

ICS Ethics Committee Meeting Minutes

Tuesday 13th October,

Venue: Tokyo International Forum

Room: G407

Time: 08:30-10:30

Known Attending: Nina Davis (Chair), Heidi Moosdorff-Steinhauser, Cristina Naranjo Ortiz, Ryuji Sakakibara, Ruwan Fernando, Elise De

Apologies: Tamara Dickinson, Alvaro Bedoya-Ronga, Chris Chatterton, Martha Spencer

In Attendance: Avicia Burchill, Dominic Turner, David Castro-Diaz

1. Approval of Montreal meeting minutes and March Teleconference Minutes

The minutes from Montreal and March teleconference were review and approved

2. Introduction of members

Ryuji Sakakibara introduced himself.

3. Terms of Office

Elise and Ruwan confirmed they would like to stay on the EC. Nina advised that she would inform committee if she intended to stand for re-election after the meeting.

ACTION POINT: Nina Davis to advise post meeting whether to stand for re-election.

Post Script: Nina Davis confirmed she will stand for re-election.

4. Terms of Reference

The terms of reference were reviewed and confirmed. No changes were to be made. ND summarized that the Ethics Committee has run a workshop for the last two years. It was hoped that Suzy Elneil will be a draw. The feedback from the workshop will help with the workshop plans for next year. ND noted that during a session in Montreal that Cara Tannenbaum noted that she does not refer her geriatric patients to urologists that perform urodynamics on them. ND felt this was a contentious issue and would like another debate as there are similar negative attitudes toward UDS among some European institutions and individuals.

ACTION POINT: ND to contact Cara Tannenbaum to clarify her stance in referring the elderly to urodynamics before considering further debates.

ND did speak with Cara, and, in fact, debated her at the Tokyo meeting. Cara did clarify that she does not object to UDS if a patient is going to have surgery or if the UDS will change management. We had a very passionate but cordial debate for about 15 minutes, and Cara

indicated that she would be glad to debate me in a session should that be the desire of the EC, Programme Committee, etc.

ED raised an issue currently being discussed in the Education Committee about when can a person consent to female genital mutilation surgery. ED questioned what is the difference between piercing or cosmetic surgery. ND agreed this was an interesting topic and it would be good to make this distinction in the white paper. A discussion was held about the workshop for 2017 and it was agreed to hold a teleconference prior to submission.

ACTION POINT: Ethics committee to hold teleconference prior to workshop submission.

5. Ethics Award

ND explained that the Ethics award was introduced this year for abstracts that deal with ethical issues. Unfortunately, there were no abstract submissions that met the criteria and so the award will not be issued this year. ND felt that, on reflection, the way we advertised the award it was not clear about what we wanted and how to apply and how to be considered. It was discussed to give an example of a completed abstract based on an ethics issue and advertise earlier to the potential applicants. It was discussed about the marketing and the possibility to show the link/information from within abstract system. AB said we have to start advertising now before people consider. DT suggested that the committee approach people to submit and commission people to write them and having a model abstract would really help as there are no past abstracts to look at.

ACTION POINT: ND to prepare an example of an ethics abstract for marketing purposes.

ACTION POINT: Office to work with committee to further market the ethics award

Appendix – see attached paper from Alvaro re the ethics award.

6. Ethics project with SSC

ND explained that she had been contacted by the SSC after a member brought up concerns that changes in terminology could result in negative effects on patient care. Is it ethical to change the terminology if it might affect patient care? The SSC would like the ethics committee to consider this question.

ACTION POINT: ND will discuss the matter with the new Chair, Bernie Haylen.

7. New Standard Operational Documents discussion from the ICS office.

David Castro entered the room.

ED explained the background to the elearning. AB explained the reasons behind the SOP. ND felt that the educational module may not be relevant but some other content would be good. Female public health in developing countries is one possibility.

ACTION POINT: Send the online categories to the committee

Dom entered the meeting.

ACTION POINT: Award to be added to the EC microsite.

ND asked who could be in charge of microsite. Heidi to be the manage this: ensure pictures updated, appropriate links added, etc.

ACTION POINT: Heidi Moosdorff to take charge of the EC microsite. Also, the EC picture needs to be updated on the ICS website (page in which all committee pictures are included.)

