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Understanding ethics advisory bodies in Australia through a policy advisory systems lens

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ABSTRACT

Outside of bioethics, ethics advice in policy is often poorly defined, yet it plays a crucial role in guiding governments through morally complex policy decisions. This paper draws on PAS typology dimensions as an analytical heuristic to map ethics advisory bodies (EABs) in Australia across several structural and functional dimensions (temporality, government control, expertise, transparency, consensus, and demand–supply) to organize and interpret a largely unmapped domain of expert advice – ethics advice. Using a mixed-methods approach combining documentary analysis and interviews with providers and recipients of ethics advice for governments, the study reveals an ethics advisory landscape driven by definitional ambiguity combined with the absence of a national, institutionalized ethics advisory centre. These factors weaken the visibility and influence of ethics advice in Australia and increase the risk of politicized “shopping” for favourable expertise. The findings highlight the importance of building a better understanding of ethics advice as a form of advisory work that is difficult to capture using formal system categories alone, to support improved policy design and implementation in the future.

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Introduction

Policy choices are rarely value-neutral. The COVID-19 pandemic illustrated how routine policy decisions – from quarantine rules to resource allocation – carry acute ethical stakes, and how policy-makers seek (or avoid) ethical input under pressure. Governments access ethical expertise via diverse mechanisms including advisory bodies embedded in specific government departments, specialist agencies, non-departmental public bodies or regulatory agencies (e.g. the Australian National Health Information

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and Data Ethics Committee), ad-hoc issue-specific or emergency committees (e.g. the UK's NHS AI Ethics Initiative, or the Moral and Ethical Advisory Group convened during the COVID-19 pandemic), and national ethics committees with a long-term remit (e.g. the German Ethics Council). Specially commissioned government inquiries may also call on ethics advisors often based at university research institutes, learned societies or professional bodies as part of invited submissions and evidence-giving. Yet beyond clinical and research bioethics, what "ethics advice" means for policy-making is often unclear (Pykett et al. 2022).

There are many different forms of ethics advice. There is ethics advice for research or clinical purposes, which provide guidance for ensuring research and clinical practice meet minimum ethical standards. There are also many areas of ethics advice, which relate to professional ethics, such as those which outline a code of conduct or whistleblower supports. These speak to questions of professional integrity and ethical practice. These all differ from the provision of advice to government and the public sector on ethical questions, which arise during the policy process. Institutionalized ethics advisory bodies (EABs) are also not always clearly defined as belonging to just one of these arenas. Many will provide advice on policy, as well as research, clinical or professional ethics.

For the purposes of this paper, we define ethics advice for policy as the explicit inter-linkage of both epistemic claims about the validity of certain knowledge and evaluative claims about the relevance and legitimacy of certain values and norms for political decisions. This definition is in accordance with recent research on expertise showing that experts gain authority by combining epistemic and political claims (Pykett et al. 2022; Straßheim 2015). This allows us to consider advice from both institutionalized EABs but also actors and institutions that provide advice that may be about ethics or surfacing ethical issues, while not being explicitly positioned within an EAB.

Ethics advisory bodies differ from many other expert advisory bodies not because they operate outside policy advisory systems, but because of the nature of the advice they provide. As noted above, this is more likely to combine epistemic judgement with explicit normative evaluation. As research on expertise has shown, advisory authority is often built through the alignment of knowledge claims with political or institutional purposes (Boswell 2009; Straßheim 2015). In the case of ethics advice, however, this alignment is inherently more fragile, foregrounding the plurality of values and potential disagreements rather than focusing on policy solutions necessarily. As Poort and Bovenkerk (2016) note, ethics committees also often perform a symbolic as well as substantive role, mediating between expert authority and public legitimacy. Applying PAS concepts to EABs therefore reveals not simply another subtype of advice, but an advisory form in which familiar system dynamics – such as demand formation, politicization and consensus-building – are particularly sensitive to how its authority is understood (Capano et al. 2024; Craft and Wilder 2017).

This paper seeks to expand our knowledge of EABs in Australia by asking how ethics advice is organized and provided to the Australian federal and state governments. We answer by mapping EABs in Australia using PAS-informed dimensions as an analytical framework to structure and interpret an otherwise poorly defined and understood advisory domain. This framework captures structural (temporality; internal/external; government control; membership) and functional (demand/supply; process/outcome; consensus/dissensus; transparency) dimensions. To date, Australia has received limited

attention in research on EABs, relative to many European and North American systems. Understanding EABs as an example of a PAS matters because these advisory structures shape how ethical expertise is framed – instrumentally, politically, or for learning – and thus whether it contributes substantively to policy decisions. Ethics advice is entwined with the governance systems, rules and processes, which determine policy agendas, what actions are possible and how policy options are appraised. Significant policy failures have stemmed from an absence of ethics advice, responsibility and accountability in governance cultures, policy design and implementation practices (Pykett et al. 2026). Indeed, argumentation over the reported decline of ethics in public services and public value failures is seen as central to governance studies and the functioning of democracies over the past 40 years (Bertelli et al. 2026; Dahl and Soss 2014).

