

Ethics of Health Research and Policy Training Program Program Description and Curriculum

(November 2003)

INTRODUCTION

There are three parts to this document:

- 1) Background: description of the program, its goals and objectives
- 2) Core competencies: knowledge, skills and abilities
- 3) Resources and opportunities for learning and mentorship

There are several possible uses for this document. At the *recruitment and application stage*, the document provides potential Trainee Fellows with information about the expectations, content and structure of the program as well as the resources available at each site. An Appendix also includes brief biographical information about the research interests of each Faculty member.

After *acceptance into the program*, the document will assist Faculty and Trainee Fellows in planning and developing a study and research plan that meets the Trainee's interests as well as the goals and objectives of the program.

At *regular intervals* throughout the program, the document may be consulted as a guide in assessment and evaluation of individual Trainee Fellows and in reporting on the program as a whole.

II) BACKGROUND

Program Goals and Rationale

This is a specialized program designed to produce individuals with the knowledge and critical skills necessary to meet Canadian needs in two areas: ethics of health research and ethics of health policy. The program is central to the Canadian Institutes of Health Research (CIHR) mandate and the missions of each of its Institutes.

Trainee Fellows who complete the program will have the knowledge and abilities necessary to:

- 1) conduct outstanding research on ethics and ethical issues in health research or health policy (as measured by international peer review standards)
- 2) translate theoretical or empirical research findings on ethical matters/dimensions into appropriate applications, be they solutions to

specific ethical problems, or policies and practices in health research or health policy.

Canada faces a critical shortage of researchers with high-level expertise in the ethics of health research and health policy. Such expertise is necessary for various positions within CIHR (Governing Council, Institute Advisory Boards, Ethics Office, etc.). There is also a need for health care/science ethicists and policy advisors in government organizations (such as, Health Canada) and a number of other quasi-governmental organizations including CIHR, Natural Sciences and Engineering Research Council (NSERC), Social Sciences and Humanities Research Council (SSHRC), the Inter-Agency Panel on Research Ethics, the National Council on Ethics in Human Research (NCEHR), the Canadian Council on Animal Care (CCAC), the Canadian Biotechnology Advisory Committee (CBAC), and Genome Canada.

During the same time, there have been major demands from CIHR, Health Canada, provincial agencies, and the like for expert ethics input into major policy issues regarding specific areas of health research and policy (e.g., stem cell research, new reproductive technologies, tissue and gene banking, and the use of placebos in clinical trials). These demands for expertise in research ethics and health policy are urgent and growing.

Our goal in this training program is to provide an excellent learning environment for individuals who will occupy leading health ethics positions in public as well as private sector policy making bodies and in research institutions and organizations (including non-governmental organizations and universities). As leading researchers in the ethics of health research and health policy, they will bring a wealth of expertise to research, policy-making and service-related roles.

Program Description

Our program is centered on the ethics of health research and health policy.

Broadly defined, the field of *health research and health policy* includes a spectrum of scholarly and applied research, deriving from specific disciplinary as well as multidisciplinary collaborations in the humanities, social sciences, and health care. Ethics research in these areas thus derives from a multiplicity of traditions, draws upon an array of different and sometimes competing methodologies, and generates a range of potential ways of defining problems as well as solutions.

The *ethics of health research and health policy* includes specific areas of research and health policy (e.g., stem cell research, genetics and ethics, reproductive technology) as well as ethical issues that arise in research and/or policy-making (e.g., working with vulnerable populations or ensuring that research includes an appropriately diverse sample).

Our Faculty have expertise in many key aspects of the ethics of health research and policy: women's health, ageing, genetics/genomics, clinical trials, medical and therapeutic technologies, population health, paediatric research, research methods, research policy and conflict of interest, the use of human and animal subjects in health research, transplantation and new reproductive technologies.

A major objective of our program is to take Trainee Fellows with a well-developed background in a specific discipline (such as philosophy, sociology, anthropology, or genetics) and provide the learning experience that will enable them to work across the many disciplines engaged in health research and health policy. For example, it is essential that work in the ethics of a specific area such as stem cell transplants be informed by an understanding of relevant scientific aspects of genetics and transplantation, social and psychological implications of such procedures, and the legal and political dimensions of the choices involved. That is, we are not talking about ethics disengaged from practice, but ethics engaged in practice.

