



## Centre For Clinical Ethics

Providing expert guidance in compassionate and thoughtful ethical decision-making across healthcare.



## Contents

- 1 **Message From Michael**
- 3 **Our Guiding Principles**
- 4 **Our 2019 - 2021 Strategic Objectives**
- 5 **Demonstrating Impact**  
Providing Care to Help the Homeless in Toronto
- 7 **Strengthening Partnerships**
- 9 **Fostering New Ethics Leaders:**  
Our Fellowship Program
- 11 **Demonstrating Impact**  
Bridging Gaps and Building A Health System One Relationship at a Time
- 13 **By the Numbers**



## Michael's Message

It has been a difficult year.

Thinking back to the beginning of our fiscal year, I am reminded of all the uncertainty and fear we felt as case counts, and hospitalizations, kept rising during the first wave of the pandemic. Then in May 2020, with the murder of George Floyd, we were confronted with another pandemic, although this one had been raging in plain sight for a long time. This second pandemic is racism which affects Black, Indigenous and other racialized peoples. My reflections on the past year are guided by these two intertwined pandemics.

At the beginning of the healthcare pandemic, our initial challenge was dealing with the scarcity of personal protective equipment (PPE). As the biology of the virus and its mode of transmission were being studied, healthcare providers were justifiably concerned about the best way to stay safe while caring for patients. While others tried to secure more supply, our initial work involved creating tools for PPE rationing and aiding in the implementation of visitor restrictions guidelines in our hospitals. Not surprisingly, all seven partner organizations had similar needs and our ethics team collaborated to create tools and share knowledge across sites. Together we quickly made a big difference.

Like every field, bioethics has areas of specialization. While most clinical ethicists do not have an in-depth knowledge of public health ethics, we quickly learned about this specialty. Particularly during the first wave, almost all our activities involved a response to COVID-19. As leaders in bioethics, our guidance was called upon in incident management teams, committees planning for critical care triage, visitation appeals committees, PPE rationing committees, rapid research review committees for COVID-19 protocols, vaccination committees and many others. This new expertise fostered academic output as we identified issues with Ontario's Health Protection and Promotion Act and the allocation of certain mental health services during the pandemic.

By wave two, the number of clinical consultation requests increased drastically. Over the course of the year, we engaged in 726 clinical consults across all our partner organizations. I am proud of my team for all their hard work providing high quality clinical consults during extraordinary circumstances.

In the Fall of 2019, we engaged in our first strategic planning exercise with a plan to launch the completed plan in April 2020. During the planning exercise, we spent a lot of time reflecting on our role and core values as a Catholic Ethics Centre. We are proud to be able to articulate in print our shared goals and values in this report.

Our strategic plan has not been front of mind as we mobilized to respond to COVID-19. However, in looking at the goals we set for ourselves, I know we accomplished many of them and will continuously improve. Some of our major accomplishments include:

- Creating additional tools to help frontline clinicians and leaders alike as they navigate complicated ethical issues.
- Expanding educational opportunities available to all staff such as encouraging certification by the Healthcare Ethics Consultant-Certified (HEC-C) program. HEC-C is part of the American Society for Bioethics and Humanities.
- Enhancing patient care through education and scholarship via participation in research resulting in a variety of academic outputs from CCE ethicists.
- Hosting a well-attended ethics conference in the Fall of 2020.
- Continuing to work and support the longest running clinical ethics fellowship program in Canada

As we contemplate a summer and fall with fewer COVID-19 cases, much still needs to be done about the second pandemic. As ethicists, we have an interest in equity and justice. Systemic racism is antithetical to how we believe healthcare and broader society should function.

We commit to additional training, raising awareness, and ensuring the CCE takes an active role in engaging with marginalized communities. We will revise our strategic plan to set some concrete goals with respect to this work so we will be held accountable for our commitments.

Thank you for taking time to read our first community report. I know I speak for all the staff at the CCE when I say we feel lucky to work in this field and contribute to patient care through consultations, education, policy development, and research.

