

EACME Newsletter

European Association of Centres of Medical Ethics

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¹ World Health Organisation (2020) Draft landscape of COVID-19 candidate vaccines Available at: <https://www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines>

EDITORIAL GILES BIRCHLEY

As Ruth has mentioned in the “News from the Bureau”, much of Europe – and the world - remains in uncertain times due to the pandemic, although there is perhaps more hope in the air, with the some of the 170¹ candidate vaccines for COVID-19 now reaching late stages of trials. While this is heartening, the emergence of a vaccine will bring new, but familiar, ethical challenges not least securing the just distribution of vaccines to the poorest members of global society. Nor must we allow the hoped-for retreat of the pandemic in the wealthy nations to blind us to the fact that pandemics of this nature will become ever more likely given the population pressures linked to the enormous ecological emergency that confronts us.² This emergency still lacks adequate redress, and its urgency – and its enormous ethical repercussions – becomes more apparent by the day.

In some ways the global pandemic gives us a glimpse of both the best and the worst that humanity can achieve – the speed and energy with which science can confront and develop responses to the emergency is awe-inspiring. Problems of science denialism, short termism, localism, rampant health commercialisation and inadequate and inequitable distribution are desperately disheartening. My hope is that attention to medical ethics can have some, small, effect on this blinkered approach, but it can only do so by being savvy to the wider socio-economic context in which healthcare takes place.

On this note, it occurs to me that the long drawn out process of the United Kingdom's exit from the European Union sits at both ends of my stint as editor of EACME news. Now it is time for me also to make my exit, as editor

² Harvard School of Public Health (2020) Coronavirus, Climate Change, and the Environment: A Conversation on COVID-19 with Dr. Aaron Bernstein, Director of Harvard Chan C-CHANGE Available at: <https://www.hsph.harvard.edu/c-change/subtopics/coronavirus-and-climate-change/>

at least. I will still remain enthusiastic member of the EACME network, and I hope, as a contributor to the newsletter, only now my ramblings will come under some editorial control! On this last note I introduce and commend your new editor, Caroline Brall.

Giles Birchley

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EDITORIAL CAROLINE BRALL

Thank you very much, Giles, for highlighting these important challenges and for pointing out the role which medical ethics can and will play in attending to these challenges.

And most of all, thank you very much for your contributions to the EACME newsletter as our editor of the last four years! I really enjoyed – and I think I speak for the members of the Editorial Board as well as for the readers of our EACME network – every newsletter, which you put together thoughtfully and in which you presented us with interesting and thought-provoking insights from all over Europe. And thank you as well to all authors and contributors of the past newsletters!

I am really looking forward to the new role and the opportunity to work with all of you, dear readers, to fill our next newsletters with exciting and inspiring news from around Europe.

For those of you who do not know me yet: I am a postdoctoral researcher, currently based at the Health Ethics & Policy Lab at ETH Zürich, Switzerland. My background is in European Public Health, where I specialised on ethical questions and attained a PhD at Maastricht University, the Netherlands. In the last years, I worked on topics concerning public health ethics, clinical ethics, personalised medicine and data sharing and had the opportunity to do so in different stations throughout Europe, among them Germany, Switzerland, Belgium and the UK. The spirit and values of EACME hence perfectly align with my personal and professional vision of fruitful and interconnected understanding, collaborations and learning.

To foster this collaboration and mutual learning, I would like to encourage all of you – including PhD and early career researchers – to use the EACME Newsletter as a vessel to present the projects you are working on, workshops you are holding and your areas of expertise. In this edition, you will find contributions about current PhD and research projects, new collaborations between EACME centres, as well as experiences of restricted

visits during the pandemic in Quebec. In addition Angelique, our EACME secretary for over 20 years says farewell and Kim, her successor introduces herself.

Before brainstorming about contributions for our next edition, please take a break from this strenuous year, appreciate also the good things it brought, and enjoy the holiday season.

