

## **ICS Ethics Committee Meeting Minutes**

**Wednesday 7<sup>th</sup> October,**

**Venue: Palais des Congrès**

**Room: 512H**

**Time: 07.00-08.00**

**Attendees:** Nina Davis (Chair), Alvaro Bedoya-Ronga, Elise De, Andrew Farkas, Suzanne Hagen, Cristina Naranjo Ortiz, Tomas Rosenbaum, Safwat Tosson

**Apologies:** Ruwan Fernando

**In Attendance:** David Castro Diaz, Heidi Moosdorff-Steinhauser, Avicia Burchill

### **1. Approval of Rio meeting minutes**

Approved

### **2. March teleconference minutes**

Approved

### **3. Terms of Office**

ND confirmed that ST and SH were extended by one year and are leaving. TR and AF also have completed their terms. ND said the committee was very honored to have benefitted from their efforts and thanked them for their time and contributions. CO confirmed that she would like to renew her position. ND wanted to call for expressions of interest with specific attention to nurses and non-clinical scientists. HM explained that it's difficult to get people to join this committee. TR suggest that the role for committee needs to be clearer to attract people. AB mentions that we can co-opt members as needed to help with EC projects.

**ACTION POINT: Ethics committee to call for expressions of interest with a specific solicitation to nurses and non-clinical scientists. The EC will co-opt ICS members as necessary to assist with its activities.**

### **4. Terms of Reference**

ND explained that the terms of reference were never completed, as the Board of Trustees anticipated changes being made at the Montreal meeting.. It was strongly felt that compliance and to monitor and maintain the disclosure policy were primary remits of the committee. ND asked for ideas and volunteers to assist with the preparation of position/white papers. DC suggested ethical considerations in research i.e. live surgery meetings or placebo arms in research. The ICS should be able to provide advice on these matters. ND: If there has been a disciplinary matter, the committee has been involved, and this constitutes an important part of our activities. TR: When a subcommittee is set up and makes a recommendation, should that be endorsed by the whole committee? AF explained that the committee serves in an advisory capacity. The ultimate decision is made by the Board of Trustees. AB explained that the

disciplinary committee can be outside of the ethics committee as indicated in the bylaws. ED explained that the ethics committee selects the members of the disciplinary committee. ND: the EC has to trust the due diligence of the disciplinary committee. ED: Should the entire panel see the recommendation before it is submitted to the Board? CO disagreed and felt that the Ethics Committee is not a disciplinary committee. AF explained that the Ethics Committee is a resource for the Board of Trustees. TR felt that the Ethics Committee is partly responsible for the decision. ED drew a parallel to the Education Committee: the ICS members have to trust that the courses are of high quality and in that regard, the rest of the committee has to trust the actions of the subcommittees. ND explained that in the recent disciplinary matter, she made the decision to make the disciplinary committee small with an odd number of participants, and she wanted them from the ethics committee. Plus there was a requirement to move quickly.

ND would welcome any additions and changes to terms of reference document. ED: As we are international and multi-disciplinary, we in the ICS are uniquely able to assign global relevance to continence issues.

**ACTION POINT: ND to re-work the terms of reference document and office to place on the forum.**

ND explained that ED had suggested the production of white papers on the following: FGM, outsourcing research to foreign countries, a statement on mesh use, consent for surgical issues. AF wondered whether outsourcing is appropriate to the ICS. ST: Prof London covered a lot of these issues last year in his talks. TR: What can we do competently? ND explained how the fact sheets process could work for the white papers in that experts created and/or signed off on the content and the EC edited the documents. AR mentioned that the FRCOG is an excellent source for ethics papers that could provide ideas and content for the EC white papers.

**ACTION POINT: EC members to choose 1-3 topics for white papers via a forum, then will determine who will provide content.**

## **5. ICS 2016 Programme**

ND hopes that all committee members will attend the workshop and hopes it will be well received. ND also requested that the committee come and support tomorrow's debate. ND requested ideas for 2016. We have to do some kind of educational programme. Do we want to do a course and a debate? AB explained the workshop deadline is now 4<sup>th</sup> January 2016. ND suggested the topic of how to set up an ethics consult team. SH suggested the workshop should be linked to the white paper. ND suggested it be placed on the micro site and in other places. AR raised the ethics poster competition. Choose topic such as autonomy. Attendees then present clinical cases involving a relevant ethical dilemma and its resolution. (AR provided a preliminary sketch for his idea – attached.) AB explained the process to go through to get an award approved by the Board and mentioned that industry may also be interested in supporting.

**ACTION POINT: AR and ND to work with ICS Office to prepare ethics award application for Board consideration.**

**ACTION POINT: EC members to assist AR in finalizing the structure and processes for the proposed poster session.**

ND wanted to request 3 teleconferences from the Board. One in November/early December to discuss 2016 programme, another in the Spring, then determine if a third is needed. AR said he also found the forums useful.

AB left. ED and NSD took minutes

6. The EC relationship to the Board of Trustees has been a concern of the EC for many years. ES, former chair, had tried to have an EC member attend all BoT meetings in an ex officio capacity – advisory and to maintain transparency. However, this was never adopted. The question of the relationship of the EC to the Board, specifically the committee's independence, remain a concern. TR and AF reiterated their views that the EC, to maintain its credibility and value to the ICS, should clearly define its responsibilities to the membership and establish itself as an independent advisory and monitoring unit within the organization.

**ACTION POINT: TOR revision to be completed by ND and sent to the EC members in a forum for corrections, changes and final approval before submission to the BoT. The document should define the relationship of the EC to the BoT.**

7. ND pointed out that the EC microsite needs to be updated with members' pictures and informal shots. ND asked members to make suggestions regarding other items that would be appropriate for the microsite. ED suggests that white papers go on the site as well.

**ACTION POINT: The ICS Office will assist in updating the EC microsite.**

The meeting was adjourned at approximately 9:25 am.

## **Appendix**

### **Ethics poster competition.**

**ICS participants +/- industry.**

**Price: Certificate 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>**

**1year ICS free membership for first price.**

**(Paid with ICS or ethics funds, alternatively, we can involve industry to finance the price)**

**Structure:**

**100 words abstract with focus in one or more of the categories bellow.**

- **Autonomy**
- **Beneficence**
- **Non maleficence**
- **Justice**

**Poster exhibition (20 mins) follower by a 3 minutes Poster presentation and 2 minutes A&Q. (10 presentations – 50 mins) price and feedback (20 mins)**

**If we involve the industry, max of 3 posters.**

**Committee involvement.**

- **Abstracts selection.**
- **Score presentations.**

**Aims: Rise ethics discussion at a member level.**

**Provide with day to day practice ethical dilemmas related to culture and medical system.**

**Increase ethical issues profile.**

**Rise Ethics Committee visibility.**