Adapt. Advance. Impact.

2024/25

Centre for Clinical Ethics Community Report

UNITY HEALTH TORONTO

Centre for Clinical Ethics

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.

Contents

Michael's Message

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

We Are Advancing

My grandfather always used to say that the years go by quickly and I could not agree more. As I reflect on another successful year for the Centre for Clinical Ethics, it does not feel that long ago that I wrote last year's message. Amazingly this is our 5th annual community report. Time does fly.

As we are in our last year of our strategic plan, this has been a year of building on the foundation laid by previous years work. Our ethics programs continue to integrate into their respective institutions as evidenced by our increased activities this year. Our clinical consult numbers are up by 6.5% and our organizational consult numbers are up by 55% compared to last year. We also saw "patient rights" appear for the first time as one of the top ethical issues we are consulted about. This reflects our work in post-acute environments where there can be tensions between what a resident/client wants to do and what healthcare providers working in those facilities feel is safe or appropriate.

This year we are also reporting the number of on-call requests we received. CCE ethicists can be contacted by various means, including the on-call service. We have a central number and each week a different ethicist takes turns being on-call. This allows us to provide after-hours and vacation coverage. Over the 2024-2025 fiscal year we had 136 on-call pages, another example of how we provide a low barrier service to the institutions we serve.

The CCE ethics team continues to produce scholarship while maintaining busy clinical consult volumes. With David Langlois moving to a part time role, Andria Bianchi has taken over as Fellowship Director while Dave is taking the lead on developing fellowship education. With this structure, we have more dedicated time to focus on integrating competence-based education in the fellowship program. We have a number of exciting initiatives for the fellowship planned for 2025 which look forward to reporting on next year.

We welcomed one new fellow this year, Dr. Md. Shaikh Farid, who joins Dr. Frank Curry in the fellowship program. We also wanted to congratulate Dr. Michael Montess, who completed the fellowship and accepted a job as an ethicist at the Centre for Addiction and Mental Health. Congratulations Michael! For the next cohort, we already completed the fellowship interviews and will be welcoming Drs. Andrew Tamale and Kirk Lougheed as fellows for 2025-2027.

Our tradition of the CCE book club continued this year with a focus on an equity-relates topic. We read *Fighting for a Hand to Hold* by Samir Shaheen-Hussain. The book exposes anti-Indigenous racism in the Canadian health-care system using the separation of children from their families during medical evacuation airlifts as a case study.

Another highlights of this year was our annual speaker series in November on ethical issues associated with withholding resuscitative measures. We explored this topic from a legal perspective, cultural and religious perspectives, and from the community and post-acute care contexts. We chose this topic since there was a recent court decision that resulted in a change in the College of Physicians and Surgeons policy on the topic and we wanted to help broaden the conversation about withholding CPR and No-CPR orders.

I am so proud of my team who I continue to learn with and from. With our focus on patient care- whether through organizational or clinical work-I look forward to another strong year ahead. I hope you enjoy this report which represents a snapshot of what we did over the 2024-2025 fiscal year. Feel free to reach out to me if you have any questions or comments.

Stay well,
Michael

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

Our Purpose

Provide expert, compassionate guidance in ethical decision-making

Guiding Principles

Human dignity:
Honouring the sacred value of each person

Inclusivity:
Learning from and seeking to practice in solidarity with those most affected by injustice

Partnership:
Building relationships with caregivers, communities, families, patients, healthcare providers, learners, leaders and volunteers

Trust:
Working to earn the confidence of those we serve

Leadership through collaboration:
Facilitating collective creativity in healthcare and bioethics

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

Why would some forensic psychiatry patients choose jail over hospital?

Recently, Alexandra Campbell, clinical ethicist, completed a study with a former CCE colleague, Jamie Robertson, clinical ethicist, Alberta Health Services. Their research pertained to a lesser-known discipline within healthcare: forensic psychiatry.

As part of the Centre for Clinical Ethics' strategic plan, there is a commitment to advance bioethics scholarship and increase academic and scholarly output. To support this commitment, team members are encouraged to pursue research projects. Recently, Alexandra Campbell, clinical ethicist, completed a study with a former CCE colleague, Jamie Robertson. Their research pertained to a lesser-known discipline within healthcare: forensic psychiatry.

