

EVOLVING

2023/24 Centre for Clinical Ethics
Community Report



Land Acknowledgement

Together we honour the sacred land on which Unity Health Toronto. It has been a site of human activity for 15,000 years and we recognize this as traditional territory of the Huron-Wendat and Petun First Nations, the Seneca and, most recently, covered by Treaty 13 with the Mississaugas of the Credit First Nation. Today, it is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work in the community, on this territory. We gather with gratitude and say meegwetch to thank the Mississaugas and other Indigenous people for caring for this land from time immemorial and for sharing this land with those of us who are newcomers. Out of this thankfulness, we are called to treat the land, its plants, animals, stories, and its people with honour and respect. We acknowledge the persistent disparities in healthcare experiences and outcomes between Indigenous and non-Indigenous people in Ontario, and to remember our shared commitment and responsibility to speak up about, and call attention to, those disparities and to contribute to reducing them. This is one part of how we strive for equitable health care access and outcomes for First Nations, Inuit, Métis and urban Indigenous peoples in Ontario. We are also keenly aware of the many broken covenants and the need to work diligently to make right with all our relations.

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We Are Evolving

One of my favourite aspects of preparing our annual Community Report is to think back over the year and reflect on our accomplishments.

This year, my message is on two main topics. First, I would like to provide a brief overview on some of the things that have kept us busy over the past fiscal year and their alignment with our strategic plan. Second, I would like to highlight an important milestone: last year we hosted our 25th annual speaker series/conference.

This is our fourth Community Report, and our theme is EVOLVING. We are midway through our three-year strategic plan as we continue to evolve. As part of the first pillar of our strategic plan, we committed to adapting our services to evolving healthcare realities to improve care. We continue to see a trend of community-based healthcare organizations asking for ethics support and we continue to respond. This year we are excited to announce Casey House as a new CCE partner. Casey House started as an AIDS hospice and has expanded to become a hospital with a mission to support individuals who have HIV or who are at risk of contracting HIV. Our feature story this year speaks to their evolution.

Our consult numbers also highlight how we are supporting both acute care and our post-acute care partners. As one of the busiest ethics centres in the country, our ethics team performed 885 clinical consults and 25% of them occurred in post-acute care environments.

The second pillar of our strategic plan is to advance bioethics scholarship and fellowship training. The CCE ethics team continues to produce scholarship while maintaining busy clinical consult volumes. We have initiated several collaborative research projects including a project aimed at examining

the practice of ethics debriefing. We also have another project focused on improving the integration of competency-based- education in our fellowship program. Related to the Fellowship program, we welcomed three new fellows into our program this year with Drs Frank Curry, Jess DuToit and Michael Montess joining the program. We are also excited that our two senior fellows, Dr. Lee de Bie and Ms. Maram Hassanein accepted jobs at St. Joseph's Health System (a CCE partner) and The Hospital For Sick Children, respectively. Congratulations Lee and Maram!

Our final strategic objective is to practice and promote the principles of equity, diversity, and inclusion (EDI) in healthcare. We have taken several concrete steps that align with this goal. We have adapted our hiring practices, we have made education available to staff and we have presented several education sessions on topics related to EDI. We also learned from each other in the format of a book club. Members of the CCE took turns facilitating discussions about *Trans Medicine: The Emergence and Practice of Treating Gender* by Stef Shuster, a book which examines how health professionals approach patients who seek gender-affirming care. This objective will continue to be a work in progress as we think about additional ways we can incorporate EDI principles in our work.

Another highlights of this year was our annual speaker series in November on the topic of AI in Healthcare. This year marked our 25th anniversary of hosting a speaker series in bioethics. Started in 1999 as a conference focused on the ethic of care, we have had some of the great names in bioethics speak: Pellegrino, Callahan, Engelhardt, just to name a few. Edmund Pellegrino was the inaugural speaker (Director of

the Kennedy Institute) who traced the concept of care in western medical practice. Some 25 years later we have adapted the format to an online speaker series but are still very much focused on what it means to care. It occurs to me that the speakers at the first conference, which focused on "Healthcare for the 21th Century" could not have known about artificial intelligence, its increasing role in healthcare, and the concerns about what it means to care when AI is deployed, which was the theme for the 2023 speaker series. It makes for interesting book ends, knowing that we are still focused on the ethic of care while thinking about the new tools at our disposal. Our speaker series has helped us to advance important conversations about the evolution of healthcare over the years.

