Nuffield Council on Bioethics

International Roundtable (07.10.25) summary paper

Background

In 2024, the Nuffield Council on Bioethics (NCOB) launched our Making Ethics Matter strategy, confirming our commitment to strengthening the voice of ethics in biomedicine and health policy in the UK and internationally. We commissioned a piece of mapping work to identify bioethics organisations and networks that seek to influence policy, and to better understand the connections between them. We also wanted to explore whether there would be value in establishing a global, policy-focused bioethics community of practice – or whether this would be duplicative of existing networks.

As well as conducting 1-1 interviews with international bioethics counterparts, On 7 November 2025, we convened a group of experts to discuss the role of bioethics on the global stage and how we might best work together to align our priorities and effectively translate ethics into policy at a global level.

What was the objective of the roundtable?

The objective of the roundtable was to convene bioethicists from a range of bioethics institutions worldwide to explore how we can best work together to effectively embed ethical consideration into policy development for global influence and impact.

We wanted to build on the mapping work we commissioned - which sought to better understand the collaborative relationships between policy-oriented bioethics organisations – and gain insight from participants into what our respective roles in international efforts could be.

More broadly, we hoped to spark discussion about the role of bioethics in policy development and decision making, and to explore whether there are steps to be taken on an international scale to enhance our collective impact.

Participants and Structure

Participants at the roundtable were as follows:

- **Caesar Atuire**, President, International Association of Bioethics (IAB)
- **Carla Saenz**, Regional Advisor, Bioethics, Pan American Health Organisation (PAHO)
- **Danielle Hamm**, Director, Nuffield Council on Bioethics
- **David Winickoff**, Senior Policy Analyst and Secretary of the Working Party on Bio-, Nano- and Converging Technologies, Organisation for Economic Co-operation and Development (OECD)
- **Jeffrey Kahn**, Andreas C Dracopoulos Director, John Hopkins Berman Institute of Bioethics

- **Mercury Shitindo**, Executive Director, Africa Bioethics Network (ABN)
- **Michael Parker,** Director, Ethox Centre, University of Oxford
- **Serene Ong**, Steering Committee Member, Southeast Asia (SEA) Bioethics Network
- **Sharon Kaur**, Steering Committee Member of Southeast Asia (SEA Bioethics Network and Research Fellow, National University of Singapore
- **Vardit Ravitsky,** President and CEO, the Hastings Center for Bioethics
- **Voo Teck Chuan,** Sterring Committee Member of Southeast Asia (SEA) Bioethics Network and Head of Office of Ethics in Healthcare at Singapore Health Services (SingHealth).

The discussion was chaired by **Dan O'Connor**, Vice Chair and Non-Executive Director for Human and Social Sciences at the UK National Commission for UNESCO.

We structured the discussion around examples of existing local and international work and where this has been effective, challenges facing the bioethics community, and potential opportunities for international collaboration going forward.

What did the roundtable tell us?

A summary of themes that emerged in relation to each question we posed is provided below. In adherence to the Chatham House rule, we have not attributed any comments to an individual or organisation.

What is working well in participants' local networks and areas?

Questions:

- **Can you give any successful examples of bioethics-to-policy at a local level?**
- **How would these approaches work in a global context?**
- **How are you engaging internationally – if at all – and where is this delivering impact?**

Participants outlined various examples of where bioethics-to-policy has worked successfully at a local level. These included:

1. Network members being invited into ministry and governance committees or sitting on specific policy teams within health ministries.
2. Instances where:
    - Bioethicists have helped to develop governance or policies in medical research.
    - Bioethics has been successfully integrated into policy processes themselves – for instance, the process of developing a framework for anticipatory governance and emerging technologies.

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Participants agreed that **bioethics-to-policy processes are most successful when individuals or organisations manage to work in partnership with policymakers**. When bioethicists sit alongside clinicians and policymakers on national committees, for example, this helps to properly integrate ethics into governance processes, in turn leading to better, more robust policy overall.

Influence can work both ways – participants reflected that successful bioethics-to-policy processes have also come about through **bioethicists convening experts around an identified issue, or inviting policymakers into a conversation, to tackle an issue collaboratively.** The ability to convene a diverse group of people and use this convening to lead decision-making can be hugely valuable for policymakers who are unable to facilitate such convening themselves.

Some also gave successful examples of bioethics starting at a grassroots level and going upstream in policymaking processes to change discourse or legislation. When paired with efforts to flood public discourse with new ideas and values, these examples have helped to establish bioethics in wider thinking and decision-making processes.