Please stay well and be safe.

**Michael Szego, PhD, MHSc**  
*Senior Director, Centre for Clinical Ethics & Vice Chair, Research Ethics Board, Unity Health Toronto*  
*Assistant Professor, Faculty, Medicine and the Dalla Lana School, Public Health, University of Toronto*  
michael.szego@unityhealth.to

# Guiding Principles

Our guiding principles are grounded in our Catholic tradition and values.

**Human dignity**

Respect the sacred value of each person.

**Inclusivity**

Care for all who need us.

**Partnership**

Collaborate with patients, families, caregivers, communities, healthcare providers, learners and leaders.

**Trust**

Foster and develop relationships of trust.

**Reflective leadership**

Bring creativity and innovation to healthcare settings and the field of bioethics.



The Centre for Clinical Ethics is an invaluable partner to Waypoint and a full participant in all ethics activities since 2004. Thanks to CCE’s partnership, ethics reflection has been integrated into every level of our organization and the lives of our patients and clients improved. Along with providing clinical and organizational consultation, CCE participates in the Ethics Committee and Research Ethics Board, as well as providing ethics education and ethics grand rounds. Waypoint is better as a result of our partnership and we look forward to many more years of ethics collaboration.

*Glenn A. Robitaille, DMin, MDiv, RP, MPCC | Director, Ethics and Spiritual Care  
Director, Ontario Structured Psychotherapy Program | North Simcoe/Muskoka (A)*

# Our 2019 - 2021 Strategic Objectives & Priorities

Strategic Objectives:



Integrate into our healthcare environment to grow our impact



Enhance patient care and ethical decision-making through education and scholarship



Raise awareness and broaden understanding of the role of ethics in healthcare

Priorities:

1  
We will strengthen relationships with our partners.

2  
We will be proactive in supporting organizations and decision-makers in ethical decision-making.

3  
We will invest in our team members to support their continued growth and development.

1  
We will engage in collaborative research to shape policy and continuously improve our offerings.

2  
We will disseminate knowledge and best practices through active presence in the academic community.

3  
We will advance our fellowship education model to provide differentiated learning experiences.

1  
We will collect and share our stories with our community including patients, families, caregivers, care givers and leaders.

2  
We will engage with our community to disseminate information to help build their own awareness about the role of clinical ethics.

The collaboration between the St Joseph’s Health System (SJHS) and the Centre for Clinical Ethics has been very important from both a strategic and operational perspective. The Centre has such a strong commitment to excellence. The depth of expertise within the community of ethicists allows us to gain insight into emerging ethical issues in healthcare in a very timely way. This along with the overall quality of the service has made the collaboration of immeasurable value to our patients and healthcare workers across the 6 member organizations of the SJHS.

– Winnie Doyle  
Interim President & CEO, St. Joseph’s Health System





# Demonstrating Impact

## Providing Care to Help the Homeless in Toronto

On any given night in Toronto, there are 8,000 people experiencing homelessness. That’s almost the same as the entire population of the town of Kirkland Lake.

With the emergence of the COVID-19 pandemic, new strategies were needed to enhance protection for staff and clients in the shelter system. To meet this need, Inner City Health Associates (ICHA), a group of over 100 physicians serving over 50 sites frequented by people experiencing homelessness in Toronto, developed The COVID Alert Risk Evaluation (CARE) project in partnership with shelter operators, Toronto’s Shelter, Support and Housing Administration (SSHA), and Toronto Public Health. They took a population health focus to help the shelter system better serve people experiencing homelessness in the pandemic.

CARE provides data to help front line homeless shelter workers better manage services and supports. The project leverages data from a variety of sources to help shelter providers support their clients. They link people in need with people to help them, filling gaps in the system.