Exploring the concept of justice and fairness has been another strong thread throughout the past 25 years. One of the ways we responded to the truth and reconciliation calls to action was to host a conference on the theme of "Indigenous Perspectives: Affirming an ethic of care by responding wholistically in healthcare" where we explored ethical issues related to Indigenous healthcare needs through the lens of an Indigenous wholistic worldview. Interestingly, we had a talk in 2005 on developing an ethical framework for pandemic planning following the 2003 SARS pandemic. The theme of caring in the context of a pandemic foreshadowed the 2020 speaker series on the ethical issues raised during COVID-19. Planning for the 26th annual speaker series is underway and we look forward to continuing the tradition of providing ethics education to frontline staff and members of the communities we serve.

I am proud of our accomplishments this year and am eternally grateful to work with such a capable yet humble team. I am also honoured that we are invited into such deeply personal spaces by the patients we serve as part of our clinical consultation work.

I hope you enjoy this year's report, which expands on the themes I have described in this message. Feel free to reach out to me if you have any questions or comments.

Stay well,
Michael



Michael Szego, PhD, MHSc

Senior Director,
Centre for Clinical Ethics and
Vice Chair, Research Ethics Board,
Unity Health Toronto

Assistant Professor, Departments
of Family and Community Medicine,
Molecular Genetics and The Dalla
Lana School of Public Health,
University of Toronto



Our 2023-2026 strategic plan continues to guide our work.

Our Purpose

Provide expert, compassionate guidance in ethical decision-making

Guiding Principles



Our three strategic directions will help us demonstrate our impact over the next two years.

Adapt our services to **evolving** healthcare realities to improve care

- Work collaboratively with our partner organizations to increasingly serve those who need care outside of an acute care setting
- Enhance access to our services and adapt to support our partners' evolving strategies and plans
- Continue to build relationships with organizations that focus on healthcare for underserved populations
- Develop skills and competencies to address ethical implications of emerging technologies used in healthcare

Advance both bioethics scholarship and fellowship training

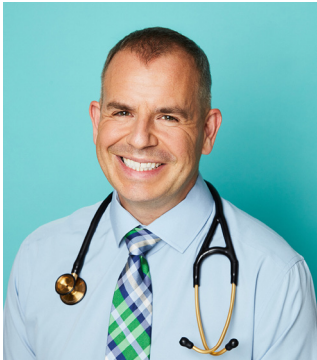
- Increase our academic and scholarly output
- Continue to improve the structure and content of our fellowship program
- Leverage fellowship program developments to improve our practice

Practice and **promote** principles of equity, diversity, and inclusion (EDI) in healthcare

- Explore and strengthen the CCE's relationships with EDI initiatives within our healthcare environments and with equity-seeking communities
- Review and enhance the integration of EDI considerations throughout the fellowship program, including teaching, learning, and fellow experiences
- Review the CCE's past/current practices as related to EDI to identify strengths, gaps, and opportunities
- Develop a shared team commitment to integrating EDI principles throughout everything we do

Contributing to Compassionate Care at Casey House

Many people who grew up in Toronto in the late '80s know Casey House as a hospice where people living with AIDS, or an HIV diagnosis went for care. What they may not know, is that in 2016, Casey House became a sub-acute hospital.



Dr. Edward Kucharski,
Chief Medical Officer, Casey House Hospital

According to the Chief Medical Officer, Dr. Edward Kucharski, “Casey House is unlike any other hospital. It is a specialty hospital in Toronto providing ground-breaking care to people living with and at risk of HIV. We provide a community and sense of belonging that connects people to care. The humanity of each client is at the heart of everything we do.” Even after so much time and public education about HIV and AIDS, their clients continue to face stigma and barriers to care in many traditional settings. Their focus however is on compassionate, judgement free care.

To complement their work in compassionate care, Casey House and the Centre for Clinical Ethics (CCE) struck a partnership in 2023. Michael Szego, Director of the Centre, is their Clinical Ethicist. Having this additional support in their care decision making and discussions has been very well received by Casey House staff and clients.

