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THE UNIVERSITY OF TORONTO JOINT CENTRE FOR BIOETHICS: WHERE WE ARE TODAY

In this document I will outline some of the changes and developments since the previous External Review of the University of Toronto Joint Centre for Bioethics in 2006.

**Significant changes and events in the last 5 years**

1. **Strategic Plan**: The strategic plan gave birth to the notion of a 'bioethics collaboratory.' Collaboratory is a concept drawn from information sciences which denotes a community of practice without walls. We have endeavoured to use information technology such as webcasting and other elements of Web 2.0 applications to expand the reach of the JCB. This remains very much a work in progress though, bringing technology to scale and cheaper applications for videoconferencing remain an important way that we can develop this project further.

2. **Formalization of administrative policies and procedures**: Led by Brenda Knowles, we have created clear accountabilities within the JCB. The Clinical Ethics Fellowship had grown without a clear financial plan and fellows had no clear identity as human resources. The number of fellows has stabilized, the job descriptions have been clarified and academic expectations have been integrated into the roles. They are now clearly identified as academic fellows.

3. **Transformation of the Clinical Ethics Group into the Clinical, Organizational, and Research Ethics (CORE) Network**: Through the able leadership of Dr. Barbara Secker the CORE Network has developed into one of the largest concentrations of clinical ethicists in North America and perhaps the world. This group meets on a regular basis and is supportive of community of practice wherein resources are shared and projects are created. The CORE Network also forms the mentorship network for the Academic Fellows who are trained in the health care institutions with the goal of learning applied ethics in the health care institutions.

4. **Excellence in Bioethics Initiative**: Led by Dr. Jennifer Gibson, we systematically reviewed the literature, extensively surveyed and interviewed our community and external experts to examine the question of how to understand excellence in ethics programs. This rigorous methodology has provided important data to feedback to our partners and has attracted attention from bioethics programs across North America and abroad.

5. **Founding of the Research and Education in Research Ethics [(RE)^2] group**: The (RE)^2 Group started in 2006. This group was co-founded by Dr. Rachel Zand, the Director of Research Ethics Services at the University of Toronto and myself. It was felt that there was a large gap in research ethics in that there was very little concentrated effort to understand and support the community of practice in research ethics. We now have a membership of over 50 scholars and practitioners in research ethics, including graduate students doing thesis work in research.
ethics, research ethics administrators, research ethics board chairs and members, as well as interested faculty in the network of the JCB. We have completed several projects including the creation of a web based inventory of shared education and policy resources, as well as a needs assessment for researchers and the research ethics boards members. We have also engaged in a few small research projects to help better understand dimensions of research ethics with the hope of using research techniques to improve research ethics. We are planning future continuing education programmes for both researchers and research ethics boards members and have a running journal club.

6. Move from the church: One important event was the move of the JCB in December 2009. The JCB moved out of its long time home in the heritage church building at 88 College Street to the more modern quarters on the 7th Floor of the Health Sciences Building at 155 College Street. We are now housed in a building with many of our key academic partners including the Dalla Lana School of Public Health; the Department of Health Policy, Management, and Evaluation; and the Lawrence S. Bloomberg Faculty of Nursing. The move was disruptive but nonetheless the community has acclimatized to the new location and, as a result, we have seen increased attendance at the weekly Bioethics Seminar.

7. Graduate program approvals: Another important event was the successful approval by the Ontario Council of Graduate Studies of the Master’s of Health Science in Bioethics and the Collaborative Program in Bioethics. Both of these programmes have been approved to the full extent possible.

8. WHO Collaborating Centre Status: In 2009 we renewed our status as a World Health Organization Collaborating Centre in Bioethics. As well we were instrumental in the creation of the World Health Organization Collaborating Centres in Bioethics Network of which the JCB has been the inaugural Chair.

9. Grant Success: The JCB has successfully competed for peer reviewed grants. The CanPREP programme, a large team grant, was funded which helped to build capacity for ethics research in pandemic preparedness and response. As well in 2008 our National Institutes of Health Fogarty International Center grant was renewed for a further 4 years. Grant success has also occurred in rehabilitation ethics and in organizational ethics.

10. Improved Communication and Outreach. Other developments over the past five years have been the redesigning and revivification of our monthly newsletter, The JCB Voice. It now contains feature articles instead of being a simple conveyance of information about publications and talks. The readership has grown and this has been gratifying.
Strategic Issues going forward

1. JCB Management Team and Staff

Over the past five years, leadership has been distributed throughout the JCB community. I would like to single out the JCB management team, Brenda Knowles, Jennifer Gibson and Barbara Secker for helping form a cohesive, nimble and capable management team. I would strongly recommend maintaining the current structure as it provides the right mix of skills to manage the complex network of activities of the JCB.

As well, the current support staff of Rhonda Martin, Connie Carrozza, Carmen Alfred and Beth Woods represents an abundance of competence and institutional memory. I would strongly encourage my successor to retain the current compliment of human resources.

2. Governance

In 2006 a new governance model was put in place. There are three components to the governance:

a. Executive Committee: This is chaired of the Dean of the Faculty of Medicine/Vice Provost with academic representatives from the Dean of the Faculty of Arts & Sciences and the Dean of the School of Graduate Studies, as well as CEOs from the major academic health sciences networks as well as the community hospitals and agencies. The executive committee approves the budget, sets the fee structure for the partnership, and aids the director in strategy and policy. This committee meets twice a year or by the call of the chair.

b. Advisory Council: consisting of delegates from all of the faculties and health care institutions that support the JCB. This council meets annually and gives feedback on the annual report as well as providing advice on important directions for scholarship and research.

c. Strategic Forum: This group meets quarterly. It consists of academic faculty and those engaged in teaching and the provision of ethics services.

These three groups provide invaluable information and advice to the Director. I would have to say that one of the most rewarding aspects of the Director’s job has been working with an excellent governance model. They have been engaged and committed to the flourishing of the JCB.
3. Managed growth

The JCB grew rapidly from 2000-2005. At its height, there were 15 members. The Toronto East General Hospital and Ontario Genomic Institute both ended their partnerships with the JCB for budgetary reasons. Going forward, there may be opportunities to add more partners, particularly those organizations in the Toronto Academic Health Sciences Network (TAHSN). As well, there are other health care organizations affiliated with the University of Toronto that may wish to partner with the JCB.

Expansion of the partnerships has both risks and benefits. The chief risk is in stretching the capacity of the current JCB staff to manage a bigger network. The benefits would be in expanding revenues, some of which may be devoted to supporting the administrative infrastructure.

4. Financial model

The JCB financial model is highly successful but uneven. The current partnership fee has only been increased once in 15 years. With austerity being the watchword for the immediate future, it is not likely that the JCB will be able to increase revenues via partnership fee increases. As noted above, adding partners will increase revenues. I believe the JCB is a brand of sufficient strength and name recognition that it would make an excellent naming opportunity. I recommend the new director continue to work with the advancement office to look for these opportunities.

5. Graduate program revenues

At the moment, the JCB enrolls graduate students in both its programs (Collaborative program and MHSc) through other graduate units. It gains a very small proportion of the tuition revenues and related provincially funded income units – the majority is kept by the home graduate units. The previous director recommended that the JCB pursue becoming an independent graduate unit. The management team has examined this possibility very thoroughly, and going forward new leadership may wish to revisit this issue, especially in light of changes in the undergraduate ethics curriculum. The financial viability of the JCB becoming an independent academic unit rests upon robust enrollment in these graduate programs. It is unclear whether there would be a sufficient demand for graduate training within Canada alone to provide adequate revenue streams to support this unit. As well, the impact of becoming independent on the various communities of practice supported by the JCB and on partnership roles and contributions remains unclear. There is a risk of undermining many of the unique facets of the JCB by becoming more like traditional academic departments.
There may be opportunities to build certificate or diploma course offerings that could be revenue generating. As well, the development of online education should be explored as a means of expanding offerings and reaching a broader audience.

6. Faculty Issues

The JCB does not appoint faculty but rather relies on faculty from the University or the hospitals. This places JCB in a difficult position when it comes, for example, to supervisors for graduate education. Becoming an independent graduate unit would solve to a certain extent this issue, but the likelihood of generating sufficient revenue from this strategy to recruit a large enough faculty to manage the demand for course teaching and graduate supervision is small. The JCB is both interdisciplinary and interprofessional in its approach. This places faculty involved in teaching and research in our networks at some disadvantage as the methods and metrics used to evaluate academic activity in this type of milieu are poorly adapted to capturing this type of activity. Further work with clinical and academic Chairs and Deans is required to have JCB input on annual evaluation. As well, many of the commonly used metrics of scholarly achievement are seriously limited. This is an area that requires thorough re-conceptualization.

7. Fogarty Program

Through NIH/Fogarty International Centre funding, the JCB has successfully trained a cadre of leaders who are building research ethics programs in their home countries. The impact of the Fogarty program on the JCB community has been most salutary. Indeed, it is fair to say that the value of the fellows has far exceeded anyone’s expectations. However, the immediate future of the program is in jeopardy from forces outside the JCB’s control.