We also want our Trainee Fellows to emerge with mastery of at least one major type of methodology for investigating ethical issues in this area (e.g., analytical methods from philosophy, qualitative or quantitative methodologies from the social sciences) and sufficient familiarity with other relevant methodologies to be able to differentiate, in practical contexts, between what can be known with reasonable certainty and what remains uncertain and yet to be discovered. Crucial to this is the development of the critical skills that enable the Trainee Fellows to understand alternative ways of framing ethical issues and the relevance of context to practical decision-making.

The translation of ethics research into policy and practice occurs in a variety of academic, clinical, health research, government and other non-profit settings. The program therefore may include a practicum, internship or fieldwork experience in settings where there will be an opportunity to work directly with health scientists, policy makers and/or consumers to both enhance their knowledge, skills and abilities and assist in translating ethics research into new practices and policies that address real (as well as hypothetical) problems and situations.

Health Canada is a partner in our program and is one of the many settings in which the training program will be able to negotiate a placement for particular students. We are also developing placements options for Trainee Fellows in other appropriate contexts (e.g., CIHR Ethics Office, provincial health ministries, institutional Research Ethics Boards and regional health boards).

II) CORE COMPETENCIES

The training program seeks to train people with a strong disciplinary basis, hence the focus on graduate and post-graduate education.

The Faculty in our training program have extensive experience in graduate and post-graduate education. Among the Faculty are many of the contributing authors to *The Health Care Ethics Consultant*. (Baylis, 1994), the first book to identify and defend a core set of competencies for health care ethicists. The training program draws upon the multiple feeder-discipline model of appropriate training for clinical health ethics consultants developed in this book, and elaborates on the core competencies listed therein with particular reference to our focus on the ethics of health research and policy.

Below is a listing of the core competencies that Faculty will assist Trainee Fellows to develop. The program components are described in terms of knowledge requirements and requisite skills for understanding, and responding to, difficult ethical choices within various research, health, social and political contexts.

Knowledge requirements

1. Extensive knowledge of the relevant literature: e.g., classic articles and influential cases in bioethics, ethical theories and methods, ethics in health research and ethics of health policy. As well, extensive knowledge and critical understanding of at least one ethical theory or tradition that is rich enough to allow one to develop a style of thought, rigor in analysis, and judgment.
2. Extensive knowledge and critical understanding of relevant concepts in research ethics, social and cultural theory, research methods, the governance of health research, and the workings of Research Ethics Boards, etc. Or, extensive knowledge and critical understanding of relevant concepts in health policy, federal–provincial responsibility for health care, the health policy making process, and relevant policy documents.
3. Knowledge of the following: common health care issues; emerging health care issues; the range of health care settings; the strengths and limitations of the scientific method and the medical model of health care; guidelines/policies for research involving humans (international, national and institutional); relevant professional guidelines and codes of ethics; the health care system's structures and decision making methods; and the policy-making process.
4. Knowledge of various ethical theories and traditions as well as approaches to research design, methods of data collection and analysis used by health practitioners and researchers, patients and subjects, administrators, and policy makers in the health care system and/or socio–cultural setting in which one is working.

5. Knowledge of relevant health law, government regulations, policy statements, legislation and legal cases in relation to a particular health research issue or a particular policy issue.
6. Knowledge of cross cultural differences in health care and research as well as social, cultural, political and economic constraints to health and the implications for health care ethics.
7. Knowledge of the social, cultural, economic and human dimension(s) of ethical problem-solving including an understanding of the circumstances that both shape and reflect psychosocial and political responses to a health research or policy issue.
8. Self-reflective knowledge of one's biases, partialities and priorities, as well as awareness of one's grounding in particular disciplinary, linguistic and cultural traditions and/or ways of looking at the world.

Requisite Abilities

1. The ability to identify and address ethical issues, coupled with the abilities to understand, appreciate and articulate unspoken interests, positions and issues relevant to the ethical conduct of decision making as well as sensitize others to ethical issues.
2. The ability to bring systematic thinking and empirical evidence to ethical problem solving coupled with the ability to conduct independent or collaborative inquiry to obtain relevant information or develop new understandings of the situation.
3. The ability to make and defend sound ethical judgments that reflect and incorporate understanding of, and respect for, the values of others.
4. The ability to effectively communicate sometimes complex information with expert and non-expert audiences including peers (within and beyond one's discipline), purveyors of knowledge (e.g., media), policy makers, and members of the general public. Such competency also requires the ability to listen to and learn from expert and non-expert audiences.
5. The ability to recognize and work within the limits of one's knowledge balanced with the ability to accept challenges.
6. The ability to recognize one's own partiality and not to introduce personal beliefs in an inappropriate manner. Personal beliefs and value commitments should not be introduced: (a) in a clandestine or subliminal way; (b) as facts when they are not; (c) as consensually agreed on when they are not; or (d) as legal requirements when they are not.