Individuals who commit a Criminal Code offence and are found to be not criminally responsible (NCR) on account of mental disorder come under the jurisdiction of the Ontario Review Board. To protect the public, the Review Board may detain a person, found to be NCR, within a hospital as a forensic psychiatric patient.

Alex and Jamie's research question was "Why do some forensic psychiatric patients say they would prefer to be in jail instead?"

It might seem surprising that anyone would prefer being in jail to being in a hospital. Yet, Alex and Jamie were aware that some forensic psychiatric patients who are detained in hospital express this view.

Alex interviewed 11 such patients to explore their reasons for believing they would be better off in jail. Participants were well-positioned to make the relevant comparison; each had some prior experience as an inmate.

Jamie and Alex expected participants to share how having an uncertain release date makes being detained as a forensic psychiatric patient worse than being imprisoned. After all, the Review Board will continue to detain a forensic psychiatric patient for as long as deemed necessary to protect the public.

While participants did identify indefinite detention as a hardship, they offered several thoughtful reasons for their preference. Participants shared six general ways in which they felt being a forensic psychiatric patient is worse than being in jail: greater uncertainty; feeling misunderstood; impaired social connection; institutionalization; threats to masculinity; and impaired motivation.

These factors contributed to participants feeling a great sense of despair over their detention in the forensic psychiatric system.

While the study sample was small, this preliminary investigation may lead to further research examining the prevalence of the preference of interest among forensic psychiatric patients, and to a greater understanding of their lived experiences. Ultimately, the hope is that interventions will be identified that can help such patients experience their forensic psychiatry detention in a way that is more consonant with the various aims of this system, rather than as a fate worse than punishment.

"The verdict of not criminally responsible on account of mental disorder is poorly understood," says Alex. "People who receive this verdict were unable to understand what they were doing, or that doing it was wrong. While the public must be protected, people who have been found NCR do not deserve punishment." She continues, "It's interesting that the public often perceives avoiding jail through the defence of mental disorder as 'getting off easy.' The results of our study, preliminary as they are, problematize this common perception."

For Alex, this research project brought her past life as a criminal lawyer together with her present life as a clinical ethicist. Both she and Jamie hope that the work helps to give a voice to patients who feel, and often are, misunderstood.

A Hard Pivot | Commodifying Care While Maintaining Integrity

The notion that care can be treated as a commodity raises tough questions about the values that underpin a universal healthcare system. It causes one to pause and consider whether empathy, compassion, human connectedness, all part of care, can be monetized. If care is bought and sold, does it lose its humanity or does it find new ways to grow?

This question of care as a commodity was faced by Surrey Place a couple of years ago, and related questions have continued to arise. Surrey Place is a not-for-profit organization. "They help people of all ages with autism-, developmental-, and sensory-related concerns push the boundaries of what's possible to achieve new victories," according to their website. For over 60 years they have been a government funded clinical organization delivering access to services so that their clients, many of whom are autistic, live healthy, fulfilling lives. Then 2019 happened.

That year marked a significant turning point for Surrey Place. The province introduced new policies and changes to support a paid service model in the disability support sector affecting primarily the Ontario Autism Program. The transformation brought both challenges and opportunities, raising debates about equity, accessibility, and the essence of care. Some expressed deep concerns that the shift could result in fragmented services and increased disparities for vulnerable families. Others saw potential for innovative solutions. Surrey Place, navigating this new terrain, faced the task of balancing their mission with the realities of a changing funding landscape.

Surrey Place had to re-evaluate the core principles of care it had upheld for decades. Could a paid services model coexist with their deeply rooted ethos of inclusivity and universal access? This was uncharted territory. They sought to maintain their commitment to serving underserved populations. But knew they had to adapt to a system increasingly influenced by market dynamics.

They embarked on a thoughtful journey, exploring ways to integrate new funding models while safeguarding the foundational values that defined its care practices. The leadership team sought inspiration and advice from their Clinical Ethicist, Andria Bianchi. They asked for her guidance in finding a solution where they would ensure that the most vulnerable remained at the heart of care, while radically changing their business model.

