



Do you have an ethics-related accomplishment in your district that you'd like to share?

Let us know – we'd be happy to highlight it in the newsletter.

Different Landscapes, Similar Views?

Rural Health Ethics and Global Health Ethics



We tend to think of global health ethics as very separate or distinct from rural health ethics. Inspired in part by this year's conference, however, I would like to highlight some important parallels between

the two and argue that there are insights that those interested in rural health ethics can gain from looking at work in global health ethics and vice versa.

"Global health issues" implicitly refers challenges that arise in the "developing" world – in contexts that tend to be removed from centres of power and influence, where populations tend to be relatively impoverished and often disempowered, and where infrastructure is underdeveloped. These disparities raise ethical questions around justice in and of themselves.

It is also important, however, to remember that these conditions are also present in the "developed" world. First Nations communities in Canada, for example, fit the description above as would some rural and remote communities. As a result, insights from discussion around how to provide equitable health care in developing world contexts are also applicable to many rural contexts closer to home.

Questions around access to care, resource allocation, training, recruitment, and retention of health care providers, priority setting, delivery of care, and the role of technological interventions in care are not exclusive to either developing world contexts or rural contexts. They are furthermore frequently discussed in the mainstream bioethics literature. There are, however, particular ways in which these questions are framed and focused to address specific concerns that arise in developing world and rural contexts.

For example, in developing world and rural contexts questions regarding the role of technology centre around how to effectively diagnose and treat without access to high-tech machines and complex laboratory tests. Therefore, it is worthwhile to look to discussions in both of these contexts in attempting to address prominent issues in both contexts.

This is not to say that the ethical challenges encountered in developing world and rural contexts are identical or can be resolved in exactly the same way. But similarities in contexts and similarities in types of concerns mean that there is value in dialogue between these two areas of inquiry. And, of course, the insights generated from such dialogue enrich and deepen discussions in mainstream bioethics, making it more inclusive.

NSHEN 2010 Conference Review

What do a policy template, ethics of place, building capacity, and meeting people engaged in ethics across the province all have in common? The third annual NSHEN conference held on March 3-4, 2010.

With 80 participants, the preconference, Ethics and Health Policy: the Nuts & Bolts, provided a comprehensive overview policy development and review. Invited speakers, Carolyn Ellis (Associate Professor, Biomedical Ethics Unit, McGill University and Ethicist, Jewish General Hospital) and Sylvia Wist (Professional Practice Leader - Policy and Practice) joined Jeff Kirby and Christy Simpson in drawing out key ethics aspects of policy work. The preconference concluded with a panel discussing policy implementation and evaluation – two areas in which challenges and possibilities exist for increasing the visibility and use of policy.

The conference theme, Different Landscapes, Similar Views? Health Ethics in the Rural Context, stimulated an examination of our assumptions and ideas about ethics concepts, processes, and practices in different health contexts. In her plenary talk, Lori D'Agincourt-Canning (Director, Clinical Ethics Services, British Columbia Children's & Women's Health Centre) challenged the 105 attendees to consider how "place" may, and likely does, influence and shape what we believe is of value and the "more right" thing to do. Continuing this exploration of ethics in different contexts from diverse perspectives, the break-out sessions provided participants with the opportunity to learn more about and engage with: narrative ethics (David Gass, District Chief of Medical Staff, CHA); the concept of "home" in long term care (David Burke and Leslie McLean, Capital Health Ethics Support); Aboriginal health (Andrea Currie, Clinical therapist, We'koqma'q First Nation); genetics, family & privacy (Lori D'Agincourt-Canning), and capacity building in a rural context (Cathie Watson, Nurse Manager, PCHA and Marika Warren, NSHEN Ethicist).

Based on the evaluations, participants went home with new ideas and tools for building capacity for ethical practice. Many thanks to those who helped to organize and deliver this conference – it wouldn't have been possible without you!

DIFFERENT LANDSCAPES SIMILAR VIEWS?



Health Ethics in the Rural Context

NSHEN
Annual Conference
March 3 & 4, 2010



Questions? Comments? Want to join the mail list?

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