

# NAVIGATING WORLDVIEWS IN HEALTHCARE DECISIONS:

IMPACT OF ETHICS & VALUES IN  
MULTICULTURAL AUSTRALIA



**16 MARCH | 10AM-4PM**

**QUEENSLAND CHILDREN'S HOSPITAL  
EDUCATION CENTRE (LEVEL 7)**

**PERINATAL  
SOCIETY**  
of Australia &  
New Zealand

**PSANZ**

**PERINATAL ETHICS SIG**



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**Speakers include:**

Dr David Kirchhoffer  
Director QLD Bioethics Centre, ACU

Dr Lauren Notini  
Monash Bioethics Centre, Monash University

**Panel Discussion featuring:**

Ms Tanya Kitchner  
Team Leader, Aboriginal & Torres Strait Islander Liaison Service

Dr Zohair Abdul-Rahman  
GP, Imam and Research Fellow, Yaqeen Institute for Islamic Research

A/Prof Balaji Motamarri  
Psychiatrist & Med Director MetroSouth Addiction & Mental Health Service

Ms Alanna Jacoby  
Chief of Mission, Mater

**Plus clinical case discussions & more**

Full program coming soon

**LUNCH & AFTERNOON TEA INCLUDED**

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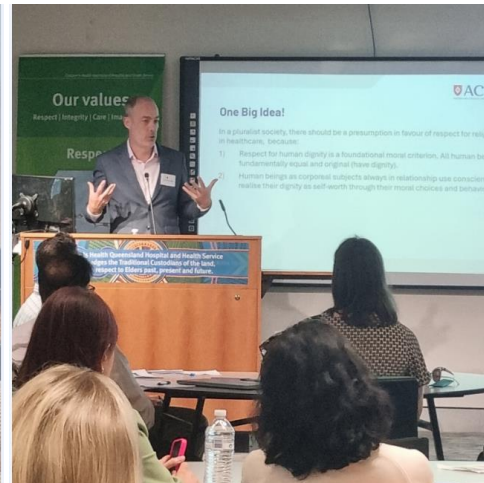
The PSANZ Perinatal Ethics SIG worked together for many months to finalise a topic and a programme for the Brisbane 2025 pre-congress workshop on the 16<sup>th</sup> of March. Though disappointing that a hybrid format was not possible for a wider participation, “in-person” registrations of 57 was all that was possible due to the technical challenges involved.

The morning session began with Dr Deb Gilmour, welcoming the participants and acknowledgement of country and handing over the morning to be moderated by Dr Amir Zaygeh, This was followed by excellent presentations by Dr David Kirchhoffer and Dr Lauren Notini addressing the theme of “Navigating World Views in Health care decisions” especially in a pluralistic society like Australia.

The link to both the papers are below and attempts are being made to have the PDF of their presentations hosted on this webpage.

Kirchhoffer DG. Dignity, conscience and religious pluralism in healthcare: An argument for a presumption in favour of respect for religious belief. *Bioethics*. 2023 Jan;37(1):88-97. doi: 10.1111/bioe.13110. Epub 2022 Nov 23. PMID: 36417592; PMCID: PMC10098628.

Notini, L., & Oakley, J. (2023). When (if ever) may doctors discuss religion with their patients? *Bioethics*, 37, 72–80. <https://doi.org/10.1111/bioe.13111>



Following the presentations and a morning break, the panel discussions involved Dr Amir Zaygeh, (Neonatologist, Melbourne), A/Prof Balaji Motamarri, (Psychiatrist and Med Director Metro South), Ms Alanna Jacoby Chief of Mission, Mater Hospitals and Ms Tanya Kitchner, (Team Leader of the Aboriginal and Torres Strait Islander Liaison Services) and Dr Kirchhoffer moderated the discussion. The questions that the panel were asked probed further into how multi-faith and multi-cultural world views and ethical values

impacted on medical decision making. Some of the questions discussed were,

1. Do healthcare workers have a professional duty to ensure that their patients' religious interests (if any) are addressed, and what would be the scope of this professional duty?
2. How should democratic societies accommodate religious convictions in determining healthcare policies in a political framework which are secular in orientation?
3. To what extent and when should the cultural and/or religious views (and the moral implications) of clinical team members be shared with patients.

The interesting discussions which then opened to the floor was curtailed for a lunch break.



