- Understand choices and risks in relation to both potential harms and benefits. Develop analytical skills to assess various types of risks (severity and likelihood), understand ethical considerations when developing and implementing risk-mitigation interventions.
- Acknowledge worldviews that shape the understanding of risk mitigation. Appreciate the ethical principles health care team members prioritize and those that patients/clients and family members prioritize.
- Articulate the five ethical criteria for intervening when there are risks of harm.
- Appreciate how capacity relates to consent for risk mitigation plans in scenarios where there are risks of harm to self and/or risks of harm to others.
- Explore ethical principles in relation to supporting people who are making choices where there are potential risks of harm.
- Build confidence in communicating and defending risk mitigation plans. Learn ways to communicate risk plans more clearly to promote understanding among the

involved/interested parties. Develop greater insights into personal views/biases that impact impressions about risk and degree of intervention.

Questions for thought:

1. What should team members consider if a substitute decision maker says no/declines a risk-mitigation plan that the team has recommended?
2. How ought team members think about the types of interventions that should be necessary? When should teams considering using relatively more restrictive/intrusive interventions?
3. What strategies do you recommend for building trust with families who may be concerned about a risk that a resident/client/patient wants to accept?
4. What strategies could team members consider when documenting risk-mitigation and intervention care plans?

Speaker: Jennifer Gibson, RN, PhD
Adjunct Professor, School of Nursing, UBC
Director of Ethics, PHC
Executive Director, Practice, Quality, and Program Development, Seniors' Care, Providence Health Care and Providence Living

Recommended reading:
Young J & Everett B. (2018). When patients choose to live at risk: What is an ethical approach to intervention? BCMJ, 60(6), 314-318.

Tuesday, April 8: Day 2

0830 - 1030h **Substitute decision making**

Themes: substitute decision making eligibility and duties, substituted judgement, best interests, removing a substitute decision maker, types of decision makers (e.g., temporary, representation agreement, committee of person, etc.), ethical dilemmas when a team is concerned about the decisions of a substitute

Objectives:

    - Understand respect for autonomy in relation to the role of a substitute decision makers and appreciate the ethical concepts of substituted judgement and the best interests standard.
    - Explore case examples of advance care planning/advance directives in relation to the ethical concepts substituted judgement and bests interests and understanding prior known values/wishes (e.g., Bentley v. Maplewood Seniors Care Society)
    - Examine case examples where the team was concerned about whether the substitute decision maker was acting in a person's best interests (e.g., Sanders v. CPSBC, Dr. Love, 2018, De Châtillon v. Toma, Sam Golubchuk case, Rasouli case, etc.)
    - Learn about types of substitute decision makers in BC (e.g., Temporary, Representatives, Court appointed).

    Questions for thought:

    1. When a team member raises concerns about a substitute decision-maker's fulfillment of their duties, such as failing to act in the best interests of the individual, how can the team address and resolve these concerns effectively?
    2. What are the various kinds of substitute decision makers? In practice, who are the experts in supporting teams navigate any challenges with substitute decision making (e.g., finding a decision making, determining eligibility)?
    3. In situations where a substitute decision maker is unavailable, under what circumstances do the responsibilities for decision making fall to the care/clinical team?
    4. What kinds of decisions fall within the scope or authority for substitute decision makers and conversely, which decisions are outside of their role/scope/authority?
    5. What are the differences between parental decision making and substitute decision making for an adult?
    6. In BC, what specific legislation governs the appointment of substitute decision makers?
    7. How does substituted judgement intersect with advance care planning, and how can advance care planning facilitate the alignment of substitute decision making with an individuals' prior known capable preferences and values?

5. How does a person's right to privacy and duty to confidentiality work in relation to involvement of a substitute decision maker?

Chelle Van Dyke, MSW, RSW

Medical Assistance in Dying Response Lead & Ethics Engagement Leader, Providence Health Care

Recommended reading:

Gibson JA. (2021). "Please try ventilation." Ethical considerations when clinical teams and families disagree on life-saving intervention. Nursing, 51(11), 22-24.

