



## Ethics Committee Minutes

Wednesday 4th September 2019,

**Chair:** Ruwan Fernando

**Members:** Elise De, Antonella Giannantoni, Heidi Moosdorff-Steinhauser, Anne M Suskind, Kimberly Leblanc,

**Apologies:** Nina Davis, Tamara Dickinson, Martha Spencer, Alvaro Bedoya-Ronga, Cristina Naranjo Ortiz

**Also in Attendance:** David Castro-Diaz

1. DC discussed that the Board regarding the role and the need for the committee. He explained that the board doesn't want the committee to spend time/effort if they feel that the committee is not needed. DC said that if the committee feel there is a role of the committee is such then we will back but at present the role is not clear. The board is open to input but we can consider to dissolve or you can brainstorm and identify the need for committee. RF asked if there a deadline for this decision? DC : we have a section in the board meeting to discuss the committee. ED felt that the role has been obvious – if we were very active then there would be an issue. Having a quiet ethics committee is good. We have run a workshops but nothing this year. Not sure how we can survive without an ethics committee and surprised that the board is considering this. HM felt that communication is an issue within the committee and agree with ED that the previous programme was a success and was surprised to hear there was not workshop this year. Its not a transparent process at the moment.

RF - ICS is a big organisation and as the Ethics committee we have two major roles:

1. To educate the members (especially trainees) on science of the ethics related our specialty.
2. Within the organisation to deal with any complaints of behaviour and bullying etc.

Perhaps this is too early to absorb – maybe we can discuss with Nina and have a discussion in detail and look into aims and objective.

KL: the terms of reference could be clearer and this might help the board. It should be a quiet committee but there are things that can be done like workshops.

AB suggested that a proposal could be made to Board by February. DC agreed.

RF: we want to highlight what we have done and then make plans and then submit to the board. Have a teleconference end of September and come back with something by mid- January. ED: can we meet on a Saturday.?

ED asked what is the cost of the meeting. DC : its not an issue of the cost, its an issue of the content. It may be that the Board or a working group might make the major decision.

AG : is there the need to identify more specific topics? One point is the legal side and then the other side is that many aspects of medicine that require ethical consideration.

RF: the objectives have changed over the last 5-6 years. DC agree there is potential activity but when there is no activity. This is the concern.

DC suggested that ethics of transgender.

KL: hot topic MADE medical assisted dying. Many people that we see are terminal and this could be an interesting topic.

AB said that it would be always useful to work out what the end goal of the content is.

ED: we could ally with other committees on certain topics



**2. Approval Philadelphia minutes & June teleconference notes**

Agreed

**3. Committee Terms of Office**

Nina chair position will finish in 2020 – ED nominated RF to the future chair and AB explained that perhaps wait until February and then consider whether to call for applications. This was agreed. HM felt that the committee needed to be gender neutral as very female based at present.

**4. Committee Terms of Reference**

To be discussed on teleconference by end of September. TOR to be circulated asap for people to comment on role of committee.

**ACTION POINT: Re-circulate the terms of reference to the committee with a specific view to amend the role of the committee**

**ACTION POINT: Set up urgent teleconference to discuss the terms of reference**

**5. Reminder - SOP process**

AB explained the SOP procedure and then the new committee members were shown how to comment on the forums.

**6. Review and discussion of results of Needs Assessment Survey as basis for consideration of changes in TOR and in abetting planning for 2020 Annual Meeting activities (attached report)**

AG asked if there is a link between Education and Ethics Committee. ED explained that there is cross pollination between the committees as she is on both committees but there is no formal link. RF: we can expand on the medical ethics education if this would be of interest.

**ACTION POINT: Suggestion that in the amends to the terms of reference to state that a member of ethics should sit on the education committee.**

Reviewed the survey. 90% responded to say that the Ethics Committee was of value. AG noted the fact that no one explained their answer then this is clear that people are not clear of what the role is. It was noted that the results were not showing the full comments. It was agreed to re-circulate the free text responses before the teleconference.

HM – open discussions with committee members

**ACTION POINT: Get free text answers from the survey and circulate with the terms of reference.**

**7. Frailty white paper discussion (Anne Suskind)**

AS: this is an idea putting together a white paper leap-frogging off the workshop from last year. Martha would lead with Anna support. We brainstormed and decided on a case based approach. But AS wanted to hear that there were people interested moving forward. Look at ethical issues confronted in ageing populations; i.e. performing quality of life surgery; patient with progressive neuro disease; treating with medication. It was discussed how to call for working group members. ED said this would cross all disciplines but it should come with recommendations and tools to accomplish shared decision making. AG: perhaps the topic should be more specific –



could be one of many papers. AG, RW and KL very interested to help. ED make sure you establish your authorship.

**ACTION POINT: Office to send SOP for white paper and consensus paper to AS.**

**8. Ethics Award discussion**

AB explained the background. It was discussed about the marketing and the quality of the submissions. It was discussed that abstract submission is perhaps not the best format. AG suggested that after the role of the ethics committee is defined that people can submit based on the content that the ethics committee produce. ED agreed this would work to stimulate ideas for submission i.e. using the FGM paper to generate ideas. HM: it should be noted that it should not be scientific content – it should be a case report.

**ACTION POINT: Send an email to membership explaining that ethics committee preparing a white paper on ageing – then encourage people to submit their ethics abstract based on this topic.**

**9. Request from Antonella Giannantoni to review her presentation relating to pain as a potential basis for a future programme – discussion (See June teleconference minutes)**

AG: What is the superior ethical law in front of pelvic pain patients. What other possibilities are there to make from this concept. Shared decision making – or focus group patient. RF: its important topic and large topic. RF asked AG to work on this. This could be a workshop on this topic – ethics in pain management. ED suggested that Charles Argoff may be interested to assist with this. AG: the use of opioids is also an interesting area to consider. RF: if a workshop, then perhaps make up of other topics as well. AB noted the workshop deadline and will send the workshop submission process.

**ACTION POINT: Office to send AG the workshop questions and process.**