“We are so pleased with Michael’s presence at our team discussions. The energy he brings to the table is quite unique and extraordinary,” says Dr. Kucharski. He goes on to note, “there is so much enthusiasm when he connects with clients or members of our team.” Casey House has been using its own ethical decision-making framework before partnering with the CCE, so Micheal adapted the CCE’s approach to work within a framework that Casey House staff knows and understands. There are a lot of synergies between

the two organizations and this adaptability demonstrates how the CCE team seeks to work with their clients. Having access to 24/7 ethical advice is a big plus and is highly valued by the team.

Having this new relationship with the CCE was also helpful as Casey House prepared for its recent accreditation survey with Accreditation Canada. “We appreciated their help in this process. The surveyors said they hadn’t ever seen an organization where ethics awareness was so pervasive,” says Dr. Kucharski.

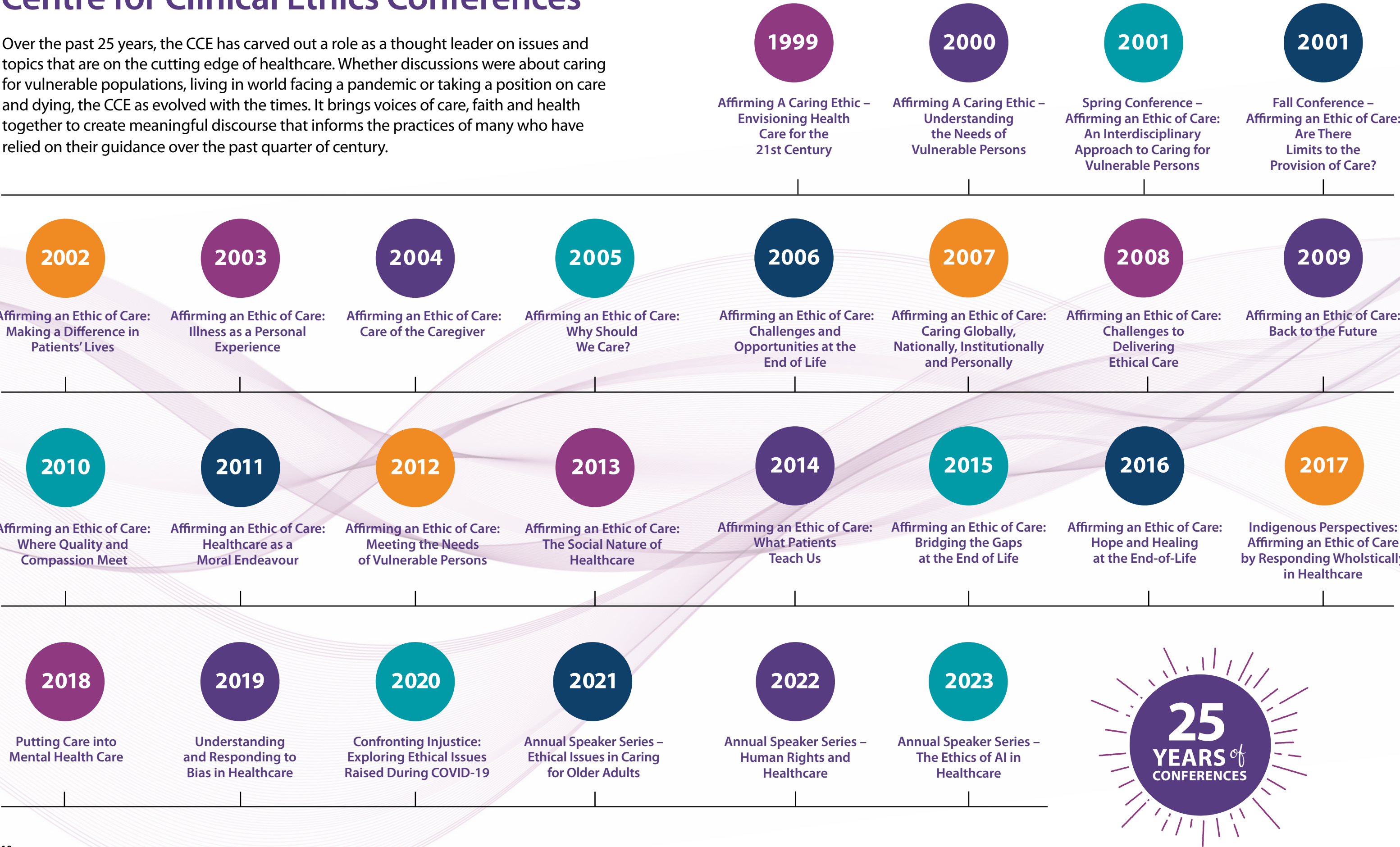
In more day-to-day workings with the team, Michael regularly provides guidance on discussions related to priority of care, for example. “Some clients may have mental health issues coupled with cancer which may impact their decision-making. We are pleasantly surprised by the synergy in discussions on these types of ethical decisions,” says Dr. Kucharski.

