



4-Day Intensive Health Ethics Seminar

Introduction to Clinical Ethics, Apr 22 – 25, 2024

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, biomedical principles, 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. Draw from 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., organizational ethics in situations where multiple people/groups are impacted, ethical dilemmas in public health, etc.).
- Explore ethical dilemmas that arose during the COVID-19 pandemic and appreciate various ethical resources that were created to support decision making.



Monday, April 22: Day 1

Opening messages and welcomes from Coast Salish Elder Roberta Price, Francis Maza, and Jennifer Gibson

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

Synopsis: Serious abuses of concentration camp prisoners in the name of medical research by physicians in Nazi Germany but even more shockingly by doctors and psychiatrists of vulnerable people gave rise to efforts to establish ethical systems to protect vulnerable persons while respecting the need for medical research. This presentation will briefly examine some of the most egregious abuses and the subsequent responses—Nuremberg Code of 1947; the Declaration of Helsinki in 1964; the Belmont Report of 1978; and the consequent burgeoning field of health care ethics.

Beginning with 'clinical ethics' ("at the bedside") we will explore the four commonly used ethical principles (beneficence, nonmaleficence, justice, autonomy) which help to guide ethical decision-making. As applications of these principles, we will briefly outline four ethical rules that are applied in all health care interactions, but in individualized ways: fidelity, veracity, confidentiality, privacy.

Then, by way of demonstrating the multiple pathways of ethical reasoning, we will examine broad philosophical and theological methods for justifying and applying ethical decisions (consequentialist, deontological, rights-based, virtue ethics) as well as insightful methods that tend to account for blind spots in principle-based ethics (feminist ethics, narrative ethics, option for the poor, intersectional bioethics).

While the presentations of this seminar this week will explore numerous practical applications of these ethical principles and methods, it might be helpful now to explore some of the challenges of applied ethics. As examples:



1. When principles collide: Respecting patient autonomy may conflict with beneficent treatment proposals. Privacy and confidentiality raise numerous issues where harms are threatened or, even more poignantly, family interests collide.
2. What does it mean to respect values in healthcare interactions: Whose values? What is a value?
3. Organizational ethics raises huge question about the justice involved in providing healthcare to all. Note the difference between “equality” and “equity.”
4. Treatment decisions can often be narrowed down to ‘the decision’ itself; what difference would it make to pursue on this journey of decision making a form of narrative ethics or feminist insights.
5. If all healthcare providers were perfectly ethical, would we still need ethicists?

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), 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 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.

Speaker: Mark Miller, C.Ss.R, PhD, MDiv

Visiting Scholar in Ethics, Providence Health Care & St. Mark’s College



1045 – 1200h **Ethical decision-making frameworks, worldviews, navigating our own biases**

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:

- Learn about EDMFs, when they are used, what the strengths and limitations are, and what the overall goals are.
- 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. Grow appreciation for active listening and communication styles in sensitive, difficult, or polarizing optics.

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 autonomy, *prima facie* relationships among principles, critiques on 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 on the concept of autonomy 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.
- 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. Learn about how the reasonable person and duty of disclosure has appeared in Canadian contexts.
- Introduce role of substitute decision makers and ethical considerations including substituted judgement and the best interests standard.



Speaker: Rucha Sangole, MHSc, MBBS

Clinical Ethicist, PHC

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.

Speaker: Jennifer Gibson, RN, PhD

Adjunct Professor, School of Nursing, UBC

Director of Ethics, PHC



Executive Director, Practice, Quality, and Program Development, Seniors' Care PHC 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 23: 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.
- Examine case examples where the team was concerned about whether the substitute decision maker was acting in a person’s best interests.
- Learn about types of substitute decision makers in BC (e.g., Temporary, Representatives, Court appointed).

Speakers:

Mark Miller, C.Ss.R, PhD, MDiv

Visiting Scholar in Ethics, Providence Health Care (PHC) & St. Mark’s College

Chelle Van Dyke, MSW, RSW

Medical Assistance in Dying Response Lead & Ethics Engagement Leader, PHC

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, health care consent, and exceptions including medical assistance in dying).
- Examine complexities when multiple Acts are relevant in a patient/client scenarios.

Speaker: Julia Gill, BScH, JD_(Can), JD_(USA), MHS (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 where a patient/client could die, 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.