Dr Ben Auld moderated the afternoon session and introduced the topic of “Moral Distress.” The session started off with two clinical cases with group discussions around both cases. Dr Anthony Herbert presented an interesting neonatal case of severe HIE with the neonatologist recommendation to redirection of care while the parents insisted on active management till an auspicious day several days away after which palliation maynot be possible. Dr Joseph Thomas presented the antenatal case of a woman at 34 weeks

gestation with an acute leukaemia declining chemotherapy and refusing blood transfusion resulting in the death of both mother and the unborn child. The group discussion and the ensuing feedback addressed the complex nature of the clinical scenarios and the impact of ethical values in medical decision making.



Dr Trisha Prentice (Neonatologist, Melbourne) gave a though provoking presentation on “Moral Distress”. Caring for families and caring for staff who are caught up in difficult clinical scenarios.



Some broad questions that were addressed. What are the potential perceived harms or benefits of supporting the faith beliefs?

Does it matter if the beliefs are held by the family/support system and not by the parents themselves?

Are we more accepting of some beliefs (eg ‘mainstream’ religious views) than lesser known religions/faiths? Does this matter?

How do we support families if some of their own values seem to contradict (e.g. in the neonatal case, acting in accordance with the cultural beliefs may not support their value of not having a disabled child)?

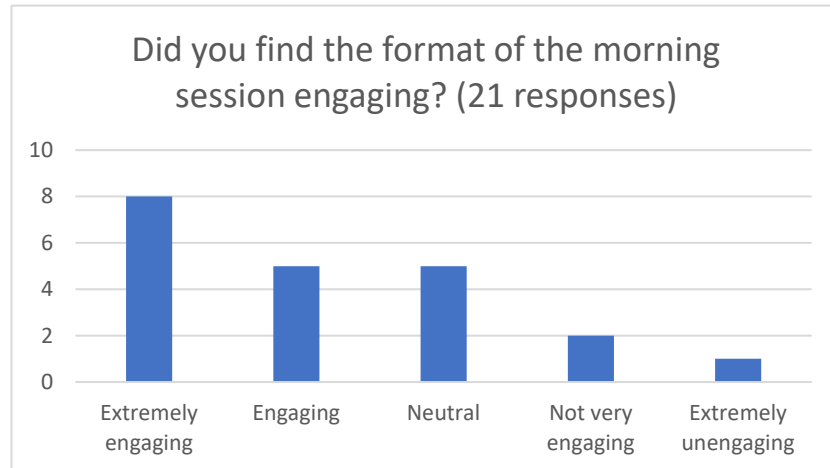
Prentice TM, Janvier A, Gillam L, Donath S, Davis PG. Moral Distress in Neonatology. *Pediatrics*. 2021 Aug;148(2):e2020031864. doi: 10.1542/peds.2020-031864. Epub 2021 Jul 20. PMID: 34285081.

Dr Joseph Thomas closed the meeting with a vote of thanks. Particular thanks to Dr Deb Gilmour, who organised the venue and was stepping down as co-chair. Also thanked Ms Karen Eagleson for organising the catering. Grateful thanks conveyed to the moderators, the panellist and the speakers who set the tone for the discussions and the active participation of the audience that made the workshop very interactive. Ms Pieta Shakes was welcomed as the new co-chair. The support from Corp Comm (PSANZ Secretariat) Ben Thompson, Chloe and Lachlan was acknowledged.

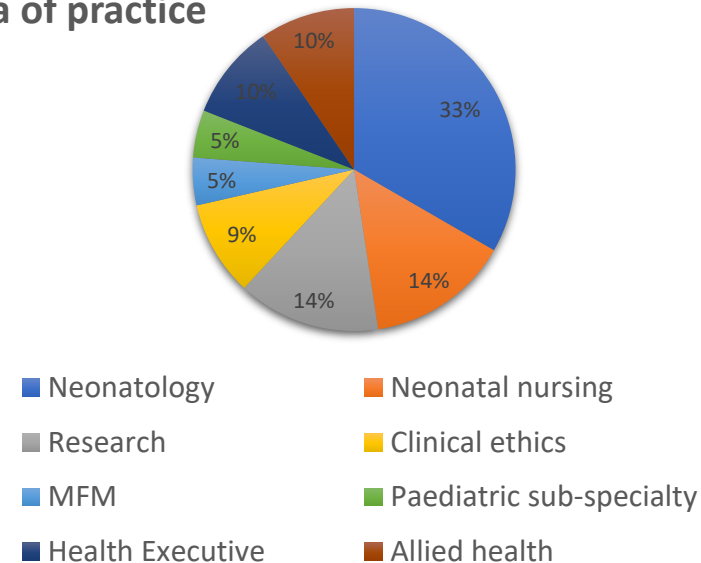
## Feedback: Perinatal Ethics Workshop PSANZ (Brisbane) March 2025

56 attendees.