This new partnership is aligned with the first pillar of the CCE’s strategic plan. The CCE has committed to adapt its services and continue to build relationships with organizations that focus on healthcare for underserved populations. Together Casey House and the CCE are extending human dignity to those who may not get the type of care they need or deserve elsewhere.



Centre for Clinical Ethics Conferences

Over the past 25 years, the CCE has carved out a role as a thought leader on issues and topics that are on the cutting edge of healthcare. Whether discussions were about caring for vulnerable populations, living in world facing a pandemic or taking a position on care and dying, the CCE as evolved with the times. It brings voices of care, faith and health together to create meaningful discourse that informs the practices of many who have relied on their guidance over the past quarter of century.

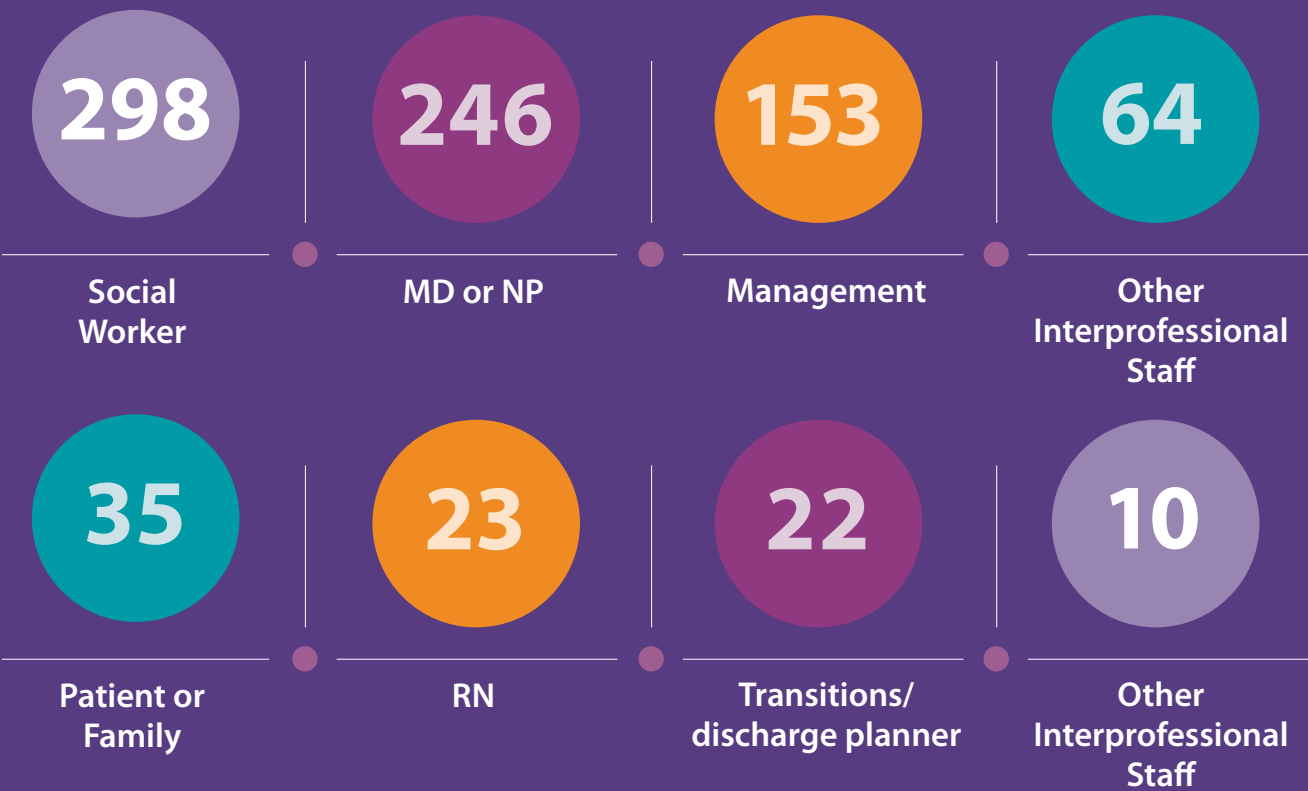


Clinical Ethics Data

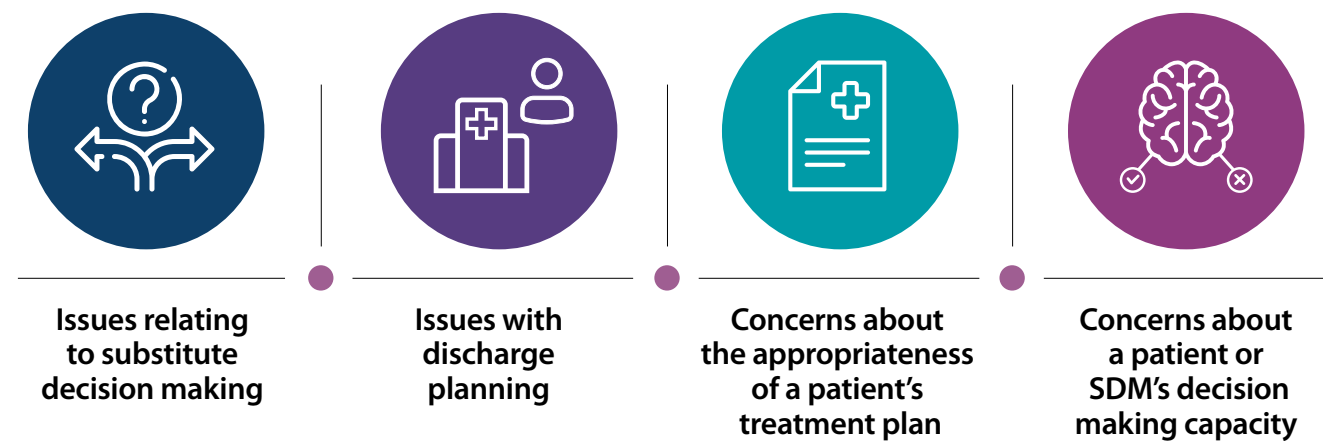
We work with a variety of clinical and administrative leaders to provide ethical services to patients, families and staff. Social Workers, Physicians, Unit Managers and Discharge Planners initiate the most ethics consults across all our partner sites.