One issue is the rise of the Canadian dollar against the U.S. dollar. This greatly affected our last renewal, as a dollar near par constrains our ability to remunerate fellows at the level they have received in the past. Tuition, travel and living costs have increased over the decade. When the Canadian dollar is substantially below par, these cost increases can be managed. The last few years of a higher Canadian dollar required the faculty stipends to be cut and other economizing methods put in place.

As well, despite being regarded as one of the best of the Fogarty programs, the number of fellows we can train is small in comparison to the capacity required. I believe the focus on training leaders who can build programs is the correct one. However, fellows pay a high cost in terms of time away from their institutions and families. Many have inquired about the possibility of shorter course offerings. This is an issue that will need to be explored thoroughly.
8. Communications and Knowledge Translation

Successful communication and translation of the work of the JCB in clinical ethics, research ethics, graduate education, and research requires sustainable investments in IT infrastructure. The web is now the primary means by which people seek information, and the JCB needs to have dedicated resources to keep the web page relevant and current. Dedicated staff will be required for this going forward in order for the JCB to harness the immense potential of Web 2.0 applications for bioethics.

9. Public Engagement

The JCB has the potential to become a leader in public engagement in bioethics issues. This follows from the point above. Public engagement has been both a research methodology and a public service and this role should be pursued.

10. JCB as a model

The JCB is a unique model for interdisciplinary and interprofessional collaboration across organizations embracing the university, academic health science centres, community hospitals and community care organizations. There is nothing else like it elsewhere in the university or the world. Indeed, when we tried to benchmark the JCB activities we could not find a comparable organization. Visiting scholars often comment on its uniqueness and many have asked how to replicate it in their institutions. This speaks to the commitment of the communities of practice, the students engaged in the JCB and the JCB staff to maintain the unique, but very delicate nature of the JCB. Maintaining and nourishing this model will be a key task going forward, particularly in light of economic circumstances.

Part of the success of the JCB is the constant interaction with the partners to ascertain their priorities in ethics and respond to them in kind. Much of the success of the JCB is premised on the value that is derived from this interaction. Each institution in isolation can manage, but there is economy of scale and synergy of activity in a central hub that can distribute value throughout the partnership. Therefore, we have focus on the benefits to partners and seek to add benefits and other services back into the hospitals. This commitment to delivering value to the partners is a key feature of the JCB’s success, and should be maintained. As Peter Singer wrote in 2005:

*The JCB is a very special interdisciplinary platform that enables individual and collective achievement. The next director should reflect on how she or he will remain committed to the partner organizations and the people that make the JCB great.*
This remains as true today as it was then. I believe the JCB has matured into a remarkably productive and responsive network of health care professionals and scholars dedicated to facing some of the most difficult issues in contemporary health care. It should continue to see this as its mission.

It has been an enormous honour and pleasure to serve JCB and its participating organizations, and to work with such wonderful colleagues for the past five years. The JCB is a remarkable place, served by even more remarkable people.

Respectfully submitted,

Ross E.G. Upshur, BA(Hons), MA, MD, MSc, CCFP, FRCPC
Director, University of Toronto Joint Centre for Bioethics
Professor, Department of Family and Community Medicine and
Dalla Lana School of Public Health, University of Toronto
Canada Research Chair in Primary Care Research
Director, PAHO/WHO Collaborating Centre for Bioethics
OVERVIEW OF JCB

1. COLLABORATORY MODEL

The University of Toronto Joint Centre for Bioethics (JCB) is a partnership of the University of Toronto and 13 health sector organizations. Its mission is to improve health care through leadership in bioethics research, education, practice, and public engagement. Key to the JCB’s success is its collaboratory model.* As a Bioethics Collaboratory, the JCB is a “centre without walls – a networked community of bioethics inquiry and practice without borders – a living laboratory of interdisciplinary & interprofessional collaboration committed to bioethics innovation and excellence” (JCB Strategic Plan, 2008-12). In practice, this means a close interplay between theory and practice within and an active exchange across the four pillars of the JCB mission. Currently, the JCB has 275 individual members, who assist the JCB to fulfill its mission through participation in bioethics research, education, practice, or public engagement activities at the JCB Secretariat, JCB-affiliated health sector partner organizations, and/or JCB-affiliated academic units.

- APPENDICES: A. JCB Mission, Vision, Values, and Goals; B. Strategic Plan 2008-2012; C. Benefits of JCB Partnership; D. JCB Partners and Academic Collaborators; E. JCB Membership Policy and List of Members

2. GOVERNANCE & ADMINISTRATION

The JCB is an academic unit of the Faculty of Medicine at the University of Toronto. Administratively, it is defined as an Extra-Departmental Unit C (EDU-C) because it is involved in research and/or education activities at the University of Toronto but does not grant graduate degrees or appoint faculty.

a) Governance Structure

In 2006, a new governance policy was put in place to reflect the unique partnership of the University of Toronto and health sector institutions. There are two components to the formal governance model.

- Executive Committee: Chaired by the Vice-Provost for Health Institutions & Dean of Medicine (Dr. Catharine Whiteside), the Executive Committee is comprised of 3 University of Toronto academic deans (including the Dean of Medicine) and three CEOs from JCB health sector partner institutions. The Executive Committee approves the JCB’s strategic plan and budget, sets the fee structure for health sector partnerships, provides advice to the JCB Director on the

* The “collaboratory” concept is borrowed from computer science and captures the notion of a real and virtually networked community oriented toward a common goal.
JCB’s strategic directions, evaluates JCB’s progress against its mission, vision, and goals, and approves the annual Advisory Council meeting agenda. The Executive Committee meets twice a year or by the call of the chair.

- **Advisory Council:** Chaired by the Vice-Provost for Health Institutions & Dean of Medicine (Dr. Catharine Whiteside), the Advisory Council is comprised of the Deans and Chairs or senior delegates of all of JCB-affiliated academic units and the CEOs or executive delegates of all JCB health sector partner institutions. The Advisory Council reviews the JCB’s annual report and provides advice to the JCB Management Team on important directions for research, education and practice. The Advisory Council meets annually.

In addition, the JCB Management Team receives additional advisory input from the Strategic Forum.

- **Strategic Forum:** Chaired by the JCB Director, the Strategic Forum is comprised of ethicists from all 13 health sector partner institutions, teaching faculty in the MHSc in Bioethics, teaching faculty in the Collaborative Program in Bioethics, a graduate student representative, a fellow representative, and other academic collaborators, including the Centre for Ethics and the Office of Interprofessionalism & Ethics at the Faculty of Medicine. The Strategic Forum meets quarterly to provide operational input on the JCB’s strategic goals.

- **APPENDICES:** F. Governance Policy & List of Members; G. List of Strategic Forum Members

b) **JCB Secretariat**

The JCB Secretariat is the administrative hub of the JCB Collaboratory and is staffed by the JCB Management team and administrative assistants. The JCB Management team includes:

- **JCB Director (Ross Upshur),** who is accountable to the Dean of Medicine for overseeing and providing strategic and operational direction on all aspects of the JCB’s mission-based activity in research, education, practice, and public engagement. Dr. Upshur has a primary appointment as Professor in the Department of Family & Community Medicine.

- **Director, Partnerships & Strategy (Jennifer Gibson),** who provides strategic leadership on the JCB Management Team, including strategic planning and performance evaluation, advances strategic partnerships with health sector and other organizations, and leads the JCB’s organizational ethics research program, including ethics program development. Dr. Gibson has a primary appointment as Assistant Professor in the Department of Health Policy, Management, & Evaluation.

- **Director, Administration & Operations (Brenda Knowles),** who ensures the effective and efficient administration of all financial matters; human resources management; space
management; computing services; technology and other administrative areas in support the JCB's mission and goals.

- Director, Education & Practice (Barbara Secker), who administers the Master of Health Sciences in Bioethics (MHSc) program and the Collaborative Program in Bioethics, directs the Academic Fellowship in Clinical & Organizational Ethics, and leads the Clinical, Organizational, & Research Ethics (CORE) Network. Dr. Secker has a primary appointment as Assistant Professor in the Department of Occupational Science & Occupational Therapy.

In addition to the JCB Management Team, the JCB Secretariat is supported by an administrative support team, which includes: Rhonda Martin (Executive Assistant to the JCB Director; Administrative Assistant to the Director, Partnerships & Strategy), Connie Carrozza (Financial Assistant to the Director of Administration & Operations), Carmen Alfred (Academic Secretary, Education Programs), and Beth Woods (Receptionist, and Administrative Assistant to the Director of Education & Practice).

c) Budget

The JCB has an annual operating budget of approximately $1 million from the University of Toronto (30% contribution) and 13 health sector partners (70% contribution). The annual operating budget is used to fund the JCB Secretariat function including: JCB Management Team and administrative staff salaries; supplies, services, travel and equipment to support the Secretariat infrastructure; and limited contributions toward academic salaries of affiliated faculty. Additional supplementary funding sources include: research grant recoveries, consulting services to external health institutions for ethics program development, and funds in support of three Endowed Lectures (Alloway Lecture; Harris Lecture; Jus Lecture). Given its current status as an EDU-C, the JCB does not receive graduate revenues from the graduate programs it administers (i.e., Collaborative Program in Bioethics; MHSc in Bioethics).