In building the project there were many ethical questions that came up, for example, around the use of personal information for the greater public good. Through the CARE project, shelter providers use the data from ICHA and SSHA to support individuals and groups who are at an increased risk of having severe complications from COVID-19. Dr. Aaron Orkin, Population Health Lead at ICHA, notes that a program like this raises a range of ethical and operational questions that need to be asked and answered. As we now know, when you’re in the shelter system, having somewhere to safely isolate during a pandemic is not a luxury you have. Once an at-risk person is identified solutions can be found to serve the client and the community together.

Dr. Orkin relied on Dr. Jamie Robertson, Clinical Ethicist at the Centre for Clinical Ethics, Unity Health and her colleagues to guide him. “Bioethics explores the value and the intent behind how and why we’re using this information. They ask inquisitive questions, reflect on our responses and provide excellent, thoughtful communications back to us. Dr. Robertson helped us to evaluate if what we are doing is being done in the best possible way for the people we are working to support.”

Reflecting on the various forms of support she provided to ICHA, Dr. Robertson notes that “Hospitals need to be more proactive to cultivate and establish important relationships with community support organizations such as shelters. As we are continuing to learn, hospitals need to expand their role to support public health directives in the pandemic.” Collaborating with groups like ICHA can help reduce the number of people who end up in a hospital emergency department for treatment during the pandemic and more generally reduce the harms caused by the pandemic.

Dr. Orkin concludes that, “When trying to make meaningful change, we have to challenge our values and drivers for the choices we make. Bioethicists think about that. They engage with those ideas and work with us to create better outcomes. The value they add, at both the clinical and program design level cannot be overstated.”



We provide guidance, advice and a sounding board for those who reach out to us such as patients, families, caregivers, clinicians and leaders.





# Strengthening Partnerships



The services provided by the Centre for Clinical Ethics and their ethicists have been an outstanding source of ethical knowledge and support to SHN, especially during the pandemic. The advice and guidance our hospital has received from our ethicists has been invaluable and assures us that we are making the best possible decisions for our patients in Scarborough and the hospital.

– Dr. B. Lauwers  
Executive Vice President of Medical and Clinical Programs | Scarborough Health Network

It is safe to say that the pandemic has been everyone’s greatest challenge since late 2019. It has exposed many barriers and inequities in our healthcare and social systems.

As ethicists, we are advisors to leaders, clinicians, families and caregivers who face difficult care decisions and wish for ethical guidance. The pandemic significantly changed the types of activities our ethicists engaged in. While we continued to receive high demand for clinical consultations, we also played a significant role in many COVID-related committees and created tools to help navigate difficult resource allocation decisions. From personal protective equipment rationing in the first wave, to visitation appeals, vaccine allocation, fast track research ethics review for protocols testing new therapeutics for COVID-19, and developing and implementing frameworks for rationing healthcare resources, our ethicists touched many aspects of the response to COVID-19. Throughout the pandemic we developed and shared tools to assist our partners in ethical decision-making around issues such as access, quarantining and mental health.

During this year we also began to engage with our patient and family councils on a number of initiatives. We launched our new ethical decision-making framework called GREAT with Unity Health drawing on input from patients, families, clinicians and leaders from St. Michael’s Hospital, St. Joseph’s Hospital and Providence Health. We also worked with patient-family advisors/partners associated with Unity Health and Scarborough Health Network to revise our literature about substitute decision-making, consent to treatment, and decision-making capacity, spearheaded by our Clinical and Organizational Ethics Fellows. You can read more about our new framework here.

During the fall of 2020 we hosted a virtual ethical conference called Learning Through the Storm: Ethical Issues Raised During COVID-19. The conference highlighted the Canadian experience of the COVID-19 pandemic which made gaps in our social and healthcare systems deeper and more visible.

The conference focused on how people who are elderly, racialized, disabled, underhoused, low income, or otherwise marginalized have been – and continue to be – disproportionately exposed to COVID-19 and affected by public health measures.