With best wishes,

Caroline Brall

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NEWS FROM THE EACME BUREAU

Dear EACME colleagues and friends,

We hope this email finds you well and you are coping with the second wave of lockdowns we are encountering in most countries. It won't be an easy end of the year, and despite the hope the new coronavirus vaccine raises, things are unlikely to go back to normal in the months to come. In the midst of these uncertainties, we would however like to let you know that we are working hard to make the next EACME 2021 Conference happen. Maria Aluas, together with her team in Cluj, and the support of a working group (Rouven Porz and members from the EACME Bureau) is prepared to host the conference, whatever the circumstances. Depending on the pandemic situation, the conference will take place either in form of a live conference, virtual conference or as a hybrid (live and virtual) conference. It is important for our EACME community to stay in touch and enable continued exchange between the member centres. We are very happy to have a dedicated team that works towards a successful Conference 2021! Maria and her team and we as the Bureau will get in touch with more details at the beginning of next year.

Furthermore, Bert and I would like to thank the (new and old) EACME Board for their support with regard to some challenging decisions we have been making this year (finding a new secretary, a new Treasurer and a new editor, and many other items). Special thank goes to Rouven, who stays in the Board as the past-president. He will keep offering his precious advice throughout the new term of the Bureau, with Bert as the new Secretary-General and I as the new President. Furthermore, we are happy to let you know that the Board nominated a new Treasurer, Federico Nicoli from Insubria University – we look forward to working together! Many thanks also to Kim who joined the Board as the new secretary and who will be fully taking over from Angelique from January 2021. Finally, thanks to Giles for his excellent work he has done as the Newsletter Editor, and to

Caroline who accepted to take over from him! Indeed, it's been a moving year for the EACME.

One thing became obvious this year: the awareness of the ethical dimension of public health and clinical decisions and challenges, and the need for Ethics as a discipline to reflect upon, study and support dealing with these ethical challenges, has never been so urgent and widely acknowledged. Paradoxically, this also creates, and will create in the coming years, a lot of opportunities for us as EACME community.

Thank you all for your support and being part of this community! Enjoy this last Newsletter of the year and take some time to relax during the holiday season. We look forward to seeing you again, in person or virtually, in the 35th year of the EACME.

With best wishes,

Ruth, on behalf of the Bureau (Bert, Federico, Angelique and Kim)

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ANGELIQUE HEIJNEN: 20 YEARS EACME

When Guy Widdershoven took over as secretary from Emilio Mordini in 1999, I became little by little more involved with the work of EACME. In fact, I was already a bit familiar with EACME, being the secretary of Maurice de Wachter at the Institute for Bioethics in Maastricht. Maurice de Wachter was one of the founding fathers of EACME.

I became responsible for the executive office of the Association. You can and should find always enjoyment in your work. And I sincerely liked this job! It was enjoyable and rewarding thanks to you all.

I looked forward to every (yearly) meeting and seeing all those familiar faces again. I've always felt a full-fledged member of the Daily Board. I am so proud of what we have built together, and I have enjoyed working with every one of you. I value your friendship and all the support you have given me over the years.

And after 20 years it is now time to hand it over to my successor Kim Zandvliet – Oerlemans. I am confident that Kim will settle in quickly and easily in this key role.

I would like to say thank you to you all, especially to the presidents I've worked with: Guy Widdershoven, Renzo Pegoraro, Chris Gastmans, Ruud ter Meulen, Rouven Porz and Ruth Horn.

Take care, stay safe and best wishes for the future.

Angelique Heijnen

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INTRODUCTION OF KIM ZANDVLIET

Let me start with something about my personal life. I'm 37 years old and am living in Amsterdam with my husband and two daughters. As a born and raised Amsterdam citizen my favorite football club is AJAX. In my spare time I like to do some sports and to travel to make unforgettable memories with my family and friends.

Probably even more important than my personal life is my working experience. In 2008 I started working at the VU University. I have had several roles and for the past 7 years I mainly focus on the project management of national and EU funded projects. In my role as a project manager I'm involved in these projects from the proposal stage to the final reporting and everything in between. In October 2019 I joined the Department of Ethics, Law and Humanities at the Amsterdam UMC to take on the project management of two EU projects of which the Amsterdam UMC is the coordinator. This means that I'm currently working for the VU University and the Amsterdam UMC.

In March 2020 I noticed the EACME vacancy and decided to send in my application. I was invited for a Zoom interview and it turned out I was the lucky and received a job offer.

I'm really looking forward to becoming a member of the EACME family and hope I can use my financial and management experience in a useful way for the EACME. Until the end of 2020 Angelique and I will work in parallel and as of January 2021 I will completely take over. I truly hope the EACME conference of 2021 will take place in Cluj-Napoca, Romania and we can safely shake hands and meet in person.