Conceptual framework

Given we want to understand where, when and how ethics advice is provided (or not) in the Australian system, PAS offers a powerful analytical scaffold for doing so. The PAS literature explores how advice is given and what shapes the influence of the advice. PAS is defined by Craft and Halligan (2017) as “the interlocking set of actors and organizations ... that provides recommendations for action to policy-makers” (48). This very broad definition is supported by a typology for determining factors such as influence, allowing for advocacy bodies to be distinguished from ministerial advisors, for example. PAS was broadly established as an area of policy research following the work of Halligan (1995), who created a typology which distinguished between how the location of advice (internal/external) and the degree of government control (high/low) could shape how influential policy advice might be. This was designed to interrogate the changing influence of the public sector and the diversification of advice happening across Westminster and the Washington political systems.

This initial research has since been followed by a “second wave” of PAS research (Capano, Cassula, and Toth 2025). This has taken a more comprehensive approach to the mapping of PAS, going beyond location and questions of politicization (Craft and Wilder 2017; Parsons 2004). This second wave is particularly interested in navigating an increasingly polycentric advisory landscape (Capano et al. 2024; Craft and Howlett 2012). It has also seen an expansion to specific fields of advice, such as scientific advisory committees (SACs) (Capano et al. 2024; Groux, Hoffman, and Ottersen 2018). While early work on PAS did consider the differences between advice that might lean towards being more political or technical (Radin 2000), later work has also differentiated between more substantive advice on policy formulation or implementation, as opposed to more procedural communication (Connaughton 2010; Craft and Howlett 2012).

The second wave of PAS has also engaged more closely with questions of temporality. When was the advice given? What is the permanence of the body of advice (Howlett 2019)? It has also involved discussions of the impact of the focus on short or long-term advice (Craft and Howlett 2012; Prasser 2006a). This points to the idea that permanent bodies providing strategic, long-term advice might spend more time debating the best solution, while short-term advice may lean more towards consensus-based decision-making, which is pragmatic rather than taking the necessary time to debate and negotiate disagreements (Prasser 2006b). Finally, the differences between the

supply and demand-sides of advice are also an important consideration in second-wave PAS research. Much of the early discussions on internal vs external advice were focused on the location of advisors not the impetus for advice. Was it requested by the government, or were actors working to put something onto the policy agenda? (Hussain, Tsang, and Rafique 2024) This can play an important role in determining impact and influence.

We draw on the PAS literature not to undertake a systematic comparison between ethics advice and other forms of policy advice, nor to test the applicability of PAS theory as such. Rather, PAS concepts are used as an aid to support our mapping and interpretation of a largely unexplored advisory domain. The PAS literature provides a well-developed vocabulary for describing advisory arrangements – such as supply and demand, organizational form, temporality, and openness – that is useful for structuring empirical observation even where no direct comparison is undertaken. Our aim is therefore descriptive and interpretive: to render the ethics advice landscape intelligible using established advisory system concepts, without presuming either equivalence or difference *ex ante*.

Why is understanding the nature and role of EABs and the advice they give important to understand? This question taps into broader research that explores the function of expert knowledge in policy-making (Boswell 2009; Straßheim 2015). Craft and Wilder (2017), in speaking about PAS, describe three logics: “learning, political, and instrumental [that] draw attention to the broader motivations that may compel actors or organizations to seek out information” (228). This differentiates between the roles a body can play: either to legitimise and serve a symbolic function (political), to instrumentally present a solution to a problem (instrumental/operational) or to provide a depth of information to support learning (informational/learning) (Capano et al. 2024; Holm and Ploug 2015). This is why mapping EABs is an important aspect of understanding them. It allows us to better understand where, when and how advice is being provided, and what role EABs are seen to play and aspire to play. By advancing a new way of defining, categorizing and mapping EABs and their connections, we can better highlight the barriers and facilitators to more ethics-informed and effective policy decision-making at a national level.

Method

As mentioned above, we developed an analytical typology for mapping ethics advisory bodies, informed by dimensions commonly used in the PAS literature. This typology expands upon the internal/external and high/low used by Halligan (1995), to include several other categories discussed in second-wave research such as temporality, membership and process/substantive advice (see Table 1). We then mapped Australian EABs across these categories to facilitate description of the ethics advisory ecosystem in Australia. The resulting typology is intended as an analytical device to structure empirical observation, rather than as a test of PAS theory or a basis for comparison with other advisory domains.

Mapping began with a horizon scan (web and media sources) and built from COVID-19 Senate Inquiry materials and public documents published 2023–24. We compiled a list of organizations that self-identified as providing ethics advice to government or that otherwise appeared to surface ethical issues in policy debates. To triangulate the

Table 1. Mapping of Australian EABs.

