

2022

2023

# Partnership

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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*Please see back cover for a list of our Partners.*



## Michael's Message

# The theme of this year's Community Report is Partnerships.

In 2019, when we launched our first strategic plan, one of our pillars involved integrating into our healthcare environment to grow our impact. One way we have accomplished this goal is by forming new partnerships with institutions wanting ethics support and strengthening established partnerships. This year, we added Baycrest and Surrey Place as CCE partner organizations. We also increased the amount of service we provide to several of our established partner organizations. Several of the articles in this year's report highlight these new partnerships and the new staff position we created to support our new partners.

There were also a number of staffing changes this past year. We are excited about the addition of two new ethicists to the CCE: Andria Bianchi, and Jordan Wadden. We also welcomed two new fellows, Lee de Bie and Maram Hassanein, who are enrolled in our two-year program through Unity Health and the Department of Family and Community Medicine at the University of Toronto. Unfortunately, we also had to say goodbye to Rochelle Maurice and Jamie Robertson, who decided to pursue other ethics opportunities. Jamie and Rochelle both made great contributions to the Centre and we look forward to future collaborations with them in their new roles.

**Michael Szego, PhD, MHSc**

*Senior Director,  
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and Vice Chair,  
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As we continue to grow, it is important to identify and work towards common goals so the CCE can continue to meet the needs of our communities. To this end, I am proud to present our second strategic plan. We revised our vision statement, values, and identified 3 areas of focus for the next 3 years. First, we will adapt our services to evolving healthcare realities to improve care. Second, we will advance bioethics scholarship and fellowship training, and finally we will practice and promote the principles of equity, diversity, and inclusion in healthcare. The full strategic plan is articulated within this report.

Another highlight of this year was our annual speaker series in November on the topic of Healthcare and Human Rights. We had four speakers who spoke on topics such as accommodations in healthcare, an examination of the concept of a right, a discussion about human rights as a colonial construct, and finally an examination of the right to health for persons who are uninsured.

I am always humbled by the deeply personal spaces my staff and I are invited into, as part of clinical consultations. With over 750 clinical consults across all our partner sites this continues to be an area of priority for us now and into the future.

As always, I hope you enjoy this year's report, designed to offer you a glimpse into of what we do. Feel free to reach out to me if you have any questions or comments at any time.

Stay well,  
Michael



We have launched our second strategic plan which will guide our work for 2023-2026.

## Purpose and Guiding Principles

### 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



These three strategic directions will help us demonstrate our impact over the next three 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

# A Vibrant New Partnership Model Replaces A Lone Ethicist

**Baycrest is an academic health sciences centre providing a continuum of care for older adults, including independent living, assisted living, long-term care and a post-acute hospital specializing in the care of older adults all within one campus.**

They are Canada's largest research institute housed inside a seniors care organization. They are also a global leader in geriatric residential living, healthcare, research, innovation and education, with a special focus on brain health and aging.

Recently however, their Clinical Ethicist retired. According to Dr. Gary Naglie, Vice-President, Medical Services, Chief of Staff and Chief of the Department of Medicine at Baycrest, they were familiar with the CCE as we had collaborated on some short-term projects in the past. They needed help, so Dr. Naglie reached out to Michael Szego, Director, to discuss his new vision for this important role within their inter-disciplinary care teams.

Dr. Naglie notes, "We had a single ethicist in the recent past. There was limited opportunity for discipline development, sharing of practices or backfill coverage. I thought we needed a different approach."

In the new approach, CCE Clinical Ethicist, Andria Bianchi, will be working as part of the Baycrest team. Dr. Naglie really appreciated being part of the recruitment process to find the right person for their organization. During that process he met other Clinical Ethicists from the CCE. According to him, this level of collaboration

and transparency really resonated. "It cemented my decision to work with this team and the many benefits of this partnership. They were also really nice and bright people whom I would like to collaborate with."

Andria will be able to tap into her CCE colleagues, a built-in Community of Practice, to bring more ideas and up-to-date practices to the Baycrest team. The lone practitioner model is no more. The CCE will also offer Baycrest more resources for backfill and after-hours coverage. Baycrest will also have the opportunity to participate in Grand Rounds and the CCE's annual Speaker Series, held each year.

While both organizations are based in different faiths, Dr. Naglie notes that, "Having an ethicist who knows the nuances of ethical issues in a faith-based context is also very attractive to us." The two organizations are also affiliated with the University of Toronto and Dr. Naglie hopes that they may be able to support more scholarly pursuits together in the future.



