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INSIGHT

Reflections from JEMH's Inaugural Conference

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Just before my recent move to Toronto from Edmonton, I worked on a conference organizing committee. I learned first-hand the challenges in selecting a relevant, timely theme, designing an engaging format (panels? paper presentations? workshops?), recruiting leading speakers and presciently choosing from the "call for papers" submissions. In the case of ethics-related conferences, however, three central points in philosopher Walker's well-known article about hospital-based ethics consultations are especially relevant (Walker, 1993). First, a conference itself can help keep "moral space open." Second, conference planners act as architects, trying to build much-needed conversations within a protected, albeit limited, time period. Third, planners also act as mediators, trying to balance competing or conflicting issues, perspectives, and types of authority without damaging the conversations. Philosopher-bioethicist Zaner's demand for mindfulness in ethics consultations applies, too, to these planners (Zanner, 2000). They must attend to the voices not readily heard, regardless of whether such silence comes from belonging to a minority, from being stigmatized or from discomfort with public attention.

It is telling that a large proportion of bioethicists' consultations are in response to poor conversations, regardless of whether they are between client-family, client-clinician, or clinician-clinician. Clearly there are good and bad conversations. Bad conversations can be monologues that seem dictatorial or too simplistic. Or, round-table conversations that seem chaotic or competitive. Guided by sociologist Frank's work in clinical ethics, I therefore want to replace "conversation" with "dialogue" in thinking about the important ethical work that a conference can do (Frank, 2000). In the context of ethics-related conferences, Frankian "dialogue" represents presenters and registrants collaboratively examining—with individual integrity and mutual generosity—topics of great complexity, recalcitrant uncertainty and deep human significance (Frank, 2004).

Yet dialogue, according to Zaner, can be risky because participants must remain open and vulnerable to each other. In response to such inescapable risk, people frequently find solace in the seeming certainty and clarity of health-related laws. Laws seem especially helpful when they offer resolute answers to what Frank characterizes as decisions "that people should never have to make" (Frank, 2004, p. 355). But just as there are good and bad conversations, there are good and bad laws. Bad laws, I suggest, dismiss an individual's plight and silence his or her voice. Good laws qualify as codified ethics if they result from initial worries about vulnerable citizens, nuanced understanding of relevant historical and contextual values, and communal dialogue about meaning and relationships, all of which resonates with bioethicist Agich's rich characterization of ethics consultations (Agich, 2005). Thus, it is essential for legislators and lawyers to be invited into the moral space of an ethics-related conference along with clients, families, clinicians, and bioethicists.

These reflections about this conference apply equally to ethics-related journals. During the conference, attendees and the editorial leaders of the Journal of Ethics in Mental Health discussed the journal's purpose, format and mechanisms for broad accessibility. Though the editors may not have conscientiously thought of Walkers' insights, this conference affirmed their efforts to be architects and mediators creating a type of moral space that is credible, sustainable and welcoming to all.

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