➢ APPENDIX H. JCB Budget 2010-11

d) Space

The JCB Secretariat is located in the Health Sciences Building at 155 College Street, 7th floor on the main campus of the University of Toronto. The Health Sciences Building is also home to the Dalla Lana School of Public Health, the Department of Health Policy, Management, & Evaluation, and the Lawrence S. Bloomberg Faculty of Nursing, and is in walking distance of the Faculty of Medicine, other JCB-affiliated academic units, and several health sector partner institutions. The JCB Secretariat space includes private offices from JCB Management Team members, enclosed offices for administrative staff, carrels for graduate students and fellows, a private office for visiting scholars, two multi-purpose meeting rooms, and the Philippa Harris library. The multi-purpose rooms house the JCB's E-Collaboratory Information Technology Platform, which enables live and virtual audiovisual conferencing, webcasting, and other Web 2.0 capabilities. A large graduate student lounge is located on the same floor as the JCB Secretariat offices and is available for use by all graduate students in programs at 155 College Street.
e) Performance evaluation

Over the last five years, the JCB Secretariat has placed increasing emphasis on performance evaluation and monitoring. This includes two key components. First, in addition to the input provided within the JCB Governance Structure, the JCB Management Team meets every two years with each health sector partner CEO, reporting Vice-President, and ethicist(s) to gauge local needs and to identify opportunities for enhanced support. The Director of Education & Practice maintains regular communication and exchange both formally and informally with affiliated academic units on topics related to bioethics education, including through the Collaborative Program in Bioethics Executive Committee. Second, the JCB Secretariat has a report card linked to the four pillars of its mission. This fall, the JCB Secretariat released the final report of its “Evaluating excellence in bioethics: a value for investment project”, which identified key domains and indicators of excellence in bioethics research, education, and practice based on a large stakeholder engagement exercise. The JCB report card is being refined in response to these findings.


3. RESEARCH

a) Research Foci

Over the last five years, the JCB Secretariat has administered grants for research in the following areas: ethical issues in pandemic preparedness and response with an emphasis on public engagement; citizens' councils in health policy; public engagement in cancer control policy; priority setting in health care; ethical issues in adequate environments for persons with disabilities; and evaluating the effectiveness of hospital-based ethics programs. It has also provided in-kind support for research projects on defining quality in research ethics, on ethical issues in transitional care, and ethics and values in health policymaking. Most research projects include conceptual-theoretical and empirical components with an overall emphasis on interdisciplinary research methodologies. Although research topics are investigator-led, they are often driven by emerging issues or concerns raised by the JCB’s health sector partners. For example, the JCB’s Canadian Program of Research on Ethics in Pandemic (CanPREP) (2007-2010) builds on the uptake and impact of our “Stand on Guard for Thee: ethical considerations in preparedness planning for pandemic” report (2005), the development of which was prompted by a request from one of the JCB’s health sector partners for ethics advice on its local pandemic plan (2004).
b) Research Partnerships

A key component of the JCB’s overall research approach is a commitment to knowledge translation through partnership with health sector and other institutions in the design, conduct, and dissemination of research. Below we highlight the JCB Secretariat’s current and emerging research partnerships with health sector organizations and university counterparts locally, provincially, nationally, and internationally:

- The JCB Secretariat has been actively pursuing opportunities for research partnership among JCB health sector partners and affiliated academic units. Two projects have received CIHR-funding through the Catalyst Grant program. The “There’s no place like home: What constitutes an ‘adequate’ home environment for younger disabled adults?” project is led by Dr. Barbara Gibson (Department of Physical Therapy) and Dr. Barbara Secker in collaboration with co-investigators at Humber River Regional Hospital and the Toronto Central Community Care Access Centre. The “Evaluating effectiveness of hospital-based ethics programs” is led by Dr. Jennifer Gibson with Dr. Barbara Secker, Dr. Ross Upshur, and other co-investigators from the University of Toronto, Sunnybrook Health Sciences Centre, Toronto Rehab, Trillium Health Centre, and Hamilton Health Sciences (a health sector organization not affiliated with University of Toronto).

- The JCB is co-founder of the Canadian Centre for Applied Research in Cancer Control (ARCC), a partnership of the University of British Columbia, the University of Toronto, the BC Cancer Agency, Cancer Care Ontario, and the Canadian Cancer Society. Dr. Jennifer Gibson is co-leader of the Societal Values & Public Engagement research stream.

- The Canadian Program of Research on Ethics in Pandemic (CanPREP), led by Dr. Ross Upshur, has been working closely with agencies such as the Ontario Agency of Health Protection & Promotion (OAHP), the Public Health Agency of Canada, the World Health Organization, Toronto Public Health, professional and regulatory bodies, and community groups on policy issues related to ethical issues in pandemic preparedness and response.

- The JCB was the first WHO Collaborating Centre for Bioethics. It was instrumental in securing funding from the Canadian Institutes for Health Research to create the Global Network of WHO Collaborating Centres for Bioethics, of which Dr. Ross Upshur and Dr. Jennifer Gibson are inaugural co-chairs.

- The JCB has struck a partnership with the Ontario Ministry of Health & Long Term Care to explore ethics and policy issues related to patient care transitions. Dr. Jennifer Gibson and Dr. Ross Upshur (PIs) in collaboration with UofT co-investigators and MOHLTC decision-maker partners submitted a CIHR Partnerships for Health System Improvement grant in November.
2010 to advance this work. The proposal includes a Project Advisory Committee with representatives from health sector agencies and governments from across Canada.

- The JCB is cultivating a research collaboration on organizational ethics with Accreditation Canada, the Canadian Council of Health Leaders (formerly Canadian Council of Health Service Executives), and the Canadian Patient Safety Institute. In September 2010, Dr. Jennifer Gibson and co-investigators from the University of British Columbia, Dalhousie University, Université de Montreal, University of Toronto, and York University submitted a CIHR Operating Grant proposal to advance this work.

c) Future directions

Following a scan of the JCB’s health sector partners, three research priorities were identified for the short and mid-term. These are:

- Health policy ethics – improving patient care transitions across the continuum of care
- Organizational ethics – building ethics capacity at an organizational level among health leaders and health sector institutions
- Research ethics – improving quality of research ethics practice beyond ethical review of research

➢ APPENDICES: L. Research Grants Administered by the JCB – 2005-2010; M. JCB Publications – 2005-2010. (See also Appendix T. Curricula Vitae.)

4. EDUCATION

The University of Toronto Joint Centre for Bioethics administers three education and training programs in bioethics, including two graduate programs and a post-graduate fellowship. [Note: Undergraduate bioethics education is provided through individual academic units (e.g., Department of Philosophy, Faculty of Medicine).]

a) Collaborative Program in Bioethics

The Collaborative Program in Bioethics (CPB) is an interdisciplinary research-stream graduate program. The CPB has over 40 active faculty members in 9 affiliated academic units. The CPB prepares students who specialize in bioethics with an emphasis on interdisciplinary research and scholarship in bioethics, and trains scholars whose primary goal is to contribute original research in bioethics. The CPB is distinct from other bioethics programs in its aspirations to be scholarly, innovative and interdisciplinary, and to truly integrate theory and practice. Students are expected to conduct innovative research in their home discipline and to have a working knowledge of other relevant disciplines. Over the last three years, our students have received over $1.2M in peer-reviewed graduate and post-graduate awards for research in bioethics from
external funders. CPB students have an impressive publication record, with many graduate students contributing peer-reviewed articles to major academic and professional journals. Numerous CPB graduates are now leaders in bioethics research, education, policy and practice in academic, health care, research, and broader public and private sector institutions.

b) Masters of Health Sciences (MHSc) in Bioethics

The MHSc in Bioethics is a professional degree program designed to help clinical practitioners and health administrators increase their knowledge and skills in bioethics. The two-year program is offered in modular format with a strong emphasis on interprofessional exchange and practical experience informed by theory, including a practicum component. Since 2001, with funding from the Fogarty International Centre of the National Institutes of Health, the MHSc in Bioethics has included a one-year international stream to strengthen research ethics capacity in low and middle income countries. MHSc graduates are leading ethics programs in health organizations in the Greater Toronto Area, across Canada, and in nine low and middle income countries. In 2009, a special issue of the *Journal of Academic Ethics* showcased five research ethics programs developed and led by international MHSc graduates in Ghana, India, Nigeria, Pakistan, and the Sudan.

c) Academic Fellowship in Clinical & Organizational Ethics

The Academic Fellowship in Clinical & Organizational Ethics is a one-year mentored training program designed to bridge the gap between graduate education in bioethics and ethics practice in health settings. Fellows rotate through JCB partner organizations in three-month ethics program rotations to develop skills in clinical and organizational ethics activities, including ethics consultation, policy development, staff education, research, ethics program evaluation and development, and other institutional initiatives. In addition, fellows contribute to the intellectual and scholarly activities of the JCB, participate in CORE Network and (RE)² activities, and present their work in the JCB Bioethics Seminar series. Since 2001, our 35 fellowship graduates have been very successful in advancing a career in bioethics either as academic bioethicists or as ethics practitioners in health institutions in Canada or elsewhere. In the Greater Toronto Area alone, over 50% of hospitals-based ethics programs are led or staffed by JCB fellowship graduates. Within a year of graduation, close to 90% of our graduates has published at least one peer-reviewed article or conference abstract.

d) Future directions

The JCB Secretariat is creating a new Education Advisory Committee to facilitate closer coordination and alignment of education programs within the JCB’s education mission. This committee will provide advice and feedback to the Director Education and Practice on graduate education programming and related topics. The JCB is proposing a full curriculum review of the Collaborative Program in Bioethics and MHSc in Bioethics for 2011-12 to enhance alignment of program objectives with course requirements, ensure concordance of course offerings with emerging learning needs, and clarify complementary contribution of each program within the JCB mission and with affiliated academic unit.
directions. The MHSc in Bioethics is piloting an organizational ethics component within existing course offerings and exploring the development of a research ethics stream.

