I. Introduction

A. Definition: Ethics is a branch of philosophy which deals with principles governing ideal human character. Ethics also pertains to what ought to be, and represents an ideal in both the character and conduct of individuals or groups. Clinical ethics primarily focuses on the patient-physician relationship, while bioethics refers to broader philosophical issues represented by biomedical advances. The specialty of neurology has a tacit range of interests and practices that are important to examine from multiple ethical perspectives, and incorporates both clinical ethics and bioethical domains.

B. Within the AAN structure, both the parent standing committee, the Ethics, Law and Humanities Committee (ELHC) and the Ethics Section address issues not only in ethical domains but in the overlapping disciplines of the law and humanities.

C. In general terms, ethical considerations underlie the activities of all AAN sections. More specifically, there are many shared interests between the Ethics Section and the Pain and Palliative Care Section. To that end, these two Sections agreed prior to the 2007 AAN annual meeting to combine abstract submissions into a common pool, with abstract review conducted by members of each section.

D. The purpose of this document is to provide an overview of the history of the Ethics Section, and to a lesser extent its parent, the ELHC; to outline the purview of this Section for the benefit of Section members and the AAN membership; and to identify areas where future Section interests or involvement may be focused.

E. The mission of the Ethics Section is to serve the interests of its membership, the ELHC, the Committee on Sections (COS), the AAN office and the AAN membership as a whole. Specifically, its goals are to meet the charge of the AAN to advance education, research and patient care in matters pertaining to biomedical ethics, the law and humanities.

II. Background/History of the Ethics Section

A. Landmark early works and milestones: Subspecialty sections within the AAN have existed in some domains since the late 1960s. A number evolved from societies initially independent of the AAN. In 1975, the AAN Executive Committee withdrew support for Sections for a period of 3 years due to concerns regarding the propriety of subspecialization in Neurology. In August of 2001, the American Academy of Neurology established reference guidelines for the development and roles of subspecialty sections within the Academy. The purpose of these sections was envisioned to provide the AAN membership with venues in which to “further education, research and patient care” in areas of common interest, by organizing forums, seminars, symposia and other educational activities, by encouraging research presentations at scientific sessions of the Academy, and by advising the AAN of the activities of the Section.” Provision was also made for the development of a standing committee within the AAN, the Committee on Sections (COS) to oversee the collective activities of these Sections.
The Ethics, Law and Humanities Committee (ELHC) is a standing committee within the AAN. Recognizing its limited membership, as well as the dynamic nature of biomedical ethical issues and opinion, the membership of ELHC proposed in October of 2003 that an Ethics Section be established within the AAN. This Section would consist of all interested AAN members. The perceived benefit was a forum and conduit through which topics of ethical concern could be received from and disseminated to the AAN membership and AAN Board of Directors through the COS respectively.

In October of 2004, the AAN Board of Directors unanimously approved the recommendation of the Committee on Sections, initially proposed by the ELHC, to establish an AAN Ethics Section.

In 2005, at the 57th Annual meeting of the AAN in Miami, 26 members of the Ethics Section met for the first time to elect officers. Michael Williams, M.D., Chair of the Ethics, Law and Humanities Committee of the AAN presided over the meeting. The first Executive Committee was elected consisting of James A. Russell, D.O. (Chair), Patricia A. Evans, M.D (Chair-Elect) and James L. Bernat, M.D., James Gordon, M.D. and Jeffrey A. Cohen, M.D (Councilors). In 2007, Dr. Evans assumed the Chair during the 2007 AAN Annual meeting in Boston. Jerome E. Kurent, M.D. and Thomas I. Cochrane, M.D., M.B.A, were elected to councilor positions. Dr James Bernat has represented the Ethics Section within the AAN Topics Work Group process. Dana Bolgrin of the AAN office served as Staff Liaison during its inaugural period. Subsequently, Karen Kasmirski has served very capably in this position.