Timing and relevance

Another key element that participants agreed helps lead to successful bioethics-to-policy is **the ability to get timing and relevance right as an organisation.**

The NCOB noted that most of our most successful reports – in terms of translating recommendations into policy – have been successful thanks to landing with policymakers at the right time. This might come down to the area of science the report covers, whether the current context means that research is ready to be translated and embedded in clinical practice, or whether such issues align with policymakers' agendas and wider societal concern and interest.

While it is difficult for bioethics bodies to successfully achieve this, **understanding policymakers and their priorities can help to develop a coordinated plan, ensuring that they can practically embed ethics guidance into policy.**

Some participants noted that influence might not necessarily start from academic production, and that to target relevant topics we should be working back from the implementation site and questioning what is most important to policymakers. More broadly, **there was debate as to whether as ethics bodies, we should be responding to the policy agenda, or trying to set the agenda ourselves.**

Where do gaps and difficulties emerge?

Question: What challenges have you encountered and what might help to overcome these?

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Participants identified a number of challenges they are facing at a local level, and beyond. These included:

1. **Access to policymakers**

Whilst it was agreed that bioethics institutions and networks need to be working in partnership with policymakers, it was noted by many that this is **made difficult where access to policymakers is limited**. Several participants also acknowledged the impact a lack of capacity and resource has on being able to properly influence on policy recommendations – especially due to the often very brief window of opportunity through which to deliver for a successful outcome.

Even if such access is granted through a seat at the table, it remains difficult to achieve real collaboration. Yet, **without a co-design process, bioethics institutions risk having their standards dictated to them**, which they then spend most of their capacity having to adapt.

2. **Need for shared language and translation into policy settings**

Participants noted **the importance of consistent messaging, and a shared definition of what we mean by policy in order to achieve tangible results**. Do we mean policy at a governmental or local level, in relation to guidelines, or clinical norms? Are we referring to medical policy or health system policy?

They emphasised that **we need to be more intentional in using the right language for policymakers, and be cognisant of how we are translating academic discourse into a policy setting or context** – if at all. Several stressed that effective translation is critical in order to implement the ethics guidance we develop, as without this, our guidance is too abstract. We therefore need to be thinking more about **reframing ethics recommendations into something that can be actioned or implemented by policymakers**.

Alongside this, participants noted that **countries and regions vary hugely with regards to how much emphasis or value they place on scientific research**. Latin America – in contrast to Singapore, for example – holds an anti-research position which often serves as a significant obstacle for ethicists and researchers. Consequently, in local contexts such as these, there is a growing need for saturated messaging in order to change the public and policymakers' minds, as well as a continual need for a receptive audience in order to achieve real impact.

3. **Training, education and resource**

Another point of discussion was around the **unmet need for policy training and education for ethicists and researchers**. Addressing this would help to create successful bioethics-to-policy processes as bioethicists would be able to work more effectively and efficiently with policymakers. Participants stressed the need to be able to better understand policymakers' ways of thinking – and vice versa – for real success to happen.

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Participants also highlighted the **resource constraints** present in many contexts. If more space and funding is not created for bioethicists, we will continue to encounter issues - the 'volunteer model' many countries have adopted to date will not be sustainable as the field grows. The fact that in some local contexts bioethicists are being called upon to help develop governance frameworks or policies is encouraging. However, it remains the case that this **work often goes beyond the remit or capacity of a bioethics network, which limits the impact we are able to achieve in practice.**

4. **Regional and national disparities**

There was consensus among participants that a key challenge is the **lack of consistency across countries and regions regarding cultural values, levels of infrastructure and resource**. This fragmentation makes it difficult to translate recommendations into law and policy – or at least into something that can be used at a national level. For example, the Africa Bioethics Network has widespread uptake and membership across countries which shows successful reach, but the network also faces challenges due to fragmented understandings and levels of progress across their different regions.

This also means that guidelines developed are not always relevant for all involved – or aren't appropriate or tailored enough to reach all local levels. In contrast, networks that operate around a unified health system allow for a relatively straightforward process. Priorities don't always align, and so **understanding the existing policy processes in any local context is necessary in order to properly embed ethical guidance into decision-making processes.**

Participants also noted that due to an increased demand for 'ethics documents' in many local contexts, we often end up with a whole range of ethics frameworks or policies that have been extracted from other documents but don't make much sense in themselves. This not only makes it harder to develop a targeted and aligned approach but also risks damaging the profession. Several participants agreed that in instances where ethics cannot easily be applied or where documents are of poor quality, bioethics gets a bad name, and that to try to prevent this, we should be seeking better – or more consistent – accreditation across the board.

