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Bioethics in the Public and Policy Spaces: Lessons from the Covid Years

Bryn Williams-Jones and Sihem Neila Abtroun

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Article abstract

The Covid-19 pandemic presented numerous ethical challenges, highlighting the critical role of bioethicists in public spaces and policymaking. Bioethicists acted as guardians against systemic injustices, critics of health policy decisions, and contributors to public debate. This text draws on our experiences as North American academic bioethicists to explore the different roles that bioethicists took during the pandemic, notably through media engagement, participation in policy-making, and in research and education. The pandemic underscored the importance of bioethics in the healthcare system and in research governance, the need for interdisciplinary collaboration, the importance of applying various ethics frameworks, and the need for effective communication to ensure practical ethical decision-making. It also demonstrated the distinct yet complementary roles of academic and professional bioethicists, with the former often serving as visible public critics, due to their academic liberty and independence, while the latter worked within their institutions to support clinicians and decision-makers, and to effect policy change. But these roles could also lead to tensions between academic and professional bioethicists, due to their different mandates, and both also experienced frustrations with the continued lack of understanding by some professionals and policy-makers regarding the pertinence and utility of bioethics to support ethically-informed decision-making. Ultimately, the pandemic was a pivotal time for bioethicists to influence public debate and policy, showcasing the field's relevance and adaptability in addressing complex ethical issues.

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TÉMOIGNAGE / PERSPECTIVE

Bioethics in the Public and Policy Spaces: Lessons from the Covid Years

Bryn Williams-Jones[a], Sihem Neila Abtroun[a,b]

Résumé
La pandémie de Covid-19 a présenté de nombreux défis éthiques, soulignant le rôle essentiel des bioéthiciens dans les espaces publics et l'élaboration des politiques. Les bioéthiciens ont joué le rôle de gardiens contre les injustices systémiques, de critiques des décisions en matière de politique de santé et de contributeurs au débat public. Ce texte s'appuie sur nos expériences en tant que bioéthiciens universitaires nord-américains explorant les différents rôles que les bioéthiciens ont joués pendant la pandémie, notamment en s'engageant dans les médias, en participant à l'élaboration des politiques et en menant des activités de recherche et d'éducation. La pandémie a mis en évidence l'importance de la bioéthique dans le système de santé et dans la gouvernance de la recherche, la nécessité d'une collaboration interdisciplinaire, l'importance de l'application de divers cadres éthiques et d'une communication efficace pour garantir une prise de décision éthique pratique. Elle a également démontré les rôles distincts mais complémentaires des bioéthiciens universitaires et professionnels, les premiers servant souvent de critiques publics visibles, en raison de leur liberté académique et de leur indépendance, tandis que les seconds travaillaient au sein de leurs institutions pour soutenir les cliniciens et les décideurs, et pour susciter des changements de politique. Mais ces rôles peuvent également conduire à des tensions entre les bioéthiciens universitaires et professionnels, en raison de leurs mandats différents, et les deux ont également ressenti des frustrations face à l'incompréhension persistante de certains professionnels et décideurs concernant la pertinence et l'utilité de la bioéthique pour soutenir la prise de décision éthique éclairée. En fin de compte, la pandémie a été une période clé pour les bioéthiciens qui ont influencé le débat public et la politique, mettant en évidence la pertinence et l'adaptabilité du domaine dans la résolution de problèmes éthiques complexes.

Mots-clés
Covid-19, bioéthiciens, universitaires, professionnels, rôles, compétences, engagement public