7. The ability to participate in group decision making, even when this may generate a conclusion with which one disagrees, and a willingness to tolerate such group decisions. This ability must be coupled with a strong sense of personal and professional integrity so that one may distinguish between (a) outcomes that one will not, on moral grounds, endorse/sanction and (b) outcomes that one disagrees with, but will endorse/sanction.
8. The ability to withstand the influence of public and/or professional opinion and to question existing traditions, customs, and laws.

III) CURRICULUM

Personalized Learning

At the time of admission, Trainee Fellows will have different levels of expertise in relation to the knowledge requirements listed above. As well, Trainee Fellows may have had significantly different opportunities to develop and practice the requisite abilities. This will be taken into consideration in developing a personalized training and learning experience.

In conjunction with the Trainee Fellow, the Faculty will facilitate a program planning process that includes an assessment of:

- the Trainee Fellow's prior knowledge and abilities
- the need for (and benefits of) specific course work
- the Trainee Fellow's interest in a practicum, internship or fieldwork placement relevant to identified areas of research interest and career goals

The program plan will become part of the Trainee Fellow's portfolio, to be revisited regularly. Progress toward the goals and objectives identified at the outset will comprise an important component of self-assessment as well as formal evaluation.

Opportunities and Expectations

All Fellows will be provided with the following resources and opportunities, which constitute core components of the training program.

- Recommended Readings on Classic articles in Ethics; Ethical Theories and Methods; Ethics in Health Research; Ethics and Health Policy; Qualitative and Quantitative Research Methods; Social and cultural health theories
- Regular scheduled meetings with Faculty advisor
- Regular monthly seminars involving Faculty, Trainee Fellows and Invitees
- Development and pursuit of independent research plan
- Opportunities to develop grant writing skills
- Opportunities to develop public speaking skills
- Opportunity for practicum, internship, or fieldwork

The training program also provides research and travel support, including:

- Access to a workstation and appropriate software
- Access to funds for books and transcription services
- Travel and accommodation at two conferences per year

- Travel and accommodation at the training program's Annual General Meeting

All Postdoctoral Fellows will meet the following program requirements, which constitute core aspects of the training program.

- *Residency* – It is anticipated that the usual residency period for Postdoctoral Fellows will be two years at UBC or Dalhousie (usually, the Trainee Fellow must be resident at same location as the Faculty advisor).
- *Course work* – Doctoral level Trainee Fellows will be required to complete the requisite course work for their program of study and encouraged to enroll in additional courses relevant to the ethics of health research and health policy. (There is no requirement that Trainee Fellows specialize in either the ethics of health research or the ethics of health policy, particularly during the first two years.) No courses are required at the Postdoctoral level but, depending on the Trainee Fellow's background at the time of admission, her/his area of research and the assessment of the Faculty advisor, some courses may be strongly recommended. There are a number of courses beyond those identified that are available on the respective campuses and each Fellow is encouraged to take advantage of the opportunity to enroll in or audit courses relevant to her/his research interests.
- *Monthly seminar* – Regular participation in a Works in Progress seminar is expected of all Fellows and there should be at least one presentation by each Fellow during the residency period.
- *Practicum/Internship/Fieldwork* – In consultation with the Faculty advisor it is possible to include a practicum, internship or and/or fieldwork component.
 - A *practicum* is a short term work experience (maximum six months) similar to a placement that a student might be eligible for in a university co-op program. Learning objectives, work and deliverables are to be negotiated on an individual basis.
 - An *internship* is an applied working and learning experience (maximum one year) that emphasizes learning through doing. It is similar to an apprenticeship. Learning objectives, work and deliverables are to be negotiated on an individual basis with the Fellow, their Mentor and the workplace partner.
 - *Fieldwork* is directly related to data collection that occurs in one or more sites for a dissertation or research project.

- *Grant writing* – Fellows will be provided with training in grant writing and are expected to submit a grant application during the residency period (e.g., AMS, SSHRC, CIHR, CHSRF, NSHRF)
- *Conference presentations* – Presentations at relevant conferences (e.g., NCEHR, Health Canada, CIHR, CBS, ASBH, IAB, CASCA, CSAA). Fellows will be provided with assistance (as required) in preparing abstracts for peer-reviewed conferences.
- *Publications* – Peer-reviewed publications in a variety of journals with different target audiences as well as other publications for non-academic audiences (e.g., print media for the general public). Trainee Fellows will be provided with assistance (as required) with publication, this may include co-authorship.
- Participation (and at least one presentation) in the *Annual meeting of the CIHR training program* in the ethics of health research and policy.