- Appendix N. Graduated Students & Fellows.
- A more detailed description of the Education Programs, including program goals and format, teaching faculty, students, curricula, outputs, and outcomes, is available at: http://www.jointcentreforbioethics.ca/about/documents/Web-Education-Review-Document-Dec-16-10.pdf

5. PRACTICE

a) Clinical, Organizational & Research Ethics (CORE) Network

The Clinical, Organizational, & Research Ethics (CORE) Network is a community of practice comprised of 35 ethicists and fellows in JCB health sector partner programs, plus the JCB Management Team. The CORE Network is the largest multidisciplinary group of practicing ethicists in Canada and perhaps globally. CORE Network ethicists are employees of JCB health sector partners, where they lead comprehensive ethics programs with a broad spectrum of responsibilities including consultation, education, policy development/review, and scholarly activities related to clinical, research and organizational ethics issues. Most ethicists are actively involved in facilitating systems change and ethics capacity-building at both clinical and organizational levels. The CORE Network is coordinated by the Director, Education & Practice, who receives advice and feedback from the CORE Network Advisory Committee.

The CORE Network facilitates exchange of ideas across partner programs, including discussion and feedback on cases and projects, as well as shared learning and resources. The Network is also a training environment for ethics fellows and peer-mentorship for CORE members. The CORE Network supports its members in a variety of formal and informal ways on ethics-related issues arising in JCB partner institutions and, more broadly, in the health sector and the field of bioethics. CORE Network communications are supported by a listserv, a web-portal, and weekly standing meetings, which alternate between working groups (e.g., Ethics and Accreditation in Healthcare Organizations, Professionalization of Practicing Healthcare Ethicists, Ethics Core Curriculum Evaluation) and full group sessions (e.g., case conferences, guest speakers, continuing professional development). CORE Network members also participate in time-limited taskforces or initiatives (e.g., Advance Care Planning Taskforce, Consultation Documentation Guidelines Task Force, Supplementary Criteria for ICU Triage in a Pandemic Task Force). In addition to working groups and task forces, recent case conference discussions have addressed topics such as: ethics framework development and implementation; a global vision for health care and bioethics practice; regional ethics strategies and model development; the concept of human flourishing; transplantation ethics; "The Unbearable Whiteness of Bioethics;" palliative sedation; the Canadian Personal Genome Project; discharge planning; and recent research on intrinsic brain activity in disorders of consciousness.
CORE Network members are actively involved in scholarly activity in bioethics. At a recent roundtable on current research/scholarly projects we discovered that every CORE Network member is involved in at least one such project, with the majority of members involved in two or more projects. Several members are leading CIHR-funded research in areas such as ethics program evaluation, ethics & adequate living environments for persons with disabilities, dual accountability of physician scientists and informed consent in paediatric research. Plans are underway for a trio of research-related workshops for CORE Network members between January and June 2011: (1) empirical approaches to bioethics; (2) grant writing for bioethics research; and (3) knowledge translation strategies. Several CORE Network members have academic appointments at the University of Toronto, teach in the MHSc in Bioethics, and/or supervise graduate students in the Collaborative Program in Bioethics. A new guidance document has been created for JCB Members on how to seek faculty appointments at the University of Toronto (including primary academic appointments, graduate appointments, and cross-appointments).

b) Research & Education in Research Ethics [(RE)²]

Research & Education in Research Ethics [(RE)²] began as a small research ethics interest group in 2006 and has grown to a network of 50 researchers, research ethicists, research ethics officers, and trainees at the University of Toronto, JCB-affiliated health sector partner institutions, and other academic institutions locally and internationally. (RE)² meets twice monthly to develop shareable research ethics resources (e.g., educational materials, ethics policies), conduct research related to research ethics, and facilitate continuous professional development of its members. Its aim is to improve practice through research and education in research ethics.

(RE)² is undertaking a number of research projects to strengthen the scholarly basis of research ethics practice.

- **Education Needs in Research Ethics:** A comprehensive needs assessment of Toronto Academic Health Sciences Centre (TAHSN) partners was conducted to identify the education needs of different research ethics stakeholders, e.g., REB members, REB administrators, researchers.

- **Defining Ethics Quality in Research Ethics:** This qualitative study is exploring different stakeholder perspectives on what constitutes ‘ethics quality’ in research. Findings will contribute to developing a conceptual framework to evaluate research ethics practice.

In addition to leading educational initiatives on research ethics in their home institutions, (RE)² members are involved in supporting the following research ethics activities of the JCB Secretariat:

- **Graduate programs:** (RE)² provides a training and mentorship environment for UofT graduate students. For international MHSc students, a key component of their training is a research ethics placement in a hospital or at the university under the supervision of a (RE)² member. Several CPB students have completed doctoral work in research ethics and are continuing members of (RE)².

- **Research Ethics E-Commons:** This web-portal was an open-access information clearing house of educational materials in research ethics.
• Research Ethics Seminars & Symposia: The JCB Bioethics Seminar series includes a research ethics stream. In 2008, the JCB held a symposium on the ethics of evidence-based medicine and is planning a symposium on ethics and randomized control trials for 2011.

c) Ethics Program Development Support

The JCB Secretariat has developed an extensive Ethics Program Development consultation service, including ethics strategic planning, ethics program operations & service development, and ethics core curriculum training, to support ethics program development and/or revitalization in health institutions. The research-based quality improvement approach applies principles of strategic planning and change management to ethics program development using mixed methods and multi-stakeholder involvement. The consultation service, which is led by Dr. Jennifer Gibson as part of the organizational ethics research platform and staffed by trained ethics consultants on short-term contracts, is offered free-of-charge to JCB health sector partners and on a cost-recovery basis to other institutions. This approach has been implemented successfully in whole or in part in over 20 health organizations in the last five years.

➢ APPENDICES: O. Clinical, Organizational, & Research Ethics (CORE) Network Members; P. Research & Education in Research Ethics [(RE)^2] Members; Q. JCB Consulting Services

6. PUBLIC ENGAGEMENT

a) Communications

The JCB Voice (e-newsletter) is issued 10 times per year and distributed to over 600 subscribers globally. The JCB website receives an average of 392 hits per day and hosts the CORE Network web-portal and the (RE)^2 Research Ethics e-Commons. The top 5 countries accessing the JCB website are: the United States, Canada, Germany, China, and the United Kingdom. A key finding of the “Evaluating Excellence in Bioethics: A Value for Investment Project” was the importance of aligning communications with the audience and with capturing the narrative of JCB contributions as a complement to traditional quantifiers of academic or other value. To this end, the JCB Secretariat has been developing a series of “About Us” 2-pagers to disseminate general information about the JCB and specific information about some of its key activities for distribution to partners and other key stakeholders.

b) JCB Bioethics Seminar & Symposia

The JCB hosts a weekly Bioethics Seminar Series in-person and on-line through our interactive web portal. There are approximately 32 webinars per year. The JCB has three Endowed Lectures, including the Alloway Lecture (ethical issues related to transplantation), the Jus Lecture (ethical issues related to neuroscience, genetics, and psychiatry), and the Philippa Harris Lecture (ethical issues related to cancer). The JCB also hosts the Sue MacRae Lecture on ethics and patient-centred care. Over the last three years, the JCB has held two public symposia on ethical issues for pandemic preparedness with extensive
community stakeholder participation. The JCB also co-sponsors public lectures and symposia within the University of Toronto community.

c) Public outreach

The JCB’s work is often featured in news media. CORE Network members and JCB-affiliated faculty are regularly called for commentary by local, national, and international media outlets. JCB research projects are increasingly incorporating a robust knowledge dissemination plan, which may include writing policy briefs for government and media uptake. The JCB’s “Stand on Guard For Thee: ethical issues in preparedness for pandemic” policy brief generated over 175 media stories and blog entries in 2006-2009. The JCB’s Canadian Program of Research on Ethics in Pandemic (CanPREP) supported a dramaturge-in-residence, who wrote and staged a 1-hour play called “Abide with me: a tale of two pandemics” to explore the ethical issues raised by an influenza pandemic in 1918 and in 2010 through dramatic narrative. Currently, The JCB is exploring novel strategies to facilitate improved public and broader stakeholder engagement using Web 2.0 technology (e.g., blogs, podcasts). The JCB has also created a Living Will to assist individuals and their families in articulating and discussing their wishes at the end of life. This document can be downloaded from the JCB website.

➢ APPENDICES: R. Communication Materials; S. Bioethics Seminars and Endowed Lecture Series
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APPENDIX A:  JCB MISSION, VISION, VALUES, AND GOALS

Our Mission

To improve healthcare through leadership in bioethics research, education, practice, and public engagement.

