



Nova Scotia  
**Health Ethics**  
Network

Nova Scotia Health Ethics Network  
Annual Report

April 1, 2015 - March 31, 2016

**Enhancing Capacity for Ethical Practice**





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## Notes from the Chair

Chantel Bishop, CEHHA

On behalf of the Advisory Council of the Nova Scotia Health Ethics Network (NSHEN), I am pleased to present our 2015-2016 Annual Report. NSHEN is in its ninth year of operation. With its aim of building capacity for ethical practice, the Nova Scotia Health Ethics Network focuses on ethics education, health policy, clinical ethics and organizational ethics.

NSHEN supports the work of, and responds to, many ethics-related inquiries and requests across the province. Our annual educational conference, district ethics days, newsletters, workshops, development of frameworks, health policy, and advisory council meetings briefly capture some of their hard work and dedication. With time and travel restraints on many, NSHEN has been creative in reaching out for education, information sharing. There are now 10 “fireside chats” available through the website (<http://nshen.ca/>) on a variety of ethics topics. I encourage you to visit the website if you have not already done so.

Our fall conference was held October 22, 2015, in Dartmouth, Nova Scotia, with the theme “Whose Choice Is It? Ethics and Living at Risk”. It was well attended and received by health care providers of all designations across the province. Risk has been a topic of interest for many, over 350 individuals has attended ethics and risk education sessions facilitated by NSHEN staff this year. Each day during National Health Ethics Week in March 2016 an ethical dilemma, case was shared for opportunities of thought and discussion.

The Nova Scotia Health Authority (NSHA) has its first year under its belt. This past year NSHEN has been working with NSHA to develop a formal ethics structure, model to meet the ethics needs for the province. This is especially important as we prepare for our first accreditation as the Nova Scotia Health Authority in 2017.

I encourage you to review this report and reflect on the activities and work of the Nova Scotia Health Ethics Network for 2015-2016.

Chantel Bishop

Chair, NSHEN Advisory Council

## Comings and Goings

Since 2014 NSHEN has benefitted from support of a part-time Program Coordinator role through the Department of Bioethics. Amy Middleton was the first person in this position, and her contributions to the annual conference, Fireside Chats, and website resources were extremely valuable. Unfortunately, in December 2015, Amy left in order to take up a full-time position with the Nova Scotia Health Research Foundation.

The Department of Bioethics intends to fill this role to ensure logistical and programming support for NSHEN's ongoing activities.

In addition, many members of the NSHEN Advisory Council have had to resign due to shifts in job responsibilities and expectations. We anticipate that the Advisory Council will be rejuvenated once members can be identified from Zone Ethics Committees and Local Ethics Teams. For the time being, we would like to express our appreciation to the following individuals for their commitment and their thoughtful engagement around ethics issues:

Lewis Bedford, Nancy Williamson, Matthew Murphy, Anne McIntyre, Lynda McAllister, Mary McNally

## National Health Ethics Week (NHEW)

(April 4-10, 2016)

National Health Ethics Week is coordinated every year by the Canadian Bioethics Society (<http://www.bioethics.ca/ethicsweek>). NSHEN has experimented over the years with different ways to increase awareness of the ethics resources and supports that are available to health care providers. This year the theme for our activities was rural health ethics. We posted a Fireside Chat video with Christy Simpson and Fiona MacDonald titled "Rethinking Rural Health Ethics" and we circulated a series of cases for discussion that raised a range of questions pertinent to rural health ethics.

The cases can be found in our online case database: <https://nshencases.wordpress.com/health-ethics-case-resources/national-health-ethics-week-2016-cases/>. A number of people indicated that they found these cases helpful, so we'll likely use a similar format for National Health Ethics Week 2017, when selecting a new theme. We're keeping our eyes open for other ways to highlight health ethics activities in Nova Scotia.

## Ethics NSHA

Over this year we have been working with Patrick McGrath, NSHA's VP of Research, Innovation, and Knowledge Translation, who is also responsible for ethics, to implement the model developed collaboratively last year for Ethics NSHA.