Conversations with staff, clients, families, and others, became critical. Surrey Place needed to determine how to thrive in this new reality without compromising on its integrity.

Over a significant period of time, Andria supported Surrey Place to develop a robust ethical framework to guide their current and future decision-making in this new terrain. Workshops, forums, and town halls were held to engage diverse voices in a meaningful dialogue, bringing forward concerns, ideas, and hopes for the future and gather input on the framework. The framework encompassed key ethics principles that would serve as guideline for the organization when faced with challenging questions about paid services. It was important to have a framework that everyone could agree on because there were significant concerns by clinicians, staff, client families, and their board of directors about compromising care quality for money. Hard questions had to be answered.

Would Surrey Place only work with those who could pay? What would the organization do if a person could pay for and requested services, but the services were not clinically indicated? Should funds be accepted even if the services aren't required? "These ethically charged questions need to be thoughtfully approached", said Andria.

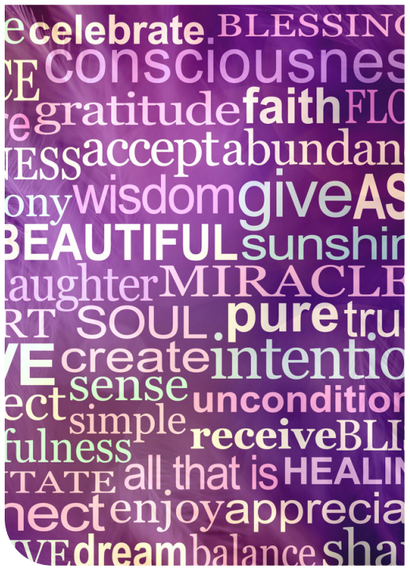
Through painstaking deliberation, Surrey Place began crafting a model where innovation met empathy, and financial sustainability did not come at the expense of accessibility. They continue to support individuals and families. They now also offer Services for Partners and Organizations (SPOs), such as long-term care homes, group homes, and other agencies who could benefit from Surrey Place's expertise. The development of an SPO unit (i.e., accepting funds from partnering organizations) resulted in the expansion of the previously developed ethical decision-making framework to ensure such partnerships are ethically responsible.

Today, a paid service model helps Surrey Place to grow and sustain its funding. Their ethical framework informs who they do business with and how they do it. While this has not been easy for anyone, Surrey Place is finding a path forward.

They are staying true to their empathy and compassion in their work while creating sustainable funding sources to keep their expert services available to the those who need it.

SURREY PLACE

Our Words Really Do Matter



The language we use—whether written or spoken—reveals much about us. In clinical documentation, word choice holds particular weight.

SHN
SCARBOROUGH HEALTH NETWORK

Words. So simple and so powerful.

As a chart is handed off between clinicians, the written words can either honour or undermine the voices of patients and their families. When our words fall short, it can contribute to stigmatizing language and testimonial injustice. These effects can diminish the quality of care, perceived credibility of the patient, and can lead to needs not adequately being met.

Testimonial injustice is defined as, "a credibility deficit derived from identity prejudice, where the receiver of information is influenced by the prejudicial or distorted words chosen by the sender". In other words, the chart language can trigger biases. What a clinician writes in a chart can even undermine what the patient knows about their own body or mind, and it can also influence how the next clinician addresses the patient's need.

At Scarborough Health Network (SHN), they have taken a bold step to address this topic. "We might be the first to do this," says Michele James, Executive Vice President, Patient Care Services, Community Partnerships & Health System Integration, SHN. She co-leads the development of Our Words Matter learning module with Jordan Joseph Wadden, Clinical Ethicist, to address testimonial injustice and stigmatizing language at SHN.

In the module materials, stigmatizing language is defined as, "language related to a patient or their chart which cast doubt on the patient's pain, portray the patient negatively, or imply the patient is responsible for their condition and/or is uncooperative in measures meant to resolve their condition."