**Dr. Gary Naglie,**  
Vice-President,  
Medical Services,  
Chief of Staff and Chief  
of the Department of  
Medicine at Baycrest

**"We had a single ethicist in the recent past. There was limited opportunity for discipline development, sharing of practices or backfill coverage. I thought we needed a different approach."**



**Baycrest is a global leader in geriatric residential living, healthcare, research, innovation and education, with a special focus on brain health and aging.**

# Approach is Key To Clinical Ethics Partnership

When Soo Ching Kikuta, Director, Resident Care and Services in the City of Toronto's Seniors Services and Long-Term Care division describes the partnership with the CCE, she glows.

"This partnership has been tremendous," she said. According to Soo Ching, ethics has always been something that the City of Toronto has worked very hard to maintain on their own. But with the pandemic, she felt they needed more support because there were more complex care issues arising in seniors and family care. Soo Ching is responsible for the clinical care and services for over 2600 residents at 10 City run homes. Since May of 2022, she has been working with Dave Langlois, Manager, Fellowship and Trainee Education.

"The pandemic brought many challenges in balancing the needs and rights of residents along with their families and/or the care team's decision-making," she said. In one case, at the height of the pandemic, a resident capable of making care and financial decisions, wanted to leave Canada for one week to go to London, England. Both the family and the interprofessional care team were very concerned about the resident's safety and well-being in a foreign country with no friends and relatives. However, the resident was adamant. After many internal meetings with the resident, his family and the care team members, they engaged Dave to guide their ethical dilemma and decision making.

Soo Ching explains, "Dave was fantastic. He was not there to tell the team what to do and what not to do. He acknowledged the team's passion and emotion; posed questions for the team to reflect on from different perspectives. The team reached consensus on strategies to support the resident's wishes and goals." Eventually the resident did leave Pearson airport and landed in London, England. He was not allowed to stay and was sent back to Toronto immediately. She says, "The resident just wanted to be free of the restrictions for awhile. He was happy to have had that freedom when he came back. Dave guided the team through that ethical decision-making process."

The relationship with the CCE is valued by Soo Ching and her team. "Dave is very professional and uses a coaching model to guide ethical decision-making. I like the practical advice, useful conflict management skills, de-escalation techniques and the collaborative style that the CCE uses. I definitely encourage other homes to consider the CCE because it will enrich the clinical ethics discussion and provide better support to residents, families and the care team members."



**Soo Ching Kikuta,**

Director, Resident Care and Services,  
City of Toronto's Seniors Services and Long-Term Care Division

**" Dave was fantastic. He was not there to tell the team what to do and what not to do. He acknowledged the team's passion and emotion; posed questions for the team to reflect on from different perspectives. The team reached consensus on strategies to support the resident's wishes and goals."**



**There are over**

**2,600**  
**residents at 10**  
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## Choosing To Strengthen A Partnership

For many years Toronto Grace Health Centre (TGHC) has had a partnership with the Centre for Clinical Ethics, where services were provided on a remote and as needed basis.

“In the past we would tap into the Centre and get ethicists assigned to us on a case-by-case basis by phone,” said Patricia Skol, Vice President, Clinical Program and Chief Nurse Executive. However, that model recently shifted to reflect the changing needs of TGHC as an organization and the changes in their patient population.

Toronto Grace is treating more psychosocial cases, doubled the number of patient beds to 240, and is facing more complex continuing care challenges, some made more acute by the pandemic. They also treat a large population of older adults living with frailty. All of this can lead to more complex conversations with patients and families about discharge planning and appropriate care in the community. These shifts informed their desire to change the way TGHC works with the Centre. They wanted to increase their partnership and have an ethicist dedicated to their needs and integrated into TGHC’s care team. Andria Bianchi, Clinical Ethicist, is now dedicated to partnering with TGHC one-to-two days a week.

While they will have access to the full suite of ethicists and services offered by the Centre, Andria is an integrated member of the circle of care team. Along with providing consults to clinicians, patients and families, she offers

education for staff as part of the interprofessional team and leads ethics rounds.

Andria joined TGHC’s team this past spring and Patricia is very grateful for her presence. “One of our programs offer mental health support. There’s so much to understand in this area. I think having Andria here is timely to help us navigate conversations on this topic in a more thoughtful way.”

Patricia adds, “We are thrilled to have our delivery model now include an in person Clinical Ethicist helping us navigate through complex situations and difficult conversations. I am looking forward to an increase in patient and family satisfaction because of timely conversations with the interprofessional teams supported by an ethicist. I believe that will result in better informed decisions and more positive patients outcomes.”



“ One of our programs offer mental health support. There’s so much to understand in this area. I think having Andria here is timely to help us navigate conversations on this topic in a more thoughtful way.”



The number of beds for psychosocial cases at Toronto Grace has doubled to

240

# Following a Vocational Calling Inside Canada's Federal Prison System

When we think about how we contribute to our communities, many people stick close to home. But Sean Hillman takes a different approach.