We collaborated with a host of experienced and articular clinical and non-clinical leaders. Some specialized in intersectionality and ethics in health, racial barriers to health, trauma, epidemiology and public health. Together we delivered three focused workshops our partner organizations:

- Impact of the COVID-19 Pandemic on Racialized Communities
- Impacts of the COVID-19 Pandemic on People Who Use Substances
- Public Health Ethics

This virtual education model was so successful that we plan on delivering ethics grand rounds over the course of the year using a webinar format.

Here is a selection of our accomplishments.

[Beauvais Michael J. S., Thorogood Adrian M., Szego Michael J., Sénécal Karine, Zawati M’an H., Knoppers Bartha Maria. Parental Access to Children’s Raw Genomic Data in Canada: Legal Rights and Professional Responsibility. \*Frontiers in Genetics\*. 2021 March 31; 12. DOI:10.3389/fgene.2021.535340](#)

[Chad, L., Szego, M.J. Please give me a copy of my child’s raw genomic data. \*Nature Publishing Group Genomic Medicine\*. 2021. 6:15. doi: 10.1038/s41525-021-00175-y](#)

[Hillman, Sean. “Bioethics and Medico-Legal Approaches to Ritualized End-of- life Fasting and Immobilization Practices in India: Jain Sallekhan and Buddhist Tukdam.” \*Shugan Chand Jain and Christopher Key Chapple, eds. Sallekhana: The Jain Approach to Dignified Death\*. Delhi: D.K. Printworld, 2020: 121-194.](#)

[Jamie Robertson, Alastair J. Flint, Daniel Blumberger, Venkat Bhat. Ethical Considerations in Providing Electroconvulsive Therapy During the COVID-19 Pandemic. \*The Canadian Journal of Psychiatry\*. 2021; 0706743721993617](#)

[Langlois, D., Butler, J., Szego, M. Balancing Personal Liberty and Public Health; Gaps in Ontario’s Health Protection and Promotion Act. \*Health law in Canada Journal\*. 2021. 41\(2\): 71-81.](#)

### Conference abstract:

Powell, Laura (Durham Family Resources) and **Sean Hillman** (Lead Ethicist, Lakeridge Health). Supported Decision-Making in Healthcare: How it can be Done Now and a Vision to Change Legislation. International Association for the Scientific Study of Intellectual and Developmental Disabilities, IASSID | Special Interest Group, annual conference (virtual).

**GREAT**  
A principle-based framework  
for ethical decision-making

<b>Gather</b>	<ul style="list-style-type: none"><li>• Get background information</li><li>• Identify initial judgments</li></ul>
<b>Refine</b>	<ul style="list-style-type: none"><li>• Distill judgments</li><li>• Name the options</li></ul>
<b>Evaluate</b>	<ul style="list-style-type: none"><li>• Assess the options</li><li>• Reflect on organizational values</li></ul>
<b>Act with Transparency</b>	<ul style="list-style-type: none"><li>• Articulate the choice</li><li>• Reflect and learn</li></ul>

UNITY HEALTH  
TORONTO

Lakeridge Health’s partnership with the Centre for Clinical Ethics has resulted in the provision of essential ethics services and support since 2015. Lakeridge Health has benefited significantly from this partnership through access to a multi-disciplinary team of clinical ethicists and ethics fellows, who provide a wide breadth of experience and expertise with 24/7 on-call support, rotating speakers and exceptional collaboration.

Kirsten Burgomaster PhD | Health System Executive, Regional and Community Care



# Fostering New Ethics Leaders: Our Fellowship Program



**Dave Langlois, MA, PhD**  
*Clinical Ethicist, Fellowship Director*

As Director of the Fellowship Program, the last year has been an unusual and challenging time in this area, as it has been throughout the healthcare system. Our fellows have had to adapt to learning and working in a new environment (often remotely), and our staff have had to pivot to supervising fellows in novel ways. Additionally, given the unique circumstances and demands of the pandemic, we have had to strike a balance between teaching our standard curriculum (driven by classic issues such as informed consent and refusal, decision-making capacity, and substitute decision-making) and focusing our pedagogical attention on the pressing issues of the day (including public health ethics and crises in resource allocation). Against this challenging backdrop, we have been delighted by our fellows’ many successes.

