CONFERENCE REPORT

Brain Matters - New Directions in Neuroethics

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While Halifax can be a distant destination for many people, it is a charming city to visit and take a few extra days to enjoy its surroundings. Autumn is a lovely time of year to visit Nova Scotia. Autumn is a lovely time to be comfortable and moving among the concurrent sessions’ rooms proved quite easy (in other words, no running needed!). Several “knowledge exchange” formats added to the conference’s quality: plenary sessions, posters, panels, and individual/group presentations.

The plenary sessions were generally high quality, two of which stood out for me. Dr. Caroline Tait from the University of Saskatchewan’s Department of Native Studies discussed the necessity of including indigenous people’s perspectives and experiences in all ethical analyses and debates and including them routinely. I was struck by what an important caveat this is to the growing demand that western bioethics move from its local focus to a global focus. The caveat is that bioethicists don’t necessarily need to only look outside their national borders for different sources of wisdom and meaning. They can legitimately look within their country’s own borders to those people and their histories who constitute a different “nation” and yet have been marginalized or rendered invisible. As an aside, I am currently reading John Ralston Saul’s most recent book, A Fair Country: telling truths about Canada, wherein he compellingly argues––based on history and sociology––that native Canadians’ values must be more explicitly acknowledged and embraced as part of our nation’s “lived authenticity” (my words, not Saul’s). Tait’s talk reminded the audience that while individuals’ health qualifies as a good worth pursuing and preserving, its meaning, its value relative to other goods and how it is to be achieved must be tailored to different communities’ values and ways of living together.

Professor Neil Levy from the University of Melbourne spoke about the need to better understand something so routine, or so taken for granted, that it often escapes academics’ and non-academics’ attention: our moral intuitions. How valid are they? How reliable? In his plenary talk, he was responding to researchers’ recent scientific investigations of how people reason morally or develop morally. Levy’s exploration of the epistemic and practical value of such intuitions was illuminating because it returned us to examining the everyday world of moral insights and justifications. This echoes theorists and academics who remark that they rarely or never hear healthcare workers or patients justify their actions by referring explicitly to virtues, self-determination, or deontology.

There was a rich diversity of topics and questions offered to conference attendees in the presentations, panels, and by the posters. Grouping them in rough categories, they included: neurotechnologies’ understanding of and impact on identity/authenticity/free will, possible limits to enhancing interventions, imaging technologies’ excessive authority, contested definitions of death and PVS, invasiveness of brain surgery and deep stimulation techniques, unauthentic memory modification, inappropriate legal use of neurological findings, and the moral status of people with psychopathology. Other presenters shared their curricula for teaching healthcare students and practitioners about neuroethics. And finally, some sessions were about topics traditionally captured under “medical” or “clinical” ethics: advance care planning, advance directives, and substitute decision making for people with neurological diseases or conditions.

Colleagues from Europe and Asia were among the presenters, which, in my view, is a very welcome complement and corrective to what can be over-reliance on U.S.A.-based ethics work. Certainly the U.S. has the highest concentration of ethics specialists and academic centres, which have thankfully expanded the ethical inquiry within healthcare over the past quarter century. But it’s important, I think, to recognize that different countries live by different ethical commitments or foundations and their citizens’ presence at North American neuroethics conferences is valuable.
indeed. This conference reminded me, too, how fortunate Canadian ethics specialists and ethics committees because there are three active neuroethics centres in our country. In addition to the Dalhousie team, there are teams at UBC (www.neuroethics.ubc.ca) and at the Institut de Recherches Cliniques de Montréal (www.ircm.qc.ca/neuroethics/en), each of whom sent members to the conference.

Of the presentations I attended, a high percentage of them were informative and engaging (the same cannot be said of every conference I have attended over the years). When I talked with attendees for whom this conference was their first ethics conference, an intriguing remark was repeated time and again. They expressed surprise about the directness of the question-and-answer periods that followed a presentation or plenary talk. They commented on the forthrightness of the challenges made to the speakers, something quite different from their own professions' conferences wherein audience members tend to compliment a speaker and, at most, expand positively on statements made. Surprise fortunately was followed by heightened interest once these attendees saw the speakers take such challenges in stride. According to each attendee who made such comments to me, the openness to real debate increased their assessment of the conference's value.

In summary, the conference was excellent in terms of inquiry, dialogue, and networking, and it sets a high standard for all other neuroethics conferences.