Abstract
The Covid-19 pandemic presented numerous ethical challenges, highlighting the critical role of bioethicists in public spaces and policymaking. Bioethicists acted as guardians against systemic injustices, critics of health policy decisions, and contributors to public debate. This text draws on our experiences as North American academic bioethicists to explore the different roles that bioethicists took during the pandemic, notably through media engagement, participation in policy-making, and in research and education. The pandemic underscored the importance of bioethics in the healthcare system and in research governance, the need for interdisciplinary collaboration, the importance of applying various ethics frameworks, and the need for effective communication to ensure practical ethical decision-making. It also demonstrated the distinct yet complementary roles of academic and professional bioethicists, with the former often serving as visible public critics, due to their academic liberty and independence, while the latter worked within their institutions to support clinicians and decision-makers, and to effect policy change. But these roles could also lead to tensions between academic and professional bioethicists, due to their different mandates, and both also experienced frustrations with the continued lack of understanding by some professionals and policy-makers regarding the pertinence and utility of bioethics to support ethically-informed decision-making. Ultimately, the pandemic was a pivotal time for bioethicists to influence public debate and policy, showcasing the field's relevance and adaptability in addressing complex ethical issues.

Keywords
Covid-19, bioethicists, academic, professional, roles, skills, public engagement

Affiliations
[a] Bioethics Program, Department of Social and Preventive Medicine, School of Public Health, Université de Montréal, Montreal, Quebec, Canada
[b] Médecine Physique et Réadaptation, CHU de Québec-Université Laval, Québec, Québec, Canada
Correspondance / Correspondence: Bryn Williams-Jones, bryn.williams-jones@umontreal.ca

INTRODUCTION

The Covid-19 pandemic created an exceptional public health situation in which health professionals, governments, and the public were faced with significant uncertainty regarding how best to safeguard public and private interests, which public health policies were justified, and when and how to move forward with effective and equitable interventions. The numerous ethical issues that arose – for example, with developing triage policies for access to ventilators, the prioritization and allocation of personal protective equipment, voluntary vs. obligatory masking or vaccination, and quarantine, among many others – highlighted the important role of academic and professional bioethicists in the public space, and in policy-making (1). Note that this separation between "academic" and "professional" is artificial. While many bioethicists are either academics (i.e., students, professors) or professionals (e.g., ethics consultants in hospitals, on research ethics boards, or at government agencies), many bioethicists have hybrid roles, with one foot in academia (e.g., doing teaching and research) and another in professional practice (e.g., consulting, serving on policy committees). For the purposes of our discussion, this caricature of academic versus professional bioethicists serves to highlight those roles and constraints that are distinct to the different domains.

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Some bioethicists acted as guardians against abuses of power or systemic injustices. For example, bioethicists worked within health organizations to argue against policies that disfavoured vulnerable communities (whether patients or frontline workers), or by publicly denouncing the abandonment of elderly residents that was occurring in long-term care homes (2,3). Other bioethicists played the role of a critic or even activist in the media, to challenge health policy decisions, such as obligatory overtime for nurses (4). Bioethicists also contributed to discussions about how to develop good public policy, notably regarding triage (5) and resource allocation (6).

Drawing on our experiences as North American academic bioethicists, who also do ethics consulting and collaborate with professional ethicists working full-time within the health system, we explore some of the ways that bioethicists can carry out these different roles, mobilize critical thinking and reflexivity, all while maintaining their independence, objectivity, and credibility (7). An important qualifier is needed, however – our experience as academics obviously differs from that of our colleagues working within health systems. These bioethics professionals may have very limited or no opportunity to work with the media, for example, because of duties of loyalty to their organizations or institutional obligations of discretion. They may also not be involved in conducting research if they are not affiliated with a university or simply because they lack the time given their other responsibilities. But professional bioethicists will still mobilize these (and other) skills and expertise within the organizations in which they work, even if somewhat differently from what we describe here. Furthermore, they often collaborate with academic bioethicists on research projects and participate in policy making, thereby ensuring and reinforcing a rich connection between research, policy, and practice.

The focus here will be on the opportunities and challenges for bioethicists engaged in three major public activities – *Media and Public Engagement*, *Policy-Making*, *Research and Education*. We conclude with some reflections on the bioethics *Competencies* that came to the forefront during the pandemic, and how these might differ for academic versus professional bioethicists.

