

diverse disciplines can communicate about the social and ethical value of morally challenging health technologies. Future research should focus on operationalizing the capabilities approach for use in evaluations of NIPT and other morally challenging health technologies.

---

## OP82 Ethical Challenges Related To Engaging Patients And The Public In HTA

### AUTHORS:

Meredith Vanstone ([vanstomg@mcmaster.ca](mailto:vanstomg@mcmaster.ca)), Julia Bidonde, Ken Bond, Julia Abelson, Lisa Schwartz, Laura Tripp, Carolyn Canfield

### INTRODUCTION:

It is widely recognized that the incorporation of patient and public perspectives can enrich health policy decision-making. Methodological and practical advice on engaging patients and the public has proliferated in recent years, with many health technology assessment (HTA) agencies working to formalize their processes in this area. However, despite growing enthusiasm for patient and public engagement, many ethical issues remain unaddressed including: balancing risks and benefits to participants; recruitment methods; reimbursement for time spent participating; representation; and, information disclosure.

### METHODS:

In this critical analysis, we draw on our collective experiences engaging with patients and public in the context of HTA. We use principles from two theories, i) research ethics, and ii) participatory governance, to analyze these challenges. The purpose of this analysis is to explore the ways in which risks and benefits to patient and public participants might be balanced in HTA activities.

### RESULTS:

We begin by describing some ethically challenging experiences we have faced when soliciting views and values from patients and members of the public, some anticipated and some unexpected. These challenges include unexpected disclosures of information, navigating power differentials when working with vulnerable populations, eliciting information about

potentially traumatizing experiences, and fairly representing controversial and conflicting opinions. We offer examples about what types of patient engagement activities may subject participants to unreasonable risk, and suggest some guiding principles to help plan ethical patient and public engagement activities.

### CONCLUSIONS:

Patient and public engagement requires more than just procedural methodological expertise- it also requires the ability to identify and analyze relevant ethical issues. We posit that health technology assessors have a moral obligation to ensure that the risks of patient and public engagement activities do not outweigh the benefits. We call upon the HTA community to engage in thoughtful deliberation about what can be learned from experiences within HTA and in other contexts.

---

## OP83 Thinking Explicitly About Ethical Issues In Health Technology Assessment: Lessons From The Canadian Agency For Drugs And Technologies In Health

### AUTHORS:

Ken Bond ([kenb@cadth.ca](mailto:kenb@cadth.ca)), Katherine Duthie

### INTRODUCTION:

While methods for ethics analysis in health technology assessment (HTA) exist, there have been relatively few applications and assessments of these methods. The Canadian Agency for Drugs and Technologies in Health (CADTH) began to include an explicit analysis of ethical issues within its HTAs in 2015. To examine some of the differences among ethics analyses, we critically compared the conduct and contribution of the analysis of ethical issues for four CADTH HTAs.

### METHODS:

Two experts in ethics in HTA examined ethics analyses conducted by CADTH for four technologies: DNA mismatch repair testing for colorectal cancer, treatments for obstructive sleep apnea, dialysis for end-stage liver disease, and human papillomavirus screening for cervical cancer. The methods of analysis and presentation of results, extent to which the ethics analysis was used in

committee deliberations was gathered via meeting notes, recommendation documents, and discussion, and were summarized narratively.

**RESULTS:**

The amount of literature explicitly discussing ethical issues pertaining to particular technologies varied and was not predicted by the age and maturity of a technology. The axiological approach proved a helpful starting point for ethical reflection, but other methods were used for analysis and presentation. Explicit discussion of ethical issues identified the need for additional information to ensure robust deliberation. Committee members expressed the belief that ethics analysis “brought together” individual sections of the HTA.

**CONCLUSIONS:**

While many methods exist for ethics analysis, ethics expertise is required to identify and explicitly discuss the complete range of ethical issues relevant to a particular HTA. Ethics analyses create space to challenge assumptions underlying the clinical and economic evidence, raise issues about the value of technologies, and help to integrate the HTA results.

.....

## OP86 Outpatient Initial Management Of New-Onset Diabetes In Children

**AUTHORS:**

Brigitte Larocque ([brigitte.larocque@chuq.qc.ca](mailto:brigitte.larocque@chuq.qc.ca)), Alice Nourrisat, Marc Rhainds, Martin Coulombe, Isabelle Bouchard

**INTRODUCTION:**

Management of new-onset diabetes is important to achieve metabolic stabilization, minimize acute complications, and to provide insulin therapy, diabetes education and psychological support. A health technology assessment (HTA) was conducted to determine if an outpatient setting could be effective and safe for new-onset diabetes in children, and how it can be implemented in our pediatric center.

**METHODS:**

A systematic search on initial management (outpatient versus in-hospital) of diabetes in children

was performed in multiple databases and grey literature. Practice guidelines (CPGs), systematic reviews (SRs), randomized controlled trials (RCTs) and non-randomized comparative studies (NRCSS) published up to August 2017 were identified. Telephone interviews with key informants from two children’s university teaching hospitals were performed to collect information on outpatient initial management models and issues related to their implementation. An interdisciplinary group of experts from our pediatric center collaborated in this project.

**RESULTS:**

According to 5 CPGs, hospitalization would not be required for children without acute complications at time of diagnosis or after initial treatment of ketoacidosis if outpatient care facilities, resources, and education are available. Results from one SR and 7 NRCSS suggested that outpatient initial management is associated with good metabolic control (glycated hemoglobin) and is as safe as the inpatient care model, based on rate of hospital admissions, severe hypoglycemia, and ketoacidosis episode. However, few data regarding treatment adherence, knowledge acquisition, and emotional adaptation were identified. Outpatient education programs can be successfully provided on several consecutive or non-consecutive days after diagnosis as reported by two children’s university teaching hospitals.

**CONCLUSIONS:**

Although data on effectiveness and safety are scarce and of low-quality, outpatient management of newly diagnosed diabetes, uncomplicated or stabilized, is recommended in children. However, data on children and their families should be collected as part of the implementation evaluation in order to enhance its efficacy and the quality of the patients’ and families’ experiences.

.....

## OP87 Nitrous Oxide As Sedation Regimen In Children—How To Assess Safety?

**AUTHORS:**

Eva Pike, Elisabeth Hafstad, Torunn Elisabeth Tjelle ([TorunnElisabeth.Tjelle@fhi.no](mailto:TorunnElisabeth.Tjelle@fhi.no))