

Meeting Minutes for ICS White Paper “Brainstorming” Meeting 12/16/19

In attendance: Anne M Suskind (Chair), Nina Davis, Tamara Dickinson

Not able to attend: Martha Spencer, Antonella Giannantoni, Ruwan Fernando, Kimberly Leblanc

1. We started by reviewing the definition of an ICS White paper (copied below) and agreed that this is the appropriate mechanism for what we wish to pursue.
 - a. ICS white papers will typically be commissioned by the Board of Trustees or by ICS committees. A white paper is an article that sets out an organization's position or philosophy about a social, political, or clinical subject, or a not-too-detailed technical explanation of an architecture, framework, or product technology. Typically, a white paper explains the results, conclusions, or construction resulting from an organised committee or research collaboration or design and development effort.
2. We reviewed important ICS tenets of forming a working group including consideration of other relevant societies, a formal call to the ICS membership, the need for a multidisciplinary, multinational group that represents all appropriate stakeholders.
3. We reviewed next steps for forming a working group and ND suggested reaching out to Adrian Wagg and Tomas Griebeling to see if they would be interested in partnering with us on this project. TD and ND also suggested reaching out to the American Geriatrics Society (AGS) and Geriatric Urologic Society (GUS) to see if they might want to partner with us on this effort. AS will contact both Wagg and Griebeling to this effect.
4. We request that people who were unable to attend this meeting suggest any other potential societies that might be interested in collaborating on this project.
5. We discussed that AS will complete the ICS Project Proposal Form as a next step.
6. We discussed the following preliminary outline:
 - a. Ethical Considerations in caring for Older Adults with Urinary Incontinence
 - i. Introduction
 - ii. All older adults should be treated with dignity
 - iii. The provider should elicit the patient’s own goals of care (if possible)
 - iv. Treatment should be aligned with the patient’s goals of care
 - v. Providers should not make treatment decisions based on age alone, but should incorporate other factors including frailty, function, cognition
 - b. ND noted the importance of making sure that there is a good amount of educational material in the document. For example, including frailty assessment and use in decision-making etc.
 - c. ND also brought up the need for a discussion on counseling and decision-making for cognitively impaired individuals, which will be included in section iii above.
 - d. AS will contact Joan Ostaszkievicz to see if she is interested in contributing to section ii above.
 - e. AS will do a literature search to see if any existing documents related to ethics and urinary incontinence exist
7. Next Steps:

- a. AS will contact Wagg, Griebeling (AGS/GUS), and Ostaszekiewicz to see if they would like to be involved in the working group.
- b. AS to do literature search on existing ethics documents
- c. AS to submit ICS Project Proposal Form to ICS
- d. After ICS approves project proposal, AS will set up a meeting with the formalized working group