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The ethics and evidence of medical innovation

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Abstract

When the domains of research and therapy are blurred during innovation at the bedside patients can be exposed to interventions of unknown risk and benefit without the safeguards usually put in place during formal research. Innovation often responds to an immediate need or a deficiency in an imperfect standard of care. Occurring by degrees, the nature of innovation is incredibly dynamic and variable; it can range from a simple tweaking of a procedure to correct an immediate problem, to attempting a rescue therapy when all conventional interventions have failed. The range of innovative therapies means that the potential for risk and benefit varies and as a result, disclosure for the individual patient, when being offered novel interventions, can be a challenge. Innovation at the bedside is a major driver of medical advancement, but as we innovate our moral and evidentiary obligations are to minimize the risk and ensure that the dissemination of innovation is supported by improved outcomes. The focus of this discussion will be on our moral and evidentiary obligations when we innovate. To highlight the difficulties we must address case examples of our past innovations will be utilized. Learning from our past challenges helps inform the future of medical innovation and ensure its critical role in patient-focused care.

Biography

Mack is a pediatric and adult cardiac anesthesiologist at the Stollery Children's Hospital and Mazankowski Alberta Heart Institute at the University of Alberta. She is the Chair of the clinical ethics committee for the University of Alberta Hospitals and an adjunct at the John Dossetor Health Ethics Center. Cheryl completed an MA in Heath Care Ethics and Law from the University of Manchester and is presently pursuing a doctorate in philosophy through the University of Alberta. Her focus is medical ethics and the philosophy of medicine with a particular interest in the ethics and evidence of medical innovation.