Our Vision

To be the world's leading Collaboratory in applied bioethics.

Our Values

- Interdisciplinary and interprofessional collaboration
- Innovation and excellence
- Inclusiveness and mutual respect
- Internationalism
- Leadership through partnership

Our Goals

We are dedicated to the following goals:

1. To excel in interdisciplinary bioethics research and scholarship, to advance the field of bioethics through innovation in bioethics theory and practice, and to apply leading-edge knowledge transfer and exchange approaches to influence health policy and practice locally, nationally, and internationally.

2. To achieve academic excellence in undergraduate, graduate, and postgraduate educational programs in bioethics and interprofessional education in the health sector.

3. To lead ethics practice development with our partner organizations and academic units, and disseminate these practices across the local, national, and international health sectors.

4. To advance public discourse on bioethics issues by engaging public perspectives and serving as a resource for the media, policymakers, and community groups.

The JCB Collaboratory

The JCB is the world's first Collaboratory in Bioethics. It is a centre without walls – a networked community of bioethics inquiry and practice without borders (geographic, temporal, or institutional), a living laboratory of interdisciplinary and interprofessional collaboration committed to bioethics innovation and excellence toward improving healthcare in Canada and elsewhere.
APPENDIX B: STRATEGIC PLAN 2008

JCB Vision 2012: Strategic Plan

June 11, 2008

Prepared by:

Jennifer Gibson, Director, Partnerships & Strategy

University of Toronto Joint Centre for Bioethics
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A. INTRODUCTION

The University of Toronto Joint Centre for Bioethics (JCB) was founded in 1995 with a mission of providing leadership in bioethics research, education, and clinical activities. In 2001, the JCB set a vision to become “a model of interdisciplinary collaboration to create new knowledge and improve practices with respect to bioethics” (JCB Vision 2006). The JCB’s unique partnership of the seven academic units at the University of Toronto and 16 health organizations in the Greater Toronto Area is recognized internationally as a leading model of theoretical and practical innovation in bioethics. A recent external review concluded: “By traditional academic measures, the JCB has emerged in the last 10 years as one of the leading bioethics programs in the world, particularly in applied and empirically based bioethics. It is an academic jewel.” As the JCB looks toward Vision 2012, we have much of which to be proud (Table 1).

Table 1. JCB 2001-2006: A Snapshot of our Accomplishments

- Awarded over $4.5 million in peer-reviewed national & international grant funding
- Incubated programs in priority setting, public health, and global health research
- Seed-funded research in clinical, organizational, rehabilitation, community care, and research ethics
- Published over 500 articles in peer-reviewed journals
- Graduated 115 students through its Collaborative Program in Bioethics and MHSc in Bioethics (including 22 international graduates)
- Trained 27 Clinical & Organizational Ethics Fellows
- Hosted 3 major conferences (including 2 international conferences)
- Established the first WHO Collaborating Centre in Bioethics
- Co-founded the Centre for Ethics at the University of Toronto
- Expanded our partnership network by 7 new health sector partners and 2 new academic partners
- Developed CCHSA-recognized “leading practices” in ethics
- Influenced policy in pandemic preparedness, system integration, drug funding, critical care services management, wait times management, and genomics.

The Vision 2012 Strategic Plan was developed through an iterative process of internal and external scanning, review, and discussion (see Appendix 1). In this document, we describe a 5-year strategic framework to guide us toward our vision to be a Bioethics Collaboratory.
B. VISION 2012: MISSION, VISION, VALUES, & GOALS

1. **Our Mission**
   To improve healthcare through leadership in bioethics research, education, practice, and public engagement.

2. **Our Vision**
   To be the world’s leading **Collaboratory** in applied bioethics.

3. **Our Values**
   - **Interdisciplinary** and **interprofessional** collaboration
   - **Innovation** and excellence
   - **Inclusiveness** and mutual respect
   - **Internationalism**
   - **Leadership through partnership**

4. **Our Goals**
   We are dedicated to the following goals:

   1. To excel in interdisciplinary bioethics research and scholarship, to advance the field of bioethics through innovation in bioethics theory and practice, and to apply leading-edge knowledge transfer and exchange approaches to influence health policy and practice locally, nationally, and internationally.

   2. To achieve academic excellence in undergraduate, graduate, and postgraduate educational programs in bioethics and interprofessional education in the health sector.

   3. To lead ethics practice development with our partner organizations and academic units, and disseminate these practices across the local, national, and international health sectors.

   4. To advance public discourse on bioethics issues by engaging public perspectives and serving as a resource for the media, policymakers, and community groups.

5. **The JCB Collaboratory**
   The JCB is the world’s first Collaboratory in Bioethics. It is a **centre without walls** – a networked community of bioethics inquiry and practice without borders (geographic, temporal, or institutional), a living laboratory of interdisciplinary and interprofessional collaboration committed to bioethics innovation and excellence toward improving healthcare in Canada and elsewhere.
C. EMERGING STRATEGIC ISSUES

In order to achieve its vision, the JCB must address the following five strategic issues. A detailed discussion of strategic issues is provided in the Institutional Scan Findings (Appendix 2).

Demand for ethics expertise is growing in the health sector.
Over the last few years, there has increasing demand for the JCB’s expertise locally, nationally, and internationally. Demand for ethics expertise is being stimulated by increased emphasis on ethics in accreditation of healthcare organizations, professional education of clinicians, certification of health services executives, research governance in the health sector, CIHR research directions, and government policymaking. Moreover, ethics interest is no longer limited to the acute hospital sector but is growing among healthcare providers across the care continuum (including primary/ambulatory care, public health, chronic care, long-term care, community care). The JCB has a critical mass of ethics expertise among its academic and healthcare partners to leverage in response to this emerging demand.

The bioethics field is becoming more competitive.
Graduate programs in bioethics (both academic and professional stream) are increasingly common in North America and elsewhere. In recent years, the Collaborative Program in Bioethics and the MHSc in Bioethics has faced challenges in attracting a pool of high quality candidates and securing a sustainable base of experienced faculty. Funding for ethics research is also becoming more competitive. Recent CIHR emphasis on research involving health system partnerships and knowledge translation has been advantageous for the JCB’s research programs. As CIHR budgets contract, this competitive advantage may diminish. However, the JCB’s 21st Century Townhall and related IT infrastructure opens up new opportunities for innovation in bioethics education, research, and practice.

Academic ethics capacity is expanding at the University of Toronto.
Interdisciplinary scholarship in bioethics is achieving greater legitimacy and institutional support within the University of Toronto and among JCB academic partners. At the university level, this is particularly evident in the recent development of the Center for Ethics, graduate and post-graduate support for bioethics research by the Munk Centre for International Studies, and the proposed development of an Institute for Public Health, Ethics, & Policy. Several academic departments have expressed an interest in joining the Collaborative Program in Bioethics. With increased interdisciplinary ethics capacity at the University of Toronto, the JCB will need to address considerations of its ongoing role and relevance.

The JCB partnership model is not being optimized.
The JCB is internationally recognized as an incubator of bioethics innovation. However, there were significant concerns about the JCB’s capacity to sustain this level of innovation or to respond to emerging opportunities for leadership without a renewal of its partnership infrastructure (including personnel, information technology, and resources). There are significant untapped opportunities within the JCB partnership model for greater interdisciplinary collaboration and exchange, integration of
research, education, and practice activities, and health sector impact. A key challenge is that the JCB is often seen as “88 College Street” rather than the partnership network itself. If the JCB is to realize its leadership potential, it will need to renew and strengthen its partnership model and infrastructure.

The JCB’s current financial model is not sustainable.

While the JCB’s scope and influence has grown over the last five years, its financial base has not kept pace. Any new growth will require a significant investment in the JCB’s partnership infrastructure. There is little ‘surge capacity’ to respond to emerging opportunities for JCB leadership or to support emerging areas of bioethics scholarship and practice. In the current funding environment, it is no longer possible or prudent to rely on large research grants to offset administrative costs. Other University of Toronto centres and academic units have been successful in securing philanthropic donations. With increased demand for ethics expertise in the health sector, the JCB has the opportunity to leverage alternate funding sources and fundraising strategies.

D. STRATEGIC DIRECTIONS & PRIORITIES

1. Build Collaboratory Infrastructure:

The JCB Collaboratory requires a sustainable infrastructure to facilitate integration across JCB research/education/practice activities, strengthen real-time connectivity and linkages across geographic locations and time zones, optimize networking capability for interdisciplinary and interprofessional collaboration, and enable the application of leading-edge communications technologies. We envision the following components in the JCB Collaboratory:

- A robust interactive public web-portal to support information exchange and to foster virtual community building, including blogging, wiki-communities, podcasts, real time streamed and archived lectures
- A password-protected intranet for collaborative research protocol development, data-sharing, and research coordination
- A simulation environment for the teaching of clinical case consultation
- A global e-classroom to facilitate distance learning and continuous professional development with alumni in Canada, Africa and Asia (including Thailand, India, Pakistan, Iran, etc.)
- A tele-ethics capacity to provide consultation to geographically remote health care facilities
- A videoconferencing infrastructure to facilitate real-time collaboration and discussion among local, national, and international partners
- An enhanced E-Town Hall infrastructure to broaden public engagement capacity on bioethics issues regionally, nationally, and internationally.
This will require a significant financial investment to update the existing IT infrastructure, renovate the 88 College Street site, and recruit appropriate technical expertise and administrative staff.