The most recent description of this model is attached as Appendix A. We are currently working with NSHA to establish and populate Local Ethics Teams, Zone Ethics Committees, and an Ethics Leads group. The first task for these groups will be to review draft terms of reference, which will also serve to solidify the Ethics NSHA structure. After this, they will turn their attention to the processes and procedures for clinical and organizational ethics consultations.

Once these committees and procedures are in place, the primary task will be to prepare for accreditation in 2017. In getting ready for accreditation, we will need to generate streamlined processes and tools to ensure that ethics issues are being addressed in a consistent manner across NSHA. In addition, there will be opportunities for the Ethics Leads group to be involved in provincial policy process. We look forward to a streamlined approach to ethics support in NSHA and to supporting the NSHA Ethics Leads group.

## Education

We have continued this year to diversify the resources available to support education around ethics in health care in Nova Scotia, making conscious attempts to increase the accessibility of our events and ensure that our website is user-friendly. Informal feedback tells us that our website is viewed as a valuable resource. Producing content for the website has been the primary focus for us, with emphasis on our Fireside Chat series as well as on featured articles, cases, and bioethics book club resources. The Fireside Chats produced this year focused on the dignity of risk, rural health ethics, conscientious objection, and growing older consciously.

For in-person education sessions, we have focused on ensuring the content from our annual conference on Living at Risk was available throughout the province, reprising the conference in condensed form, in collaboration with researchers from the Central Zone's Dignity of Risk project. We were also fortunate to be able to host a workshop which was led by facilitator and mediator Paul Hutchinson, and aimed at developing skills which can be transferred to complex and challenging ethics consultations.

We also continue to add to our lending library and have begun to assemble lists of links and resources for our website.

# Department of Health and Wellness



While the Department of Health and Wellness has been undergoing transition, NSHEN's efforts to support ethics work at Department of Health and Wellness have focused on completing a provincial primer around informed choice in the context of infant feeding as well as supporting Nova Scotia Hearing and Speech Centres in meeting ethics standards for accreditation.

The primer, developed in conjunction with Betty Ann Robinson and the Reproductive Care Program, is intended to support informed decision making by providing assistance in having conversations that focus on values as well as facts. In this case, the decisions in question have to do with infant feeding choices but the general strategies for engaging in conversations about how to translate values into choices and practice could readily be transferred to other settings in health care.

We have also been supporting Nova Scotia Hearing and Speech Centres as they established an Ethics Decision Support Working Group as part of their accreditation strategy. There is significant ethics capacity in place at Nova Scotia Hearing and Speech Centres, and it was NSHEN's pleasure to highlight that as we supported them in focusing the initial work for their Ethics Decision Support Working Group. We look forward to further collaboration.

We also look forward to renewing efforts to support integration of ethics lenses into the work that's being done at the Department of Health and Wellness.

## Organizational Ethics

Organizational ethics focuses on the questions, challenges and concerns that can arise in the design and delivery of health care. This area of health care ethics includes identifying and addressing potentially competing responsibilities at a systems- or program-level related to the key values that underlie what we do, and believe we should do, in health care.

Requests for organizational ethics support in the past year included an ask for assistance with establishing values-based processes and resources for a Board and staff of a health organization; creating an ethics-informed decision-making framework; additional information regarding harm reduction and living at risk from a programmatic level; and ethics-related professional development for a community-based health organization. These requests canvass a broad range of organizational issues, providing the opportunity to demonstrate in different contexts the value of including an ethics lenses as part of addressing the relevant questions, concerns, and options for moving forward.

Our work on the competing organizational duties to provide care and provide a safe work environment is ongoing; we applied for CIHR funding to pursue this research and although we were not successful the feedback was positive and we remain on the lookout for other opportunities to engage in a broader dialogue around these issues.

## Policy Development and Review

Assisting with the development and review of policies in health care organizations is one of the important ways in which ethics can contribute to ensuring that relevant values and principles are identified and “put into action” in these documents. Much of NSHEN’s work in this area has been to develop resources for ethics-related policy review and contribute as working group members in writing policies with significant ethics dimensions.