Kim Zandvliet – Oerlemans

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CLUJ – NAPOCA EACME CONFERENCE 2021

Dear colleagues,

We are looking forward to welcoming you at the EACME Conference 2020/2021, which will take place in Cluj-Napoca (Romania) on September 9 – 11, 2021. The conference will be held under all circumstances and depending on the COVID-19 situation either **onsite**, **online** or in a **hybrid version** (where some participants will be onsite and some will join online).

Updates will soon be available on the website and we will invite you for new abstract submissions. More details will follow via the EACME News.

Please note:

1. Please visit the Conference website for updates on the EAMCE Conference: www.confex.eu
2. Please submit your abstracts before March 1st 2021.
3. Participants whose abstract has been accepted for the rescheduled EACME Conference 2020, will be scheduled in the conference programme for 2021. They also can submit new abstract topics.
4. In addition, abstract submissions are open to those who have not submitted abstracts for the EACME Conference 2020.
5. Registration fees already paid for the EACME 2020 conference will be valid for the 2021 conference.

MUTUAL LEARNING – A NEW PARTNERSHIP BETWEEN BERN AND CLUJ - NAPOCA

The EACME is intended to give ethicists a network and to strive for new collaborations. EACME does this through its annual conferences, through its communication channels - but also by establishing personal contacts. Such a personal contact developed with both of us, Maria Aluas from Romania (Cluj-Napoca) and Rouven Porz from Switzerland (Bern).

We met at EACME conferences and we work together on the EACME board. We quickly noticed that we were both very interested in the further development of clinical ethics, and the idea was quickly born to visit each other, discuss ideas and develop joint projects. A decisive trigger of this collaboration idea was that we somehow noticed that our two countries were at different levels how clinical ethics is implemented in hospitals. In Switzerland, clinical ethics is well developed and established in hospitals, in Romania it is still in the early stages of implementation. We agreed - and that was special - from the beginning that our collaboration shouldn't be about Cluj "learning" from Bern, on the contrary: we found that different stages of evolution of clinical ethics shouldn't be colonized - but that every context, every country, every individual history has to be considered and appreciated. From our deepest conviction, our collaboration is about a mutual learning process.

Concretely, our partnership started in 2018, both of us were visiting our centres and we tried to get an idea of how to better understand each other's work, priorities and necessities in the fields of clinical ethics, research ethics and in the teaching to medical students. As emphasized above, our joint purpose was not only to give lectures, support students and academics, but also to understand our own roles, as Bioethicist, as Clinical Ethicists in our respective health care systems. We now want to share some of our experiences with you:

Maria Aluas: *There was a moment during my first visit to Bern that was quite inspiring for me. I attended the so-called "Ethik am Mittag" series. So what did this mean? Each month, at lunchtime, there is an Ethics event in the hospital. I was positively surprised. On that occasion I met quite some health care professionals, especially nurses, who choose to spend their lunchtime participating in a Ethics Lecture instead of going to a restaurant, and when I visited this event, it was about Narrative Ethics. The seminar was given by Professor Hille Haker from Loyola University, Chicago, USA. She was in Switzerland at that time and Rouven had invited her for this talk. Participants asked questions, expressed opinions, and were genuinely interested in the topic. It was great, inspiring, and I admired the concept of these informal meetings.*

Participants were talking freely and discussing with a sandwich in their hands and I was surprised about the awareness of participants to such lectures. Very challenging idea and completely new to me! But I was thinking: how could such an easy-going event be introduced to my context of work'?

Rouven Porz: *When I visited Maria in Cluj for the first time, she organized three lectures for me. The rooms were filled to the brim with students and lawyers. I was especially surprised at the great positive responses shown by lawyers in the room. This is nothing that I knew from Switzerland. Of course, we have a lot of lawyers, but I had never been able to gather so many in one audience. It quickly became clear to me that clinical ethics is a completely new idea in the Romanian health system and that the lawyers wanted to position themselves as team players. They wanted to have a say, create new laws, improve their own health care system, thinking along, and this amazingly strong will to change and improve was completely new and inspiring for me. There was a 'wind of change' in the air that I had never seen before in Switzerland.*

