



Clinical Ethicists: They Work Amongst Us But What Do They Do?

Clinical ethicists help people approach, appraise, and address complex moral issues within healthcare. They provide support to answer critical, ethical questions of care whether in the hospital or community, boardroom or bedside.

The [Centre for Clinical Ethics](#) (CCE), based out of Unity Health Toronto, was established in 1982 to meet the ethics needs of three Catholic hospitals in the GTA: Providence Healthcare, St. Joseph's Health Centre and St. Michael's Hospital. Today there is a team of six clinical ethicists and two fellows working as part of hospital care teams from Hamilton to Oshawa. The CCE team has inter-disciplinary experts with backgrounds in mental health nursing to philosophy and so much more. Their multicultural team brings a wide breadth of expertise to their work. They help others navigate ethical questions: they are not the moral police.

Team members are embedded in organizations, and provide consultative services to patients, families, hospital staff, volunteers, and students on a wide range of ethical issues. Such issues include value conflicts around decisions such as withholding or withdrawing treatment, consent and capacity, resource allocation, and organizational ethics. The CCE's work is done through education, case consultations, policy development, and research.

Like everyone everywhere, their world changed amidst Covid-19.

How The Work of an Ethicist Makes A Difference In Care

A majority of their consultations pre-pandemic focused on person-centred care, seeking the best ethical outcome for a given patient in their particular circumstance. Then the system sharply shifted to respond on a population health level. Clinical Ethicists quickly pivoted from doing many bedside consultations to more boardroom consultations. Dr. Michael Szego, Director of the Centre for Clinical Ethics said that, "The population health lens is a vastly different way of thinking. We had to focus on stewardship and how are we going to deliver equitable support and services and make sure that we're benefiting the highest number of people."

While guided by efforts during SARS, and the early emerging decisions of the province, the team worked tirelessly to develop and modify ethical frameworks to respond to urgent ethical questions. While the government and Ontario Health were coordinating a provincial effort, local decisions had to be made quickly and tools were required for ethical decision making to ensure fairness and transparency. Fortunately, there were tools that were already available or readily adaptable to the current situation. What was not there was created, working collaboratively with other hospitals and clinical leaders.

In one partner site, Scarborough Health Network, tools and templates were developed with clinical leaders to address the issues related to Covid-19 in late January. They were early out of the gate in watching what was happening around the world and preparing for what seemed inevitable. Working collaboratively, a visitor policy, return to work policy for staff, patient safety policy for those who required onsite treatments and PPE distribution policy were all developed. They were then shared with other CCE partner sites to help them adapt and leapfrog into action as quickly as possible.

Dr. Szego notes, "our work in Scarborough provided some valuable content for an initial draft of the framework we then adopted for Unity Health. They provided us a helpful starting point. We were able to leverage the team to create tools, and then use them in multiple organizations."

Working with partner sites, the CCE ethicists have been actively involved in:

- Advocating for marginalized and vulnerable populations to ensure they are treated fairly and equitably by raising the issue of housing supports for homeless Covid-19 patients so that they do not return to a shelter and put everyone at risk;
- Raising awareness of equity issues in care, particularly around the needs of people of colour or indigenous peoples;
- Adding their voices to committees developing policies to support triage, visitation, mental health and social isolation impact, mental health for care providers; and,
- Developing frameworks for restarting clinical services.

Looking Ahead

The work they contributed to over the past few months (and years) has set a solid foundation to help organizations prepare should a second wave hit. As they look ahead, they consider that there is room for other voices to be added to the pandemic discussion: that of patients, family members and caregivers. They hope that both their work and the system overall will bring additional voices to the table.