Name of committee/ advisory body	General		Structural					Functional			
	Sector	Temporality	Internal/ External	High/ Low	Membership expertise	Membership selection	Degree of transparency – categorized	Degree of transparency (info)	Demand/ Supply	Outcome/ Process	Consensus/ Dissensus
Australian Institute of Health and Welfare (AIHW)	Health/ Social Welfare	Standing	Internal	High	Expert	Appointed	Low	Extensive data/ reporting	Both	Outcome	Consensus
Australian Commission on Safety and Quality in Health Care	Health	Standing	Internal	High	Expert	Appointed	Medium	Reports & frameworks	Demand	Process	Consensus
Australian Digital Health Agency	Science and Tech/ Health	Standing	Internal	High	Expert	Appointed	Medium	Strategy docs, not meetings	Demand	Process	Consensus
Australian Health Ethics Committee (NHMRC)	Health	Standing	Internal	High	Mixed (expert + public)	Appointed	Medium	Reports publicly	Demand	Outcome	Consensus
Australian Health Practitioner Regulation Agency (AHPRA)	Health	Standing	Internal	High	Expert	Appointed	Low	High (public registers)	Demand	Process	Consensus
Australian Public Service Commission – Ethical Advisory Service	Labor	Standing	Internal	High	Expert	Appointed	Low	Not publicly transparent	Demand	Process	Consensus
Federal Government Senate Community Affairs References Committee	Social welfare	Ad-hoc	Internal	High	Representative	Appointed MPs	High	Public hearings + reports	Demand	Process	Consensus (but dissent noted)
Federal Government Senate Standing Committee on Economics	Economic	Standing	Internal	High	Representative	Appointed MPs	High	Public hearings + reports	Demand	Process	Consensus (with room for dissent)

(Continued)

Table 1. Continued.

	General			Structural				Functional			
Health Research Impact Committee (NHMRC)	Health	Standing	Internal	High	Expert	Appointed	Medium	Reports and policy frameworks	Demand	Outcome	Consensus
Joint Committee on Human Rights	Social welfare	Standing	Internal	High	Representative	Appointed MPs	High	Publishes inquiries and bills reviews	Demand	Outcome	Consensus (minority reports possible)
National Data Commissioner	Science and Tech	Standing	Internal	High	Expert	Appointed	Medium	Reports, consultations	Demand	Process	Consensus
National Health and Medical Research Council (NHMRC)	Health	Standing	Internal	High	Expert	Appointed	Medium	Extensive public reporting	Demand	Outcome	Consensus
National Health Information and Data Ethics Committee	Science and Tech/Health	Standing	Internal	High	Expert	Appointed	Medium	Limited public visibility	Demand	Process	Consensus
National Science Agency	Science and Tech	Standing	Internal	High	Expert	Appointed	Medium	Public reports & science strategy	Demand	Outcome	Consensus
NSW Health Ethics Advisory Panel (HEAP)	Health	Standing	Internal	High	Mixed (experts + community)	Appointed	Medium	Low – internal focus	Demand	Process	Consensus
Office of the Australian Information Commissioner (OAI)	Science and Tech	Standing	Internal	High	Expert	Appointed	Medium	Public guidance, decisions	Demand	Process	Consensus
Office of the Gene Technology Regulator (OGTR)	Health	Standing	Internal	High	Expert	Appointed	Medium	Reports and risk assessments	Demand	Process	Consensus
South Australian Public Health Council	Health	Standing	Internal (State Govt)	High	Mixed (expert + gov)	Appointed	Low	Reports, plans	Demand	Process	Consensus
Therapeutic Goods Administration (TGA)	Science and Tech/Health	Standing	Internal	High	Expert	Appointed	Medium	Public notices, evaluations	Demand	Process	Consensus

Victorian Legal and Social Issues Committee	Law/Social Welfare	Ad-hoc	Internal	High	Representative (MPs)	Appointed MPs	High	Public submissions, hearings, reports Publishes research	Demand	Process	Consensus (with dissent possible) Dissensus
ARC Centre of Excellence for Automated Decision-Making and Society	Science and Tech/ Social Welfare	Issue-specific	External	Low	Expert	Appointed	Low		Supply	Outcome	
Australasian Association for Bioethics and Health Law (AABHL)	Health/Law	Standing	External	Low	Expert	Self-nominated	Low	Publishes papers	Supply	Outcome	Dissensus
Australian Alliance for AI in Healthcare	Science and Tech/ Health	Issue-specific	External	Medium	Expert	Appointed	Low	Some reports	Supply	Process	Consensus
Australian and New Zealand College of Anaesthetists (ANZCA)	Health	Standing	External	Low	Expert	Appointed	Low	Some public reports	Supply	Outcome	Consensus
Australian Ethical Health Alliance	Health	Issue-specific	External	Low	Mixed (expert + reps)	Self-nominated	Low	Some reporting	Supply	Outcome	Consensus
Australian Medical Association	Health	Standing	External	Low	Expert	Elected	Low	Public submissions, reports Publishes reports	Supply	Outcome	Dissensus Consensus
Digital Health Cooperative Research Centre	Science and Tech/ Health	Issue-specific	External	Medium*	Expert	Appointed	Low		Supply	Outcome	Consensus
Ethics Centre	Economic	Standing	External	Low	Expert + public engagement	Self-nominated	Low	Public programmes and publications Industry reports, guidance	Supply	Outcome	Dissensus
Governance Institute of Australia	?	Standing	External	Low	Expert	Self-nominated	Low		Supply	Process	Consensus

(Continued)

Table 1. Continued.