Section activities have included biannual publication of a newsletter. Section members have reviewed a number of AAN practice parameters, position papers and guidelines prior to their publication for identification of and commentary on any potential areas of ethical concern. Under the leadership of Dr. Williams, members of the Ethics Section have contributed to the Ethical Perspectives in Neurology section within each edition of Continuum. The Ethics Section conducted a survey of its members regarding their knowledge and opinions regarding Sedation for the Imminently Dying that was presented at the Contemporary Issues Plenary Session in April of 2008 at the AAN Annual Meeting in Chicago. There have also been two open forums, entitled the Ethics Colloquium. On April 27, 2009 in Seattle, WA, the topic “Response to Requests from Adult Patients for Neurological Enhancement” was discussed and debated. On April 13, 2010 in Toronto, ON Canada, the topic focused on AAN and industry relations. A third colloquium is scheduled for the Annual AAN meeting in April 2011. Other issues discussed by the Section have included potential certification of interested members within the UCNS structure and a decision not to pursue this. Initial attempts to horizontally integrate lectures on relevant ethical issues within existing AAN annual meeting course structures have been made. A decision was made to combine abstract submissions from the Ethics and Pain and Palliative Care sections for the AAN annual meeting. An Ethics Section listserv was developed with the support of the AAN office.

B. Growth of the sub-specialty of Section to current status: In its 3 years of existence, the Section has grown in size from approximately 33 members to its current membership of 213.

C. Genesis of pertinent journals and societies:
1. AAN Ethics Case-based Ethics Curriculum
   http://www.aan.com/go/about/ethics/curriculum
2. Hasting Center Report
3. Journal of Ethics
4. Kennedy Institute of Ethics Journal
III. Current State of the Subspecialty or Section

A. Patient care/practice: The goal of the Ethics Section is to support clinicians in their daily practice of neurology by identifying issues, ranging from end-of-life decision-making to pain management, current issues such as driving and other issues relating to patient autonomy for a wide variety of neurological problems. The Ethics Section provides several forums in which neurologists can share and discuss concerns affecting their patients and their clinical practices. These forums include live discussion at the annual section meeting as well as an electronic listserv in which contemporary discussions can be developed.

B. Research: A call for abstracts for the Ethics Section is announced in late August/early September to the general membership. A group of reviewers grade and rank the submitted abstracts, and designate poster or platform status to them. Each year, the number of submissions has increased, representing a wider range of interests and research activities.

C. Education: The Section on Ethics actively supports the Neurologists-in-Training Clinical Ethics Elective (NITCEE) sponsored by the ELHC. In addition, members of the Section are recruited to help write questions for the Residents-in-Training Education (RITE) annual exam. Finally, the listserv will become a more important tool to disseminate information about key ethics websites, literature, and training opportunities.

D. Medical Economics Issues: While economics does not impact the Section directly, there are ethical dimensions of neurological practice, such as managed care, which have significant ethical dimensions related to clinical decision-making which may be based on economic considerations. Other critical issues that will continue to stimulate discussions in the coming years include the inequitable distribution of health care both domestically and abroad; access to increasingly expensive pharmaceuticals; and under-representation of minorities as research subjects as well as investigators in advancing knowledge in the clinical neurosciences.

E. Legislative Issues: These issues will continue to challenge neurologists. The Ethics Section will continue to serve as a forum, both for in-town hall meeting settings at the AAN annual meeting, building on the success of the previous two colloquia, and also as issues developed through the electronic listserv. The Ethics Section can play a pivotal role in informing the ELHC of important topics for policy development.

IV. SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis of the Subspecialty

A. Current Strengths in each of the five following areas
   1. Patient care: increasing discussion among practitioners is taking place at local, regional, and national levels of the numerous issues having ethics content in neurological practice. The recognition of ethical issues in neurological care, and the expectation of future, yet unknown, issues that will confront neurologists will promote active dialogue among all stakeholders, including the general AAN membership and the public.
2. Research: increasing numbers of annual abstract submissions suggest an increasing interest throughout the membership regarding the need to explore issues related to research ethics.

3. Education: Increasing the number of formal ethics training opportunities in neurology residency training programs and in medical school undergraduate curricula should be a top priority. The Section also supports the dissemination of websites, literature, and training opportunities for its membership through the listserv.

4. Economics: Neurologists have become aware of the inequities in healthcare distribution of the care they provide; to whom they are providing it; remuneration for such care; and their ability to address the overall needs of their patients with neurological diseases. Hosting a forum in which these issues can be discussed in live format at the AAN annual meeting, as well as electronically, can be developed into increasingly important educational assets.

5. Legislative: Ethics exists beyond the person-to-person care provided by neurologists on a daily basis. Increasingly, professional associations are called to provide guidance on issues of public importance. Participation of the AAN membership including the Ethics Section, in Neurology on the Hill, Physician action committees, and other advocacy groups of the AAN, will serve to foster the key interface between ethics and government.