1045 – 1200h **Health ethics and the law**

Themes: Health Care (Consent) and Care Facility (Admission) Act, Mental Health Act, Adult Guardianship Act, Infants Act, Representation Agreement Act, Patients Property Act, Public Health Act, Medical Practitioners Act, Protection of Privacy Act, Public Health Act

Objectives:

- Build knowledge about relevant legislation in BC that governs various components of health and social care.
- Understand appropriate contexts in which specific Acts apply and when they do not (e.g., minors, heath care consent, and exceptions including medical assistance in dying).
- Examine complexities when multiple Acts are relevant in a patient/client scenarios.

Questions for thought:

1. How does the legal framework in health care intersect with ethical considerations particularly those involving patient autonomy and informed consent?
2. Can you share any examples of situations when health care laws may conflict with ethical principles? How are conflicts resolved in practice?
3. In scenarios where Acts may not directly apply, how do healthcare providers ensure ethical principles and best practices guide their actions and decisions? (e.g., post-humous cryopreservation of reproductive cells including sperm for possible use in a future time and scope of the Human Tissue Gift Act).

6. What is the age of consent in BC? How does this apply in clinical practice?

Speaker: Julia Gill, BScH, JD$_{\text{(Can)}}$, JD$_{\text{(USA)}}$, MHSc (Bioethics)
Ethicist, Vancouver Coastal Health
Adjunct Professor, UBC Peter A. Allard School of Law

1300 – 1415h **Involuntary treatments in medical and psychiatric emergencies**

Themes: ethical dilemmas in emergency care, obtaining consent for urgent/emergent interventions in the context of incapacity, honoring advance directives that refuse life-savings interventions and could mean a person dies, trauma-informed practice

Objectives:

- Explore ethical dilemmas that can arise in emergency situations. Build knowledge about intervening when patients/clients experience emergent/urgent care needs and lack capacity to provide informed consent.
- Examine responses in cases where emergent care is recommended and indicated but the patient/client's capacity is fluctuating. Build knowledge about emergent/urgent care when a substitute decision maker is unavailable (e.g., after-hours) and the team is concerned about capacity to consent.
- Gain new insights into emergency medical care in the context of advance directives that refuse consent to life-saving interventions.
- Distinguish between medical and psychiatric care and appreciate different requirements for emergent/urgent treatments.
- Appreciate person-centered approaches in settings such as Emergency Departments and explore strategies to enhance trust, professional patient relationships, and improve experiences for all, particularly when treatments are provided involuntarily or under emergency provisions.

Questions for thought:

1. Thinking about cases such as Malette v. Shulman, how is emergency care provided when the team is not aware of (or clear about) any related/relevant advance directives?

2. How is incapacity and decision making approached when the team anticipates the patient will regain capacity after a foreseeable period (e.g., a person who has recently received medications or used drugs)?
3. How should teams support people who have experienced trauma during health care encounters with services such as the ED? What does trust-building look like? How does a trauma-informed approach relate to practices within settings such as the Emergency Department?

7. Can you elaborate on approaches to support groups who we know are more likely to experience stigma, discrimination, trauma, and lower quality care? For example, how do we address injustices that Indigenous people have experienced including people such as Mr. Brian Sinclair?

Speaker: Quentin Genuis

1430 – 1515h **Adult Guardianship Act: Support and Assistance for Adults experiencing Abuse/Neglect/Self-neglect**

Themes: vulnerable adults and care planning when there are risks of harm to self and/or others, least restrictive and intrusive interventions, presumption of capability, decision-specific concept of capability, support and assistance plan, emergency assistance

Objectives:

- Outline the definitions and criteria under Part 3 of the Adult Guardianship Act.
- Identify the legal tools available under the Adult Guardianship Act, including the provision of emergency assistance.
- Name the factors influencing risk assessment in situations of abuse/neglect/self-neglect.
- Briefly explain the approach to assessing an adult's ability to make specific decision with respect to abuse/neglect/self-neglect.
- Identify the ethical challenges related to the use of the Adult Guardianship Act.

Questions for thought:

1. What factors should clinicians consider when thinking about whether a client meets the criteria for the use of legal authority?

