

ICCEC 2025 LAUSANNE

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Call for Abstracts EXTENDED

Final Deadline 10 Nov 2024, 11.59 pm CET

19th International Conference on Clinical Ethics and Consultation (ICCEC)

Plurality, Power, and Patient Care: The Socio-Political Dimensions of Clinical Ethics

Lausanne, Switzerland, 5-7 June 2025

Conference Series ICCEC:

The International Conference on Clinical Ethics and Consultation (ICCEC) is a congress series focusing on the exchange of professional experience and scientific insights on clinical ethics across the globe. It is not linked to an association or society but driven by the enthusiasm of individuals and institutions in the field of clinical ethics. Founded by George Agich (USA) and Stella Reiter-Theil (Switzerland), its first conference took place in 2003 in Cleveland, Ohio, USA. Since then, the ICCEC has been organized almost annually by institutions in North America, Europe, Asia, South America, and Africa. The ICCEC series is currently co-led by Katherine Wasson (Chicago, USA) and Ralf J. Jox (Lausanne, Switzerland): www.clinical-ethics.org.

Local host:

Institute for Humanities in Medicine, Lausanne University Hospital and University of Lausanne, Switzerland

Theme 2025:

Clinical ethics consultation, or healthcare ethics consultation (HEC), responds to moral uncertainty, plurality, and value conflicts in healthcare. In doing so, it transcends the borders of healthcare and touches on contentious issues of societal and political importance, such as conflicts, migration, gender identity, artificial intelligence, or climate change. Good clinical ethics must consider these broader socio-political issues, and HEC professionals may, in turn, contribute an interesting view to these socio-political debates. This conference will shed light on the socio-political dimensions of HEC, structured in 5 topics that can be addressed across all HEC activities (consultation, education, organizational & policy work, research etc.): (1) HEC and conflict resolution, (2) HEC and social justice, (3) HEC and sustainability, (4) HEC and digital disruption, and (5) HEC and its socio-political dimension in general.

Congress topics in detail:

1) HEC and conflict resolution:

- How should HEC reach *conflict resolution* and what is the role of mediation in clinical ethics?
- How can forms of *preventive HEC* help avoid conflicts in the first place?
- Is *social peace/consensus* a goal of HEC and what are the implications for HEC practice?
- What can HEC and society/politics *learn from each other* concerning conflict resolution?
- What challenges does HEC face in context of *war, terrorism, violence against professionals*?
- How should HEC best respond to the current *socio-political divide/cleavage* in many countries, but also to intercultural tensions, public moralism, and other societal lines of conflict?

2) HEC and social justice:

- How do issues of *social justice and equity* play out in HEC? How should they be addressed?
- Which forms of *discrimination* of patients, relatives, professionals, or ethicists arise in HEC and how should they be dealt with?
- How should HEC respond to equity issues related to *gender identity or sexual orientation*?
- How should HEC react to injustice based on *financial means and insurance status*?
- How do the various forms of *migration* influence HEC and how can HEC approach the associated ethical issues? How can and should HEC deal with the ensuing *intercultural conflicts*?
- What are *issues of global ethics* for HEC, based on international mobility of persons and goods, transnational health care “tourism”, and availability of HEC across the globe?

3) HEC and sustainability:

- Which challenges does *climate change* raise for HEC and how should they be met?
- How is HEC affected by the growing *economic troubles* of the healthcare systems worldwide and how can it help to achieve a sustainable system?
- In what way is HEC touched by *health personnel shortages* and how can it support ways to find attractive and sustainable identities of healthcare professions?
- How can *organizational ethics* contribute to an ecologically, economically, and generally sustainable healthcare?
- How should HEC contribute to the *ethical analysis* of sustainability challenges?
- How can HEC ensure *its own sustainability* when being opposed and called into question?

4) HEC and digital disruption:

- Which *ethical issues* are raised by digitalization in healthcare and how should HEC respond?
- How does *artificial intelligence* transform healthcare and what is the role of HEC in it?
- How does the use of *social media* impact the work of HEC?
- How does digitalization *transform HEC*, its structures, activities, evaluation, and training?
- What can HEC learn from the *philosophical implications* of digital disruption?

5) HEC and its socio-political dimension in general:

- Which *other socio-political challenges* are visible in HEC (e.g., aging, assisted dying, eugenics) and how can HEC address them?
- What are *innovative models to do HEC* enabling HEC to better respond to its challenges?
- What are appropriate models for *ethics support in community health and public health*?
- Which role do the socio-political issues play in the *educational activities of HEC*?
- What is the socio-political dimension of the *training of HEC professionals*?
- How should the socio-political dimension influence concepts and procedures of *HEC evaluation and quality assurance*?
- How can or should *socio-political or philosophical theories* improve the practice of HEC?

We invite abstracts related to any relevant aspect of HEC, but in particular related to the above-mentioned 5 topics. During the submission we ask you to specify the topic that your abstract best fits to.

Authors:

Abstracts can be submitted by any clinical ethicist, health care professional, student, or other individual engaged or interested in health care ethics.

Abstract categories and format:

Abstracts can be submitted for individual oral presentations, poster presentations, or workshops for parallel sessions (90 min). All co-authors should have a relevant contribution to the work and agree with the abstract submission. There is no maximum number of co-authorships, but each person can only be presenting author for a maximum of 2 presentations (oral, poster and workshop presentations combined). Abstracts have to be submitted in English. References should be avoided. Abbreviations have to be explained.

Individual oral or poster presentations: Each abstract has a maximum of 300 words (excluding title but including references if necessary). The title should be concise, appealing, and summarize the content. The text body should be structured. If it concerns an empirical work, it should be structured in the sections background, aims, methods, results, discussion. If it concerns a non-empirical work the structure can be of own choice.

Workshops for parallel sessions: Each abstract has a maximum of 400 words (excluding title but including references if necessary). The title should be concise, appealing, and summarize the content. The text body should be structured, but the structure can be of own choice. Workshops have to include significant interaction with the audience and specify the moderator(s). The format of the workshop may vary (e.g., panel discussion, role play, method workshop). If a workshop includes distinct presentations, each one's content has to be briefly described. *Please be aware that only a limited number of workshops can be selected due to constraints in place and time.*

Abstract assessment:

Abstracts will be evaluated anonymously by expert reviewers from the International Scientific Committee and the Swiss Advisory Board. Please make sure to exclude any identifiable information from your abstract title and text (which will be separated from names and affiliations). Each abstract will be evaluated by at least 2 reviewers independently. The evaluation criteria include: (1) scholarly quality and scientific rigor, (2) originality and innovative nature, (3) relevance to HEC, the theme and the topics of the ICCEC 2025, (4) practical impact on health care and HEC, (5) form of the abstract is well-structured, clearly written, and focused. The final decision will be made by the Local Organizing Committee.

Timeline:

- Notification of corresponding authors probably in December 2024

Prize:

The 3 young researchers (doctoral students, students, trainees) with the best rated abstracts will have their registration fees waived.

Publication:

All accepted abstracts will be published after the congress in a special issue of the Journal of Hospital Ethics, the partner journal of the ICCEC series.

Abstract submission and information:

www.iccec2025.org

We look forward to receiving your abstracts and to seeing you at the 19th ICCEC!