### Morning feedback: (21 responses)



### Usual area of practice

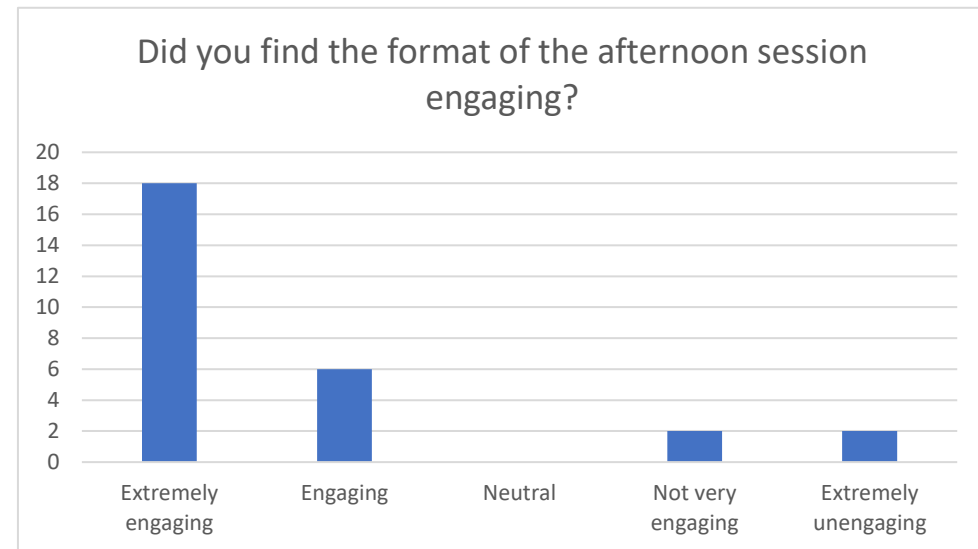


### Free-text feedback regarding morning session:

- “More small group discussions”
- “Like that the topic opened my mind to a different point of view”
- “Case scenarios”
- “It appeared quite religious biased”
- “Bit too abstract for the average audience”
- Perhaps more opportunity for interaction. Will we receive the PowerPoint presentations?”
- “Concepts are broad and bringing focus more into the perinatal/neonatal space would make it more immediately relevant”
- “The ‘world views’ addressed were mainly religious, there could’ve been more inclusion of other worldviews such as Aboriginal and blak feminism”



### Afternoon feedback: (28 responses)



### Free-text feedback regarding afternoon session:

- “Excellent discussion points around cases and also closing talk by Trisha”
- “Really liked the group discussions, I learn that life is not straight forward”
- “Well organized and planned. The Perinatal Ethics group has organized great events in the past and has build on this. Cases studies and small group discussion was wonderful. Dr Prentice presentation on moral distress was great – grounded in theory and spiced with wise practical experience. Engaging presentation by Dr Prentice”
- “Interesting session”
- “I like the small group discussions but the group feedback can sometimes get a bit longwinded. Perhaps rethink how the move from small to big group discussions work. Otherwise terrific”
- “Perhaps encourage a debate style with for and against perspectives”
- “Very interesting but the day has been very focused on religion rather than multicultural issues – I was expecting more cultural considerations particularly for research”
- “Highlights the need for support with moral distress and vicarious trauma. It is about time that the role of spirituality is recognized and highlighted”
- “Thanks for the day. I’ve really enjoyed the conversations and being challenged!”
- “Very useful space to have these conversations”
- “Great afternoon. Thank-you”
- “Brilliant!”
- “Excellent presentation by Dr Prentice”
- Again, keen for slides to be shared if possible, and really enjoyed the depth and breadth of discussion and reflection. Thanks so much to the organizers”

## **Perinatal Ethics SIG Feedback and Future Directions**

Only 6 responses

Question 1: What are your thoughts on future directions for the perinatal ethics SIG? (3 responses)

- “Keep doing what you are doing”
- “It has started well, and now has a strong foundation. Let’s see where we are in 5 years”
- “Definitely has a place”

Question 2: Do you have any suggestions for challenges or ethical issues to be covered at future perinatal ethics symposiums, workshops or webinars? (6 respondents)

- “Advocacy”
- “Shared decision making”, “Shared decision making dilemmas”
- “Communication”
- “Education”
- “Management of genetic conditions”
- “Perinatal genomics”
- “Prognostication”
- “Case presentation featuring termination for medical reasons and including presentation from family’s perspective/including their voices and stories”

Question 3: Do you wish to be notified of future events? Three responses

Question 4: Would you like to join the SIG? Three responses