Maria Aluas: *After some of our meetings and exchanges, I had the idea to formalize our collaboration. I proposed the idea to the Scientific Committee of our University to confer a title to Rouven: the honorary title of Visiting Professor. After they analyzed the proposition and the motivation for our partnership, they all rapidly agreed. Then, the title was conferred in a wonderful ceremony by the President of our Senate: Professor Florian, a neurosurgeon. This happened in October 2019. So, Rouven is currently the first Visiting Professor in Ethics at our University. An important milestone for our collaboration, for our process of mutual learning, but also for setting new standards in my respective country.*

Rouven Porz: *This ceremony was very nice and even emotionally overwhelming for me. I did not expect that. You have to know: I had just been appointed 'associate professor in Bern four weeks earlier and that was a very sobering affair. It was only about formalities (how many publications, how much research funding) but it was never about me as a person. Very different in Cluj. As the first visiting professor for ethics, I was invited to be present at the ceremony with the whole family. So my wife and my daughter were around. And Maria and I were asked what strategic goals and ideas we have. We were able to tell about the vision of bringing the EACME conference to Cluj. And everyone was thrilled and grateful. It was wonderful to experience.*

In summary, in this relatively brief time, we discovered there are considerable possibilities for a partnership to be developed in a number of ways that will benefit students, PhD candidates and medical doctors. Some of these possibilities are rather informal, others more formal. All of

it is needed, and especially the fostering of supervision for the next generation of ethicists. Thus, we both just started as members, in the PhD committee of Alina-Georgiana Cozma (together with Paul-Mihai Boarescu, under the supervision of Sorana D. Bolboacă).

And last but not least, we are organizing the next upcoming EACME conference here in Cluj, hopefully in a semi-virtual way with the possibility to visit Cluj in person. Save the dates (9-11 September 2021) and see you in Transylvania,

Maria and Rouven

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USERS' RELATIVES' PRESENCE DURING COVID-19

Introduction

In Quebec, as elsewhere in Canada and around the world, the emergence of the coronavirus pandemic has deprived people living in the health and social services network of the presence of their loved ones. Regardless of their prognosis, their COVID-19 status, their needs, the length of time or their accommodation environment, their

isolation has caused them great suffering. Some have died alone, without contact with their loved ones. Today, innovative means must be investigated in order to alleviate the weight of this suffering and its consequences on these people, their loved ones and their caregivers.

Here we share our thoughts on the context of restricted visits that resulted in the exclusion of relatives at the bedside of the patients during the pandemic. We propose an ethical perspective to apprehend the values in tension. This text is the result of our experiences and observations as doctoral students in clinical ethics and health ethics practitioners in Quebec.

Ethical reflection

During the first wave of the pandemic, so-called "non-essential" visits were banned in all health care institutions in Quebec. Although the *Ministère de la Santé et des Services sociaux* (MSSS) produced several guidelines, which have evolved over time, to guide the institutions, the stakeholders experienced major ethical issues related to the management and the coordination of the family and friends presence alongside users. Questions have arisen, for example, about the meaning of "non-essential" visits, or the identification of relatives as central and integral to the well-being and dignity of vulnerable people, rather than simply as "visitors".

Users and their families have been confronted by major inequities as a result of the workers' rigour or flexibility in regard to their application of the ministerial directives on visits.

The tension between compassionate care and the protection of public health proved to be the most complex to resolve. The right of individuals to be accompanied by their loved ones, to be supported by caregivers and to receive services imbued with compassion and empathy, clashed with the institutions' duties to limit the spread of the virus and to manage visits to prevent and control infections as much as possible.

Other ethical questions have emerged from this tension:

- Is the family and friends presence systematically synonymous with a risk for the protection of users, care settings, workers and the community?
- By their presence, can families and friends help caregivers in the caring of users? Can institutions use families and friends to offset staff shortages, without leaning towards a utilitarian view of these inexpensive resources?
- Does privileging protection over compassion mean depriving the person of his or her identity by denying his or her humanity and vulnerability?
- How do we find the right balance between compassion and protection, considering the

person as a relational and emotional being, rooted in a particular context?

These questions require an ethical investigation based on the worthiness that a community places over life, its quantity, quality and its constituents. Guidelines cannot be generalized and applied across the board, regardless of the context. Nor can the management of visits depend solely on the consent of the caregivers.

