

It's the Organization!

Clinical Ethics and Consultation at the Intersection of Institutional Practice

Call for Abstracts

Starts 23 June 2018 – Ends 31 October 2018

You are invited to submit a proposal for the 15th International Conference on Clinical Ethics Consultation (ICCEC), to be held 22–25 May 2019 in Vienna, Austria. This document provides you with detailed information on the call for and submission of abstracts.

At a Glance

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| Start | 23 June 2018 |
| End | 31 October 2018, 11:59 pm (Central European Time) |
| Submission | Electronically via http://www.iccec2019.org/abstract/ |
| Language | English |
| Review | November–December 2018, blind review by two reviewers per submission |
| Feedback | January 2019 |
| Sub-themes | (1) Clinical ethics and the organization; (2) Organizing clinical ethics; (3) Practicing clinical ethics and psychology; (4) Practicing clinical ethics and healthcare management; (5) Practicing clinical ethics as consultation; (6) Practicing clinical ethics and jurisprudence. |
| Formats | (A) Individual paper; (B) Poster; (C) Panel; (D) Case study; (E) Workshop. |

Conference Theme

ICCEC 2019's conference theme addresses the fact that clinical ethics takes place in a highly professional and institutionalized context. Clinical ethics and consultation is a practical endeavor. It takes place in an institutional setting, be it the hospital, nursing home, hospice, or mobile healthcare service. Practicing ethics in a clinical institution is different from reflecting on ethics in pure academia. It poses opportunities for ethically significant encounters with multiple stakeholders as well as challenges in facing the pressure of real-life engagement in an organization. ICCEC 2019 will focus on this intersection of practice and institution in clinical ethics and consultation.

Sub Themes

Abstracts may be submitted addressing one of the following sub themes. You will find a rationale for each sub theme in this section. The rationale is explained by questions and discussion points that you are invited to include in your proposal. In submitting your abstract, you will be asked to declare which sub theme is addressed and how you will do this.



1. Clinical ethics and the organization

The healthcare organization is the place for practicing clinical ethics. Organizations are ethically relevant entities that shape this practice. Issues the conference would like to address (and you could take up) are, for example:

- **How does organizational culture relate to clinical ethics?**
 - When ethics consultations work in one hospital department but are ignored in another: Why?
 - What is the specific clinical culture that lets ethics flourish?
 - How I was introduced to our organizational culture – and what was the impact on my work in ethics?
- **How can ethics contribute to an organization’s mission and strategy?**
 - Ethics in the boardroom: Yes/No? What for? How? Why? Who?
 - The organization’s values and goals vs. the ethics program’s values and goals: Aligned? Opposed? Unrelated?
 - Our ethics program strategy: Do we have one? How has it been developed? How is it translated into daily work?
- **What is “organizational ethics,” and how does it relate to clinical ethics?**
 - In search for methods: how organizational ethics could learn from organizational development.
 - Does an organization have a “conscience”? If so, how do we address it, form it, use it?
 - Ethics and resources – a hotspot for organizational ethics: ethics consultants as sparring partners for allocation discourses and as recipients of resources.

2. Organizing clinical ethics

Clinical ethics and consultation is an institution itself. It relies on structures and procedures that are an expression of this social system.

- **What are the experiences with different models of organizing an ethics program?**
 - How our ethics program is structured: roles, responsibilities, rules.
 - Communication within the ethics program and with our stakeholders.
- **“Institutionalized ethics” – an oxymoron?**
 - How independent must clinical ethics be from the healthcare organization?
 - Conflict of interests of embedded ethicists.
- **What are good standards for ethics policy-making?**
 - Methods of policy-making that we apply.
 - How a policy is implemented in practice: trials & errors.
- **How should human resource development look like in clinical ethics?**
 - Do you have job descriptions for your ethics positions?

- Career development in ethics: how to work with qualifications, competencies, curricula, mentoring, fellowships, certifications, ...

3. Practicing clinical ethics and organizational psychology

When practicing clinical ethics, we have to deal with the whole person and group, not only with their rational heads. Insights from moral and social psychology can help improving this practice.

- **What can clinical ethics learn from moral and social psychology?**
 - Philosophical foundations of moral development.
 - How an “ethics of justice” meets an “ethics of care” meet at the bedside.
- **How do we come to ethically sound judgments?**
 - Philosophical foundations of morality and emotions.
 - What role has intuition in our ethical discourses?
- **What is the role of emotions in ethics consultation?**
 - When case consultation becomes emotional.
 - How I as an ethics consultant deal with my emotions at work.
- **How can the work of ethics committees and other groups benefit from psychological insights?**
 - Group dynamics in ethics committees: are we as rational and reasonable as we claim ethics to be?
 - How methods of ethics consultation may help avoiding collective failure in decision-making.

4. Practicing clinical ethics and healthcare management

Healthcare organizations are governed by a management system that is different from the clinical or ethical systems. Nevertheless, they share the same area of institutionalized healthcare practice.