2. What do you recommend for teams who are navigating fluctuating capability and/or where assessments about capability differ among care team members?
8. Can you elaborate on balancing harms when there is a need to provide protective interventions without the adult's agreement under the Adult Guardianship Act? How can trauma-informed practices be integrated to rebuild trust and cause least harmful outcomes?

Speaker: Anna Campion, MSW, RSW
Medical Assistance in Dying (MAiD) Response and Ethics Service Engagement Lead, Providence Health Care

Wednesday, April 9: Day 3

0830 - 0930h **Ethical issues during life-limiting illness and at end of life**

Themes: life-limiting and serious illness, truth-telling and communication, futility, the ethical difference between withholding and withdrawing, double effect, non-beneficial or harmful treatment

Objectives:

- Delve into prevalent ethical dilemmas encountered at the end of life, such as navigating requests to withhold pain relief or sedation, and the ethical considerations surrounding truth-telling and withholding information about prognosis.
- Investigate the concept of "medical futility" and develop enhanced communication skills to convey concerns more effectively and precisely about treatments of interventions that may not provide benefit and could potentially cause harm to patients.
- Acquire greater abilities to articulate the principle of double effect and elucidate the ethical distinction between the withdrawal of treatments/interventions and medical assistance in dying.

Questions for thought:

   1. What happens when a team believes that treatments at the end of life are causing harm? (e.g. Dr. Love, 2018, De Châtillon v. Toma, Wawrzyniak vs. Sunnybrook).
   2. How does the principle of double effect relate to other common clinical practices (e.g., administration of analgesia at end of life)?
9. What approaches can be helpful to navigate different understandings of “futility”?

Speaker: Jon Gilchrist

0945 - 1200h **Medical assistance in dying**

Themes: history of MAiD in Canada including Rodriguez v. British Columbia (1993) and Carter v. Canada (2015), history of relevant Bills (C-14, C-7 and *Truchon* decision), Canadian Council of Academies reports on MAiD, what is known about reasons people seek MAiD, interface with palliative care and alleviation of suffering, complexities in the experiences of suffering.

Objectives:

- Gain a comprehensive understanding of the legal framework governing MAiD in Canada, including federal legislation, provincial regulations, and legal requirements.
- Understand eligibility requirements and processes around assessments for eligibility. Understand the rights of people who are seeking MAiD, including the safeguards implemented to protect vulnerable people, to prevent abuse, and to ensure voluntary and informed decision-making.
- Clarify the roles of the health care professionals who are involved with MAiD including assessments for eligibility, informed consent, and compassionate end-of-life care.
- Develop some communication skills around MAiD including talking to patients/families while ensuring sensitivity, empathy, and respect for diverse persons. Appreciate relevant regulatory requirements.
- Identify potential legal and ethical challenges including conscientious objection and personal beliefs.
- Recognize cultural and spiritual diversity among people who are considering MAiD. Learn skills to provide culturally sensitive and spiritually appropriate support and care through the process of requesting MAiD.

- Understanding document and reporting requirements for MAiD including record keeping, reporting to regulatory authorities, and ensuring compliance with legal standards.

Questions for thought:

1. What was different about the Carter decision compared the decision for Sue Rodriguez?
2. Can you elaborate on how eligibility requirements for individuals seeking MAiD have changed? What does the future look like?
3. What are the safeguards now and, in the future, to protect individuals who may have vulnerabilities?
4. How should different health care professionals talk about MAiD? What are the relevant college and regulatory requirements that need to be considered?

10. What are the documentation and reporting requirements for MAiD? How do health care professionals ensure they follow these requirements?

Speaker: Chelle Van Dyke

1300 – 1345h **Ethical issues involving pregnancy**

Themes: reproductive autonomy, rights of the fetus, health and well-being of people who are pregnant, research considerations for people who are pregnant

Objectives:

- Build knowledge about duty of care for health care professionals who are supporting people who may become pregnant and implications for informed consent (e.g., Paxton v. Ramji). Understand tensions that arise between reproductive autonomy and the possibility of being declined treatments for fear of harms to a potential fetus.
- Consider ethical issues in situations where a person's circumstances can pose a risk of harm to a fetus (e.g., Winnipeg Child and Family Services v. DFG [1997]). Understand the legal rights of a fetus and birth as a necessary condition for legal personality. Explore ethical principles that guide decision making in cases of conflict and how health care professionals balance the competing interests and rights of the pregnant individual and the fetus.