MEDIA AND PUBLIC ENGAGEMENT

One of the recurring, even fundamental, roles of bioethicists that goes back to the origins of the field is to comment on important issues of uncertainty and scientific development, critique policy choices, add nuance to public debates, and help the public to better understand complex situations so that they (the public) can be empowered to ask questions of those in authority. As such, bioethicists must continuously improve their knowledge on relevant issues, including the public health or health policy implications of and eventual responses to a particular intervention. During the Covid-19 pandemic, bioethicists had to learn about the transmission of respiratory diseases, the exacerbating or mitigating factors of natural versus mechanical ventilation systems, the process of vaccine development and approval, and the environmental impact of medical waste, including masks. They did this by reading media sources, the scientific literature, and by consulting with expert colleagues specialized in each of these areas. This research allowed bioethicists to better identify, examine, and ultimately explain the associated ethical implications to different audiences, whether that be the general public, health professionals, or decision-makers.

Bioethicists were also drawn into the public debate and critique of policy decisions, and their justifications, related to: confinement, quarantine, triage, resource allocation, and the various limits of civil liberties that were imposed in order to protect public health. Were these choices the most appropriate? Were the justifications for decisions sufficiently clear and supported by a transparent decision-making process? Were these decisions equitable; or did they discriminate against or stigmatize particularly vulnerable or historically marginalized groups? And what, if any, measures were implemented to remedy inevitable injustices? Many academic bioethicists engaged in this public questioning by working extensively with journalists (many hours per week from the start of the pandemic) – whether radio, TV, print, or social media – to help clarify and explain the ethical issues to their fellow citizens. They also worked to educate journalists to support more nuanced and effective communication of complex issues with the public. In so doing, bioethicists contributed to empowering both journalists and the public to ask better questions of experts and to hold decision-makers accountable for the policy choices that affected us all.

This public engagement by bioethicists was particularly important given the problems with some government communication, which did not sufficiently explain and justify policy choices (e.g., where and when to add mechanical ventilation and filtering in school classrooms), was internally incoherent (e.g., the use or not of artisanal masks at the beginning of the pandemic) or in contradiction with choices made in neighbouring regions (e.g., closing of sporting venues and religious establishments), or was deliberately vague (e.g., pertinence of follow-up vaccination for various population groups). These communication problems undermined public trust in policy choices and decision-making, in public health institutions, and in science more generally.

POLICY MAKING

Many bioethicists – both academics and professionals – were solicited to help analyse complex situations and even contribute to the drafting of policies on a range of issues, such as triage or service prioritization (6,8), resource allocation (9), compliance and access to care (10), and requirements for proof of vaccination (11). And while much of this work was descriptive and analytic (e.g., identifying issues and evaluating their nature), bioethicists also assumed their normative responsibility to advocate for particular solutions or policy choices (12-14).

Academic bioethicists, with their liberty to be critical due to their independence and distance from health institutions, contributed by sharing their research expertise and facilitating access to analytic resources (e.g., the scientific literature and ethical decision-making frameworks). But they also served as foils against groupthink or institutional interests that might not be ethically justifiable. The work of the academic bioethics community was leveraged by their professional colleagues to support and justify local (institutional) ethical analyses of problematic situations and potential solutions (e.g., the proposition of evidence-based ethical recommendations). Furthermore, if decision-makers ignored the propositions of their professional bioethicists for how to implement ethically-defensible policies, the institution faced a severe (reputational) risk of being publicly criticized by academic bioethicists. Not to mention that, as educators, they played a training/mentoring role, broadening the horizons and sharpening the critical thinking and reflexivity of a professional workforce that joined during the pandemic. This collaboration between academic and professional bioethicists also contributed to the implementation of better organizational ethics and risk management practices (15), thus highlighting the importance of interdisciplinary skills among bioethicists.

Public health choices are anchored in ethical values or principles that can go in different directions. One of the roles of bioethicists was to make explicit the values or norms (and interests) of different stakeholders involved in the policy development process. Policies needed to be effective, responding to specific public health objectives, but also equitable so as to not unfairly penalize some groups for the benefit of others. Policy-makers (and bioethicists) often had to work within the context of scientific uncertainty and with important human resource and time constraints, to serve society in the best possible way, while also respecting different groups and interests.

