AUSTRALASIAN ASSOCIATION OF BIOETHICS AND HEALTH LAW

Pre-Conference Clinical Ethics Stream Workshop

PROGRAM

10.00-16.30 Wednesday 20\textsuperscript{th} November 2019
St David Lecture Theatre Complex
University of Otago
Dunedin, New Zealand
WELCOME

We would like to welcome you to this 2019 AABHL pre-conference satellite workshop.

This program has been developed for those who are active or interested in provision of clinical ethics support within Australian and New Zealand health care organisations, such as clinical ethics committee members, clinical ethicists and clinicians.

We have brought together a combination of clinical ethics case analysis and interactive discussion, with examination and debate around a host of professional practice and development issues commonly encountered with establishing and running Clinical Ethics Services. All the sessions will be led by people who are passionate leaders in their fields.

We hope you find the day a stimulating and enjoyable one.

_Hazel Irvine, Julie Letts, and Jenny Jones, Clinical Ethics Stream Co-Conveners_

PROGRAM

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ABOUT THE SESSIONS

1. Session one: The significance of culture in clinical ethics

Analysing the ethical issues around a young person being compulsorily given heavy-duty antipsychotic without family buy-in, requires an approach that honours culture, parental rights and the social and psychophysiological needs of the patient. Two cases demonstrate that diversity of cultural perspective as well as clinical, ethico-legal and consumer experience are all crucial components of an ethics group. Processes of discussion, practicalities and pace all played a part in supporting the clinical teams to engage constructively with patients and family members. Involvement of government agencies created an additional dimension with conflicting views of legal and ethical rights and responsibilities.

Session Leads

Cheryl Goodyer is Manager, Capability, Māori Health Development Group, Capital and Coast District Health Board

Cheryl Goodyer has worked in the health sector for 30 years, training as a Medical Laboratory Technologist specialising in Anatomic Pathology and holding Mortuary management roles for 10+ years. Cheryl has held senior management roles leading the expansion of Whānau Care Services into a multi-disciplinary team of kaiāwhina, social workers, speciality clinical nurses and a Māori chaplain. Cheryl leads a team focused on strengthening the Māori health workforce and equipping the CCDHB workforce to improve Māori health equity and outcomes. Over the last 10 years she has led the development and implementation of all CCDHB’s cultural competence education programmes including Te Tohu Whakawaiora (Certificate in Healthcare Capability) and Tikanga Māori. Other key activities include the Tū Pounamu Workforce Development Programme to improve the recruitment, retention and professional development of Māori staff across the organisation and driving improvements to ensure high quality, complete and consistent performance and workforce ethnicity data. Cheryl is also a long-standing member of the CCDHB Clinical Ethics Advisory Group.

Roger Palairet is Chief legal Counsel, Capital and Coast District Health Board

Roger has 30 years of experience as a lawyer, mainly in Wellington. He is currently the Chief Legal Counsel at Capital & Coast District Health Board. He has previously worked in his own law firm for 12 years, mainly acting for public sector clients in a range of roles. He was previously Chief Legal Counsel for a large government department and has worked as a commercial lawyer for a national law firm. He has a wide range of practical public sector and commercial law knowledge, including from having provided advice on governance issues for Crown entities and commercial organisations. Roger is also the Chair of Carers NZ and Clinical Ethics Advisory Group member,
2. Session two: Paediatric case presentation and discussion

The case is of African parents who have two children aged 4 years and 4 months with Haemoglobin sickle cell disease (HbSS) who plan to travel to Africa to visit their family. The parents have declined treatment with Hydroxyurea which is an effective treatment for the condition. This is a severe life limiting condition with high health care needs. Health infrastructure in Africa is poor. The responsible clinician wants advice on whether to apply for a court order to prevent the family from travelling.

Session Leads

**Dr Ben Gray is a GP and Senior Lecturer at University of Otago Wellington.** He convenes the undergraduate course in professional development and ethics and has been a member of the CCDHB Clinical Ethics Advisory Group for the past year. His research interest is in the intersection between culture, cultural competence and ethics.

**Ann Connell is the current co-chair of the CCDHB Clinical Ethics Advisory Group.**

Ms Ann Connell is a Clinical Psychologist working as Director of Allied Health for the Mental Health, Addiction and Intellectual Disability Services for Wairarapa, Hutt Valley and Capital & Coast District Health Boards. She completed her clinical psychology training at the University of Otago and began work as a new graduate at the Hawkes Bay Area Health Board before taking up a position at Porirua Hospital in 1987. Ann is in her third term on the NZ Psychologists Board, serving as Chair from 2013 to 2018. She was a member of the working party that revised the Code of Ethics for Psychologists working in Aotearoa NZ. Ann has held executive positions in the New Zealand College of Clinical Psychologists and in this capacity has been a member and convenor of the Allied Health Professional Association Forum.
3. Session three: Australian and New Zealand Clinical Ethics Network
meetings________________________

**Session Leads**

Jenny Jones and Hazel Irvine are the AABHL Clinical Ethics Stream Co-Conveners; along with Julie Letts from Sydney who sends her apologies.

![Jenny Jones](image1.png)  
**Jenny Jones is Coordinator Clinical Ethics Service, Metro South Health, Brisbane, Australia.** She is a wife, mother, grandmother, friend, etc as well as a member of numerous ethics committees.