With the Carter decision and the passing of Bill C-14 into law, legalizing medical assistance in dying in Canada, professional organizations, provincial and territorial departments, health authorities and organizations, and individual health providers, staff, and administrators have been engaged in discussions around how best to provide medical assistance in dying. Nova Scotia is no exception. NSHEN has, and continues to, contribute to the development of relevant policy and resources for this significant change to health care practice. As the legislative requirements are finalized (for the time being) over the next months, we recognize that ongoing work in terms of policy, resources, and support will continue for NSHEN as we collaborate with others in the province to meet the needs of health care providers, patients, and families.

Otherwise, things have been relatively quiet on the policy front. This is related in part to the transitions in the organization and delivery of health care in Nova Scotia at the Nova Scotia Health Authority and the Department of Health and Wellness.

## Clinical Ethics

Recognizing the complexities involved in patient care, timely access to assistance with clinical ethics issues and questions continues to be a key aspect of NSHEN’s activities. This includes both building clinical ethics capacity across the province and providing direct support those involved in clinical ethics consultations as appropriate.

Common threads running through requests for clinical ethics support over the past year include concerns about consent in complex cases encountered in mental health and community care as well as refusal of treatment. These cases highlight the high stakes that are involved in ensuring that the decision-maker is able to make an informed choice and the relevance of context for understanding and appreciating the implications of those choices (for all involved and from different perspectives).

Over the past year, in collaboration with the provincial Reproductive Care Program, work in relation to developing a tool to support health care providers and others as they talk with women in respect of informed choices about infant feeding has continued. This project will wrap-up in fall 2016 and has been a fruitful, engaging collaboration.

## Dalhousie University

The time goes quickly between annual reports as we focus on the myriad NSHEN activities that Dalhousie has been involved with, including education events, talks, conference, requests for ethics support and resource development.

Marika Warren, the Network Ethicist, has been leading several initiatives and projects for NSHEN over the past year; many of which are highlighted throughout this report. Jeff Kirby and myself have been involved with several NSHEN events, including education sessions and the annual conference, as well as responding to ethics requests. Finally, we want to thank Amy Middleton, NSHEN's part-time programming coordinator and part of the Department's team involved in this ethics collaboration, for all her hard work, dedication to ethics, and attention to detail! Amy moved to a full time position with the Nova Scotia Health Research Foundation in early 2016.

As is apparent from the other sections in this annual report, there are many ways in which we are engaged with ethics issues throughout the health care



system. With the Carter decision and Bill C-14 passing into law, there has naturally been increased attention to the potential clinical and organizational implications of medical assistance in dying – something which will continue for the next year (and likely beyond). And, as the changes with the Nova Scotia Health Authority and the Department of Health and Wellness continue to progress, we look forward to new opportunities for innovation and collaboration in order to meet ethics needs across the province.

NSHEN benefits from Dalhousie's other ethics collaborations (and vice versa) with the IWK, NSHA Central Zone, and Bermuda's health system. Themes we have seen across these various collaborations include ongoing challenges related to priority setting and allocation, adapting to systems change, and an increase in focus on organizational ethics issues.

## IWK Health Centre

The IWK Health Centre's Ethics Committee meets on a monthly basis, discussing updates from NSHEN, policy reviews, review of clinical and organizational consults, with an education component built in at the end of each meeting. We have recently received Board approval for our new members, and so membership on the Committee has grown quite a bit over the past year. The Terms of Reference were also reviewed and updated this year.

Examples of policies reviewed include the Partners in Care Document, the Decision-making about potentially life sustaining treatment (DPLST), Routine Pregnancy Test, Restraint Prevention Policy, Comfort Room Policy, Respectful Workplace, Use of Pods (Garron Centre), among many others.

Examples of consultations that been brought to the IWK Ethics Committee include Physician Assisted Suicide (Death), Orthopedics, Care of an Infant with religious restrictions, Milk Bank, NICU redevelopment, Routine Pregnancy Tests,



and the Restraint Prevention Policy.

The Ethics Committee was interviewed during Accreditation about the work that has been done, and feedback from the Accreditation investigators was extremely positive (especially about the Ethics Framework document).

As always, ethics education is a priority, with ongoing discussions about how this can spread throughout the IWK. Edible Ethics is always a big hit, drawing more and more people into the discussion.