- Gain insights into considerations for research and experimentation for people who are pregnant. Develop knowledge about impact of historical exclusion of people who can become pregnant in research and implications for knowledge development and benefiting from such knowledge. Consider principle of justice.
- Introduce ethical issues with technologies such as genetic testing and the ethical issues that arise with these technologies.
- Examine disparities and injustices that arise for people who are pregnant and explore impacts of systemic racism, biases, stigma and discrimination.

Questions for thought:

1. What considerations do teams need to make in terms of informed consent for interventions that may have a teratogenic effect on a fetus or potential fetus?
2. How should a substitute decision maker approach decision-making for a person who is pregnant? Does the best interests standard include assumed interests of a fetus?

11. What special considerations are owed to people who are pregnant (or may become pregnant) in research/experimental medicine? Can you elaborate on the historical exclusion of people who can become pregnant (or who are pregnant) and the impact that has had on knowledge discovery and benefiting from knowledge?

Speaker: Kasia Heith, MD, FAAP
Pediatrician and Intensivist, BC Children's Hospital

1400 – 1530h **Ethical issues in pediatrics and parental decision making**

Themes: invasive and potentially non-beneficial treatments for infants, parental refusals of medical treatments and the harm principle (Diekema), trauma-informed practice, anti-racist practices

Objectives:

- Grow knowledge about common ethical dilemmas in care of infants and pediatrics (e.g., aggressive, and potentially non-beneficial treatments for children who have a poor prognosis)

- Examine ethical issues that can arise in parental decision-making including decisions that the clinical team thinks may be harmful.
- Understand the age of consent in BC and the concept of mature minors. Delve into conversations about consent versus assent and explore the notion of evolving capacity. Appreciate contexts in which children have decision-making capacity to make their own health care consent decisions (e.g., vaccination).
- Explore tensions between parental rights and confidentiality for children/minors. Examine how health care professionals' approach sensitive areas including sexual health, substance use, mental health and how a minor's right to privacy is balanced with parents involvement and duty to protect the child's welfare.
- Build understanding of ethical issues that can arise in research involving pediatric patients.

Questions for thought:

1. What are teams evaluating and assessing when considering evolving capacity? What criteria are used to determine if a youth has sufficient capacity to make their own informed health care decisions? In what contexts do children have decision-making authority and can provide their own consent? Are there exceptions and if yes, can you elaborate on why exceptions to mature minors consent authority exist (e.g., MAiD)?
12. How have children been included in research and what has that historical trend meant in terms of current knowledge and development of technologies?

Speaker: Kasia Heith, MD, FAAP

Thursday, April 10: Day 4

0830 - 1030h **Catholic Bioethics**

Themes: benefits/burdens, principle of double effect, ordinary and extraordinary means of conserving life, Catholic conscience in healthcare

Objectives:

- Learn about the key elements of Catholic bioethics including: sanctity of life, natural law, and respect for human dignity. Grow understand of key principles including totality/integrity, ordinary/extraordinary, confidentiality, double effect, the common good, conscience, subsidiarity, and natural law.
- Learn and discuss ethical issues at the beginning of life: human embryo, fetal interests
- End of life issues: dignity of human person, benefits/burdens
- Appreciate how Catholic bioethics has influenced Western biomedical ethics and beyond (e.g., casuistry).

Questions for thought:

1. How do Catholic bioethics compare/contrast to other religious traditions?
2. Can you elaborate on the difference between ethical decision making and discernment?
13. What is conscientious objection and what are the limits to it?