![Hazel Irvine](image2.png)  
**Hazel Irvine is Chair, Capital & Coast District Health Board, Clinical Ethics Advisory Group.** She is a nurse and midwife based in the Quality and Patient Safety Directorate.

4. Session four: How to run a hospital Clinical Ethics Committee________________________

Clinical dilemmas are frequently encountered in hospitals relating to novel treatments, clinical scenarios and equity relating to resource issues. Clinicians are increasingly seeking support to address these dilemmas. The Auckland District Health Board hospital ethics committee meets regularly to address clinical issues according to a process of robust ethical argument. This interactive workshop aims to provide an insight into how this ethics committee is run and the challenges faced and enable attendees to come to their own conclusions about how to run an ethics committee through discussion and role playing a clinical scenario.

**Session Leads**

![Dr Fiona Miles](image3.png)  
**Dr Fiona Miles is a Paediatric Intensivist, Auckland District Health Board**  
Fiona has worked as a Paediatric Intensivist in Starship hospital since 2002, after training in Auckland, Sydney and London. She is the Supervisor of Training for PICU and paediatric examiner for the College of Intensive Care Medicine. Having completed a Diploma in Professional Ethics and Postgraduate Diploma of Arts in Ethics, she is now working towards a PhD in Ethics.
Jackie Robinson is a Nurse Practitioner and Clinical Director - Palliative Care, Auckland District Health Board (Deputy Chair for CEAG, ADHB)

Jackie is a Nurse Practitioner in Palliative Care working at Auckland District Health Board. She has been working in palliative care for over 10 years initially in a hospice setting and over the past seven years with the Auckland City Hospital Palliative Care Team. Jackie provides leadership for the hospital palliative care contributing to service development and integration with palliative care providers across the district. She also has a senior clinical role with the hospital palliative care service.

Susanne Biddick is Committee Co-ordinator, Auckland District Health Board

Susanne has been a Personal Assistant for a number of organisations and has worked at Auckland District Health Board for over 20 years in Women’s Health, Adult Health, Strategy, Participation and Improvement.

Tim Dare is an Ethicist and Lecturer

Dr Tim Dare is a senior lecturer in Philosophy at the University of Auckland, Coordinator of the University of Auckland's Diploma in Professional Ethics, and Codirector of the University’s Centre for Professional Ethics. He is also a lawyer, who worked as a judges’ clerk in the High Court and as a ‘real lawyer’ (very briefly) before taking his PhD in Philosophy in Canada and returning to life as an academic. (His principal research areas are applied and professional ethics, political philosophy and legal philosophy). Despite a great love for the academic life, he is nonetheless committed to the practical application of philosophy. As well as being on this committee, he is a member of the WDHB’s Clinical Ethics Advisory Group, and Chair of one of two Auckland Health and Disabilities Ethics Committees (which look at health research applications). He also writes a weekly ethics column (occasionally on medical ethics topics) in the New Zealand Listener.
5. Session five: Setting up a Clinical Ethics Consultation Service

This workshop will discuss the planning and processes involved in setting up a clinical ethics consultation service. Topics will include:

1. **Building Interest** (establishing expertise and interest within the institution)
2. **Costing** clinical ethics services
3. **Deciding on a model of Clinical Ethics Consultation service**
   a. Single ethicist; clinical ethics committee?
   b. Involving the patient/family or a service for clinicians only?
4. **The mechanics** of case consultation
   a. Initial fact finding
   b. Ethics discussion/deliberation
   c. Post consultation follow up
5. **Documentation**
6. **Barriers and Challenges** to clinical ethics services
   a. Timing of consultation referrals
   b. Getting known within the institution
   c. Scope of involvement (clinicians, patients, policy)
7. **Evaluation of** clinical ethics services

**Session Leads**

**Professor Clare Delany has worked as a clinical ethicist for the past 10 years at the Royal Children’s Hospital, Children’s Bioethics Centre.** In this role, Clare conducts clinical ethics consultations, ethics education and research in paediatric bioethics. Clare also works in Clinical Education at the University of Melbourne, Department of Medical Education, supporting clinicians and students to design, conduct and publish health professions education research. Clare’s research covers health ethics, paediatric bioethics, clinical reasoning, critical reflection, and building resilience for clinical learning. Clare chairs the Humanities and Applied Sciences Human Research Ethics Committee at the University of Melbourne. In the area of health professions regulation, Clare has served as Vice President of the Physiotherapists’ Registration Board in Victoria, Chair of the Australian Physiotherapy National Professional Standards Panel and is a current sessional member of the Victorian Civil and Administrative Tribunal (VCAT) in Health Professional Regulation.

**Anne Preisz** is the Manager of the Clinical Ethics service at Sydney Children’s Hospital Network - which incorporates Children’s Hospital Westmead, Sydney Children’s Hospital and Bear Cottage hospice. Her clinical background is in neonatal paediatric and emergency neuromuscular Physiotherapy and she holds a Masters of Bioethics USyd. She also holds a conjoint position in Bioethics at the School of Medicine University Notre Dame, and is a University of Sydney, Sydney Health Ethics affiliate.
Dr Lisa Mitchell is a geriatrician at Barwon Health, Geelong, Victoria. She assists in co-ordination of their local Clinical Ethics Service.