	General				Structural				Functional			
Macquarie University Research Centre for Agency, Values and Ethics	Science and Tech/Health/Social Welfare	Issue-specific	External	Low	Expert	Self-nominated	Low	Academic publications	Supply	Outcome	Dissensus	
Monash Bioethics Centre	Health	Standing	External	Low	Expert	Self-nominated	Low	Academic publications	Supply	Outcome	Dissensus	
Queensland Bioethics Centre	Health	Standing	External	Low	Expert	Appointed	Low	Some public engagement	Supply	Outcome	Dissensus	
Royal Australian College of General Practitioners (RACGP)	Health	Standing	External	Low	Expert (professional)	Elected	Low	Public position papers & submissions	Supply	Outcome	Consensus	
Sydney Health Ethics	Health	Standing	External	Low	Expert	Self-nominated	Low	Academic publications	Supply	Outcome	Dissensus	
University of Melbourne Centre for AI and Digital Ethics	Science and Tech/Law	Standing	External	Low	Expert	Self-nominated	Low	Academic and policy publications	Supply	Outcome	Dissensus	
University of Wollongong Australian Centre for Health Engagement, Evidence and Values	Science and Tech/Health	Standing	External	Low	Expert + public deliberation	Self-nominated	Low	Public engagement outputs	Supply	Process	Dissensus	
Plunkett Centre for Ethics	Health	Standing	Enal	Low	Expert	Appointed	Low	Some reports, not deliberations	Supply	Outcome	Consensus	

documentary mapping we conducted 17 semi-structured interviews (14 providers of ethics advice; 3 recipients) during 2024. Participants gave written consent after being provided with a detailed information sheet. Ethics approval was provided from the Humanities and Social Sciences Ethical Review Committee, University of Birmingham (ERN_23-0362). Interview participants were identified from the mapping exercise and via snowball sampling (Kvale 2007; Ritchie and Lewis 2003). Interviews explored practices of advice provision and reception, processes, perceived usefulness, and barriers to uptake (see Appendix SI1 for interview guide). Results were analysed using Nvivo by four researchers using an interpretive, thematic coding approach. Codes were generated deductively from the PAS typology.

There are several limitations to this approach that we acknowledge. First, public documents primarily capture formal and agreed structures and published, and therefore polished, outputs, so they are less able to reveal how ethics advice is commissioned, interpreted, used, or ignored in practice. There is likely to be advice provided that is delivered through informal channels that leave little documentary trace.

Another limitation was the challenge in systematically identifying and defining ethics advice and its providers. As noted above, the field of ethics advice in policy remains poorly defined outside of bioethics, complicating the distinction between general government advice and explicit ethical guidance. Furthermore, the opacity of the Australian PAS made it difficult to fully capture all relevant advisory bodies and the flow of advice, particularly “pull” advice, which is often not publicly documented. This may also have played a role in the challenge we note below in identifying ad-hoc or short-term advisory bodies. This may mean that there are gaps in our identification of relevant EABs.

Interviews were therefore used to supplement the document analysis for two purposes. First, they provided contextual validation of the mapping exercise, allowing us to confirm the existence, roles, and operational patterns of advisory bodies that were partially or ambiguously documented. This is detailed in the results section below. Second, interviews also enabled analysis of the *practice* of ethics advice – how advice is sought, how authority and credibility are established, and how ethical considerations are incorporated into policy decision-making. These dimensions are central to understanding ethics advice but are not directly observable through documentary sources alone. This is discussed in detail in the discussion section.

Combining document analysis with interviews allowed us to distinguish between the formal architecture of ethics advice and its operational reality. This distinction is analytically important given the study’s use of PAS dimensions as a heuristic: documents help locate advisory bodies within a structured landscape, while interviews illuminate the dynamics that do not map cleanly onto formal PAS categories, including contestation, informality, and perceived influence. It should also be noted that there were fewer interview participants who had been involved as recipients of advice. Information on who had sought advice, and the forms of advice provided, were not often publicly available. However, through snowball sampling we were able to find some willing to speak about their experience. This is certainly an area for future research to expand upon. This study therefore offers a snapshot, acknowledging the complexities of mapping such a fragmented and often invisible landscape.

Results

Once we had a list of institutions, we proceeded to map them onto the PAS typology. This involved finding publicly available information online about the bodies identified during the discovery process. Below we will discuss how the outcomes of the mapping process and what it reveals about the ethics advisory bodies and their organization. The analysis of these results will be provided in the following discussion section, where interview data will be used to illustrate key areas of difference or friction between what was revealed by the documentary data and reported practice of giving and receiving advice.