APPENDIX A

COURSES TAUGHT BY FACULTY IN THE TRAINING PROGRAM

The following list of relevant bioethics, social science, health law and interdisciplinary courses offered at UBC and Dalhousie will assist Faculty and Trainee Fellows in planning a program that will meet all requirements. (Note: Some of these courses are offered on a rotational basis and may not be available every year.) There are also many other relevant courses available at both sites. This list is, however, inclusive of only those courses for which the Faculty in the training program have direct responsibility.

Dalhousie	UBC
	INDS 502W Applied Ethics Work in Progress Seminar
	INDS 502D Applied Ethics Pro–Seminar
	INDS 502 M/N/P Practicum in Applied Ethics
PHIL 5801 Topics in Health Care Ethics (Theories and Methods of Health Care Ethics)	
BIOT 5000 Advanced Topics in Bioethics	INDS 502K Genetics and Ethics INDS 502E Modeling Democracy, Ethics and Genomics AGRO 315 Animal Welfare and the Ethics of Animal Use
BIOT 5001 Research Ethics	INDS 502R Ethics of Research Involving Humans INDS 502C Ethical and Philosophical Issues in Community–Based Research
BIOT 5101/5102 Directed Readings Courses	INDS 530A/B/C Directed Readings Courses
LAWS 2115 Health Care Ethics and the Law	

APPENDIX B

FACULTY BIOGRAPHIES

Patricia Baird (University of British Columbia, Medical Genetics) My interests include the analysis of social, ethical and health consequences of applying knowledge on human reproductive biology and genetics, and resulting implications for public policy. I serve or have served on the National Advisory Board on Science and Technology, on the Standing Committee on Ethics of the Medical Research Council, on the Expert Advisory Panel of the WHO Genome Centre, and on the Science and Ethics Committee of the Royal Society of Canada. I chaired the Royal Commission on New Reproductive Technologies which was asked to make policy recommendations to the Federal Government on how this area should be dealt with in Canada.

Françoise Baylis (Dalhousie, Bioethics and Philosophy) My research interests are in novel genetic technologies, research involving humans, women's health and feminist ethics. My current work focuses on gene transfer technology, stem cell research and human cloning with particular attention to issues of justice, community and identity. The prospect of being able to alter the genetic constitution of humans using novel genetic technologies raises a number of extremely complex ethical questions concerning our obligations to the self and to both present and (distant) future generations. These questions motivate my research. At present, I am a member of the Governing Council of CIHR, Co-Chair of the CIHR Standing Committee on Ethics, and a member of the Science and Industry Advisory Committee (SIAC) of Genome Canada.

Michael Burgess (UBC, Applied Ethics): I am interested in identifying neglected or novel perspectives to enrich theoretical approaches and practical analyses with a primary interest in developing “cultures of ethics.” My primary research combines qualitative methods and ethical analysis and is based on interdisciplinary collaborative teams. My areas of research are genetics/genomic knowledge and technology, and culture in health care, policy and research. I am lead investigator of a research team for “Democracy, Ethics and Genomics: Consultation, Deliberation and Modelling” (funder: Genome Canada), which evaluates methods of ethical analysis and public consultation for the development of governance in the area of genomics. I currently provide ethics support to [Genome BC](#), [Associated Medical Services](#), [BC Children's and Women's Health Centre](#), the BC Provincial Hereditary Cancer Program.

Susan Cox (UBC, Applied Ethics): I am a qualitative health researcher and sociologist, with interests in the social meanings of health and illness, narrative and ethics, disability studies and interpersonal communication (in both clinical and non-clinical contexts). Much of my work seeks to bridge social science and applied ethics by grounding understanding and analysis in people's stories about their everyday moral experience. My current research focuses on families' as well as health care providers' perspectives on appropriate uses of genetic information and the range of potential policy implications. I currently teach a graduate seminar on Genetics and Ethics and supervise students in Interdisciplinary Studies, Animal Welfare and Journalism.