Given that the field of bioethics has 50 years of experience working with challenging ethical situations and developing functional analytic and decision-making tools, bioethicists were able to mobilize and make existing ethical frameworks publicly available for immediate use. They dusted off old models on topics in public health ethics, updating these or developing new models to include the global context, economic issues, and evolving technologies (e.g., AI and Covid apps) (16). Notable open access resource compilations were developed by teams in the UK (Nuffield Council on Bioethics), the US (Hastings Center, American Journal of Bioethics, Johns Hopkins Berman Institute of Bioethics), and Canada (CEST, CCNPPS), to name a few. And these tools were offered freely to health professionals, policy-makers, and bioethics colleagues working inside the health system and who were supporting the drafting of institutional or public policies. Bioethicists are rarely if ever the ultimate decision-makers or those responsible for implementing specific policy choices. However, they can and do contribute by providing robust and empirically tested frameworks or decision tools to support ethical decision-making.

RESEARCH AND EDUCATION

As academic bioethicists, we had access to resources that were deployed to contribute to the collective, societal response to the pandemic. We mobilized our research and educational expertise, we involved our students in analyzing specific topics and finding practical solutions, and we studied and critiqued policy choices and public health practices.

The complex nature of the public health crisis highlighted the importance of multifaceted and multi-layered analyses of existing and emerging ethical issues. Ethical problems (or solutions) could not be isolated to a limited group of actors. Instead, analysis had to account for the dynamic interaction between health, socio-economic, cultural, and (geo)political factors, that influenced the nature of ethical problems and potential solutions at the micro, meso, and macro levels. For academic bioethicists, this complexity necessitated interdisciplinary collaboration with colleagues from other fields, notably moral and political philosophy, public health, law, global justice, the social sciences, and the health sciences, among others. The issues were too complex to be analyzed effectively from only one frame of reference or domain of expertise.

Interdisciplinary and international collaborations emerged because academic (and professional) bioethicists, and colleagues from other fields, were all interested in complex issues. Each arriving with our respective disciplinary approaches or methodological orientations, we worked together to move from theory to practice and generate more nuanced analyses and recommendations. Also, these interdisciplinary exchanges – supported as they were by the necessary act of translation between disciplinary languages – facilitated the subsequent production of policy advice or recommendations for senior decision-makers in government. When this worked, it was because we had clearly articulated the key issues and so were better able to explain them in a nuanced but accessible language that was meaningful for those who needed to make hard choices.

But not all collaborations were successful, nor were all recommendations taken up by decision-makers. Sometimes, despite everyone’s best efforts, disciplinary barriers could not be surmounted, competing interests or priorities could not be aligned, and conversations broke down with colleagues unable to compromise, never mind build consensus. At other times, it was institutional constraints that, whether in academia (e.g., research ethics requirements, competing teaching or administrative obligations) or in the public sector (e.g., power hierarchies in health systems, demands by government agencies to produce unified and authoritative messages), made interdisciplinary and intersectoral collaboration impossible. The interests and demands of one type of organization (e.g., the university) could not be aligned with other types (e.g., a health agency or government department). Finally, despite the active work by numerous academic and professional bioethicists to valorize their respective means to contribute to ethical public health practices and policy, decision-makers and clinicians chose to exclude bioethicists from key decision forums and to ignore ethically-nuanced recommendations.

Within the field of bioethics, another lesson from the pandemic was the need to draw upon multiple spheres of applied ethics. The issues raised by Covid-19 surpassed the expertise of individual bioethics specializations. Expertise was needed in biomedical ethics and public health ethics, but also in business ethics, organizational ethics, and technology ethics. And these different applied ethics had to be brought into dialogue (17). In doing so, rich opportunities arose for cross-fertilization and critical debate. Also, while bioethics had a wealth of proven analytic tools to draw upon, existing ethical frameworks and decision tools needed to be updated for the specific context of Covid-19. These tools then needed to be validated for applicability or utility, which required bioethics research on their pertinence, functionality, and ultimately whether they could or did make a difference in practice (18).

