

MINUTES – ETHICS COMMITTEE TELECONFERENCE December 8, 2019

Participants: Nina Davis, Heidi Moosdorff, Ruwan Fernando, Alvaro Bedoya-Ronga Antonella Giannantoni, Mauro Cervigni

I. Brief Update Regarding EC Projects

a. Frailty White Paper (Teleconference 2000 GMT on 16 December 2019)

Anne Suskind is leading this project on behalf of the EC. She is conducting a planning session as noted above.

Action item – If there is anyone who wishes to participate at the last minute, please contact beth@ics.org to obtain the information for the teleconference.

b. Ethics Award

ND reminded the group that the EC has decided to continue to support the Ethics Award. ABR agrees to continue to lead and coordinate this effort. HM suggested that the additional sample abstracts be completed by the beginning of January so that they can be disseminated on all social media platforms and in the ICS Newsletter allowing time for interested individuals to prepare and submit abstracts for the Annual Meeting. This suggestion was enthusiastically received by all of the teleconference participants.

Action Item – ABR and any other interested parties to write sample abstracts to support the Ethics Award competition. Due before January 1, 2020.

Action Item – ICS Office to assist ABR in disseminating a request for ethics abstracts and link to abstract examples on all social media platforms.

Action Item – ICS Office to place new abstract examples onto Abstract Submission website.

Action Item – ND to coordinate promotional efforts for the Ethics Award with Publications Committee Editor, Julien Renard and Chair, Ran Pang.

c. Spotlight Session (Please see Appendix)

ABR had previously proposed a workshop dealing with the ethics of treating morbidly obese patients. ND related that, during the past 2 weeks, she had had to treat an unusual number of very large patients including one that could not be seen in a provider's office because she could not fit through the door. This motivated ND to write a proposal for a Spotlight Session (30 minutes) dealing with the ethics of treating the obese. ND indicated that the proposal was being reviewed for possible inclusion at the Annual Meeting. If accepted, Avicia has generously offered to assist in choosing appropriate presenters. ED may also be able to suggest ICS members who have expertise in this area. HM asked that the proposal be disseminated to all of the EC members.

Action Item – ND to send outline of proposed Spotlight Session on the Ethics of Treating Obese Patients to all EC members (done and included in Appendix).

II. Review of First Iteration of TOR Revision (Please see Appendix)

NOTE: Due early January!

All participants were queried regarding best way to get everyone's input regarding the revised TOR, and it was unanimously agreed that the best way is to use the "Track Changes" feature of Word with collation of "markups" and completion of the document via the forum.

[ADDENDUM: A final conference call may need to be held the last week in December depending on the number of proposed changes.]

III. Planning for Workshop Proposal

ND briefly reviewed topics that had been discussed previously and reiterated that a case-based format was preferred. ABR asked how long we had. ND said 90 minutes and MC confirmed. Question raised as to how many case reports, 3 vs 4. Majority felt that 3 case reports would be best to allow plenty of time for discussion, and MC confirmed that this is customary. HM asked regarding holding the workshop in a conference room vs a lecture hall to encourage interaction. ND said that the room request is included in the workshop proposal, so we can ask for this when we submit.

RF reminded the participants that that the mesh controversy was favored at the EC meeting in Sweden. ABR then suggested that the workshop be broadened to include the ethics of patient autonomy with a focus on counseling and consent as relevant to mesh and other products. He pointed out that patient autonomy currently occupies a greater role in the doctor-patient relationship. In the past, surgeons were patronizing and told the patients what they should do. They also felt free to do whatever operation they saw fit to perform. AG expanded on this idea by recommending that counseling and consent also can apply to the care of pain patients and called attention to the email she sent to everyone with a breakdown of her pain lecture into 4 abbreviated segments suitable for presentation at a workshop. (Please see pain segment included in Appendix.) These topics stimulated spirited discussion: HM brought up the subject of patient decision-making and conveying information in a way that patients can understand. She suggested that attention be paid to the patient who is not capable of processing the complexities presented in the consent discussion with recommendations about how to handle such situations including presentation of information in simple terms patients can understand. AG endorsed this and brought up the concept of physician autonomy as well as patient autonomy in the context of a patient with pain who cannot be helped. How do physicians protect themselves in such situations? ND mentioned the importance of managing patient expectations and presenting realistic solutions. ND then reminded the group that a third topic was necessary. ABR or RF proposed that obesity round out the workshop. This was endorsed by the group, as it was felt to be a good tie-in with the proposed Spotlight Session.