Conclusion

The lack of scientific literature devoted to this topic, combined with our observations in the field, led us to reflect on a process to support the teams in managing the presence of relatives alongside users. Here we have presented the bootstrap of the guideline action process for and by the people concerned.

We believe that ethicists have a fundamental role to play in this reflection. Their involvement with leaders, workers, family members and users aims to shed light on the respective perspectives and to balance the values to be favoured. Given the complexity of the issues facing the healthcare system, ethics services are vital forces on which institutions can rely.

Acknowledgements

We would like to thank all the ethics counsellors in the institutions of the Quebec Health and Social Services network for sharing their experience and their contribution to this reflection.

Authors

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TOOLS FOR THE ETHICAL REFLECTION ON TECHNOLOGY IN OLD AGE

The publication "Instrumente für die ethische Reflexion über Technik im Alter" is in German. It was produced within the framework of the joint research project PPZ Berlin (Pflegepraxiszentrum Berlin). The central question of the project is: How can and will innovative sensor technologies be integrated into the daily care routine in hospitals, nursing homes and home care? The project started in March 2018, has a duration of five years and is funded by the Federal Ministry of Education and Research (BMBF) within the cluster "Zukunft der Pflege/Future of Care".

The publication describes seven tools for ethical reflection, which are in principle suitable for application in hospitals, in care institutions and in the home context. The publication is not only intended to provide an overview but can also facilitate the decision for the application of one tool in everyday nursing care. Therefore, the systematic description of the tools was supplemented by experiences with their application. As a limitation, it must be noted that the experiences refer to research projects, i.e. not to everyday care.

All tools are used within the framework of workshops or meetings, i.e. outside the everyday life of the participants. They require different time for preparation, performance and follow-up. Naturally at least one person must know the application method of the respective tool for a reflection process structured according to this. For some, (external) moderation is provided, for others not. The circle of those to be invited varies: While some recommend inviting as many different stakeholders or actors as possible, others are either explicitly participatory or do not provide for the involvement of civil society.

The tools are not only different in terms of procedure, but also in terms of their content, and are subject to different requirements and preconditions. Thus, four of the tools described in detail here are based on models that are usually multidimensional and in which ethical/normative requirements are combined with social and other aspects. However, all the tools described - even those with a high degree of complexity - only depict partial sections of reality. Based on the experience gained so far in the PPZ-Berlin project, it can be deduced that the practical suitability of tools should take greater account of the utility of technical applications. Of course, utility is not an ethical value. However, experience shows that the assessment of benefit influences the view of ethical issues. Transparency in this respect contributes to clarity – after all, the processes of reflection do not take place in a vacuum – even if the atmosphere in a workshop sometimes makes one forget everyday life. Furthermore, it is important to agree on the goals of a reflection process. For example, it makes a difference whether a greater sensitivity to ethical issues is to be achieved or whether concrete decisions for the development and application of technologies are pending.

Katrin Grüber and Elena Loevskaya, Institut Mensch, Ethik und Wissenschaft, Berlin

The publication in German can be downloaded from the IMEW website

https://www.imew.de/fileadmin/Dokumente/Volltexte/Instrumente_zur_ethischen_Reflexion_31092020_UA.pdf

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PHD THESIS HELEN SMITH

The challenge of fairly allocating ethical and legal responsibility for the outcomes of using artificial intelligence to inform clinical decision-making

My PhD thesis considers the potential future use of artificial intelligent systems (AISs) to aid clinical decision-making. This choice of topic was motivated by my background as an English Registered Nurse specialised in the high-tech environment of Critical Care.

Many software developing companies (SDCs) have been creating AISs for clinicians to use. One such example is IBM's Watson for Oncology. Yet, interestingly, whilst the aim of Watson is to positively influence the clinician's decision-making regarding a patient's care, I found a key quote from an unnamed Executive Consultant for IBM in Hengstler et al (1):

"I underline that Watson does not make decisions on what a doctor should do. It makes recommendations based on hypothesis and evidence based [sic]"

This made me realise that SDCs could attempt to position their AISs in such a way that they could deflect responsibility for the consequences of the use of that system to its clinical users. This felt unfair to clinical users.

