



POLÉTHICAS CASE STUDIES DATABASE COMPETITION - GUIDE FOR AUTHORS

Content of the case

For the classic format, the content of the case should be guided by the following outline.

For the hybrid format, we allow flexibility regarding the content of the case.

Cases can be written in French or English.

Case format

Cases should be submitted in Word format in Letter size (8.5x11), Arial font, size 10, 1½ line spacing (Arial font, size 12 for titles). They must respect a length between 3500 and 5000 words, for the classic format and maximum 2000 words for the text that accompanies the hybrid format, excluding references.

References must use the author-date system, in which resources are cited in the text in parentheses, indicating the author's name and the year of publication. References are listed at the end of the text in alphabetical order and in APA 6th edition style (previously used in the *PolÉthicas* case studies database) or in Vancouver edition style (reference format used in the *Canadian Journal of Bioethics*). This section is titled "References".

Stages of case preparation and submission process to the *Canadian Journal of Bioethics*

Authors of accepted abstracts will be invited to submit a full manuscript of their case by **July 31, 2023**. Prior to publication in the *PolÉthicas* database, the case will be reviewed for final acceptance. Corrections may be requested from the author. Once the feedback is received, you will be invited to submit your case to the *Canadian Journal of Bioethics*.

Please refer to the following timeline to learn more about the steps involved in submitting your case:

1. Preparation of the case
2. Submission of the completed *PolÉthicas* case manuscript to Carole Clavier (clavier.carole@uqam.ca) and Matthew Hunt (matthew.hunt1@mcgill.ca), (feedback will be provided within two weeks)
3. Finalization of the *PolÉthicas* case and submission to the *Canadian Journal of Bioethics* (submit the near-final version of the *PolÉthicas* case to the Journal, which can then be modified to meet the requirements of the *Canadian Journal of Bioethics*). For the classic format, the subsequent submission to the *Canadian Journal of Bioethics* will follow their peer-reviewed research article format. For the hybrid format, the subsequent submission will follow their format of a case study (for the video, podcast, etc.) and of a peer-reviewed critical commentary (for the accompanying text).

Drafting Outline for the Case Study¹

The outline proposed below serves as a guide for the drafting of the case studies. The information presented in the case should be guided by the following structure: presentation of the case; description of the actors, their vision (s) of the problem and their solution (s); outcome of the problem; discussion. Note that not all of the elements are necessarily uniformly applicable to all cases. Depending on the case, the emphasis may be placed on some elements more than on others. Authors may choose to alter this structure where they judge that it will improve the flow of the case presentation.

		Case Title	
		PRESENTATION OF THE CASE	
DESCRIPTIVE DATA	➤ Context	Briefly describe the problem addressed by the policy under consideration. <ul style="list-style-type: none"> • What policy will the case study be focusing on? • What problem or demand is at the core of this policy or future policy? 	
	➤ Period covered by the study	Specify the start and end dates of the case study, identifying the key event or decision related to it.	
	➤ Characteristics of the field under study or relating to the problem	<ul style="list-style-type: none"> • Briefly state the current status (factual or statistical data on the field of study); • Core socio-cultural values (e.g. with respect to population groups or policy practices); • Constitutional structures and division of jurisdiction between, for example, federal, provincial and municipal jurisdictions. 	
	➤ Stage(s) of the policy concerned and the problem situation	<ul style="list-style-type: none"> • Emergence; • Agenda-setting; • Formulation; • Adoption; • Implementation; • Evaluation. 	The case study may focus on one or the other or some of these six steps; It is not necessary to cover all of them.
		ACTORS, VISION(S) OF THE PROBLEM, PROPOSED SOLUTIONS AND ARGUMENTATION	
ELEMENTS OF AN EXPLICIT NATURE²	➤ Position(s) of the main actors facing the problem	Who are the main actors (groups or individuals) who raised the problem: government actors, political parties, interest groups, citizens, journalists, scientists and others? <ul style="list-style-type: none"> • How do the actors define the problem (perceptions and positions)? • What are the main arguments put forward by the actors to justify their position? • Is the argumentation of the actors based on scientific knowledge, experience or other? 	

¹ This outline is an adaptation of the design used in the context of retrospective case studies conducted by the Task Force on Public Policy and Health (Groupe d'études sur les politiques publiques et la santé, GÉPPS), see Gagnon, F. Turgeon, J. Michaud, M. And C. Dallaire (2011), Annex 3.1 (p.46). G. Malboeuf and J. Leclerc collaborated to adapt and test it for this project.

² These elements should lay the foundations of the discussion, including the ethics argument.

	➤ Solution(s) put forward by the main players	Who are the main players who propose solutions? <ul style="list-style-type: none"> • What options are being considered by the main actors to solve the problem? • What are the main arguments put forward by the actors to justify their solution? (Promotion of particular interests?) • Is the argumentation of the actors based on scientific knowledge, experience (here or elsewhere) or other?
	➤ Determinants of health	What are the determinants of health explicitly mentioned by the various actors, in relation to the problem, the solutions or the policy?
	➤ Expertise and use of knowledge	What is the main expertise involved in the case under study: public health, environment, economy, urban planning, and transport? <ul style="list-style-type: none"> • Is knowledge leveraged?
	➤ Values and issues explicitly put forward by the actors	Identify the values and issues explicitly put forward by the actors. <ul style="list-style-type: none"> • Economic, financial, environmental, ministerial, population health, and others.
	DENOUEMENT	Adoption, non-adoption, status quo, deviation from what was originally planned, etc.
	DISCUSSION	Questions to consider
ELEMENTS OF AN IMPLICIT NATURE		<p>What is the "nature" of the problem?</p> <ul style="list-style-type: none"> • Simple (consensus and availability of easily applicable technical solutions); Complicated (divergences, multiple solutions, but applicable and complementary); Complex (controversy, scientific and social uncertainty). <p>What are the explanatory factors (external events)?</p> <ul style="list-style-type: none"> • Are there external factors or events that may have affected policy-making? Changes in socio-economic conditions, in government; decisions or impacts of other areas of intervention; public opinion; media coverage? <p>What are the gains or losses, based on the initial demands and ideals, and on population health?</p> <p>Are there conflicts of interest between actors or groups of actors; Organizations; Government departments; Regions; Institutions, other?</p> <p>What are the ethical issues?³</p> <ul style="list-style-type: none"> • Respect for the autonomy of individuals, groups; Respect for privacy; Free and informed consent; Respect for fundamental rights; Charity (acting in the public interest), health equity (equitable allocation of resources, equal treatment), transparency (of information), and so on. <p>What are the expected effects of the policy on:</p> <ul style="list-style-type: none"> • Allocation of resources; the populations concerned; Inequalities, etc. <p>What are the lessons to be learned for public health actors and for the health of populations?</p>

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³ Document for consultation : Institut national de santé publique du Québec (INSPQ). (2015). *Référentiel de valeurs pour soutenir l'analyse éthique des actions en santé publique*. Québec, Montréal.