- **How to work together with C-level executives (chief executive officer, chief financial officer, chief medical officer, chief nursing officer, ...) as an ethicist?**
 - How would you explain the benefit of ethics to a C-level executive in 3 minutes?
 - Communication mechanisms between the ethics program and the board room.
- **Which management tools can improve clinical ethics?**
 - Governance and compliance: how does ethics fit in?
 - What’s not in the numbers is not (really) important: key performance indicators for ethics
- **What staff positions are relevant allies for clinical ethics and how to collaborate with them?**
 - How ethics is reflected in non-clinical staff positions – i.e., “the administration”.

- Working together with central services: quality management, patient safety management, communications, human resources management, process management, legal counseling.

5. Practicing clinical ethics as consultation

Consultation services are at the heart of clinical ethics. Healthcare organizations rely on ethics support at the bedside and, sometimes, in the board meeting.

- **What makes a “good” consultation – in the eyes of different stakeholders?**
 - Philosophical foundations of goals, values, and norms for a “good” consultation.
 - Evaluation of consultation quality in practice.
- **Which standards, structures, and processes are necessary to maintain a consultation service over the years?**
 - How does knowledge transfer work within an ethics program?
 - When “torch bearers” retire: what is left of ethics?
- **What are the most important setbacks, detours, dead ends you have experienced in your consultation practice, and how can we learn from them?**
 - Stories of professional failure.
 - Failure culture in ethics.

6. Practicing clinical ethics and jurisprudence

Healthcare has a legal framework. Ethicists must take this framework into account when practicing clinical ethics – not as legal experts but as facilitators who know about the merits and pitfalls of jurisprudence.

- **What are the differences between legal and ethical thinking and doing?**
 - Legally required vs. legally allowed: where comes ethics into play?
 - How clinical ethics deals with defensive medicine and a legalistic approach that may conflict with ethical principles?
- **What methods could clinical ethics learn from jurisprudence for case consultation?**
 - Casuistry: how does it work in theory and practice?
 - Proportionality: what it means to “balance” principles of biomedical ethics.
- **How can ethics policy-making profit from jurisprudence?**
 - The language of policies: how to translate philosophical debates into norms?
 - Working with the policy cycle: from agenda setting to policy evaluation.

Conference Formats

You can develop a proposal within one of the following conference formats.

A. Individual Paper

- Presentation within a parallel session
- In this format, one individual presents a brief structured discussion or lecture based on work-in-progress or a paper whose central content has not been previously published. Each presentation has to be related to one of the conference's sub themes. The proposer must specify what sub theme she wants to address.
- Abstract length: 300 words
- Length: 15 minutes presentation, 5 minutes Q&A

B. Poster

- On display during the conference with one plenary session
- A poster deals with an individual aspect of the presenter's work or a specific case (patient case, organizational project) related to one of the conference's sub themes. Each poster has to be related to one of the conference's sub themes. The proposer must specify what sub theme she wants to address.
- Abstract length: 300 words
- Length: there will be a dedicated area and timeslot for poster presentations as well as an opportunity for an ongoing interaction with participants during the conference.

C. Panel

- Presentation within a parallel session
- A panel session deals with one of the conference's sub themes in a collaborative manner of up to 4 panelists (including a chair who is responsible for teeing up the discussion, introducing the presenters, keeping the session on schedule, and facilitating questions and answers as time allows). Proposers must specify what sub theme they want to address and lay out how they connect their individual contributions to the panel. The ideal panel session compares and contrasts a variety of perspectives on a cohesive theme or includes presentations that are cross-disciplinary and build on one another.
- Abstract length: 500 words
- Length: 60 minutes, including time for engagement with the audience

D. Case Study

- Presentation within a parallel session
- A case study deals with a specific case (patient case, organizational project) related to one of the conference's sub themes. The case should offer the audience an opportunity to see how theory may be connected with practice. We strongly encourage proposers not only to submit best-case scenarios but also fails and worst-case scenarios with their lessons learned. Proposers must specify what sub theme they want to address.
- Abstract length: 300 words
- Length: 20 minutes for case presentation, 10 minutes for Q&A

E. Workshop

- To be held within a parallel session
- A workshop deals with one of the conference's sub themes in an interactive manner. It consists of up to four workshop facilitators (including the lead). Proposers must specify what sub theme they want to address and lay out a didactical plan for the workshop: how they plan to engage and involve the audience for a significant portion of the session in small group activities, breakouts, role play, audience feedback, or discussion of cases or other content, design of materials and models, and similar forms of interactions.
- Abstract length: 500 words
- Length: 60 minutes

Publication of Accepted Abstracts

Unless otherwise requested by the submitting person, accepted abstracts will be published

- in a conference book of abstracts (electronically); and
- in a future issue of the Journal of Hospital Ethics (JOHE).

Contact

ICCEC's Conference Office: <http://iccec2019.org/contact/>