Janice Graham (Dalhousie, Bioethics and Sociology & Social Anthropology): I work in medical anthropology, science and technology studies, neuroepidemiology, aging, dementia diagnostics, technology assessment, and bioinformatic databases as cultural texts. My current research examines the moral basis of profit in the life history of pharmaceuticals by exploring the interactions of science, medicine, industry, and government in regulatory technoscience practices and policies. In 2003-4, I am building a Bioethics Qualitative Research Studio & Lab, a state-of-the-art multi-media audio-visual research facility that will allow for IP connectivity among multi-sited international research projects.

Nuala Kenny (Dalhousie, Bioethics): After an extensive career in pediatrics and medical education. My current areas of research interest include: physician ethics, ethics education for physicians with particular attention to role-modelling, ethics and health policy at all levels and pediatric ethics. I am currently on a Canadian Health Services Research Foundation (CHSRF) grant assessing public input into the medicare 'basket'; a Canadian Policy Research Networks (CPRN) grant on public policy and intergenerational justice; a Canadian Institutes of Health Research (CIHR) Training Grant for pediatric researchers. I am concerned about character formation of new doctors and fundamental ethics questions in health care particularly in relation to values and Canadian medicare.

Michael McDonald (UBC, W. Maurice Young Centre for Applied Ethics). I am a philosophically trained ethicist who has become deeply engaged in interdisciplinary research with colleagues in law, the social and health sciences. I am very concerned with the practical uses of ethics, in particular for building better institutions (issues of governance and organizational/systemic ethics) and nourishing more ethical cultures (be they ethno-cultural, professional, or institutional). Yet I also view the engagement with practical matters as a theoretically rich endeavour. My research now centres on the ethics of research (both human and animal). I am also conducting research in other areas including cross-cultural ethical issues in health care/research and organ transplantation.

Jason Scott Robert (Dalhousie, Philosophy): My research is primarily in the philosophy of the life sciences and in bioethics. I am funded through operating grants from CIHR and from the Stem Cell Network. My research interests are diverse: I publish on developmental biology (including stem cell biology), evolutionary biology, psychiatry and neuroscience, and the bioethics of novel biointerventions. Additionally, I mentor Training Fellows on the Research Ethics Board at the IWK Health Centre (the Women's and Children's Hospital in Halifax). Currently, I am a member of the Institute Advisory Board for the CIHR Institute of Population and Public Health, sit on two CIHR Institute of Genetics Committees, and serve on the World Psychiatric Association—World Health Organization Joint Working Group on Philosophical and Methodological Foundations of Psychiatric Diagnosis and Classification

Susan Sherwin (Dalhousie, Philosophy): I work in the area of feminist health care ethics: my work seeks to bring a social justice perspective to policy matters in health

and health care. I have been developing feminist relational understandings of such central ethical concepts as autonomy and justice. I also seek to identify strategies that will improve moral perception of neglected dimensions of health policies, e.g., by investigating the use of metaphors and by soliciting minority and international perspectives. Recent papers have addressed issues in breast cancer, research ethics, and reproductive and genetic technologies. Currently, I serve on ethics advisory committees for the federal Department of Health, CIHR, the Canadian Commission of UNESCO, and the Royal College of Physicians and Surgeons of Canada.

Charles Weijer (Dalhousie, Bioethics): I work in the area of research ethics. Ongoing research projects are several. First, what constitutes an appropriate balance of benefits and harms in research? Do researchers owe subjects in research who are ill therapeutic obligations? Second, how ought these norms be interpreted when research is carried out in developing countries? Does the researcher have greater obligations to the research subject in this setting? Third, what is the relationship between the ethics and epistemology of research? Can contentious ethical disputes have their source in disagreements that are fundamentally epistemic in nature? I consult internationally, most recently with the Centers for Disease Control and Prevention, International AIDS Vaccine Initiative, and the US Office for Human Research Protections.

APPENDIX C

TRAINEE FELLOW BIOGRAPHIES

James Anderson (Dalhousie, Philosophy PhD): My recent work has focused on the intersection of research ethics and the philosophy of science, exploring how the latter may enrich the former. My doctoral research will continue this project via an epistemological analysis of Freedman's concept of clinical equipoise, a fundamental concept in the ethics of research. The requirements of clinical equipoise are both ethical and epistemological. However, the epistemological presuppositions upon which these requirements rest were neither made explicit nor argued for by Freedman. Identifying these presuppositions, and assessing them in light of recent work in epistemology and the philosophy of science, is the goal of my research.

