From Dr Cohen’s LinkedIn Account

- I’m an award-winning medically qualified TV, print, and radio reporter and academic journal editor with an extensive international contacts book in all aspects of health. Winner of the British Journalism Awards in Science and Technology Journalism.
- I have extensive experience in conducted complex high profile health investigations using a combination of techniques including undercover and data journalism for a variety of media. This includes: "The Truth about Sports Drinks"; "Tracking down the Data on Tamiflu"; and "How Safe are Metal on Metal Hip Implants?"
- I have acted as a consultant and produced reports for non-governmental organisations including Transparency International and Médecins Sans Frontières (Doctors Without Borders).
- I have been an editor of The BMJ (British Medical Journal) for thirteen years and have worked on both academic and journalistic sections.
- I have reported and co-produced documentaries for BBC's Panorama, Newsnight, Channel 4 News and Dispatches focusing on health and social issues.
- I also work closely with the Centre of Evidence Based Medicine developing techniques that combines epidemiology with journalism (data journalism).
- I have also lectured at City University, Oxford University, and Imperial College.

Abstract:
Cancer research is a fast-moving field, with frequent headlines about new treatments offering hope to the hundreds of thousands of people diagnosed each year. UK health services face conflicting duties: to provide new treatments quickly to the patients who will benefit, to make sure patients are not unduly harmed by aggressive treatments that will not benefit them, and to make the best use of...
public money. Underlying this is an increasingly engaged population of people affected by cancer, demanding the best new treatments and—a growing trend—taking matters into their own hands by crowdfunding for private treatment. This talk will explore the opportunities and challenges involved in bringing innovative cancer treatment to patients in a way that is equitable, safe and cost-effective. Three case studies will be explored: targeted cancer treatments, innovative radiotherapy and minimal access surgery. The talk will also cover policy recommendations for how the NHS should navigate these issues.

Bio:
Rose Gray is a Policy Manager at Cancer Research UK, where she leads the charity’s policy work on access to treatments and innovation. She has also worked in science communication and nursing. At Cancer Research UK Rose has worked on a range of policy areas, including cancer services and patient data. She has produced policy reports on issues such as reforming how cancer multidisciplinary teams (MDTs) are managed, and improving awareness of how cancer data is used, both of which have since been implemented by the NHS. Rose has a special interest in how the NHS could improve how it brings innovation to patients and is currently focusing on innovation in radiotherapy.

| Plenary 1: Talk 2: Mitochondrial donation and reproductive choices | Alison Murdoch |

Biography
*BMJ 2014;349:g6052*

Alison Murdoch, professor of reproductive medicine at the University of Newcastle, runs the fertility centre at the International Centre for Life. Her research includes pronuclear transfer in human embryos to better understand the earliest stages of human development, under a licence issued by the Human Fertilisation and Embryology Authority. But this hasn’t stopped her criticising the organisation, which she accuses of self-aggrandisement, over-emphasising risks, and—by implying that they pose special moral and ethical dilemmas—forcing IVF treatments out of the NHS and into the private sector.
Dr Giles Birchley

Research Fellow, Centre for Ethics in Medicine, University of Bristol

Research interests

Giles Birchley is an experienced children's intensive care nurse working in the University of Bristol's multidisciplinary Centre for Ethics in Medicine. He was awarded his doctorate in 2015, for a doctoral project that combined social science and philosophical methods to investigate how decisions are/ought to be made in the best interests of critically ill infants - with a focus on those where there is a question of whether treatment or non-treatment is best. This involved interviewing key decision makers in practice (parents, doctors, nurses and clinical ethics committee members) about their values and experiences, and comparing their responses to established theory and his own developing moral judgements.

From September 2018, Giles is working on a major project examining the concept of best interests across the life course. Funded by a prestigious Wellcome Trust collaborative award B4lancing Best interests in health care, Ethics and Law (BABEL) will be exploring the way the best interests standard – and its mooted alternatives – is used and understood in legal and medical decisions. The project aims to provide a venue for international discussion that can capitalise on the position of bioethics as a forum for the diverse experiences and opinions of patients, clinicians, lawyers, philosophers, theologians and social scientists. BABEL asks which factors and values should be considered when we use the best interests standard, who should be involved, and indeed whether the best interests standard is ultimately a sustainable approach.

When he's not working, Giles spends his time parenting, dog walking, cooking and doing some (usually futile) vegetable gardening.
**Biography**
Dr Sarah Aylett MBBS DCH MRCP (UK) FRCPCH MPhil
Sarah is a Consultant Paediatric Neurologist at Great Ormond Street Hospital with expertise in complex epilepsy and neurodisability. Recognising the many ethical challenges in these specialities, she studied for an MPhil in Medical Law. Sarah is a member of the Clinical Ethics Committee and leads the Bioethics Rapid Response Service which provides a focus for ethics review for complex paediatric cases and innovative treatments in children.