The virtual learning module addresses feedback about clinician word choices from the family member of a patient that surfaced during a quality-of-care review at SHN. A subsequent chart review validated this was not an isolated case and there was opportunity for improvement. A multi-disciplinary working group was struck to review the literature, identify best practices and develop an educational curriculum centered on quality improvement, to reduce stigmatizing language and testimonial injustice in clinical documentation at SHN. While there has been a lot written on this topic, there is a lack of existing educational programs.

The module was co-designed with input from many teams within SHN, including Ethics, Professional Practice, Mental Health, Health Equity and Indigenous Health. The 20–30-minute-long module is required training for anyone who charts patient information at SHN whether they are new staff, existing staff or learners.

"The focus of the module is to strengthen clinical practice and improve the quality of information passed from one provider to another. It is not a performance management tool, but rather a way to strengthen reflective practice", says Jordan. So far, a few hundred SHN clinicians have been trained.

Bias can be triggered by various factors, such as a person's age, perceived background, accent, or race. When this happens, the recipient of the information may unconsciously draw conclusions that influence how they document their notes—potentially dismissing the concerns raised and diminishing their legitimacy.

Jordan explains that writing something like, "patient refuses to wear his oxygen mask and claims pain is 'still a 10'" rather than writing, "patient is not tolerating the oxygen mask and maintains 10/10 pain", can create unnecessary stigma. He explains this is because the words like "claims" add unnecessary doubt into the credibility of the patient's words, and in most cases words like "refuses" add unnecessary value-judgments. When people are subjected to stigmatizing language or testimonial injustice, their accounts of their own health may be undervalued or dismissed. This failure to recognize the validity of their experiences can lead to misdiagnosis and inadequate care. It can lead to a loss of trust.

With the new Scarborough Academy of Medicine and Integrated Health opening soon at the University of Toronto's Scarborough campus, SHN will be playing a bigger role in educating health professionals. This provides a great opportunity to train learners to use neutral, respectful language leading to more trusting relationships and better outcomes as they become practicing clinicians.

Michele said that she would like to "eliminate stigmatizing language from documentation because it is critical to living our values in an intentional way, showing compassion in our work, and building more trusting, inclusive relationships with our communities." To support spread and sustainability of this initiative, SHN is partnering with the Scarborough Ontario Health Team and their partners to develop an e-learning platform for this module.

This platform would help reach more learners in the community not just in the hospital. It is due out later this year.

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	2024 - 2025	2023-2024
Clinical Consultations	943	885
		↑ **18%** from 2022/23
Debriefs	32	54
		↓ **15%** from 2022/23
Organizational Consults	147	95
		↑ **55%** from 2023/24

Consult Requestor

373 Social Worker

236 MD or NP

166 Management

92 Other interprofessional staff

4 Transitions/discharge planner

17 RN

19 Patient or Family

3 Educator

33 Other

136 # on call pages

↑ Largest increase comes from other interprofessional staff requesting ethics suppport. In the past year these requests have jumped **44%**.

Top Ethical Issues

By far, the largest volume of requests come from issues related to substitute decision-making, discharge planning and concerns related to patient rights.

Issues relating to substitute decision making

Concern raised about a patient's rights

Issues with discharge planning

Concerns about the appropriateness of a patient's treatment plan

The Centre for Clinical Ethics at Unity Health Toronto and the Department of Family and Community Medicine at the University of Toronto run Canada's longest-standing clinical ethics fellowship program.

The purpose of the fellowship program is to train individuals to be practicing healthcare ethicists in both faith-based and secular environments. The program focuses on developing competencies in clinical consultations, organizational consultations, research ethics review, the provision of ethics education, andbioethics scholarship.

Our partnerships with several Toronto Academic Health Sciences Network (TAHSN) hospitals, including the Centre for Addiction and Mental Health, The Hospital for Sick Children, Sinai Health System, and Holland Bloorview Kids Rehabilitation Hospital allows fellows unique opportunities to learn and contribute to the ethics programs throughout the entire continuum of care. The collaborative nature of the fellowship and the contributions of our partners allows the program to innovate so we can develop leaders prepared to contribute to the future of healthcare ethics practice.

We asked past and present fellows to share some of their highlights from the program along with a selfie. We are also sharing some insights about our 2025/26 incoming fellows. Here's what they had to say.