**Priority #1:** Develop a *fundraising strategy* to attract capital and operating funds to build and sustain the Collaboratory infrastructure.

2. **Achieve Excellence in Bioethics Research:**
   
   The *JCB Collaboratory* creates an interdisciplinary and interprofessional research environment of bioethics innovation and excellence that advances our core academic and practice-based expertise in clinical, organizational, research, and public health ethics toward addressing the ethical challenges of healthcare. These challenges span the life-course, cross-cut the health sciences spectrum, and permeate virtually every dimension of health research and practice. Addressing these complex ethical challenges requires the contributions from and integration of disparate disciplines, discourses, and methods of inquiry. To achieve excellence in bioethics research, the JCB will need to focus on securing sustainable funding to expand our research capacity (e.g., operating grants, salary awards), expanding avenues for interdisciplinary discourse and collaboration locally, nationally, and internationally, expanding and solidifying the interdependence of empirical and conceptual bioethics approaches to address the real-world ethical challenges of healthcare, exploring new opportunities for academic synergy within the University of Toronto community (e.g., Centre for Ethics, proposed School of Public Health), and extending the translational component of our research into education and practice domains.

**Priority #2:** Develop *internationally recognized programs of research* in clinical ethics, organizational ethics, public health ethics, and research ethics across the translational continuum (*theory-to-practice-to-theory*).

**Priority #3:** Create a *magnet research environment in bioethics* to recruit and retain world-class research faculty, attract operating and other personnel awards, and cultivate rich interdisciplinary collaboration on current and emerging bioethics issues in healthcare.

3. **Achieve Excellence in Bioethics Education:**
   
   The *JCB Collaboratory* offers an enriched interdisciplinary and interprofessional educational environment by linking students and trainees to a local, national, and international network of ethicists, researchers, healthcare professionals, policymakers, and fellow students or graduates. Key to this enriched environment are the provision of high quality educational programming and the recruitment and retention of an exceptional teaching faculty. To set the bar for excellence in educational programming, the JCB will need to focus on revitalizing its educational programs to ensure the ongoing relevance of program goals, core requirements, and curriculum in alignment with other UofT ethics education programs and initiatives, and to leverage current academic partnerships and resources to fund bioethics faculty positions (e.g., co-funded joint appointments, salary awards, coordinated fundraising for endowed positions).
Priority #4: Create a magnet educational environment in bioethics for students and fellows by using innovative educational technologies (e.g., e-learning, simulation for training purposes), integrating educational opportunities with research and practice-based Collaboratory activities, and providing academic and professional mentorship, including post-graduation.

Priority #5: Develop and implement a rigorous marketing strategy to raise the national and international profile of the Collaborative Program in Bioethics and the MHSc in Bioethics programs.

4. Create & Disseminate Leading Practices in Bioethics
The JCB has been an innovator in developing leading ethics practices. However, it has not always been successful in capturing, evaluating, and disseminating practice-based lessons learned within and beyond the JCB partnership network. The JCB Collaboratory expands our capacity to respond proactively to emerging ethics needs and challenges among our partners and in the health sector. Our activities will focus on identifying emerging ethical issues in the health sector; incubating practice-based research in clinical ethics (including ethical issues in primary and ambulatory care, rehabilitation care, mental health care, chronic continuing care, community-based care, and acute care), organizational ethics, research ethics, public health ethics, and ethics program effectiveness and evaluation; developing and piloting practical solutions to local and system-level ethical challenges; and capturing and disseminating leading practices within and beyond JCB partners. This will require the application of leading knowledge transfer and exchange methodologies, the innovative use of our ICT infrastructure, and the development of appropriate business models to respond to increasing demand for JCB services and expertise within the health sector.

Priority #6: Create a searchable database of ethics program resources (e.g., tools, policies, education session slide decks) to improve creation and dissemination of leading practices across partner organizations and programs.

Priority #7: Create a self-funding, not-for-profit entity to provide consulting services to unaffiliated healthcare organizations and agencies on behalf of the JCB.

5. Inform Health Policy by Leading Public Discourse Bioethics
Over the last five years, the JCB has been exploring avenues for greater public engagement and policy impact. A Canada Foundation for Innovation grant, shared with the Centre for eHealth Innovation, opened up new opportunities for research on public views and public engagement methodologies and for policy discourse through the use of 21st century information and communications technology. These avenues have yet to be fully explored. The JCB Collaboratory builds, updates, and expands upon this experience and infrastructure to facilitate richer public discourse on bioethics issues, which is unprecedented in the bioethics field and leading-edge in the healthcare sector.

Priority #8: Expand the use of innovative public engagement strategies (e.g., interactive public web-based portal, citizen's councils, media contacts) to stimulate public discussion of bioethics issues, elicit
public views on health policy issues, and create linkages between policymakers, scholars, and the public for knowledge generation and exchange.
APPENDIX 1. OVERVIEW OF VISION 2012 STRATEGIC PLANNING PROCESS

The Vision 2012 Strategic Planning Process has three key steps: institutional scan, strategic planning retreat, and action plan development.

1. Institutional Scan
An institutional scan was conducted to clarify the JCB’s strategic context and identify possible future directions. The institutional scan consisted of an external and an internal scan over 10 months (September 2006 – June 2007). The external scan highlighted a number of opportunities and threats within the JCB’s strategic context related to the bioethics, healthcare, and academic environment. Key strategic documents were reviewed and interviews were conducted with prospective academic partners at UofT. A comparative survey of other North American bioethics programs was completed. Discussions with system collaborators (e.g., CCHSA, PHAC) provided additional insight into the emerging healthcare environment. The internal scan highlighted key accomplishments, core strengths, and strategic issues related to the JCB’s roles in bioethics research, education, and clinical activities. Interviews, focus groups, and an electronic survey were used to solicit input from key stakeholders across the JCB partnership network, including academic partners, health care partners, faculty, and students. Key strategic documents were also reviewed. The institutional scan findings were collated for presentation at the Vision 2012 Strategic Planning Retreat (see Appendix 2).

2. Vision 2012 Strategic Planning Retreat
The Vision 2012 Strategic Planning Retreat was held on June 20th, 2007. The retreat brought together JCB Advisory Council and JCB Advisory Committee members to discuss the institutional scan findings, to review and refine the JCB’s current mission/vision/values/goals in light of this strategic context, and to recommend 5-year strategic goals and directions. In July 2007, a summary of retreat findings was circulated to JCB Advisory Council and JCB Advisory Committee members for validation (see Appendix 3).

3. Action Plan Development
The Vision 2012 Strategic Plan will provide a strategic framework for developing yearly action plans, including key activities, indicators, and accountabilities. It will be reviewed on a yearly basis as the JCB’s strategic context and resources evolve. A draft Strategic Plan document was developed based on the institutional scan and retreat findings and additional input from the JCB Advisory Committee on a new JCB Vision statement. The draft document will be shared with the Executive Committee of the JCB Advisory Council on October 23rd, presented at the JCB Advisory Council meeting in January 2008, and finalized shortly thereafter. The Vision 2012 Strategic Plan will inform the JCB’s ’08-09 action planning and annual report card.
APPENDIX 2. INSTITUTIONAL SCAN FINDINGS

The purpose of the institutional scan was to clarify the JCB’s strategic context and possible future directions. The key institutional scan findings are highlighted here.

2.1 External Scan
The external scan highlighted a number of opportunities and threats within the JCB’s strategic context related to the bioethics, healthcare, and academic environment.

2.1.1 Bioethics Environment
The JCB partnership model remains unique internationally, which facilitates the incubation of bioethics knowledge and leading practices. In addition to its leadership in key clinical ethics areas (e.g., transplantation ethics), JCB has significant opportunities for leadership in ethics program development and emerging bioethics areas such as genomics, organizational, public health, primary care, and community-based ethics through its academic and healthcare partnerships. However, the JCB is no longer the only game in town with respect to providing leadership in bioethics research, education, and clinical activity.

2.1.2 Academic Environment
Interdisciplinary scholarship is achieving greater legitimacy and institutional support within the University of Toronto and among JCB academic partners. Interviews across the partnership network indicated that many people see the JCB as 88 College Street rather than the network of academic and health care partnerships. Recently, the JCB’s unique interdisciplinary partnership of academic departments and healthcare organizations has been formalized at the JCB governance level. The JCB Director is a member of the Toronto Academic Health Sciences Network, all of which members are also JCB partners. Greater emphasis on interprofessional education is also highlighting a role of bioethics, which is itself a model of interprofessional and interdisciplinary education at the JCB. Academic ethics capacity is expanding at the UofT, which challenges the JCB to define its ongoing relevance and role. This is particularly true in light of concurrent strategic planning exercises at the University level and at the Faculty of Medicine. It is unclear what implications the proposed School of Public Health Sciences will have for the JCB. As the CIHR budget contracts, the JCB will be challenged to be more competitive and to identify alternative funding sources.