I recognised SDCs as new actors in the clinical decision-making space, yet their presence is vastly invisible at the point of care where their AISs would influence the clinical decision-maker. Whilst SDCs might not be at the bedside, their influence may result in a direct effect (which could be both negative as well as positive) on the patient's clinical outcome.

To explore this, my research has consisted of four stages: literature review, legal analysis, ethical analysis, and I present a possible solution.

My literature review (2) found that the allocation of responsibility for the use of AISs in this area is somewhat unclear, that there is no existing body of case law, and that there was a need for legal analysis so that stakeholders may understand their obligations.

The subsequent legal analysis which I performed with Kit Fotheringham (3) considered the tort of negligence resulting from the use of AIS in clinical decision-making. We found that software developing companies (SDCs) might be protected by clinicians because clinicians are the end users of AIS (novus actus interveniens). We speculated that SDCs might be awarded a duty of care to the patient if harm resulted due to a clinician using an AIS, but that proving causation might be challenging. These

findings concerned me as this may unjustly make clinical users more vulnerable to negligence claims even if the SDC's AIS had influenced the clinician's specific decision which then resulted in the harm.

My ethical analysis of the allocation of responsibility relied upon two main tenets. Firstly, Fuscaldo (4) identifies that an agent is responsible to the consequence of an action if (if and only if) their actions are voluntary and have foreseeable consequences. Secondly, Zimmerman's (5) model of responsibility can be used to identify that both SDCs and clinicians may be allocated both prospective (incorporating an ethical duty of care) and retrospective personal moral responsibility for an outcome of AIS use. These principles will be familiar on a practical level to the clinician who has a historically well-defined duty of care for their patient, but might be considered a more novel consideration for the SDC. As applied to SDCs: they are free to make (or not make) their AISs and it is foreseeable that an AIS which is specifically designed to influence clinicians will result in an effect on the patients which they treat. It is this foreseeability which permits both prospective and retrospective personal moral responsibility to be awarded to SDCs as well as clinicians.

Whitby (6) suggested sharing responsibility between stakeholders and I agree that a model which shares responsibility between clinicians and SDCs could be fairer to both.

My suggested solution utilises a model of shared responsibility. My paper with Kit Fotheringham (3) introduced the idea of 'risk pooling'. Risk pooling would employ an insurance scheme and would provide stakeholders an organised platform to discuss, negotiate, and fairly allocate the financial burden to meet the needs of a patient who had sustained injury due to the use of AIS in their clinician's decision-making.

A shared model of responsibility risk pooling could provide a united front which the patient may easily access for remedy for harms which they had suffered as a result of AIS use in their care. Such a scheme might avoid an uncertain legal process and outcome for the patient and allow them to concentrate on their recovery more quickly.

I am immensely grateful to my supervisors: Dr Jonathan Ives, Dr Giles Birchley and Professor Andrew Charlesworth. Your wise, kind, and skilled guidance has made this PhD achievable and I look forward to submitting in the (hopefully) near future.

Helen Smith

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PHD THESIS LAURA HARTMAN

Innovations in Clinical Ethics Support

Worldwide, there is an increase in the use of clinical ethics support (CES) to support health care workers in dealing with the ethical issues they run up against. Although CES has been evaluated positively, it also faces several challenges. This dissertation discusses three CES innovations intended to address these challenges.

The first innovation is a CES tool based on a series of Moral Case Deliberations (MCD). This CES tool enables the insights gained during MCDs to be disseminated throughout the whole organization. The second innovation — taking an integrative approach to CES — involves providing and organizing CES closer to care practices and in such a way that it increases CES's impact and care workers' readiness to request ethics support. The third innovation involves conceptualizing and fostering the quality of CES in the Netherlands. Through the development of a network, called NEON, CES stakeholders were encouraged to reflect on what constitutes as good CES. This process resulted in a set of quality characteristics for CES.

This dissertation is part of the effort to professionalize CES and make it more effective and theoretically grounded, thereby enhancing its impact and quality. We hope the research presented in this

dissertation will inform and inspire other CES practitioners and researchers to study and experiment with innovations in CES in their own local CES practices.