In 2020, Claudia Barned and Jeremy Butler successfully completed their fellowships with the Centre. Claudia was our first fellow to rotate through the Bioethics Program at University Health Network, as part of our new clinical fellowship partnership with UHN. And after a six-month rotation at UHN, Claudia joined the UHN team as a staff bioethicist. Meanwhile, upon completion of Jeremy’s fellowship, we invited him to continue with our team as a senior fellow. Partway through Jeremy’s senior fellowship, he took a position as a staff ethicist at Providence Care Hospital, in his hometown of Kingston, Ontario. Notably, Jeremy had completed a short rotation with Providence Care in the early stages of his fellowship. It has been lovely to see Claudia’s and Jeremy’s fellowship rotations develop into positions as ethicists.

In early 2021, we were joined by two new fellows, Juhee Makkar and Alex Campbell. In their short time with us so far, they have already made invaluable contributions to our Centre’s policy and educational projects.

**Our fellowship program has new academic and clinical partnerships on the horizon. We look forward to what the future holds.**



**Alexandra Campbell, JD, LLM, MHSc**  
*Clinical Ethics Fellow*

Alexandra Campbell (Alex) is delighted to be a fellow with the Centre for Clinical Ethics.

Prior to completing her MHSc (bioethics) in the spring of 2020, Alex worked as a lawyer for over a decade, practicing primarily in the area of criminal law. Alex has a longstanding interest in ethics, and bioethics in particular. She was a staff lawyer for The Long-Term Care Homes Public Inquiry, and, in the course of obtaining her master’s degree in law, she completed a thesis addressing the psychological harm caused by solitary confinement in Canadian prisons.

In the fall of 2019, as part of the MHSc program, Alex had the opportunity to complete a practicum in clinical ethics at Sunnybrook Health Sciences Centre under the supervision of Sally Bean. Currently, Alex serves as a member of Public Health Ontario’s Ethics Review Board.

Alex hopes to expand upon her earlier work on the harm of solitary confinement by exploring the effects of social isolation in the course of the COVID-19 pandemic.

**She is always keen to explore ways in which the harms of isolation may be mitigated and has a growing interest in matters of psychiatric ethics.**



**Juhee Makkar, JD, MHSc**  
*Clinical Ethics Fellow*

Juhee Makkar is a lawyer with extensive experience in health policy and health administration. After completing her Juris Doctor (JD) at the University of Toronto and practicing corporate law, she worked as a senior policy advisor with the Ontario Medical Association.

Juhee was also the Interim Director of Medical Affairs at St. Joseph’s Health Centre before completing her Master of Health Science (MHSc) in Bioethics at the University of Toronto. Most recently, Juhee was a legal representative on the Research Ethics Board (REB) at Unity Health Toronto and is currently one of the legal representatives on the Ethics Research Board (ERB) at Public Health Ontario.

**Juhee is excited to join the CCE as a fellow and further pursue a career as a clinical bioethicist.**

Our fellows and ethicists come from a variety of backgrounds. We are stronger because of their diverse skills, specializations and experiences. We offer fellows a unique 18-month experience that builds from their areas of strength and sharpens their focus on clinical ethical decision-making.



# Demonstrating Impact

## Bridging Gaps and Building a Health System

### One Relationship at a Time

“I think we’re smack dab in the middle of an evolution around the healthcare system truly being one system. Frankly, it has been many systems for many years. We are taking action to change that particularly now and clinical ethics plays a big part in this,” says Leslie Motz, VP of Clinical Services and Chief Nursing Executive at Lakeridge Health.

Sean Hillman is the lead Clinical Ethicist at Lakeridge Health and a member of Unity Health Toronto’s Centre for Clinical Ethics team which provides ethics services to a number of Ontario hospitals, and support to partner community organizations. Sean has committed his life and work to helping people go beyond their own thinking and consider others. Within Lakeridge Health, Sean supports staff, clinicians, patients and families in decision-making, advanced care planning, conflict resolution and self care. He also guides community organizations on how to navigate the hospital system.