Sean travels some distance and taps into his training and experience as a Buddhist practitioner and former monk to help support men who are incarcerated in South-Eastern Ontario prisons. He does so by leading Buddhist services, sharing helpful tools such as deep breathing and mindfulness/meditation, and leading conversations on Buddhist philosophical topics. He also meets individually with inmates to provide spiritual support, and facilitates an independent Buddhist studies certificate program.

Sean has been a Clinical Ethicist with the CCE for the past seven years. Concurrently, for the past six years, once a month, he has been providing chaplaincy services in three prisons. Sean is part of an organization publicly procured by Correctional Service Canada (CSC) to provide chaplaincy services across Canada in federal facilities. To do this work, Sean must be approved by government, organizational and Buddhist leaders.

While each facility has its own chaplain(s) who provide multifaith support, Sean provides Buddhist religious practice and study supports for men serving time in maximum, medium and minimum security-level facilities, as well as an Assessment facility. An Assessment

facility is a high-level medium facility (verging on maximum in terms of movement restrictions) in which men await placement to an institution fitting their sentence, usually lasting 3-4 months (but all too often longer). Men in the federal prisons where Sean works are serving time for a minimum of two years for a variety of offenses, including murder (referring to themselves as "lifers").

Sean notes, "I remember first arriving at a prison waiting for the tiered gates (or Sallyport) to open and close...that was a very different feeling." Most people may find this this type of work unnerving. Sean admits, "I was nervous at first, but the men were keen to connect with a Buddhist practitioner. It is this hunger for connection and transformation under difficult circumstances that inspires me. I love going to spend time with the men. For the most part, those that I have contact with choose to come to chapel and choose to connect, so already there is some intention and momentum towards change. Many are looking for something to participate in and to belong, even those who do not identify with any religion".

He uses discussion, ritual, one-on-one meetings and religious films or video



▼  
**" I remember first arriving at a prison waiting for the tiered gates (or Sallyport) to open and close... that was a very different feeling."**

discourses to connect with the men. In some cases, he says, "Men need to have a pass or be formally listed as a Buddhist to attend my sessions, others can come freely to anything held in the chapel, depending on the facility's security level." His work helps men who seek meaning and community inside prison. He also helps men prepare for release back into the outside community by connecting with religious communities in the region where they will eventually live.

During most of COVID, faith-based chaplains were unable to visit the prisons, but Sean supported the men through five-minute segments on a dedicated radio show for inmates and producing a newsletter. He is very committed to helping the men and, albeit very challenging, finds a way to balance it with a full-time job and a young family.

Sean concludes, "Like my hospital work, this work is also a calling for me. I am here to support the men. They can come to me regardless of their beliefs. I tell them that I am a spiritual sibling and sort of a tutor, and that we are part of a greater community. The most important message, though, is that change comes from within."



# Strengthening Ethical Skills For PSWs

Jamie Robertson, Clinical Ethicist, is one of two members of the CCE team that provides ethics consultation services to the St. Joseph's Health System, which has member organizations in Brantford, Kitchener, Guelph, and Hamilton/Dundas.\*

The University of Guelph (UofG) partnered with St. Joseph's Health Centre Guelph and the Canadian PSW Network to develop a high-quality micro-credential program. The program enables Personal Support Workers (PSWs) to gain critical skills and knowledge to meet the complex needs of the communities they serve. UofG is a leader in continuing and online learning, Open Learning and Educational Support. There are 13 fully online courses on various subjects, which they developed and offer, to encourage PSWs to enhance their practice and gain confidence as part of a care team.

Ethics was identified by the project partners as a priority area. Jamie, through her relationship with St. Joseph's Health Centre Guelph, was approached to contribute to the development of a course on ethics. It was an invitation she couldn't pass up.

It is understood that PSWs serve vital and important roles in the healthcare system, yet their contributions are underrecognized. There is also insufficient emphasis placed on empowering PSWs to offer their knowledge, expertise, and critical perspective in interprofessional teams. Jamie, and the CCE more broadly, seized the opportunity to contribute to changing perceptions about the role of PSWs.

Jamie was asked to contribute subject matter expertise in the design and development of a high-quality online course that would aim to enhance PSWs' ability to contribute to the ethical culture of their teams and organizations. The course would help increase PSWs' awareness of the ethical dimensions of their work and increase their practical skills in navigating ethical issues. Building on guidance from the partnership steering committee, Jamie – with input from other members of the CCE team, including Juhee Makkar and Clinical Ethics Fellows Maram Hassanein and Lee de Bie – got to work. "This course will be a great way for PSWs to gain further skills and competencies in their area of care," said Jamie. The course takes a case-based approach to learning. Jamie elaborates, "We want to ensure that learners receive practical and applicable skills when the course is completed."