Adapt. Advance. Impact:

How The Fellowship Helps Shape Futures

Rosalind Abdool

Senior Ethicist and Interim Part-Time Director, Regional Ethics Program, Trillium Health Partners, AMS Fellow in AI and Human-Centred Leadership, University of Toronto, Adjunct Lecturer, University of Toronto, and Chair for the Canadian Association of Practising Healthcare Ethicists-Association canadienne des éthiciens en soins de santé

Through my fellowship experience, I fully realized my passion to want to become a practicing healthcare ethicist. I learned the importance of competency to practice, skillful mediation, respectful engagement and humility to continuous learn and unlearn in an ever-changing world.
My fellowship included an opportunity to complete a two-week rotation in Edmonton with Covenant Health. I was able to further develop my appreciation for clinical ethics practice in another faith-based system. The rigour of the program along with the culture of Unity's Ethics team created such a positive learning environment for me.

Alex Campbell

Clinical Ethicist, Centre for Clinical Ethics

The fellowship allowed me to transition from practicing law to working as a clinical ethicist in a world-class health network. It was an essential stepping stone for me, especially as I had minimal clinical experience going into the fellowship. I remain here because of my colleagues. Each brings a unique perspective, and our collaboration continues to inspire me every day.

Sean Hillman

Lead Ethicist, Lakeridge Health System

My interest in bioethics started while a nursing assistant for 20 years, inspired by working alongside a senior ethicist for many years and completing advanced bioethics degrees. The fellowship prepared me to be both a consultant and leader in clinical ethics and gave me chances to learn from both clinical ethicists and other fellows. Our cohort contributed to the research, planning and consulting related to major changes in both CPR and MAiD.

Michael Montess

Bioethicist, Centre for Addiction and Mental Health (CAMH), Assistant Professor (status-only), Dalla Lana School of Public Health at the University of Toronto

The fellowship provided me with the tools, skills, and experience that I needed to take the next steps in my career. I was part of a wonderful group of fellows and staff ethicists and the program exposed me to many different ethical issues in diverse areas of care, such as acute care, rehab, long-term care, and mental health. Before I was a Unity fellow I was working as a Policy Analyst at the Public Health Agency of Canada supporting public health ethics consultation. The fellowship helped me secure a job as an ethicist and a professor.

Marnina Norys

Organizational and Clinical Ethicist, Humber River Health

I would not have a career as an organizational and clinical ethicist at all were it not for the Unity fellowship. I had many of the qualifications but needed practical clinical experience and an established connections within the field. The fellowship gave me both these things, and an essential leg up when applying for future jobs. One learning I use everyday is how to do things that represents a good fit between institutional needs, the institutional culture and the ethicist's own particular strengths and style, to generate a good practice.

Jamie Roberston

Clinical Ethicist, Alberta Health Services, Edmonton

The CCE Fellowship helped launch my career move from academia to healthcare. It gave me key skills and taught me how to apply my academic background in ways that make sense to other healthcare professionals. During my fellowship with the CCE, I was able to practice the consultation process with standardized patients and to contribute to hospital policies.

Kevin Rodrigues

Senior Bioethicist, Bioethics Education Lead, University Health Network

In a way, the fellowship chose me. I was in grad school and working part time as a Spiritual Care provider when I was told about the fellowship. I hadn't sought a career in ethics, but the fellowship seems to be the perfect mix of clinical and academic/research work, which drew me to it.

Current and Incoming Fellows

Md. Shaikh Farid

2025 Fellow, Centre for Clinical Ethics

I joined the Unity Health Fellowship to gain real-world experience in ethics and learn how to better support people from diverse backgrounds in healthcare. My background is in academic research and bioethics training. My hope is that this fellowship will strengthen my knowledge to help me meaningfully contribute to clinical ethics in Bangladesh.