Activity	2023/24	2022/23
Clinical Consultations	885	793
Organizational Consults	95	—
Debriefs	54	38

Consult Requestor



Top Ethical Issues



Publications

de Bie, A. L., Abdool, S., Butler, J., Campbell, A., Hassanein, M., Hillman, S., Makkar, J., Maurice, R., Robertson, J., Szego, M. J., & Langlois, D. (2023). Ethics debriefs and moral distress: What are we doing? *American Journal of Bioethics*, 23(4), 74-77.

Kalocsai, C., Agrawal, S., de Bie, L., Berkhout, S., Johnson, A. McNaughton, N., McCullough, K., & Soklaridis, S. (2024). Power to the people? A co-produced critical review of service user involvement in mental health professions education. *Advances in Health Sciences Education*, 29, 273-300.

Balas M, Wadden JJ, Hébert PC, Mathison E, Warren MD, Seavilleklein V, Wyzynski D, Callahan A, Crawford SA, Arjmand P, and Ing EB. (2024). "Exploring the potential utility of AI large language models for medical ethics: An expert panel evaluation of GPT-4". *Journal of Medical Ethics* 50(2):90-96. doi:10.1136/jme-2023-109549

Wadden JJ and Stainton T. (2023). "Recognizing Human Flourishing in the Context of Disability". In Tremain SL (ed.) *The Bloomsbury Guide to Philosophy of Disability*. New York, NY: Bloomsbury. pp.397-413.