B. Weaknesses in the five areas:
1. There is a need for a more streamlined listserv. Ideally an electronic listserv would be structured for daily communication readily available to all interested members, along with threaded discussions.
2. The Ethics Section has limited visibility within the AAN. It is more often active in its response to ethical issues, but is less involved in seeking out ethical issues and bringing them to media and public attention.
3. The Ethics Section has a limited membership, although increasing each year.
4. The Ethics Section could also increase its engagement with neurologists-in-training and medical students having an interest in neurology.
5. There are a growing number of clinical issues affecting the patient-physician relationship having significant ethical dimensions.

V. Specific Vision, Goals and Objectives for the Subspecialty/Section
A. Short Term (over the next 5 years)
1. The Ethics Section should aim to increase its visibility to (a) practicing neurologist members of the AAN; (b) other physicians and neurologists-in-training, including residents and fellows; and (c) members of the general public. A high profile Ethics Section could further enhance the image of the AAN by demonstrating the presence of a highly committed group of dedicated physicians dedicated to advancing discussion and resolution of issues facing patients, clinicians, neuroscience researchers and educators.
2. The Ethics Section could develop a curriculum that is concise, clear, and of practical value to seasoned practitioners, as well as neurologists-in-training, both in the United States and abroad.
3. The Ethics Section should identify and address at least two emerging issues of ethical importance each year, and convene open discussions about how the AAN may play a role in developing a formal position on selected topics of critical importance.

B. Operational strategies and Specific Action Items to achieve goals
1. Increasing visibility will be a long-term process, and will be enhanced by improved website access by the membership; a complete listserv; a regularly scheduled newsletter for its members; and increased awareness of the existence of publications and comments...
by its membership. The meaningful involvement of neurologists in issues of ethical
importance is a much better indicator of the Section’s success than the number of
members.

2. An ethics curriculum will require the review by current members of the Ethics Section
Executive Board as well as the membership of the Ethics section. This curriculum will
require better marketing, including letters to program directors in the United States and
abroad. The Ethics Section could also provide specific recommendations for topics for
the RITE (Resident-in-Training Examination) in-service examination and for the
American Board of Psychiatry and Neurology examination. This would help ensure that
ethical issues and topics relevant to clinical practice would be appropriately covered. It
would be at the discretion of the Section members whether they wish to formally join the
committees that are involved in drafting specific questions.

3. Identifying two ethical issues of emerging importance should involve a request to Ethics
Section members, including listserv interaction followed by discussion and final selection
of the key issues by the Ethics Section Executive Board.

C. Role of the AAN

The AAN continues to provide administrative support for the Ethics Section, including the means
of contacting and disseminating information to its membership. This includes relevant
publications that enhance the ability of the Section to reach its membership. The AAN would
benefit by having a focal point for the growing number of ethical issues of clinical importance;
increasing the discussion of common ethical dilemmas in neurological practice; and facing
addressing new and difficult ethical topics that are not specific to any other section.

D. Long Term Goals (over the next 5-10 years)

1. Improve the ability to engage and recruit new members who would bring forward ethical
issues for discussion and analysis

2. Distribution of regularly scheduled newsletters and publications in Neurology by the
Ethics Section that would also profile the AAN’s role and position on important ethical
issues confronting patients and practitioners. These could include health care reform;
access to health services; palliative care and end-of-life issues; and the medical-legal
interface of ethical dilemmas.

3. Discussion during the annual AAN meeting focused on research in applied ethics;
inclusion of more issues having ethical content into the AAN general membership
meetings.

4. Linkage and interaction with ethics sections of other professional societies that share
similar concerns as neurologists, including Neurosurgery, Internal Medicine, Family
Medicine, Pain and Hospice/Palliative Care, Pediatrics, Geriatrics and Physical Medicine
and Rehabilitation.

VI. Summary/Concluding Statement

The Ethics Section is a relatively new section in the AAN, with a relatively small but dedicated
membership. The Section recognizes that ethical issues extend beyond the interests of the Ethics
Section, and permeate the practice of neurology and its many stakeholders. The AAN Ethics
Section can play a leadership role in advancing knowledge, increasing awareness, and
enhancement of ethical decision-making among providers of neurological care. This can be
advanced by a robust curriculum in ethics that can be disseminated to neurologists in-training in
the United States and abroad. These goals can be reached by partnering with other AAN sections
and committees which may have a less formal, but strong, commitment to ethics, such as the Education Section and drafters of trainee examinations and curricula. It will also involve enhanced communication within the Ethics Section membership, along with an ability to recognize emerging ethical issues in neurological care. The increasing visibility, growing membership, and wide range of ethics topics available for discussion make this Section particularly vital to the future of the AAN while interfacing with the public at-large.