General

Mapping revealed few formal ethical advisory bodies; most organizations that surfaced during the scan played broader roles with occasional ethics functions. While the Australian Public Service Commission's Ethics Advisory Service was explicitly listed as providing ethics advice, it focused entirely "ethical issues that occur in the workplace" (Australian Public Service Commission 2025), which meant it was outside of scope for the mapping.

The most significant ethics advisory body to emerge during the discovery process was the Australian Human Ethics Committee (AHEC), operating under the National Health and Medical Research Council (NHMRC). Importantly, the AHEC was formed following the disbanding of the National Bioethics Consultative Committee (NBCC). The NBCC was established in 1988 and played a foundational role in shaping the ethical landscape of health policy (Gillam 1994). However, after the publication of a controversial report on surrogacy in 1991, NBCC was brought under the NHMRC to form the current Australian Health Ethics Committee (AHEC). This transition marked a shift in AHECs approach from more normative advice on emerging research on health ethics to instead focusing on managing the complexities of navigating ethical issues in a pluralist society (Layton 1993). As outlined in the typology, its focus is primarily on decision-making processes. This will be discussed further below.

More than half of the identified bodies operated in the health sector, reflecting the impact of bioethics and clinical ethics in this field. Science and technology were also well represented, particularly in comparison to social welfare and economic concerns.

Structural

Temporality of advice

Most bodies were recorded as standing committees; many were also statutory authorities, such as the Australian Health Practitioner Regulation Agency and the Office of the Gene Technology Regulator (OGTR). The Australian Ethical Health Alliance and the Australasian Association for Bioethics and Health Law (AABHL) were recorded as standing bodies, although they are dependent on ongoing engagement as they are built on interested communities of practice. External bodies often relied on ongoing funding, such as for research bodies in a specific area i.e. Macquarie University Research Centre for Agency, Values and Ethics and the University of Melbourne Centre for AI and Digital Ethics, so were recorded instead as issue-specific.

There were no crisis-focused or ad-hoc bodies established that we could find in our data collection. In general, interviewees instead spoke about their experiences giving ad-hoc or crisis-driven advice as members of standing bodies. Key differences to the advice in these circumstances included a shift to more procedural over substantive advice (I2), compressed timelines (I4, I5, I12, I14) and less time for deliberative policy advice (I3, I9). As noted above, however, our reliance on documentary data may have limited access to this information due to its short-term or ad-hoc nature.

Internal/external to government

In addition to the NHMRC's AHEC, the other significant internal ethics advisory body that we identified was the New South Wales (NSW) Health Ethics Advisory Panel (HEAP). Our exploratory research did not reveal other similar bodies in state governments. While they may exist, they were not made public and two of our interviewees referred to HEAP as a unique body (I10, I15). In addition to these two government-appointed advisory bodies, a variety of other internal government bodies provide advice on ethical concerns – although ethics is not a focus of their advice. This included bodies as diverse as the Australian Commission on Safety and Quality in Health Care, the National Data Commissioner, and the Therapeutic Goods Administration.

While the internal bodies identified were sometimes quite broad in their remit, external bodies were more likely to have an explicitly ethical focus. The organization with the most explicit focus was The Ethics Centre, an independent organization that offers ethics guidance across a diversity of policy areas. Of particular note was their recent push for Government funding for the development of an Ethics Institute to “coordinate national efforts to strengthen and reinforce the nation’s ethical infrastructure and decision-making” (The Ethics Centre et al. 2023). There was also one professional body that we listed as a relevant external ethics advisory body, the Governance Institute of Australia. The Governance Institute plays a role in advising on governance practices, including developing ethics frameworks in the corporate, public, and non-profit sectors. It has also been actively involved in exploring the ethical implications of emerging technologies, releasing a *Whitepaper on AI Governance* (2024) in collaboration with the Australian Department of Industry, Science and Resources’ National Artificial Intelligence Centre.

High/low level of government control

This categorization was challenging and the least objective/binary element of the structural component of the typology. Government control can extend to many different aspects: resource allocation, agenda setting and direct involvement in the committee. In many cases control can also be very opaque.

For this categorization, we chose to include both government control in setting the agenda and shaping decision-making. For example, the government plays a significant role in determining what issues the AHEC develop guidance on, so this body was categorized as experiencing a high level of government control. Regarding decision-making, bodies that reported directly to government for decision, such as the Australian Commission on Safety and Quality in Health, were also categorized as experiencing a high level of government control. Alternatively, we chose to categorize academic bodies as experiencing low levels of government control, despite the fact that they may receive funding

(sometimes a significant amount) from government bodies such as the Australian Research Council. We argue that this is not considered to be government-controlled because academic freedom is well-protected in Australian universities through avenues like the Australian Code for the Responsible Conduct of Research (National Health and Medical Research Council 2018). Overall, the results of this categorization show that internal bodies providing advice on ethics were generally seen as having a high degree of government control. The only exceptions were Senate Committees or Joint Committees, which reported to Parliament rather than the Executive.