Speaker: Quentin Genuis, MD, CCFP-EM, MLitt
Physician Ethicist & Emergency Physicians, PHC

1430 - 1515h **Abuse, neglect, involuntary interventions, and incapacity: Supporting people under the Adult Guardianship Act and declaring financial incapacity**

Themes: vulnerable adults and care planning when there are risks of harm to self and/or others, least restrictive and intrusive interventions, assumption of capacity, sliding scale concept (and critiques), support and assistance planning, enacting emergency interventions without consent in situations including abuse/neglect/self-neglect

Objectives:

- Build knowledge about prevalence and impact of abuse and neglect of adults. Understand mechanisms to protect the interests of vulnerable adults who are incapable of making decisions on their own and the role of the Adult Guardianship Act in BC. Gain knowledge about involuntary treatment/intervention under Section 59.
- Appreciate the complexities of determining intolerable risk and challenges navigating subjectivity in relation to what is intolerable and what is not. Examine the idea of baseline/prior preferences and grow knowledge about how previous wishes/behaviors/lifestyles influence determinations of capacity.
- Explore complexities in findings of capacity assessments compared to observations of capacity. Gain new understandings about how capacity assessments can differ from functional observations and consider strategies when these differences arise. Explore



responses in situations of fluctuating capacity and different kinds of decisions and contexts (i.e., less risk v. more risk, greater likelihood v. less likelihood).

- Grow knowledge about designated responders and authority under the Adult Guardianship Act. Consider ways to build trust in the context of implementation of involuntary interventions, particularly when relationships are expected to be ongoing.

Speaker: So Han Yip, MSW

Manager at the ReACT Adult Protection Program, Vancouver Coastal Health

Recommended reading:

Yip S, et al. (2022). Emergency assistance in situations of abuse, neglect, and self-neglect: Exploring the complexity and challenges. *Journal of Elder Abuse and Neglect*, 34(3), 124-151. 10.1080/08946566.2022.2070317

1515 - 1600h **Group work**

Speaker: Tyler Paetkau, BA, MA Philosophy (Bioethics)

Ethics Fellow, PHC





Wednesday, April 24: 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.

Speaker: Jennifer Gibson

Recommended reading:

Gibson JA. (2023). The case against futility. *Nursing*, 53(9), 40-42.
<https://doi.org/10.1097/01.NURSE.0000946792.03627.74>

Gibson JA, Boerstler J, Chase J, Smith C. (2022). "Withdrawing life-sustaining treatments v. euthanasia. The ethical difference. *Nursing*, 52(7), 59-61.
[10.1097/01.NURSE.0000832380.26717.3d](https://doi.org/10.1097/01.NURSE.0000832380.26717.3d)



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.

Speaker: Chelle Van Dyke, MSW, RSW

Medical Assistance in Dying Response Lead & Ethics Engagement Leader, PHC



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

Themes: reproductive autonomy, rights of the fetus, maternal-fetal conflict, maternal health and well-being, 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. 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. 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 maternal-fetal conflict and how health care professionals balance the competing interests and rights of the pregnant individual and the fetus.
- Examine disparities and injustices that arise for people who are pregnant and explore impacts of systemic racism, biases, stigma and discrimination.

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, 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.

Speaker: Kasia Heith, MD, FAAP

Pediatrician and Intensivist, BC Children's Hospital

1530 – 1600h **Group work**

Case study

Speaker: Tyler Paetkau



Thursday, April 25: 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).

Speaker: Francis Maza, PhD

Vice President, Mission, Ethics & Spirituality, PHC

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.



- Analyze a case presentation of an organizational ethical issue (use of personal electronic devices). Identify ethical considerations and implications for patient care and organizational culture.
- Reflect on the ethical responsibilities of health care professionals in navigating organizational challenges, balancing obligations to patients, colleagues, and the institution while upholding ethical standards and professional integrity.

Speaker: Rucha Sangole

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.



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

1415 – 1500h **Group work**

Case study

Speaker: Tyler Paetkau, BA, MA Philosophy (Bioethics)

Ethics Fellow, PHC

Recommended reading:

Paetkau, T. (2024). Ladders and stairs: How the intervention ladder focuses blame on individuals and obscures systemic failings and interventions. *Journal of Medical Ethics*. 10.1136/jme-2023-109563

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
- Highlights for day 5: 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).



- Future opportunities to be involved with ethics, ethics teams within BC and various opportunities within BC.
- Feedback for another introductory seminar or an advanced seminar.

Speaker: Jennifer Gibson

