



An Roinn Sláinte

DEPARTMENT OF HEALTH

The Bioethics and Research Landscape in Ireland

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Thursday 4th October

Tús Áite do
Shábháilteacht **1** Othar
Patient Safety **1** First

Irish Council for Bioethics

- o Following a Government decision, ICB closed in **December 2010**.
- o 3 secretariat staff absorbed into the DOH » » **Bioethics Unit**
- o Debate regarding the value of the ICB and its closure.
- o ICB recognised importance of public outreach and engagement



National Advisory Committee on Bioethics

- o Established by Minister for Health in **March 2012**.
- o Terms of Reference:
 1. Providing advice in the form of expert reports on priority issues of national significance as requested by the Minister.
 2. Providing recommendations and assistance towards the development of healthcare policy and associated legislation.
 3. Representing Ireland at international fora on bioethics and collaborating, communicating and exchanging information with other national bioethics committees regarding developments in health policy.

National Advisory Committee on Bioethics

- o Committee membership is multidisciplinary, e.g. science, medicine, philosophy, ethics and law.
- o **12 Members** appointed by Minister: based on their personal expertise, distinction and authority.
- o 3 meetings to date: March, May and September.

- o Bioethics Unit act as secretariat.
- o Dedicated page on DOH website:
<http://www.dohc.ie/issues/nacb/>

Committee Work Programme

- o Issues of concern to DOH/Minister for Health are referred to the Committee.
- o Written advice and recommendations issued directly to the Minister.

- o 2 topics chosen initially:
 1. Specific Consent for Blood Transfusion
 2. Detention of Voluntary and Involuntary Patients

Specific Consent for Blood Transfusion

- o Is specific consent for blood transfusion necessary?
- o Cultural context and legacy issues, i.e. from previous transfusion controversies.
- o Irish Blood Transfusion Service sought advice from the DOH on national policy
- o Not common practice in Irish hospitals, i.e. consent for transfusion is usually implied.
- o Written information generally provided to patients.



Specific Consent for Blood Transfusion

- o Blood transfusion safe but not completely risk free.
- o Patient needs to be fully informed to exercise his/her autonomy
- o Reasonable patient standard for disclosure of risks.
- o HCP duty of care to inform patients about transfusion.
- o Informed consent requires discussion, patient-participation and documentation.
- o Transparency and consistency around decision-making process » trust & public perception

Specific Consent for Blood Transfusion

- o Advice underpinned by considerations of patient autonomy:
 - » Information should be provided to & discussed with patient
 - » Specific informed consent should be obtained
 - » Discussion and decision should be documented in patient's record.
- o Committee's opinion document being finalised.
- o Recommendation will be forwarded to Minister in next 4 – 6 weeks.

Detention of Voluntary and Involuntary Patients

- o DOH currently reviewing *Mental Health Act* (2001).
Particular interest in admission, detention & treatment of patients
Interaction with the CRPD
Govt mental health strategy: A Vision for Change (2006)
- o 3 person rapporteur group established.
- o Currently scoping out main issues.
- o Aim to finalise advice by March/April 2013.



Number 25 of 2001

MENTAL HEALTH ACT, 2001

Detention of Voluntary and Involuntary Patients

- o Can the involuntary detention of a patient be justified?
- o Potential conflict with Article 14 of the CRPD.
- o Lack of protections for voluntary patients under the MHA

- o Ethical considerations
- o Proportionality
 - » Acting in patient's best interests or to protect others?
 - » Are there less restrictive alternatives available?

- o Balancing personal rights v the common good

Detention of Voluntary and Involuntary Patients

- o Capacity
 - Functional capacity
 - Presumption of capacity » non-discrimination
- o Autonomy and Consent
 - How to provide care if voluntary patient refuses treatment?
 - Authority to treat voluntary patients who lack decision-making capacity? (Bournewood Gap)
- o Coercion
 - Are voluntary patients free to leave an institution?

Thank You.

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