Membership expertise and selection

Expertise and selection are paired together here because for the different bodies outlined in the Australian institutional map, almost all were expert-focused, aside from the inclusion of members of the public in HEAP and AHEC. Membership was usually appointed or selected by others – excepting professional or academic bodies where people self-nominated. This category is relevant in PAS debates about who is providing advice, and on what authority, but given there is no institutionally authorized advisory body whose status as “expert” needs to be interrogated (Poort and Bovenkerk 2016) this meant that for Australia, this categorization was not immediately useful. However, it is likely to be relevant to any future comparative analysis.

Transparency

We defined transparency as the availability of reports and decisions, membership and debate. If all three were available, it was recorded as high; two were recorded as medium and one or fewer was low. In areas where government control was listed as high, we found a high degree of transparency. There were many reports available, outlining consultations and discussions. Academic and professional bodies had much lower transparency of debate and discussion, but they were more focused on outcome than process. Reports and publications were readily available for all, although paywalls complicated this for academic bodies. Almost all bodies shared details of membership, including the professional bodies. This finding relates closely to the following discussion of the functional aspects of reaching consensus. While government bodies were seen to be working through the debates and considering multiple positions, professional bodies tended to share a single position. Academics may individually present different views; academic bodies rarely presented a singular position, but the discussion and debate, if any, between these positions was not clear.

Functional

Consensus/dissensus

Consensus and dissensus were categorized based on whether the organization presented a singular position, such as the Royal Australian College of General Practitioners (RACGP) and Australian Medical Association (AMA) position statements, or whether they presented individual and/or dissenting views. The decision to include academic bodies as accepting dissensus was not because the academics involved in the relevant bodies disagreed; rather, they were enabled through their own research agendas and individual platforms to present independent views rather than the research centre itself being

expected to present a consensus view. This meant that most of the bodies that were recorded as not seeking a consensus view were the research centres and Bioethics Centres.

Senate and Legislative Committees were recorded as consensus-focused but would record points of contention or disagreements between members in their reports (Environment and Communications References Committee 2019; Senate Select Committee into the Abbott Government's Commission of Audit 2014). These aren't the norm, but they are an accepted practice (Halligan and Reid 2016). Internal bodies were also recorded as consensus-seeking, for while they may provide records of the different consultations or positions, reports and publicly available documents would generally present a position or recommendation. The only body we were not able to categorize was NSW HEAP, as there were no reports or records of conversations available.

Demand/supply

Categorizing demand and supply side dynamics was quite revealing in the Australian case. There was an almost direct link between internal bodies providing demand-driven advice, while external bodies provided advice in a “push” rather than a “pull” environment. This categorization is complicated, however, by the important role played by Senate Inquiries and policy consultations, which are *formally* a demand mechanism that most external bodies would participate in on issues of relevance to their core business. This means all external bodies were recorded as providing supply *and* demand advice. Many of those we spoke to mentioned the use of submissions to inquiries to present ethical advice (I2, I6, I9, I15), especially in the face of the absence of another institutional option. Interviewee 1 spoke about how advice happens through “submissions to parliamentary enquiries or whatever... I'm not aware of any [other] way that happens in Australia, where ethicists are called upon specifically”. Interviewee 8 seconded this view, that “to my knowledge they don't often seek ethics expertise”.

Outcome/process

In this category, we saw a strong focus on process advice by internal bodies. For example, the NHMRC, which focuses on clinical and research ethics processes. An illustrative example is the “Decision-making for pandemics: an ethics framework” noted above. It states that the framework:

emphasises the integrity of the decision-making process and resists making prescriptive statements or taking the place of guidelines that have been developed by many other organisations ... This is an intentional feature of the framework and aligns with the role of AHEC ... (National Health and Medical Research Council 2021, 28)

Professional and external bodies were more likely to present an opinion, often in the form of a report or submission to an inquiry, which outlined a preferred outcome. As noted earlier, the RACGP and AMA share position statements on health system issues. While these are not always explicitly ethical in nature, many touch on important ethical concerns such as the impact of racism in the healthcare system or voluntary assisted dying.

Discussion

Mapping the EABs using the typology revealed some interesting areas that assist in understanding the Australian ethics advisory landscape. We see a decentralized ethics advisory landscape characterized by a small number of formally designated ethics advisory bodies alongside a much larger set of organizations for which ethics formed only a secondary or intermittent part of their advisory role. Ethics advice was unevenly distributed across policy domains, with a strong concentration in health and biomedical governance and more limited presence in social welfare, economic, and cross-cutting policy areas. Structurally, most bodies were standing rather than time-limited, but few had a sole or explicit mandate to provide ethical advice to government. Internal advisory bodies were typically subject to high levels of government control and focused on procedural guidance, while external bodies were more likely to articulate substantive ethical positions but operated at arm's length from decision-making. Functionally, the mapping suggested relatively clear divisions between consensus-oriented internal advice and more plural or dissensual external contributions, as well as between demand-driven and supply-driven modes of advice provision.