Recently, Sean took on the role of liaison between Lakeridge Health and Durham Association for Family Resources and Support (DFR). This relationship is critical to helping families with vulnerable disabled adults advocate for themselves to get the proper care they need. Janet Klees, Executive Director of DFR explains, “Sean came and listened to stories from families as to why it was important that their sons and daughters have a voice and be seen as part of their own care decisions. He got it immediately. He said people at the hospital need to hear these stories.”

Pre-COVID-19 Sean joined a DFR community advisory committee for a pilot project on supported decision-making. He organized some DFR staff and family members to speak to Lakeridge Health staff at an ethics grand rounds. During the pandemic, DFR and local families set up a Safe at Hospital working group to focus on family concerns about hospital visits for their family members with disability. Sean was quickly invited into this group.

Safe at Hospital helps families, caregivers and others prepare for the best possible health outcomes. The working group learned and shared with others how to prepare for possible emergency visits or hospital admissions with medical information, rationales for essential supports, and understanding the collaborative role of the essential support person. Sean explained the constraints, stresses, policies and possibilities to families so they would be better prepared for what they could experience during a hospital visit. In return, hospital staff benefited from collaborative supports of essential care partners, and patients were less agitated or anxious about being there.

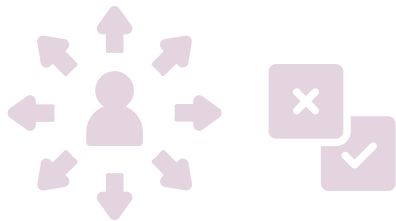
In early spring 2020 a family member with disability connected to DFR ended up in a Lakeridge Health Emergency De-partment. The person is non-verbal and was not there because of COVID-19.

The accompanying support person had tips and tools informed by Sean and the working group. The hospital accommodated the person, allowed her support person to stay with her, and the patient was discharged in 24 hours, safe and well. “It could have taken longer and had different outcomes, had this person not had a trusted, familiar support person with her the entire time. The presence of a well-informed supporter means that the hospital benefited from more quickly and effectively diagnosing and treating the medical problem,” says Janet.

Sean sits on various taskforces, committees and working groups in hospital. He brings these stories into the conversations. He wants the voice of the community to always be represented. He builds bridges and strengthens care between community and the hospital one relationship at a time.

“We are so very pleased to have the ability to integrate with community sectors that we would not traditionally have the opportunity or, frankly, the right person to do that with,” says Leslie.

Our stories help to build awareness of the role of ethicists in clinical decision-making.



# By the Numbers

## Fiscal 20/21

CONSULT REQUESTOR

726 TOTAL CONSULTS



NUMBER OF CONSULTS BY REQUESTOR TYPE



Ethicists at the Centre for Clinical Ethics are well integrated at Unity Health Toronto and provide expert guidance to our clinicians and leaders to help enable excellent care for our patients.

Thomas G. Parker, MD, FRCPC, FACC, Executive Vice President, Clinical Programs & Chief Medical Officer, Unity Health Toronto, Professor of Medicine, University of Toronto

4,400

Beds serviced across tertiary care, community hospitals, rehabilitation services, complex continuing care, mental health, long-term care

### TOP 4 ETHICAL ISSUES

substitute decision-making (SDM)

concerns about a patient or SDM's decision-making capacity

discharge planning

concerns about the appropriateness of a patient's treatment plan

33
 Total Debriefs

78
 Ethics Case Reviews

6

Ethicists

1

Director

1

Administrative Assistant

2

Fellows

7

Partner Organizations

18

Sites Served





Centre for Clinical Ethics | 30 The Queensway | Toronto, ON | M6R 1B5  
Phone: 416-530-6750 | After Hours Pager: 416-864-5070, Pager ID: 4211

For more information or to contact us please click here:

[Email Us](#) | [www.ccethics.com](http://www.ccethics.com)