Kirk Lougheed

Kirk Lougheed holds a PhD in philosophy from McMaster University where he completed a dissertation on the philosophical implications of disagreement. During his PhD studies, Kirk spent time working with an organization dedicated to supporting Toronto's underhoused community. After completing a postdoctoral fellowship at the University of Pretoria with a focus on philosophy of religion and the African philosophical tradition, he took a position at LCC International University. He spent four years as Assistant Professor of Philosophy and Director of the Center for Research on Faith and Human Flourishing at LCC, where he worked with students and colleagues from over 60 different countries. Kirk has published many articles and books spanning epistemology, ethics, religion, and African philosophy. Right now, he is most interested in cross-cultural bioethics and in the nature of clinical ethics consultations. His latest book, *A Moral Theory of Liveliness: A Secular Interpretation of African Life Force* was published in 2025 with Oxford University Press.

Andrew Tamale

Andrew Tamale is a Clinical Ethics Fellow with a background in clinical medicine and clinical research, and a recent graduate of a Masters in Health Ethics from Memorial University. His current work focuses on the ethics of healthcare policy, with particular interest in how autonomy and informed consent are exercised by vulnerable populations. His research explores the ethical challenges of Medical Assistance in Dying (MAiD), especially in the context of mental illness.

Our Team

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cce Centre for Clinical Ethics

Publications

Apramian T, Szego M, Langlois D. New Developments and Old Dilemmas in Ontario's Resuscitation Policy at the End of Life. Can. J. Bioeth 2024;7:166-71. https://doi.org/10.7202/1112288ar.

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Bianchi A. "Moral Distress and DSPs: What is it? And what to do about it?" *The International Journal for Direct Support Professionals,* 14(1), (2025) (invited article)

Campbell, A., & Robertson, J. (2025). Understanding the Preference for Incarceration Among Some Forensic Psychiatric Inpatients in Ontario. *Journal of the American Academy of Psychiatry and the Law,* 53(3), https://doi.org/10.29158/JAAPL.250045-25

Honan L., Heesters A.M., Bianchi A., Salis M., & Bell J. A. H. (2024). Key Insights and Priorities for Evaluating the Effectiveness of Clinical Ethics Consultation. Canadian Journal of Bioethics = Revue *Canadienne de Bioéthique*, 7(2–3), 201–204. https://doi.org/10.7202/1112298ar (invited article)

Norys M, Szego M, Shore E, Maggi J. "Not Until the Baby Arrives": When Delusional Pregnancy Impacts the Management of Uterine Cancer. Can. J. Bioeth 2024;7:186-8. https://doi.org/10.7202/1112293ar

Percy Campbell J, Buchan J, Chu CH, **Bianchi A**, Hoey J, Khan SS. User Perception of Smart Home Surveillance Among Adults Aged 50 Years and Older: Scoping Review. *JMIR mHealth and uHealth* 2024;12:e48526.

Wadden JJ. Naming and Diffusing the Understanding Objection in Healthcare Artificial Intelligence. *Canadian Journal of Bioethics / Revue Canadienne de bioéthique.* 2024;7(4):57-63. Doi:10.7202/1114958ar

Presentations

Albert L, Hoque N, Pugsley A, and Wadden JJ. Career Development for the Humanities Panel. University of Toronto Scarborough Campus. 2025, March 17.

Bianchi A, Vogt J.A. A Literary Intervention to Raise Awareness of the Ethics Concerns that Arise in Providing Care for People with Intellectual Disabilities and Autistic People (poster). *Canadian Health and Wellbeing in Developmental Disabilities*, February 5-6, 2025

Bianchi A. An Ethical Argument Not to Prioritize Autonomy: Reconsidering Guiding Ethical Principles in Healthcare and People with IDD. *International Association for the Scientific Study of Intellectual and Developmental Disabilities (IASSIDD) conference*, August 6, 2024

Bianchi A, Santo A. Complex Transitions: an ethical imperative for collaboration between the Healthcare and Developmental sectors. *Ontario Association of Developmental Disabilities (OADD) conference*, April 11, 2024

Bianchi A, Vogt J.A. Book launch: Intellectual Disabilities and Autism: Ethics and Practice. *University of Toronto's Joint Centre of Bioethics Seminar Series*, March 19, 2025

Bianchi A. Ethics and Geriatrics in Healthcare. *University of Toronto Geriatric Dentistry Plus – Online Rounds*, March 6, 2025