Percy Campbell, Jessica, Jacob Buchan, Charlene H. Chu, Andria Bianchi, Jesse Hoey, Shehroz S. Khan. "User Perception of Smart Home Surveillance Among Adults Aged 50 Years and Older: Scoping Review." *JMIR Mhealth and Uhealth*. 2024 Feb;12:e48526. DOI: 10.2196/48526. PMID: 38335026; PMCID: PMC10891486. (peer reviewed)

Bianchi, Andria. "But they're incapable...": Considering the Ethical Significance of Assent and Dissent." *The International Journal for Direct Support Professionals*, 13(1), (2024), <https://thefamilyhelpnetwork.ca/wp-content/uploads/2024/01/sss-vol-13-issue-1-ENGLISH.pdf> (invited article)

Bianchi, Andria. "Patient Safety and the Dignity of Risk." *Hospital News*, December 2023. <https://hospitalnews.com/patient-safety-and-the-dignity-of-risk/> (non-peer reviewed)

Bianchi, Andria. "Housing and hospitals." *Hospital News*, August 2023. <https://hospitalnews.com/housing-and-hospitals/> (non-peer reviewed)

Disha, Kesi, Andria Bianchi, Ruby Shanker, Nikolija Lukich. Where Do I Go to Wait? "Ethical Considerations During the 90 Day Reflection Period for MAiD." *Canadian Journal of Bioethics* 2023;6:70-4. <https://doi.org/10.7202/1098559a> (peer reviewed)

Nethercott, Angie, Andria Bianchi. "Risky Business." *The International Journal for Direct Support Professionals*, 12(7), (2023), <https://thefamilyhelpnetwork.ca/wp-content/uploads/2023/07/sss-vol-12-issue-7-ENGLISH.pdf>. (invited article)

Conference abstracts

Campbell, A. and de Bie, L., "When the default is deficient: Lessons on substitute decision-making from structurally vulnerable communities", International Conference on Clinical Ethics and Canadian Bioethics Society, 2024.

Wadden JJ. (October 11-14, 2023). "Earthquakes and Staffing Shortages: Recommendations for Disability Informed Hospital Triage". 25th Annual American Society for Bioethics + Humanities Conference. Baltimore, Maryland, USA.

de Bie, L. (October 2023). Mad ethics? What can mental health patients teach us about clinical ethics? *American Society for Bioethics + Humanities Conference*, Baltimore, Maryland.

Our Team



Michael Szego, PhD, MHSc
Senior Director,
Centre for Clinical Ethics
Clinical Ethicist,
St. Michael's Hospital



Steve Abdool, RN, MA, PhD(c)
Clinical Ethicist,
St. Joseph's Health System



Andria Bianchi, PhD
Clinical Ethicist, Baycrest,
Toronto Grace Health Centre,
and Surrey Place
City of Toronto Senior
Services and Long Term Care



Lee de Bie, PhD
Clinical Ethicist,
St. Joseph's Health System



**Alexandra Campbell,
JD, LLM, MHSc**
Clinical Ethicist,
St. Michael's Hospital
and Providence Healthcare



Frank Curry, PhD
Fellow in Clinical,
Organizational, and
Research Ethics



Mark Miller, PhD
Clinical Ethicist,
Centre for Clinical Ethics



Michael Montess, PhD
Fellow in Clinical,
Organizational, and
Research Ethics



Lynda Sullivan,
Admin Assistant,
Centre for Clinical Ethics



Sean Hillman, PhD
Clinical Ethicist,
Lakeridge Health



Dave Langlois, PhD
Manager, Fellowship and Trainee
Education, Centre for Clinical Ethics



Juhee Makkar, JD, MHSc
Clinical Ethicist,
St. Joseph's Health Centre



**Jordan Wadden,
MA, PhD, HEC-C**
Clinical Ethicist,
Scarborough Health Network

cce Centre for
Clinical Ethics



Contact Us:

Centre for Clinical Ethics
Unity Health Toronto,
St. Joseph's Health Centre
30 The Queensway
Toronto, ON M6R 1B5

Phone:
416-530-6750

After-Hours/Urgent Pager:
416-864-5070, Pager ID: 4211



For more information or to
contact us please either [email us](#)
or visit our [website](#).