5. **Need to reframe the field**

Another challenge identified related to **bioethics as a field being negatively framed, considered to slow down policymaking processes and create barriers for decision makers, as opposed to serving as an enabler for innovation**. Participants acknowledged a need to move away from the idea that the field works against economic and policy agendas, and instead see that it helps to bring nuance to such discussions, while encouraging policymakers to consider societal and ethical implications. If policymakers continue to view bioethics as too burdensome, they will be less inclined to incorporate it into decision-making processes.

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It was also noted that most often it is individuals or key players on the bioethics stage who are invited to be part of the conversation or participate in convening activities. This **reliance on individuals often prevents bioethics bodies from being considered as credible sources**.

Another interesting perspective was that we need to maintain courage and discomfort within the field – as bioethicists, we cannot lose our rigour due to fear of bad timing or lack of uptake. It was noted that due to the rise of individualism, institutions tend to be more risk-averse in order to protect their reputation. However, we have a duty to be ready to provide practical examples and advice when an ethical problem arises where we can help, and to stand up to policy.

Alongside this, we should make sure to recognise and address all social and ethical issues related to health, even if some might be more difficult to grasp in our processes. **As bioethicists, we are used to looking at technological advancements, but we shouldn't be ignoring issues** such as increased instances of racism, violence and mental health issues – otherwise put, problems **that impact on health but also easily lend themselves to polarisation**. It was noted that as an ethics community, we sometimes risk neglecting complex or challenging societal issues despite their direct impacts on health and wellbeing.

How could the NCOB be most helpful?

Questions:

- **Given the suggestions made for overcoming difficulties and what you know about the NCOB as an organisation, what do you see as being the most helpful contribution we could make at an international level?**
- **Are there topics that might offer the opportunity or space to convene and work together more meaningfully?**

All participants reflected on how useful they found having the opportunity and space to meet through the roundtable; there was consensus that it would be valuable to meet as a group again, or on a semi-regular basis, and some suggested that the NCOB could assume a facilitating/convening role for this.

It was noted by some that **the NCOB's unique independent status might serve as an untapped opportunity for us to lead international research on more complex or controversial issues** that other bioethical institutions might not be able to.

A key area that participants highlighted as a strength for the NCOB was our **horizon scanning programme – this was given as an example of how we provide insight to global networks.** Participants encouraged an expansion of this, suggesting that the **NCOB would be well positioned to facilitate or host an annual international knowledge exchange**. It was agreed that this would help networks to establish shared agendas and priorities at an international level, thus leading to better, more effective collaboration. One participant suggested that these

learnings could also be published in a reputable academic journal such as the Lancet or the New England Journal of Medicine.

Participants were keen to work together to pinpoint entry points for collaboration and find alignment – it was suggested that the NCOB might be able to act as a voice to widen participation and increase diversity in the field, making future discussions more inclusive.

Some raised the need for more training in science communication and policy language to be able to better succeed in bioethics-to-policy processes – especially due to disparities in levels of infrastructure or policy involvement. Whilst the NCOB would not have the capacity or resource to facilitate this themselves, it was suggested that they might be able to direct certain networks towards possible opportunities for training and development.

Next steps: What is the NCOB going to do now?

The NCOB would like to thank all who attended and participated in the roundtable – we strongly value your contributions and insights.

As highlighted earlier, we have been working to explore how we might best engage internationally, especially given the current turbulent geopolitical climate and growing need for targeted and strategically aligned collaboration.

Following the roundtable, we co-hosted a plenary panel event at the 35th National Ethics Councils Forum in Copenhagen – this session focused on future strategies for ethics councils, discussing how we can effectively engage internationally to achieve the greatest impact. Our session prompted a fruitful discussion with NEC counterparts, one we look forward to continuing going forward. We have published a blog from our Director, Danielle Hamm which summarises the key points covered in her speech and builds on themes identified in the roundtable.

Where appropriate, we may also seek to reconvene experts or have further 1-1 conversations for deeper exploration into some of the themes identified above.

The NCOB plans to facilitate another meeting in approximately 6 to 12 months' time, which will bring participants, as well as any additional stakeholders we feel would add to – or benefit from – such a convening. We hope this can serve as a loose coalition, and a space for knowledge exchange through which we can foster further opportunities for collaboration.