2.1.3 Healthcare Environment
Demand for ethics expertise seems to be growing within the current healthcare environment, particularly in the area of health policy ethics at the system level. This environment presents significant opportunities for JCB impact, particularly in relation to accreditation requirements, health system change, and public health ethics. Increased emphasis on ethics in health care accreditation requirements is stimulating demand for the JCB’s expertise from unaffiliated organizations. Many community teaching hospitals are expressing interest in affiliation. However, with increasing demand, there are concerns about sustainability and managed growth. Moreover, the MOHLTC’s transformation agenda with respect to LHINs is significant as 12 hospital partners are located in the Toronto Central LHIN, 4 hospital partners in the Central LHIN, and 1 hospital partner in the Mississauga-Halton LHIN. The implications of this distribution for the JCB partnership network are uncertain. In addition, there is discussion about developing regional ethics programs within the Mississauga-Halton LHIN, the Champlain LHIN, and the South-East LHIN. The JCB partnership network is seen as a potential model and has been engaged in some of these discussions.
2.2 Internal Scan

The internal scan identified key accomplishments, core strengths, and strategic issues related to each element of the JCB Mission (“to provide leadership in bioethics research, education, and clinical activities.”) Public Engagement was added in recognition of its increasing significance as an emerging theme across the research, education, and clinical platforms.

2.1.1 Research

Six strategic issues emerged in relation to the JCB’s mission to “provide leadership in bioethics research”:

- **Interdisciplinary collaboration** in “applied ethics” driving force behind JCB’s academic leadership and innovation, but untapped capacity for innovation in bioethics theory through academic partnerships

- **Incubation of emerging research directions** (e.g., primary & community care, rehab, mental health, research ethics) within JCB healthcare partnerships and opening capacity for enhanced patient/family/community perspectives

- **Infrastructure support** essential for supporting emerging research directions, training and mentorship of ‘junior’ researchers, developing competitive grant applications, and securing sustainable funding

- **Knowledge translation & policy impact** emerging as key area for development in JCB research platform

- **Faculty pool** insufficient to support demand for graduate supervision and to secure competitive grant funding, particularly with respect to new research directions

- **Diversity vs Unity** perennial balancing act with respect to investigator-driven versus strategic research agenda setting within JCB academic network

2.2.2 Education

Four strategic issues emerged in relation to the JCB’s mission to “provide leadership in bioethics education”:

- **Sustainability** of education programs with respect to recruitment/retention of teaching faculty and supervisory capacity for graduate students.

- **Applicant quality, pool size and enrolment** highlighting the need for effective marketing of education programs and recruitment of high quality candidates.
• Program revitalization to ensure ongoing relevance of program goals, core requirements, curriculum, and alignment with other UofT ethics education programs and initiatives.

• Career mentorship of students/graduates to sustain built ethics capacity, including domestic and international students.

2.2.3 Clinical Activities
Four strategic issues emerged in relation to the JCB’s mission to “provide leadership in bioethics clinical activities”:

• Sustainability of the CEG network across healthcare partners with an emphasis on adequate infrastructure support for CEG initiatives (e.g., research), ongoing professional development of bioethicists and fellows, and active participation of CEG members.

• Integration of the CEG with other JCB platforms (research/education) and the broader JCB partnership network, and connectivity/engagement of all bioethicists within the CEG and with other ethics centres (provincially, nationally, internationally).

• Accountability of the CEG within the JCB partnership network (i.e., mandate, role, responsibilities) and the matter of professional standards for accrediting/credentialing bioethicists.

• Effectiveness of the Clinical Ethics Fellowship in balancing clinical demand and bioethics research goals and the matter of evaluating effectiveness of bioethics practice in healthcare.

2.2.4 Public Engagement
Four strategic issues emerged in relation to JCB’s emerging technological capacity for public engagement in bioethics:

• Connectivity of JCB partners, diaspora (e.g., graduates), and other Ethics Centres internationally and domestically within a virtual ethics network to enhance capacity for knowledge generation/translation and ongoing mentorship/support

• Sustainability of e-technology infrastructure given demands for technical expertise and operational funding to maintain it.

• Public presence & accessibility resulting in heightened ethics awareness and possibly demand for JCB services

• Engagement of new communities, such as patients and families, informing development leading practices in bioethics education, research, and clinical activities (e.g., JCB Patient Advisory Committee)
APPENDIX 3. STRATEGIC PLANNING RETREAT FINDINGS

This section summarizes key findings emerging from discussion of the JCB’s mission, vision, and values statements and 5-year strategic goals and priorities.

3.1 Mission/Vision/Values

Retreat participants were broken into small groups to review the JCB’s current mission, vision, and values statements (see Appendix), to reflect on the following questions, to collect their group’s reflections on flipchart paper, and to report back their collected views to the large group.

- Do the JCB’s current mission, vision, and values still resonate?
- If not, how should they be revised to better capture our purpose, our future, and our values?

Key Findings:

- Current mission statement (“to provide leadership in bioethics research, education, and clinical activities”) continues to resonate, but needs updating to capture the JCB’s:
  - Unique partnership model (i.e., leadership through partnership)
  - Distinct expertise in “applied” ethics with a strong theoretical base through its academic partnerships
  - Role in organizational ethics and health policy scholarship & practice
  - Communities served through these activities.

- Current vision statement (“to be a model of interdisciplinary collaboration in order to create new knowledge and improve practices with respect to bioethics”) describes the JCB’s achievement over the last five years. Participants felt that we need a new vision statement that was more inspirational and aspirational, that was shorter and easily remembered, that was more accessible to the communities we serve, and that made a clearer link between the JCB’s work and the people it serve. Some examples of vision statements emerging from the retreat discussion include:

  “Improving health care at home and abroad through innovative and interdisciplinary bioethics”
  “Improved/better health care through innovation in bioethics”
  “Improved health care through bioethics”
  “Improving health care through bioethics/ethics” (transforming/growing/sustaining/engaging/translating/influencing)
  “Inspiring ethical health care”
  “Inspiring ethics, improving health care”
  “Creating new knowledge and improving practices in health care through exemplary leadership in bioethics”
  “In 2012, the JCB will be a Global Network/Centre (Centwork) of Excellence in Healthcare Ethics”
  “Healthier Canadians through bioethics”

- Current values statement (“academic and clinical excellence, intellectual freedom, integrity, respect, inclusiveness, and justice”), while still relevant, needs updating to capture other important values
including such as accountability, collaboration, interdisciplinarity, internationalism/cosmopolitanism, innovation, and responsiveness, and to better define what we mean by each stated value.

- JCB tagline (“innovative, interdisciplinary, international, improving healthcare through bioethics”) and logo continue to resonate. In general, participants thought that the tagline captured the actual JCB mission/vision better than the current mission/vision statements.

3.2 Strategic Goals & Priorities

Retreat participants were broken into small groups to review the JCB’s current goals and priorities (see Appendix), to reflect on what the JCB’s 5-year goals should be, to collect their group’s reflections on flipchart paper, and to report back their collected views to the large group. After the large group discussion, participants were given 6 dots. Using the dots, participants were invited to set priorities among the collected goals, i.e., to indicate which goals they thought were most important going forward to 2012.

Key Findings:

- In general, the JCB 2006 Goals continue to be relevant (see Appendix). Specific opportunities and strategies to advance these goals were identified in the small group discussion (see Appendix). However, there was a sense among many participants that, over the next five years, the JCB needed to “finish what we started” by achieving excellence in the JCB’s core strengths, “get the word out” by building effective knowledge translation capacity, “tend our own garden” by strengthening its partnership infrastructure, and “secure our future” by developing a more sustainable funding base [number of dots]:

- Achieve excellence in the JCB’s core strengths [34]
- Build effective knowledge translation capacity [30]
- Strengthen partnership infrastructure to optimize JCB’s leadership potential [22]
- Develop a sustainable funding base [19]

Achieve Excellence in Core Strengths (“Finish what we started”): For the last 10 years, the JCB has been on the leading edge of bioethics innovation, particularly in applied ethics scholarship and practice. However, there was a strong feeling among participants that the JCB needs to balance the pursuit of innovation with the pursuit of excellence with respect to its core strengths and competencies. Participants noted that the JCB has launched many innovative programs and initiatives, but has not always been successful in ensuring their sustainability or evaluating their effectiveness. Some participants also expressed the need for a balance between an outward-looking (e.g., international partnerships & initiatives) and an inward-looking (e.g., JCB partners & platforms) gaze. Participants felt that if the JCB is to continue having a distinctive leadership role in bioethics, it must focus both on excellence and innovation as much within its partnership as within the bioethics or healthcare field.
Build Capacity for Effective Knowledge Translation (“Get the word out”): Participants thought that the JCB should continue its work in developing bioethics leading practices (e.g., ethics program development, research/education), but should put more energy and resources behind developing effective knowledge translation strategies within and beyond the JCB partnership network, e.g., capturing and disseminating leading practices (e.g., ethics tools, policies) and practice-based lessons learned across JCB partners, building a KT component into all JCB projects and initiatives, improving public accessibility of JCB website.