[Online link to the dissertation](#)

CALL FOR ABSTRACTS

Online-Workshop: The OUGHT-IS GAP in Medical Ethics

Dear Colleagues,

we (at the Centre for Ethics in Medicine, Bristol and at the Institute of Ethics, History and Theory of Medicine, Munich) invite contributions from different European countries for a collaborative online-workshop to synthesize multi- and interdisciplinary perspectives on how to bridge, or overcome, the OUGHT-IS GAP in medical ethics. The - so far rather unusual - workshop concept won the 2nd EACME-Collaboration prize and we are grateful for the funding and support by EACME.

Link to call:

<https://www.egt.med.uni-muenchen.de/aktuelles/nachrichten/eacme-call-for-abstracts/index.html>

Please do not hesitate to contact us, if you are interested.

Kind regards,

Katja Kuehlmeier, Jonathan Ives, Georg Marckmann & Richard Huxtable

CALL FOR PAPERS

 **SGBE** Schweizerische Gesellschaft für Biomedizinische Ethik
SSEB Société Suisse d'Éthique Biomédicale
Società Svizzera di Etica Biomedica

 **Bioethica Forum**
Schweizer Zeitschrift für Biomedizinische Ethik
Journal Suisse d'Éthique Biomédicale/Swiss Journal of Biomedical Ethics

Teaching bioethics and scientific integrity

It is now more than half a century that biomedical ethics exists as an area of academic scholarship and professional endeavour. As the field progresses and new issues emerge, the need to provide **quality education in bioethics** becomes obvious. This need concerns undergraduate, postgraduate and continuing professional education for all kinds of health care professions. Furthermore, educational elements also extend to the general population, aiming at bioethical literacy of patients, their relatives, policy-makers, and all citizens.

The teaching of **bioethics** has become a crucial component of healthcare education in many countries.

This raises a number of theoretical and practical questions: What is exactly the aim of bioethics education? Is it only concerned with transferring cognitive knowledge, or should it also aim at fostering empathy, the right attitudes or even virtues? How can the quality of bioethics teaching be assessed? What are the most effective teaching methods? Empirical questions are also important: What is the current state of bioethics education and what are the experiences, needs and wishes of trainees and trainers? And what about the ethical implications of bioethics teaching itself, e.g. when using real case vignettes or role-plays with actual patients?

In parallel, teaching **scientific integrity** is becoming increasingly important in healthcare and the life sciences. This more recent field concerns the ethical principles that govern the procedures for producing scientifically valid research results and has to do with *truthfulness* in science, be it on the level of data acquisition, analysis or publication. Teaching scientific integrity is still underdeveloped and many questions about its goals, methods and assessment strategies need to be explored.

Bioethica Forum is the official journal of the Swiss Society for Biomedical Ethics. It publishes scientific articles on bioethics topics four times per year. Contributions can be submitted in either one of the three languages English, French, or German. The journal welcomes articles from authors around the world, of various academic disciplines and specialities.

Authors may submit **original articles** (max. 30'000 characters) that either theoretically or empirically deal with the topic. They may also submit short opinion pieces called **Viewpoints** (max 10'000 characters). For more detailed guidance please visit the journal homepage: http://www.bioethica-forum.ch/content/d_Instructions.php

Contributions can be submitted to: ralf.jox@chuv.ch or roberto.andorno@uzh.ch

Deadline for submissions is **February 5th, 2021**.

Joint editors of this special issue:

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ADVANCED EUROPEAN BIOETHICS COURSE 2021

Advanced European bioethics course “Suffering, Death and Palliative Care”, Nijmegen, the Netherlands, 16-19 March 2021, organized by the by the section of Healthcare Ethics, IQ healthcare, (Radboudumc university medical centre). Website: <https://bit.ly/2eqVZ4A>

VACANCY

Utrecht University offers an Assistant Professor position in Practical Philosophy, with a specialization in bio-ethics, e.g. in the following fields: health care ethics, reproductive ethics, disability ethics, biomedical ethics, neuroethics, pharmaceutical ethics or public health ethics.

For more information:

<https://www.uu.nl/organisatie/werken-bij-de-universiteit-utrecht/vacatures/assistant-professor-in-bio-ethics-10-fte>

DEADLINE NEXT NEWSLETTER

The deadline for the first edition of 2021:

April 1, 2021

If you wish to promote your event, or to inform your EACME-colleagues about the results of your work, descriptions of projects, book reviews etc. Any good ideas for the upcoming edition?

Don't hesitate to contact our editor Caroline Brall:

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