However, there were also areas where the documentary and the interview data diverged, which were equally revealing. First was the question of supply and demand of advice. In the interviews, Senate Inquiries and media were the primary mode of advice-giving (I1, I2, I3, I5, I6, I9, I14). We spoke to one internal advice receiver who was responsible for developing an ethics framework for government, and they reported that ethics had “probably been peppered throughout a lot of the [stakeholder] responses [but] I wouldn't say that there was anyone in particular that came forward and purely put an ethical lens, sorry”. Several participants felt there was a demand gap in the Australian advisory system, as there was no specific body where government could specifically seek ethics advice (I1, I5, I8, I12). Interviewee 7 put this in the context of other, similar advisory bodies, noting that “at the moment we send legal questions to the Law Reform Commission. We send economic questions to the Productivity Commission. There's nowhere in Australia to receive the big ethical questions ... There's nothing that gives it that kind of amplification effect”.

The feeling that it was unclear where the government went for ethics advice may be, in part, a reflection of how ethical issues were being picked up in other areas. Interviewee 4 spoke about their belief that public servants preferred to reframe the problem to suit other frameworks, “They will say ‘This is not an ethical issue, it's an economic one’. Or, ‘This is not an ethical issue, it's to do with organizational structures’”. Interviewee 5 shared this view, and as a receiver of advice this was particularly interesting. They revealed that while “a lot of [the issues they worked on] probably should have been seen more through an ethical lens ... in reality, a lot of it very quickly became, ‘Well, what do the lawyers think? Get legal advice’”. One interviewee felt that this might be less about not being interested in ethics, but that it simply didn't do what they “needed”.

[T]hey expect us to be able ... to wave a red flag or a green flag and to say, ‘Yeah, go ahead, awesome,’ or, ‘No, you shouldn't do this.’ [but] we, instead, show some of the greater nuance that might be required to the thinking, or we say, ‘Well, have you brought in this?’ (I2)

We argue that this reveals that, unlike other areas of advice, ethics advice appears to rarely be articulated as such by policy-makers, or even advice givers. Instead, demand is often indirect, reframed, or translated into legal or technical registers. As a result, supply-side actors play a significant role in highlighting ethical issues, making the boundary between “push” and “pull” advice especially permeable.

The limited demand for explicitly ethical advice was considered by at least one interviewee to potentially be driven by that fact that “organizations often like life to be easy and ... and you can’t check a box with ethics. Ethics is only enacted through challenging conversations” (I14). This perspective was supported in part by the response of one advice receiver. They felt that “the lack of [shared and reusable methodologies means] it becomes completely subjective and then we all end up getting bad outcomes as a result” (I11). They also felt that “[h]iring someone who is an ethics person tends to slow things down for very little value, most of the time ... I mean the only people that put ethics into their job title, who knows what their qualifications are” (I11)?

On the occasions when the government was seeking advice, how they chose who would be invited to provide this advice was seen as quite opaque by participants. Interviewee 6 noted that “what happens with the government is they’ll often ... when they’re working out what to do, they’ll call together a group of academics”. How they choose those academics was unclear to them, although they did think that government had “chosen people”. Supporting this, Interviewee 1 was forwarded an email sent by a member of a public sector body who was seeking advice on an ethical issue. They had emailed the institution as they had worked with them previously and simply asked for “anyone working on issues of ethics”. They provided advice but then the interviewee reflected that “I think I was going to be further involved, but [they] didn’t get in touch with me. This was now almost a year ago so I’m not sure what happened with that”. Another interviewee had been speaking publicly and was contacted by a government department. They spoke about how this process “felt like [they] were trying to find some people ... who were in [their] corner and who [they] could potentially work with” (I3).

The interview findings above raise questions about the finding that ethics advice was driven more by demand than supply. While demand may be the primary function of some of these bodies, the type of advice sought appears to have been less about ethics, reframed to fit specific policy questions – whether legal, economic or otherwise. It could alternatively include emailing universities seeking general ethics advice. We argue that this difference between documentary and interview data highlights an important risk in the Australian case, in need of further research and consideration. The lack of an independent and institutionalized “centre” for ethical policy advice appears to lend itself to a greater degree of “shopping around” and therefore a greater risk of politicized advice. For ethics advice, politicization operates less through partisan alignment and more through the selective mobilization of specific moral or normative authorities. The perceived legitimacy of ethics advice depends not only on expertise but on the credibility and independence of those providing it, making opaque commissioning and selective engagement particularly consequential.

Politicization is also often counter-balanced against technical or objective knowledge in PAS research. This dichotomy is problematized (Craft and Howlett 2013) but interviewees did reflect on how a perceived lack of specialized knowledge and capacity within the

public sector could lead to less effective “advice-seeking” behaviours. Interviewee 12, who worked in a highly technical field, spoke about how the Federal public sector “don’t build [specialists] ... you can have a really senior person leading [a social services] area ... and then that person will get shuffled on, and now, they’re doing national security”. Interviewee 16 shared this concern stating that “we have a very low technical capability with the public service. That’s true everywhere, Commonwealth, state and local government very, very low levels of technical [ability]” and this was a major concern, because

when you have people who are not technical, it’s very, very difficult to ... identify the frameworks and tools ... and to pick them up because you just don’t know how ... So what tends to happen is you call a consultant in and the consultant changes the tyre for you. And charges you \$1M.

