



6th International Conference on Clinical Ethics Consultation

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www.ethics2010.org



Abstract Submission Form – Panels

Please contact John Tuohey at ethics@providence.org with any questions.

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Additional panelists, if any (up to three):

Name: Dr. Brendan Leier, PhD

Title/Degree: Clinical Ethicist

Institution: University of Alberta and Stollery Children's Hospitals, Edmonton, Alberta

Country: Canada

Name: Dr. Paul Byrne, MB, ChB, FRCP(C)

Title/Degree: Neonatologist, Associate Professor, John Dosssetor Health Ethics Centre

Institution: University of Alberta

Country: Canada

Name: Gary Goldsand

Title/Degree: Clinical Ethicist

Institution: Royal Alexandra Hospital, Alberta Health Services, Edmonton, Alberta

Country: Canada

Proposed Session Title: The End of Life when Life is Just Beginning: Examining the Role of Proportionality and Best Interests in Neonatal and Pediatric Intensive Care:

Describe topic or case to be discussed up to 300 words:

A term gestation baby girl is born with a lethal trisomy and an associated congenital cardiac defect. Her prognosis is poor, with an estimated maximum lifespan of about 18 months. Clinicians offer a plan of compassionate care, but her family seeks a more aggressive care plan which will prolong her life. The

baby is accepted at the Stollery Children's Hospital for cardiac surgery. Following several weeks in intensive care, the ethics service is consulted by the PICU team regarding goals of care. The family continues to seek an aggressive care plan, and the team is split along several lines.

These cases represent some of the most complex and challenging issues in neonatal and pediatric intensive care. Medical decision-making in such cases often involves some determination of proportionality; a discussion of benefit vs. burden or, alternatively, benefit vs. medical appropriateness vs. burden, in order to determine what is in the patient's best interests and set goals of care. Yet some perceive the 'best interests standard' to be, at best, a compromise in the ethical decision-making process, and query whose interests the compromise really serves.

What is the role of the ethics consultant in such a case? How might a clinical ethics consultation meet the needs of families and teams in cases of perceived futility? What type of ethics consultation is best suited to such a case?

Describe briefly each proposed panelist's position to be offered (up to 300 words):

Brendan Leier is a Clinical Ethicist at the University of Alberta and Stollery Children's Hospitals in Edmonton. He is a Clinical Assistant Professor in the Faculty of Medicine and Dentistry, and John Dossetor Health Ethics Centre at the University of Alberta. Brendan has an academic background in moral theory and applied moral philosophy. He has participated in numerous ethics consultations involving end of life decision-making in pediatrics. Brendan is interested in epistemic problems underlying decision-making in the intensive care setting.

Paul Byrne is a Staff Neonatologist at the Stollery Children's and Royal Alexandra Hospitals in Edmonton. He is a Clinical Professor in the Faculty of Medicine and Dentistry, and John Dossetor Health Ethics Centre at the University of Alberta. Paul is a member of the University of Alberta Hospital Ethics Committee and the Capital Region Health Ethics Coordinating Council. Paul has participated in numerous ethics consultations in the critical care setting, bringing a clinical perspective to the discussion.

Anna Zadunayski is a Resident in Clinical Ethics at the Royal Alexandra Hospital in Edmonton. Anna is a litigation and research lawyer, and a member of the Law Society of Alberta. She is a Graduate Student at the University of Calgary, Faculty of Medicine, with thesis research focused upon neonatal ethics. Anna is a member of the Foothills Medical Centre and Alberta Children's Hospital Ethics Committees in Calgary, Alberta, and has participated in ethics consultations involving neonatal and pediatric end of life decisions. Anna is familiar with different ethics consultation modalities, also bringing a legal perspective to the discussion.

Gary Goldsand is a Clinical Ethicist at the Royal Alexandra Hospital in Edmonton. He is a Clinical Assistant Professor in the Faculty of Medicine and Dentistry at the University of Alberta, and has an academic background in comparative religions. Gary has participated in numerous ethics consultations involving end of life decisions, and is interested in the impact of culture and religion on notions of best interests and medical futility.

Are you planning to or will you be willing to submit a poster along with your panel?

Yes No