An important role of bioethics centres and other groups involved both the compilation of tools (mentioned in the previous section) and their subsequent improvement and dissemination. These groups were and continue to be essential actors for ensuring the continuity of and continued public access to practical, applied ethics knowledge and tools. But they too face the constraints of public health and other academic domains, which, following the end of the pandemic, have shifted their attention to other topics (e.g., the ethics and social implications of AI innovations). The risk for bioethicists, like for public health researchers and professionals, is that the numerous lessons that should have been learned from the pandemic are not, due to insufficient post-event analysis (i.e., research). As a result, we will again, as during Covid-19, be insufficiently prepared to respond effectively and ethically to the next global crisis (e.g., with appropriate infrastructure, robust and ethical policy, and teams of professionals and academics who collaborate effectively).

In parallel to and anchored in pandemic-related research, bioethicists were also actively engaged in educating and supporting health professionals (19), professional bioethicists (20), students (21,22), and the public. Many academic bioethicists organized (weekly or monthly) training activities to facilitate real-time problem solving and provide support to professional colleagues making difficult practical and policy choices. Webinars were hosted that addressed topical subjects, with the aim of reaching local and international audiences, both academic and professional. More general bioethics cafés and other open events helped make sophisticated ethical thinking accessible to a broad population. There was an incredible flourishing of free academic and public events from 2021 to 2023, with events happening weekly. Bioethics research and education had never been so easily accessible.

This plethora of research and educational opportunities demonstrated the importance of the field of bioethics to diverse audiences (academic, government, decision-makers, media, public). Bioethicists were successful in influencing public discussions and policy making when they were in spaces where which they could be heard. These spaces allowed them to ask pertinent questions, analyze complex issues with appropriate frameworks, and provide justified arguments to support or critique particular policy decisions.

BIOETHICS COMPETENCIES IN PRACTICE

Supporting the operationalization of bioethics practice during the Covid-19 pandemic required a series of bioethics-specific competencies that merit articulation.

During the pandemic, bioethicists showed the importance of sophisticated moral reasoning and nuanced critical thinking to identify and evaluate the nature and scope of ethical issues (e.g., inequity or unfair discrimination, at micro/meso/macro levels). They also mobilized problem solving abilities to facilitate the development of pragmatic solutions that could be implemented in practice settings (e.g., identifying “invisible” stakeholders not included in triage decisions, accompanying health professionals in dealing with moral distress). Alongside these analytic abilities, professional bioethicists also needed to know about the range of pertinent bioethics tools and knowledge that already existed, and which they might not have encountered in their training of professional practice. For example, bioethicists working primarily in clinical or organizational ethics might have had limited experience with issues in research ethics, public health ethics, or technology ethics, and so would not be conversant with the relevant frameworks or normative guidelines. However, they needed to be able to access such content at the right moment, particularly important in times of crisis but also during times of non-crisis. The credibility and pertinence of bioethicists as experts and professionals depended on their ability to leverage the appropriate knowledge and tools to address the issues at hand, and then propose pragmatic and context-specific recommendations.

Bioethicists have expertise in *mediation* (between people, groups, and potentially competing interests), *translation* (of ideas or disciplinary languages), and *communication* (the ability to synthesize complex concepts or challenging issues and make these meaningful for diverse audiences). They have to be comfortable working with both individual- and system-level analyses in relation to technological innovations, policy considerations, and health systems operations. And these complex individual-to-system analyses (micro, meso, macro) have to be mobilized appropriately and where pertinent to address complex ethical problems. The bioethicist is thus a translator, knowledge broker, critic, and communicator.

One notable difference between the academic and professional bioethicist is the ability of the former to be overtly and publicly critical. Unlike the professional, who is often bound by obligations of institutional loyalty and cannot be explicitly critical of organizations or governments, the academic can (and arguably must) assume the role of public critic. Protected and empowered by academic liberty, the academic bioethicist must be a facilitator for more active civil engagement in the issues that concern society. This generates a cascade effect where, often in collaboration with professional colleagues, academic bioethicists engage strategically with different actors (e.g., media, decision-makers). This engagement influences public and

policy discussions because they have the freedom to speak publicly, with journalists, decision-makers, and civil society. This liberty must, however, be framed within the normative guardrails of responsible conduct to prevent hubris or the impression that academic bioethicists are moral authorities or the "new priests" with "all the ethical answers". Mobilizing reflexivity, intellectual humility, and collegial critique, academic bioethicists must avoid going down the wrong paths or pronouncing on issues that are not supported by facts or reasoned justifications.