**Abstract**
Confidentiality in healthcare is an important principle in ethics which establishes a relationship of trust between the doctor or healthcare staff and the patient and promotes public health. Medical confidentiality is also defined and protected by law. Parents must provide consent for medical information to be shared about their children. Confidentiality is not absolute and exceptions are also defined by law, regulations and sometimes case law. An exemption may be supported where there is a risk to a third party which is imminent, very likely to occur and to cause a serious threat. Concerns about medical confidentiality can arise for adolescents, particularly in relation to contraception and sexually transmitted disease. Case law (Gillick¹ and Axton²) provide legal guidance in these situations. In some instances, parents may withhold information from their child, asking the medical team not to disclose confidential information to them. For example, for children with early onset disease, such as cancer or neonatally acquired HIV. This leads to the question of what stage of maturity a young person has the right to know this information.

The now widespread use of social media and crowdfunding for healthcare raises ethical issues regarding the posting of confidential medical information about children and young people. This the leads to the question of whether parents/guardians are best placed to determine that confidential information is posted, whether there should be guidance for parents and whether social media platforms have a responsibility to consider this issue.

Gillick v West Norfolk and Wisbech Area Health Authority [1985] 3 All ER 402HL¹ Sue Axton v the SoS for Health (The family planning Association intervening [2006]
No-fault (strict) liability for injuries from innovative treatments: fairness or also efficiency?

ABSTRACT
Innovative treatments (ITs) have a distinct SIROT pattern: they often show, and are expected to show, significantly improved results over time. Of the four IT categories discussed, two stand out: SIROT treatments which are currently not in the patient’s best interest (BI) but will become superior treatment over time (category 3), and treatments which are already arguably BI but will clearly become the superior option as they improve with time (category 2).

There is a strong fairness argument to compensate patients injured from ITs because their injury led to improved knowledge benefitting future patients. By analogy to private necessity, IT patients should be considered ‘rescuers’ entitled to costs reimbursement, since future patients receive an incontrovertible benefit inextricably linked to their loss. Crucially, category 2 patients also deserve compensation, notwithstanding that their treatment was BI.

From an efficiency perspective, patients should avoid only irresponsible ITs (category 4) but they are not well-placed to identify such treatments. Patients’ incentives to submit to ITs are no worse, and perhaps slightly improve under strict liability (SL): SL might incentivise patients to undergo a treatment whose prospect as BI is in doubt but is likely to be SIROT. Finally, while under SL (but not negligence) category 2 cases yield liability, which may deter physicians from offering ITs, reputation loss under SL is lessened, so physicians’ incentives may improve (and they also have strong non-legal incentives to offer ITs).

Bio
Tsachi Keren-Paz is a Professor of Private Law at the University of Sheffield. Tsachi’s research is focused mainly on tort law responses to gendered harms and on medical law and has encompassed issues such as: tort law, private law theory and egalitarianism in private law; medical negligence and comparison with strict liability; informed consent and injury to autonomy; egalitarian v economic analysis of standard of care; maternal prenatal duty; private law responses to sex trafficking; overdetermined causation; duty of care for the creation of exploitative demand; the law of remedies and the law of restitution, and the overlap between restitution for wrongs and by subtraction.
Parallel A

Talk 2: Parental duties VS. parental rights  
Hugo Wellesley

Bio

Hugo Wellesley is a consultant paediatric anaesthetist who trained in Bristol and the South West and now works at Great Ormond Street Hospital (GOSH). He did a Masters in Medical Ethics and Law and is a member of the GOSH Clinical Ethics Committee and Bioethics Rapid Response Service. He has also recently become an accredited mediator.

Abstract

Several recent high-profile cases have brought the subject of parents’ rights back into the spotlight. How much should parents’ wishes determine the treatment a sick child receives? What if the treating teams believe that what is proposed by the parents is suboptimal? Or even harmful? Who should decide what happens when there is disagreement between parents and health care providers over which treatment a child should receive, or for how long they should receive it?

In the UK, if disagreements can’t be resolved, judges provide an independent third-party assessment of what is in a child’s best interests and will rule accordingly. But is ‘Best Interest’ the best standard? Charlie Gard’s parents, supported by some ethicists and members of the House of Lords are pushing for the law to change and for parent’s wishes to take precedence unless what they want can be shown will harm the child – i.e. for the decision to be based on the ‘Harm Principle’. This talk will examine these issues and argue that we should not change the law but instead continue to seek to determine what is best for the child and act accordingly.