## Colchester East Hants

2015-2016 has been a quiet year for the Organizational Clinical Ethics Committee in Colchester East Hants. NSHEN continues to be a valuable resource, support for ethics. Correspondence, newsletters, links to fireside chats, NSHEN website development, and educational opportunities were shared electronically to committee members. We hope to continue to support, strengthen, and develop a higher ethics awareness and capacity, especially for front line staff, as the formal ethics structure for the Nova Scotia Health Authority develops.



While some Advisory Council members were not available to generate their annual report due to the restructuring of our health authorities, NSHEN still maintained service delivery when requested.

# Network Request Summary

\* indicates more than one request in that topic area

Outreach		
<ul style="list-style-type: none"> <li>Process and Specific Topics</li> </ul>	4	<ul style="list-style-type: none"> <li>Request for CS to do workshop with team on patient care and decision making (CEHHA and New Glasgow)</li> <li>Senior Policy and Research Analyst at Yukon Hospital Corporation looking for our resource reading packing on policy, org ethics, pandemic planning and health resource allocation</li> <li>Request for speaker for education event on medically assisted death (Jeff Kirby completed)</li> </ul>
Organizational Process		
<ul style="list-style-type: none"> <li>Process and Specific Topics</li> </ul>	2	<ul style="list-style-type: none"> <li>NSHSC looking for assistance with establishing a working grup to review and expand on processand and resources related to decision making for its Board and staff</li> <li>Harbourview Haven looking for resources on creating a decision making framework</li> </ul>
Organizational Specific Topic		
<ul style="list-style-type: none"> <li>Process and Specific Topics</li> </ul>	2	<ul style="list-style-type: none"> <li>PEI looking for information on trends in ethical issues</li> <li>Huntington Society of Canada requesting NSHEN facilitate their professional development portion of their full day meeting workshop</li> </ul>
Clincial Process		
<ul style="list-style-type: none"> <li>Process and Specific Topics</li> </ul>	0	
Clinical Specific Topic		
<ul style="list-style-type: none"> <li>Process and Specific Topics</li> </ul>	1	<ul style="list-style-type: none"> <li>Ethical question from Pharmacy Director at Valley Regional Hospital</li> </ul>
Education Specific Topic		
<ul style="list-style-type: none"> <li>Process and Specific Topics</li> </ul>	4	<ul style="list-style-type: none"> <li>Lunenburg Regional looking for someone to facilitate their team to look at the issue of medially assisted dying</li> <li>SSDHA looking for information on possible speakers for a sexual health ethics workshop for staff</li> <li>Yarmouth Regional Hospital looking for information on have a legal representative doing a presentation for staff regarding staff accountability/liability</li> <li>Sydney Public Health looking for information on living at risk, MOSH, and harm reduction</li> </ul>

## NSHEN Activities

The following activities were initiated by NSHEN throughout 2015-2016. The topics presented were based on feedback received from evaluation forms distributed at previous sessions. Overall feedback from each session was very positive.

May 2015	<b>Bi-Monthly Newsletter</b>	Will Canada Become a Permissive Jurisdiction for Assisted Dying Practices?
September 2015	<b>Bi-Monthly Newsletter</b>	Values, Vaccination, and the End of Summer
December 2015	<b>Bi-Monthly Newsletter</b>	2015 Annual Conference Review – Whose Choice Is It? Ethics and Living at Risk
October 2015	<b>Annual Conference</b>	Whose Choice Is it? Ethics and Living at Risk
April 2015	<b>Fireside Chat Series</b>	Dealing Ethically and Collaboratively with Difficult Patients
July 2015	<b>Fireside Chat Series</b>	Ethics, Diversity and Inclusion in the Healthcare System
September 2015	<b>Fireside Chat Series</b>	End of Life in the Pediatric Context
February 2016	<b>Fireside Chat Series</b>	The Dignity of Risk: Health Care Choices by Elder Patients

The following NSHEN hosted workshops were also held:

NSHEN Clinical Ethics Consultation Workshop, May 2015, Sydney NS

NSHEN Advanced Clinical Ethics Consultation Workshop, October 2015, Truro NS

NSHEN Living at Risk Workshop, February & March 2016, Yarmouth & Sydney NS

# Whose Choice Is It?

## *Ethics and Living at Risk*

**NSHEN Annual Conference**  
**October 22, 2015**



### **PRE-CONFERENCE PANEL: SOCIAL MEDIA & PROFESSIONALISM**

This panel is a free, public event. No registration required.