8. Presentation and discussion of FGM white paper.

ED explained that the committee felt that it should produce a white paper that addresses a topic relevant to the mission of ICS and that represents an ethical conundrum. The subject chosen in Montreal was FGM. CO raised concerns that there was no communication about the topic or its progress. ND explained that the topic was agreed in Montreal, presented to the chair meeting and talked about in the teleconference calls. ED continued to explain that all societies state that FGM is unacceptable. Some of the Board feedback questioned whether this is relevant to the ICS. ED explained that with FGM deliveries there is a higher risk of fistula and infection. A discussion was held about the authors of the paper and ED explained that these are non-members but that ED was happy to make the authors ICS members. CNO recommended that communication between committee members be improved by conducting all business through the forums so that everyone receives the same information and can refer back to the dialogue as needed. Further, she indicated that she would like to participate in the revisions to the white paper and that others within the committee should be solicited for their interest in being involved as well. ED then raised the issue from a Board comment which is what is the difference between FGM or a women deciding to pierce and what is the age of consent. ED explained that these issues were raised by the Board and the Board's comments were useful and will be used to revise the current version of the paper. RF explained that he would be willing to help. It was agreed that the ICS needs to be making a meaningful statement and prevention is the most important thing. DC : the communication was not correct but the paper is from the ICS. It was agreed to make the distinction and make it clear at the beginning what forms of FGM are being discussed, to define these within the paper. RF suggested to submit the paper to IUGA once completed. ED acknowledged that something went wrong with the communication but going forward all comments will be reviewed and that we want to work with the African Outreach Programme and IUGA. RF suggested re-circulating the paper to the EC members. ED also questioned how to handle an adult female requesting reinfibulation. ND commented that it is about choice and consent. AB asked what happens to the white paper once approved. It was explained that it would be disseminated to the ICS and would go to NUU for publication.

ACTION POINT: DC to contact IUGA & African Outreach Programme with regards to the white paper on FGM.

9. AOB

DC explained that the LAC for 2017 is trying to implement live surgery in Florence as it is very attractive for delegates. DC explained that there should be guidance as to how to ethically conduct live surgery, as the outcomes for the patients are not good as for conventional surgery. ND agreed to consider the ethics of live surgery. RF explained that the patients come in good faith so it is important to discuss. ND raised common sense issues such as draping the patients before the observers entered the theatre. Would it be a workshop? RF felt it could be a debate.

ACTION POINT: Committee to consider ways in which to provide ethical guidance to live surgery at ICS events.

ND thanked the committee for their ideas and contributions and apologised for the communication issue surrounding the white paper. It was agreed to use Webex for future calls.

APPENDIX

Ethics poster Award.

(Alvaro Bedoya-Rongo)

The aim of this competition/award is to promote and facilitate the **ETHICS** discussion at a member level. We want our colleagues from all around the world to reflect in “**what**” constitute an ethical dilemma for them and to explain to us “**how**” have they sorted it out. We should be very mindful that in a multinational organization like the ICS, what constitute an ethical dilemma will be different from one region to another. Promoting and publicizing this will be enriching, may be enlightening.

We can see several exiting points;

1. Promote and raises Ethics Discussions profile, beyond bylaws and conflict of interest.
2. Opens the door to case discussions based in clinical cases/case reports, going back to a more clinical based discussion rather that purely research.
3. Rise ethics discussion at a member level.
4. Provide with day-to-day practice ethical dilemmas related to each culture and medical system.
5. Increase EC visibility.
6. New flagged issues could assist for guidelines, white papers, etc.

ISC Tokyo had 65 members whom were willing to participate and take part in the competition; unfortunately their abstracts were no specific to ethical problems. To me this shows and appetite to participate and compete in this section, we only need to provide guidance and clarity.

Abstract submission process:

I see 2 methods.

1 – Continue as currently, participants to tick the box for “QofL/Ethics” and then tick “yes” box in the abstract wizard to be entered into the ethics award.

With this method I would expect a large number of abstracts to be as this year, inadequate for the competition. To which I think we should write them back with an extra 7-14 days to submit an ethics specific abstract should they wish to remain in the competition.

2 – Develop an award specific abstract submission process, where participant are prompted to fulfill a “competition” proforma that will make them clear the criteria. Which it is perhaps more complicated.

It goes without saying that if we want this idea to succeed we should increase the visibility of the Poster Competition and its rules in our ICS webpage letting participants know about the expected characteristics and the rules that will apply for participants.

I would think that option “1” followed from a deadline extension should suffice.

The abstracts should probably be selected by the scientific committee so they can be satisfied that their rigorous quality criteria are met. I also think that the EC could give assistance as required.

Instructions for participants:

Dear colleague please describe in your abstract the ethical dilemma/s you have incurred during your clinical case / research / questionnaire. The abstract should make reference to some or all of the 4 main medical ethics categories.

* Autonomy	* Beneficence	* Non maleficence	* Justice
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Please remember that this 4 categories can affect the patient but also the health providers or even institutions.

We are particularly interested in cases that may highlight the fact that ethics can be variable depending the culture, then your personal view is very much valued.

Structure of the Poster Competition:

ICS participants

Prices: Certificate for 1st, 2nd, 3rd

Winner Prize: €500

The Ethics Committee with the scientific committee will select the best 10 abstracts for a Poster Oral Presentation (POP); the remaining accepted abstract would be exhibited as posters in paper or electronic format depending on the venue facilities.

The workshop structure:

- Poster Oral Presentation: 6 minutes followed by 3 minutes A&Q. Marks to be awarded at this stage (5 presentations – 45 mins)
- Feedback, highlights of learning points and Price giving. (15 mins)

Committee involvement.

- Assistance with abstracts selection.
- Facilitators and Jury at the ICS congress. We could here have also a member of other committee.