Michelle Fach, Executive Director, Open Learning and Educational Support, University of Guelph is delighted to have this course added to their offering. She and her team have been working to encourage employers to "invest in their workers," she said. They are reaching out to organizations through campaigns and conferences to promote all their courses for PSWs "to ensure there is awareness of these learning opportunities across a variety of



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employers including long term care providers and community care sectors. When we build capacity within our PSWs, we will strengthen their ability to make meaningful contributions to the communities they serve, improve outcomes and support retention within healthcare," notes Michelle. While PSW training programs can be quite short compared to other health disciplines, PSWs provide much of the hands-on care in home care and long-term care environments. They provide essential services and supports to many vulnerable groups. Helping to increase their skills and knowledge will hopefully enhance their capacity to contribute to and flourish in the health and home care sectors.

It is hoped that the investment in learning also supports the clients and patients cared for by PSWs. For example, the plight of seniors was highlighted during the pandemic and many of these pressures continue to be experienced by both PSWs and their clients. More informed PSWs may help stabilize the health and home care systems in the post-pandemic world.

Scheduled to be offered for the first time in the winter of 2023-2024, the course will be offered online and PSWs can work according to their own schedule. The University understands the demands and constraints associated with this role.

Jamie hopes that the course enhances the skills of those who take it and increases their abilities to use their own moral sensibilities. At the end of the course learners will have created a toolkit to apply ethical principles to decision making in their day-to-day work.

For more information about the course, [click here.](#)

\* Jamie was with us when this article was written. She has since joined Alberta Health Services as a Clinical Ethicist.

## 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

Clinical Consultations

793

Debriefs

38

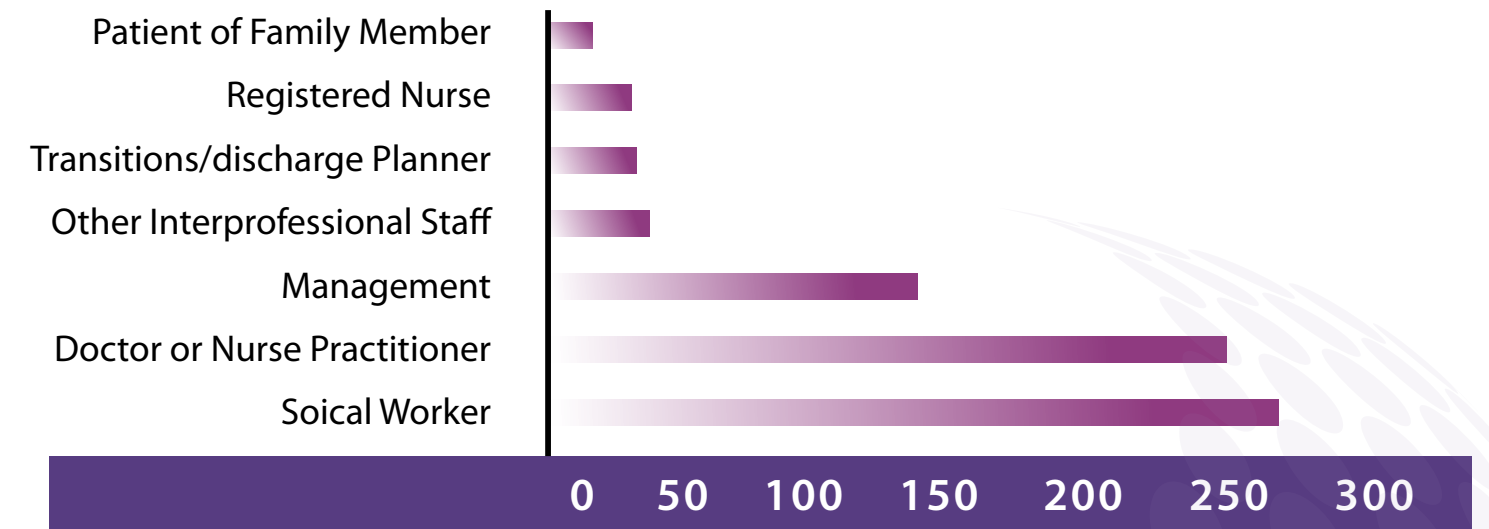


### Consult Requestor



## Top Ethical Issues

- Issues relating to substitute decision making (SDM)
- Concerns about a patient or SDM's decision making capacity
- Issues with discharge planning
- Concerns about the appropriateness of a patient's treatment plan



### Publication:

de Bie, A. L. & Buchman, D. (2022). Why neuroethical analyses of invasiveness in psychiatry should engage with mental health service user movement knowledges and considerations of social in/justice. *American Journal of Bioethics: Neuroscience*, 14(1), 25-28.

# Our Team



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