Although the profession of bioethicist may remain unclear, bioethicists undeniably play key roles in academia, research, and healthcare systems, and often work in different environments, depending on the needs of each sector (e.g., healthcare, research). During their careers, they may navigate between clinical ethics, research ethics, public health ethics, and policy ethics, depending on the ethical dilemmas they face. Thus, their skillsets need to be defined but also flexible. Also, on numerous occasions during the pandemic, the complexity of the issues at hand showed the importance of bioethicists working in inter-professional and interdisciplinary collaborations to propose the best possible arguments for a given position.

As bioethicists, we must also always recognize that we are rarely the decision-makers and are not responsible for the consequences of the decisions about which we are arguing. However, our expert recommendations and propositions must be made with confidence and humility, a professional responsibility.

SUMMARY

The Covid-19 pandemic was an unprecedented opportunity for the public visibility of bioethicists, both academic and professional. Nonetheless, it was often a challenge to be heard in the right spaces, to be invited into decision-making circles, or to have the time and space to work effectively with the media and other stakeholders. While bioethicists rarely have decision-making roles, they can and must work to influence decisions and help shape the broader public debate. These different roles during the pandemic – public engagement, policy making, research, and education – highlighted the pertinence of applied bioethics reflection. Also, these roles are not limited to one area of bioethics (e.g., clinical or public health ethics) but instead are open to all bioethics specializations.

One key lesson was the critical importance of maintaining close collaborations between professional bioethicists focused on clinical/organizational practice, and those working in academia. This mutually beneficial relationship allowed for the sharing of concerns (e.g., in terms of subjects for study) and resources (e.g., ethical frameworks, literature), and facilitated the production of contextually-informed recommendations and evidence-based policy. But the success or failure of these collaborations also pointed to areas of fragility in the networks that support academic and professional bioethicists. During the crisis, a wealth of resources and opportunities were made available, but once the crisis began to subside, bioethicists faced challenges in ensuring that structures (e.g., centres, research groups, communities of practice) continued to receive support from their respective institutions. Bioethicists also lost access to important decision-making forums that had been available during the pandemic. This reality highlights the need for other important competencies, such as resilience in the face of rapid change and the ability to navigate a shifting bioethics ecosystem.

The capacity to deploy sophisticated analytical frameworks and decision-making tools – whether in academia, public spaces, or decision-making forums – enabled bioethicists to participate in analyzing and addressing complex problems. Expertise in communication and knowledge translation allowed bioethicists to help the public ask better questions and to hold decision-makers accountable. As an applied field of research and practice, bioethicists showed that they could contribute to building better policies and supporting decisions that respond equitably to the diverse needs and interests of the population. To continue to merit the confidence gained during the pandemic, bioethicists must show that they have the judgment and humility to take strong normative positions, where they are warranted, while also acknowledging that there is still significant uncertainty, and that there are no easy answers.

As bioethicists, we must be willing to reflect on and critically analyze the tough questions and show that we (and our communities) can live with them. We have to inspire hope while also being realistic, to point to successful changes, and to tell positive stories of how we are working towards making the world a better place, even if just a little bit at a time (23).

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Bryn Williams-Jones and Sihem Neila Abtroun are both editors at the *Canadian Journal of Bioethics*; neither were involved in the evaluation or approval of the manuscript for publication.

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Les éditeurs suivent les recommandations et les procédures décrites dans le Core Practices de COPE. Plus précisément, ils travaillent pour s'assurer des plus hautes normes éthiques de la publication, y compris l'identification et la gestion des conflits d'intérêts (pour les éditeurs et pour les auteurs), la juste évaluation des manuscrits et la publication de manuscrits qui répondent aux normes d'excellence de la revue.

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