Bianchi A, Gonzales A. People with intellectual & developmental disability in hospital: ethical tensions and strategies for change. *Unity Health Toronto Ethics Rounds*, January 30, 2025

Bianchi A. Am I Ableist? A Conversation About Disability, Ethics, and System Change in Healthcare. *DDPCP Forum* (Surrey Place), December 6, 2024

Bianchi A. Introduction to Bioethics. *Dalla Lana School of Public Health Outreach and Access Program – Marc Garneau Secondary School*, November 21, 2024

Bianchi A. Considering the Ethics of Sexual Expression in Care Environments. *CAMH National Health Ethics Week*, November 5, 2024

Bianchi A. Ethics in Healthcare. *Central Behavioural Supports Ontario (BSO)* 3 hour workshop, October 23, 2024 (invited guest speaker to host 3-hour workshop)

Bianchi A, Guo M, Andreoli A. 'Therapeutic' Falls: Exploring concepts of risk, autonomy and recovery in rehab. *Baycrest Geriatric Grand Rounds*, April 18, 2024

Bianchi A. Truth-Telling Complexities: Ethical Considerations. Neuropsychology seminar. *Baycrest Neuropsychology Department & Training*, April 17, 2024

Bianchi A. Harm reduction in practice – Dignity of Risk. *Nova Scotia Health Ethics Network - As Good As It Gets: Ethics and Harm Reduction in Healthcare*, April 12, 2024

Campbell, A. & de Bie, L. (May 2024). When the default is deficient: Lessons on substitute decision-making from structurally vulnerable communities. *18th International Conference on Clinical Ethics and Consultation and 32nd Annual Conference of the Canadian Bioethics Society*, Montreal.

de Bie, L., Dunning, A., Theodorou, A., Sinding, C., & Hawke, L. (September 2024). The unique role and contribution of peer supporters to MAiD in Canada: Lessons learned from a national discussion series. *MAiD in Canada: A Sober Second Look Symposium*, Centre for Bioethics, Memorial University, Newfoundland.

Hillman, Sean. *Advance Care Planning for Newcomers*. John A. Leslie P.S. April 2025 (presentation with Bengali interpretation).

Hillman, Sean. *How We Came from High School to our Healthcare Professions: Clinical Ethicist.* Pathways to Care (Secondary School Hospital Education Day). Lakeridge Health. May 2025 (panelist).

Hillman, Sean. *Language in Ethics and Clinical Consultation. Ethics Grand Rounds*, Centre for Clinical Ethics (Unit Health Toronto). July 2025 (presentation).

Szego, M. How ethics can enable precision medicine. Massey College Grand Rounds, University of Toronto. Toronto, Canada.

Wadden JJ. Ethics of AI Award Keynote for the 3rd International Conference on Ethics of Artificial Intelligence (3ICEAI) at the Universidade dos Açores. Talk Title: Naming and Diffusing the *Understanding Objection* in Healthcare Artificial Intelligence. 2024, September 19-25.

Wadden JJ. rTAIM (Rebuilding Trust in AI Medicine) Monthly Seminar #13 for the Instituto de Filosofia da Universidade do Porto. Seminar Title: Ethical Agent or Mere Tool?: A Cautioning Argument for "Moral" Artificial Intelligence in Healthcare. 2024, October 30.

Wadden JJ. Harley Hotchkiss Memorial Lecture for the Canadian Centre for Behavioural Neuroscience. Lecture Title: Naming and Diffusing the *Understanding Objection* in Healthcare Artificial Intelligence. 2025, February 3.

Awards

Dr. Jordan Wadden, Ethics of AI Award from the 3rd International Conference on Ethics of Artificial Intelligence (3ICEAI). 2024, September 25.

Media

Szego, M. Interview by David Common, host of "Metro Morning", CBC Radio 1,
23andMe has filed for bankruptcy, what does that mean for the security of its 15 million customers?
https://www.facebook.com/UnityHealthToronto/videos/23andme-the-genetic-testing-company-has-filed-for-bankruptcy-raising-concerns-ab/640099112251969. March 26, 2025

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