This is not a unique issue for ethics advice, but if the public sector lacks capacity and specialized knowledge in ethics, they are also unlikely to be equipped to identify ethical risks. This could have particularly significant implications for policy design and implementation, as was illustrated during the COVID-19 pandemic (Department of the Prime Minister and Cabinet 2024) or the “Robodebt” scandal which shook the Australian public sector (Morton 2024).

Another area of distinction between the interviews and the documentary data was on the topic of consensus and dissensus. Based on what was outlined in publicly available documents, there was often a strong link to consensus in areas where government control was high. However, while external bodies appeared to be more focused on providing a diversity of advice, this was perceived by several interviewees as making influencing government more challenging. Therefore, a consensus view was actually felt to be more effective in demonstrating usefulness and *was* perceived by several interviewees (I2, I3, I6, I8) to be the preferred approach for those external to government who wished to influence decision-making. Interviewee 2 stressed that “If you haven’t got a clean, crisp, clear product, you can end up struggling to get the attention of the relevant people”.

Internally to the government, on the other hand, while the published product was more likely to present a consensus view, according to several interviewees, there was actually more scope to present a level of dissensus when working with internal bodies or those with high government control (I8, I15). Interviewee 13 put it succinctly when describing work they had done advising government, “you probably just get two or three things that you can’t agree on. And then we just say, let’s send it up to the boss [i.e. Minister] and let [them] decide (Laughs)”. Interviewee 5, who was a receiver of advice, agreed that

if they were to get publicly released or if they were to go up to the Minister’s Office or go to more senior parts of the department for consideration ... when you’re briefing [them], you would be telling them, ‘Well, here are some concerns that were raised by this bunch and here are some concerns that were raised by this bunch. And we discussed and we weren’t able to reach consensus. This is my advice as to what you should do to proceed’. Or, ‘here are three options about what you could do. Which one would you prefer?’ So, it becomes more a briefing issue to the decision-makers I suppose.

As long as this information is presented internally, there is much less political risk. It may still not improve the influence of ethical advice on decision-making, but it is more visible and therefore improves the likelihood it will at least be seen by decision-makers.

The consensus–dissensus dimension is particularly relevant for ethics advice because ethical reasoning often requires making disagreement and trade-offs explicit and allowing for deliberation and debate. This demonstrates an important tension for EABs, and ethics advisors more broadly, between the deliberative value of ethical pluralism and the instrumental preference of policy systems for clear, actionable advice. This will be an important area for future research to consider.

Conclusion

The Australian case stands out internationally for its absence of a centralized, institutionalized national ethics advisory body. Instead, advice is dispersed across a patchwork of professional associations, academic centres, and statutory bodies – many of which do not identify themselves as EABs and operate outside of formal coordination mechanisms. This fragmentation, combined with definitional ambiguity, limited the visibility and, in several cases discussed in interviews, the perceived relevance of ethics advice to policy. Both providers and recipients reported uncertainty about what constituted “ethics”, when to seek advice, and how to use it.

The interview findings also suggest that ethics advice in Australia is more often “pushed” by external actors than “pulled” by government demand. More common is the use of internal ethics advice, which leaves more room for dissenting and plural views, but is arguably less transparent. When ethics advice is sought, it is typically framed in procedural rather than normative terms. This suggests a need to research the increasingly fragmented and underexamined “core policy professionals” (Migone and Howlett 2024, 192), which are yet to be investigated in the internal provision of ethics advice and analysis. This dynamic, appears to create a barrier to influence and increases the risk of politicization through selective advice-seeking. While demand–supply dynamics, politicization, and consensus formation are relevant to many forms of policy advice, ethics advice provides a particularly revealing site for examining these dynamics because it centres on normative judgement, contested values, and legitimacy rather than instrumental problem–solving.

We also acknowledge that much of this data remains quite high-level and primarily focused on the experiences of advice-giving. There remain acknowledged gaps in accessing, let alone understanding, the motivations of policy-makers in seeking advice in the context of ever more complex advisory networks, forms of technical expertise and the proliferation of types of bodies, actors and consultants supplying such advice (Capano, Cassula, and Toth 2025, 178). Future research will benefit from zooming in on specific categories, particularly government control, consensus formation, and demand–supply dynamics, to understand more precisely how ethics advice is shaped, filtered, and used in future.

In responding to the question “how is ethics advice provided to the Australian Federal and state governments?”, this paper offers a broad, foundational and empirical snapshot. To address the more challenging question of “how and which ethics advice is used?”, further in-depth, case-based research will be necessary, with greater attention to the perspectives and practices of advice recipients *inside* of government. This would importantly shed light on what, if anything, might change as a result of ethics advice. Comparative cross-country analysis would also illuminate how institutional design and administrative culture shape the accessibility, authority, and impact of ethics advice.

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