**October 21, 2015 | 7-9 pm**

**Best Western Burnside** | Dartmouth, NS  
15 Spectacle Lake Drive

To register, please visit: [WWW.NSHEN.CA](http://WWW.NSHEN.CA)



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## Annual Conference Dartmouth, Nova Scotia

### Whose Choice Is It? Ethics and Living at Risk

The 2015-16 annual conference on Living at Risk was a great success. In addition to attracting the largest-ever audience to this event (over 140 participants), we were able to re-format the content and present it as a workshop in Yarmouth and in Sydney, as there were no conference attendees from those areas. Both of these workshops were well-attended, with over 170 participants between them. For many it was the first time they had attended an NSHEN event. Discussion at both the conference and workshops was lively, and feedback indicated that audiences particularly appreciated the perspective provided by front-line health care providers discussing how to translate theory into practice. There were also requests for follow-up sessions at various locations throughout the province, indicating that the topic strikes a chord.

The plenary presentation was given by Patti Melanson and John Fraser from the North End Community Health Centre along with Christy Simpson discussing the challenges in providing care to those who choose to live “at risk”. Breakout sessions were presented by Gaynor Watson-Creed (Public Health and Living at Risk), Catherine-Anne Murray and Kathryn Hominick (Dignity of Risk in Elder Populations), Donna Sutton (Living at Risk, Working at Risk), Patricia Murray (Youth and Risk), and Christy Simpson (Organizations and Risk).

The conference was preceded by a public talk by Christine Chambers, Tess Laidlaw, Amy Thurlow, and Michael Sangster, who provided their perspectives on incorporating social media into health care practice. This talk was also well-attended.

Recognizing that travel is increasingly difficult for health care providers, we are looking to change the way we deliver the conference. It is our aim to ensure that we provide exposure to new voices and perspectives while also facilitating opportunities for in-person interaction and discussion. We experimented with SMS polling in the Living at Risk workshops, and will continue to seek out ways to foster interaction and discussion with a distributed audience.

## Looking Ahead

At this point, it seems very likely that the topic of medical assistance in dying (MAiD) will occupy much of our time in the coming year as health care organizations, health care professional colleges, and individual health care providers, patients, and families grapple with the ethical issues raised by this change in the scope of what health care professionals are able to do.

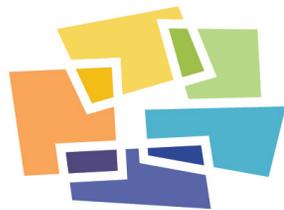
The focus on medical assistance in dying also provides the opportunity for us to view some of our everyday practices in health care in a new light, including decision making, bereavement support for families, responding to suffering, and collaborative inter-professional practice. As procedures and processes for providing medical assistance in dying become more familiar, it is likely that attention will turn to the ethical challenges that can arise and the ways in which making the “more-right” choice can result in particular sorts of burdens for health care providers and families. Finding ways to ensure that appropriate supports are available to providers and families as they grapple with these ethically weighty decisions and their aftermath will be a priority.

In addition, we also anticipate that the upcoming accreditation process will drive much of our work for the coming year, with an emphasis on education regarding the new Ethics NSHA model and how providers throughout NSHA can access ethics support. We look forward to supporting the NSHA Ethics Leads group as this innovative new model for provincial ethics support is implemented.

In terms of how we do our work, we will continue to explore new ways of effectively delivering content and providing opportunities to engage provincially around ethics issues, keeping in mind both the value of face-to-face interaction and the need to have as broad a reach as possible despite limited travel funding. Making our resources as accessible as possible through our website is a key priority.

We will continue to take direction regarding ethics needs in Nova Scotia from our Advisory Council to ensure that we are being appropriately responsive to the concerns that arise on the front lines of health care provision.





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