Once the topics and structure of the workshop had been agreed upon, assignments were discussed. RF kindly suggested that the proposal be written by committee as follows: an EC member will write up one of the case studies and ND will collate and submit. The responsible parties are: RF – mesh; AG – pain; ABR – obesity. ND stressed the submission deadline of **5 January 2020**. She also reviewed ICS policies regarding the necessity of members presenting and co-opting thought leaders per the Strategic Plan. She asked if anyone knew any obesity experts, but no one knew of any.

Action item – ICS office to send a link to the workshop proposal form to ND, AG, RF and ABR as soon as possible.

Action item – RF, AG and ABR to complete their workshop write-ups and submit to ND no later than Christmas Eve

Actions Item – ND to collate workshop proposal and submit by January deadline

Action item – Any EC members wishing to participate in the workshop, please let RF, AG or ABR know.

IV. Other issues for discussion? We can place on the forum.

No new business.

Action Item - EC members are requested to please attend to all emails and Forum messages promptly during the month of December as there are several ongoing key projects with early January deadlines.

Respectfully submitted,
Nina S. Davis
Chair, Ethics Committee

APPENDIX

TOR Revision – Version 1

ICS Ethics Committee Terms of Reference

PURPOSE: To support the ethical governance of the ICS and contribute to or consult on educational content of an ethical nature for all ICS programmes and publications

FUNCTIONS:

- *Provide guidance and education regarding challenging issues in medical ethics*
- *Promote research and biomedical ethics via consultation, workshops, speakers and consensus documents*
- *Establish guidelines or protocols to govern ethical decision-making in the conduct of research or clinical activities*
- *Ensure the integrity of content chosen for presentation at the Annual Meeting*
- *Assist in conflict resolution when necessary*
- *An EC member will serve as liaison with the Education Committee to integrate ethical content into ICS educational programmes and activities*

Proposed segment for Ethics Workshop ICS 2020 (AG)
Ethics in treating people with urologic chronic pelvic pain

- *Statement of the problem: pain, suffering, and ethics*
- *How to talk to someone with a difficult or “untreatable” UCPP condition (with a case presentation)*
- *How to preserve yourself while taking care of difficult patients (with a physician’s experience presentation) (The Ethics of Self Preservation is a very good suggestion from Elise De)*

This part highlights what should be the approach, from a physician’s perspective, to patients affected by UCPP, taking into consideration moral obligations and legal aspects. It should clarify what are the rights of patients affected by chronic pain and the moral obligations of the physicians involved in their counselling and treatment. It should be underlined what is the difference between “to cure” someone and “to take care of” someone, and how to preserve our-self in approaching patients with chronic pelvic pain.

Proposed Spotlight Session for ICS 2020 (ND)

Are Surgeons Obligated to Operate on the Obese?: An Ethical Debate.

Suggested format:

Duration: 30 minutes

Personnel: Moderator and 2 debaters

Outline: Begin with case study (5 minutes or less)

PRO opinion 10 minutes (includes supportive educational material)

CON opinion 10 minutes (includes supportive educational material)

SUMMATION 5 minutes

Objectives:

- 1. To review the risks and benefits of operating on obese patients for genitourinary and pelvic floor disorders*
- 2. To discuss relevant ethical principles as they apply to the issue of operating on obese patients: beneficence, maleficence, justice, patients' right of access to care*
- 3. To establish a consensus regarding ethical decision-making in the care of obese patients*