Janet Atkinson-Grosjean (UBC, Applied Ethics Postdoctoral Fellow): I have a long-standing interest in the relationship between federal research policies and academic research practices. When state powers drive the research agenda in strategic social and economic directions, we speak of *steering effects*. At the same time, it's clear the process is not top-down. Field-type theories (e.g. Giddens, Bourdieu, Latour) reveal how actors, policy agendas, and research agendas shape each other. I study the empirical questions that arise from these relationships, using ethnographic and case-study methods. My major project addresses governance and accountability issues in large-scale genome research and I have a strong subsidiary interest in the 'knowledge translation' mandate of CIHR. My overarching concern is the public interest and how it is best served.

Yukiko Asada (Dalhousie, Bioethics Postdoctoral Fellow): I am a population health researcher with special interests in ethics. My interests include ethical issues raised in measurement of health, measurement of health inequality, technology assessment, and resource allocation. In my dissertation, I sought to establish a framework for measuring health inequality where important moral and quantitative questions are critically addressed. During my post-doctoral fellowship, I plan to extend my dissertation work to the Canadian context. I will ask, for example, health care is often recognized as part of the Canadian national identity, but what of health? How can health inequality be best measured in Canada?

Sharon Batt (Dalhousie, Bioethics, Interdisciplinary PhD): My interests include the ethical and policy issues related to prescription drug promotion and questions that arise when patients become players in health care decision-making. My background includes earlier academic work in social and cognitive psychology, feminist and consumer rights journalism, women's health policy research, and advocacy in the breast cancer movement. I have served on numerous ethics and health policy committees. For my dissertation research, I plan to study the funding of patient advocacy groups by pharmaceutical companies and the possible effects of these partnerships on health policy. Janice Graham is my supervisor.

Jennifer Johnson (UBC, Applied Ethics Postdoctoral Fellow): I recently completed a doctorate in philosophy at the University of California at Berkeley. My area of specialization was ethics and moral psychology. In my CIHR post-doctoral fellowship, I will be working on the problem of how to devise a means of determining how well Research Ethics Boards (REBs) are doing the job of promoting socially beneficial research and of protecting human research subjects. There is considerable consensus that the current system of ethical review of research involving human subjects is in need of reform. It seems reasonable to expect that research institutions and sponsors of research will have some idea of the extent to which REBs are effectively performing the dual task of promoting socially beneficial research and protecting human research subjects. It's striking that there is almost a complete lack of data in this regard. In the absence of standards of effectiveness for REBs there is no means of assessing the success or failure of various reforms to the REB system. As it stands, the system lacks accountability. In addition to addressing the question of how to devise a means of assessing the effectiveness of REBs, I will be addressing the further issues of whose responsibility it is to determine their effectiveness and who should be held accountable for their effectiveness.

Zubin Master (Dalhousie, Bioethics, Postdoctoral Fellow): I am a post-doctoral fellow in the Department of Bioethics and in the Novel Genetic Technologies Research Team at Dalhousie University. I am also a trainee within the Stem Cell Network and the Canadian Institutes of Health Ethics Training program. I trained as a molecular biologist and my current interests lie in the policy and regulation of genetic technologies with particular focus on stem cell and embryo research. My additional policy experience comes from serving in the Office of former Speaker of the House Newt Gingrich at the American Enterprise Institute and from working at the Genetics and Public Policy Center at the Johns Hopkins University in assisted reproductive technology.

Chidi Oguamanam (Dalhousie, Philosophy, Postdoctoral Fellow): I had an active legal career in intellectual property and corporate law prior to my current interest in the academia. Upon moving to Canada, in 2000, I obtained a thesis based LL.M at University of British Columbia. In 2003, I obtained a Ph.D. (Law) also from UBC. My doctoral dissertation examined intellectual property rights in relation to traditional medicine within the rubric of emerging international legal framework for the protection of indigenous knowledge. Under the CIHR program, I explore the values, including ethical considerations at stake, in determining the type of alternative health care interventions that should be supported as a matter of public health policy. I am also interested in the debate surrounding human subject research in developing countries.

Victoria Seaville-Klein (Dalhousie, Philosophy, PhD): I am a PhD Candidate in the Philosophy Department, specializing in applied ethics, bioethics, and health care ethics and policy. My research focuses on the effects of health research and policy on issues of social justice, both nationally and globally, and especially where health care intersects with biotechnology and genetics. I have recently written about the use of embryos in research and advocated that controversial policy decisions be

made in ways that take into account the interests of affected vulnerable and minority groups. My current research interest is in the medical conceptualization and treatment of intersexed infants and the dichotomous gender norms of society. I am a member of the Canadian Bioethics Society and a Pre-Doctoral Fellow in the CIHR Training Program in Ethics of Health Research and Policy.