Speaker: Francis Maza, PhD
Vice President, Mission, Ethics & Spirituality, Providence Health Care

1045 - 1200h **Organizational ethics**

Themes: when individual cases become organizational issues, organizational principles v. clinical ethics principles

Objectives:

- Grow knowledge about a framework for differentiating between a clinical ethics issue and an organizational ethical dilemma.
- Gain insight into the unique characteristics of clinical ethics compared to organizational ethics, including their respective focus on individual experiences compared to broader institutional practices and approaches.
- Reflect on the ethical responsibilities of heath care professionals in navigating organizational challenges, balancing obligations to patients, colleagues, and the institution while upholding ethical standards and professional integrity.

Questions for thought:

    1. Can you elaborate on ways to differentiate between clinical ethics issues and organizational ethics issues? Can you give more examples to further understand the difference?
    2. What are the primary differences between the focuses and values in clinical ethics and organisational ethics?

14. What are some ways to deal with challenges that arise when organizational ethical values may conflict with clinical ethics values? How can health care providers advocate for patients' interests while adhering to organizational policies?

Speaker: Rucha Sangole, MHSc, MBBS
Clinical Ethicist, Providence Health Care

1300 – 1400h **Public health ethics**

Themes: personal autonomy and choice, justifications for infringing of personal freedoms, risks of harm to others, precautionary principle, proportionality

Objectives:

- Delve into the historical landscape of public health ethics pre-COVID-19, examining instances such as tuberculosis treatment and forced interventions for people with HIV. Gain a nuanced understanding of the tensions between safeguarding personal freedoms and upholding population-wide health interests. Reflect on disparate impact of public health measures across different demographics.
- Explore various ethical dilemmas that emerged during the COVID-19 pandemic, including the development and utilization of resources (e.g., COVID-19 ethical decision-making framework). Enhance comprehension of foundational principles in public health ethics and discern distinctions from clinical ethics.
- Expand knowledge surrounding contemporary public health issues, such as the evaluation of prescribed safer supply programs in BC, while considering pertinent ethical principles. Explore complexities that arise when accepting possible risks to a population to avoid certain/severe risks to individuals.
- Investigate the concept of the duty of care. Explore circumstances when health care professionals have a duty of care and when they do not. Engage in critical reflection on the ethical dimensions of professional responsibilities and obligations.

   Questions for thought:

   1. Aside from tuberculosis, what types of contagious illness might be treated under the Public Health Act? Was involuntary treatment/isolation used in COVID-19?
   2. When would more restrictive/coercive interventions be justified? When are they not?
   3. How are Indigenous voices and perspectives included in public health ethics?
   4. What ethical principles guide decisions about resource allocation during public health emergencies (e.g., distribution of vaccines, ventilators, etc.)?
   5. Can you discuss the ethical implications of surveillance technologies (e.g., tracing apps, temperature monitoring in airports, etc.) to monitor and control the spread of infectious diseases?

15. How can public health ethics promote health equity and social justice, particularly for marginalized or vulnerable populations including racial and ethnic minorities, refugees, people experiencing homelessness, etc.?

Speaker: Alice Virani (Oxon), MS, MPH, PhD
Clinical Assistant Professor, Department of Medical Genetics, UBC
Executive Director, Provincial Health Services Authority Clinical Ethics and Spiritual Care Services

1500 – 1600h **Summary and tomorrow's annual conference**

Themes: what comes next?

Objectives:

- Reflect on the topics covered this week and where the greatest learnings occurred. How has this content impacted ways to think about practice/professional work? What questions remain?
- Appreciate the depth of ethical practice and the areas that can be explored after this introduction (e.g., professionalism and codes of ethics, restraints, covert medication administration and veracity, assisted reproduction, theories to resource allocation, sexuality/intimacy and dementia, therapeutic deception, electronic tracking devices, involuntary treatment for people who use substances, robotics and dementia, duty of care when HCPs face a risk of harm to self/others, transplant ethics, etc.).

- Highlights for tomorrow: non-beneficial treatments and the role of the court when issues cannot be resolved in practice, navigating implicit bias and different worldviews in relation to foundational medical assumptions (e.g., brain death and the Jahi McMath case), experiences of Indigenous people in health care and the need to restore justice, advance care planning and making decisions for a future self in relation to the disability paradox, etc.).

16. Future opportunities to be involved with ethics, ethics teams within BC and various opportunities within BC.

Speaker: Jennifer Gibson