Strengthen Partnership Infrastructure for Optimal Leadership (“Tend our own garden”): Participants highlighted the JCB’s partnership model as a key facilitator in generating new bioethics knowledge and practice. However, many participants felt that the partnership model had not yet been fully optimized in terms of its integration, sustainability, accountability, and effectiveness. The need for a more robust infrastructure to support the partnership model was identified as a critical factor for its ongoing and future success. Infrastructure elements might include personnel requirements (e.g., dedicated full-time JCB faculty, enhanced administrative support, protected time in job descriptions of individuals providing service to JCB, e.g., MHSc faculty), mechanisms for facilitating integration across JCB research/education/clinical platforms, networking capacity, seed funding for research pilots, or unique capacity-building expertise (e.g., grant writing).

Develop Financial Sustainability (“Secure our future”): Participants expressed enthusiasm and pride in the JCB’s accomplishments over the last 10 years. However, significant concerns were raised about the JCB’s ability to sustain the level of innovation and core strength with existing financial and personnel resources. Participants emphasized the need for the JCB to set strategic priorities, seek out alternative funding sources, and explore opportunities for strategic partnership within and beyond the JCB partnership network to advance the JCB’s goals and priorities. While participants agreed that the JCB had accomplished an enormous amount within available resources, they argued that this was at best a short term solution to what was perceived to be a primarily strategic issue about the JCB’s future capacity to achieve excellence, to pursue innovation, and to respond to changes within the bioethics, academic, or healthcare environment.
NOTES


ii 85% of Fellows are now placed as clinical ethicists or bioethics faculty in academic departments or units.

iii New healthcare partners: Bloorview Kids Rehab, Humber River Regional Hospital, North York General Hospital, Ontario Genomics Institute, Toronto Community Care Access Centre, Toronto East General Hospital, and Trillium Health Centre. As of September 2007, Women’s College Hospital, Southlake Regional Health Centre, and York Central Hospital have also signed on as 2-year transition partners. New academic partners: Faculty of Social Work’s PhD Program and the Graduate Department of Rehabilitation Science’s MSc and PhD programs.

iv CCHSA-recognized institutions: Sunnybrook Health Sciences Centre (then Sunnybrook & Women’s Health Sciences Centre), Toronto Community Care Access Centre, & Toronto Rehabilitation Institute.

v External – strategic documents: UofT Vision 2030 strategic planning document, UofT Faculty of Medicine strategic planning documents, the CIHR Strategic Plan, Canadian Bioethics Society Strategic Plan.

vi Interviews: CEOs, VPs, and Ethicists of healthcare partners; Department Chairs of academic partners; CPB/MHSc students and faculty. Focus groups: Clinical Ethics Group, CPB Executive Committee, CPB/MHSc/Fellowship graduates. Survey: JCB Advisory Council, JCB Advisory Committee.


viii Toronto Central LHIN: Baycrest Centre for Geriatric Care, Bloorview Kid Rehab, Bridgepoint Health, Centre for Addiction & Mental Health, Hospital for Sick Children, Mt. Sinai Hospital, St. Michael's Hospital, Sunnybrook Health Sciences Centre, Toronto East General Hospital, Toronto Rehab, University Health Network, plus Women’s College Hospital (2007-2009).

ix Central LHIN: Humber River Regional Hospital, North York General Hospital, plus Southlake Regional Health Centre (2007-2009) and York Central Hospital (2007-2009).
APPENDIX C: BENEFITS OF JCB PARTNERSHIP

JCB Partnership Network: Benefits of Participation

Ethics Leadership
• **Seat on JCB Advisory Council (Board) and representation on the Executive Committee** on a rotational basis providing strategic direction to the JCB.

Ethics Program Development Support
• **Strategic planning & consultation services** to assist your organization in developing and/or renewing your ethics infrastructure.
• **Operational advice on ethics program development**, including ethics consultation services, ethics committees, ethicist recruitment, and other considerations related to ethics program operations.
• **Professional and leadership development for your Ethicist(s)** through mentorship, coaching, and educational opportunities through the JCB.

Ethics Practice Resources
• **Clinical, Organizational, & Research Ethics (CORE) Network integration** through your Ethicist(s), including ethics case quality review case, professional development, practice-based resources, and working groups on topical issues.
• **(RE)² Network integration** through your Research Ethics Committee chair for collaboration on topical issues in research ethics governance, policy development, and capacity-building.
• **CORE Network Web Portal and (RE)² Web Portal** with members only privileges for “at-your-finger-tips” access to ethics policies, presentations, and practical resources in clinical, organizational, & research ethics.
• **Clinical & Organizational Ethics Fellowship support** to augment the human resources capacity of your ethics program (negotiated annually).
• **Shareable ethics tools and resources**, including ethics policies that can be adapted for your organization, ethical decision-making tools, ethics education materials, and administrative tools for ethics programs.
• **Ethics consultation and advice** to augment your ethics program’s capacity in clinical, organizational, research, and/or public health ethics.

Ethics Education Resources
• **Ethics Core Curriculum modules** to facilitate the development of ethics skills and knowledge among Ethics Committee members.
• **Executive training for your Board and senior management team** on relevant ethics topics (e.g., organizational ethics, priority setting) in collaboration with your Ethicist.
• **Professional speakers list** on relevant ethics topics for staff and organizational education.
• **Open Access Bioethics Seminars & Endowed Lecture Series** available in-person or on-line in real-time or archived for future viewing.
• **Masters of Health Sciences in Bioethics** for the professional development of your ethics leaders and champions.

Ethics Research & Development
• **Interdisciplinary research and innovation** on urgent and emerging topics in clinical ethics, organizational ethics, research ethics, and public health ethics.
• **First-in-line access to emerging knowledge products** including traditional academic products and translational products (e.g., white papers, decision tools, executive training workshops).

• **Research mentorship** on development and implementation of ethics research in your organization.

• **Collaborative Program in Bioethics** for graduate student to advance interdisciplinary research and knowledge transfer on ethical issues in the health sector.

*The University of Toronto Joint Centre for Bioethics is a World Health Organization Collaborating Centre.*
### APPENDIX D: JCB PARTNERS AND ACADEMIC COLLABORATORS

<table>
<thead>
<tr>
<th>University of Toronto Joint Centre for Bioethics Review</th>
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<tr>
<td><strong>APPENDIX D: JCB PARTNERS AND ACADEMIC COLLABORATORS</strong></td>
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<tr>
<td>Baycrest Centre for Geriatric Care</td>
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<tr>
<td>Centre for Clinical Ethics (a joint venture of Providence Healthcare, St. Joseph's Health Care, and St. Michael's Hospital)</td>
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<td>School of Graduate Studies</td>
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<td>The Hospital for Sick Children</td>
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<td>Mount Sinai Hospital</td>
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<td>Lawrence S. Bloomberg Faculty of Nursing</td>
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<td>Dalla Lana School of Public Health</td>
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<td>Centre and Department for the Study of Religion</td>
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<td>Sunnybrook Health Science Centre</td>
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<td>Institution</td>
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<tr>
<td>Toronto Community Care Access Centre</td>
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<td>Toronto Rehabilitation Institute</td>
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<td>Trillium Health Centre</td>
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<tr>
<td>University Health Network (Princess Margaret Hospital, Toronto General Hospital, and Toronto Western Hospital)</td>
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APPENDIX E: MEMBERSHIP POLICY AND LIST OF MEMBERS

The JCB Collaboratory is a network of individuals and institutions committed to improving healthcare through leadership in bioethics research, education, practice, and public engagement. Currently, the JCB has over 180 individual members, 13 health sector partner organizations, and 9 academic units in the faculties of Arts & Sciences, Law, and Medicine, and the schools of Nursing, Public Health, and Social Work at the University of Toronto.

**Definition:** Members are individuals who assist the JCB to fulfill its mission through participation in bioethics research, education, practice, or public engagement activities at the JCB Secretariat, JCB-affiliated health sector partner organizations, and/or JCB-affiliated academic units.

**Eligibility:** Individuals are eligible for membership if they meet one or more of the following eligibility criteria:

- Faculty and other academic staff in the Faculties of Arts & Sciences, Law, Medicine, Nursing, Public Health, or Social Work, the Centre for Ethics, the Jackman Humanities Institute, or the McLaughlin Rotman Centre for Global Health at the University of Toronto.
- JCB Executive Committee, Advisory Council, and Strategic Forum members.
- JCB CORE Network and/or (RE)² Network members.
- Ethics program personnel and other individuals who are active in ethics practice at a JCB-affiliated health sector partner organization, e.g., Ethics Committee members, Ethics Facilitators, ethics program administrative staff, REB members, REB coordinators, or ethics fellows.
- Graduates of the Collaborative Program in Bioethics, the MHSc in Bioethics program, or the Academic Fellowship in Clinical & Organizational Ethics at the University of Toronto.
- Post-doctoral fellows and research associates involved in research projects at the JCB Secretariat.
- Current and past administrative and teaching staff of the JCB Secretariat.
- At the discretion of the JCB Director:
  - Faculty or other academic staff who do not hold an appointment with a JCB-affiliated academic unit at the University of Toronto, and/or
  - Ethicists who do not hold an appointment with a JCB-affiliated health sector partner, and/or
  - Other research staff of the JCB Secretariat.

And:

Who demonstrate a commitment to the JCB mission through participation in bioethics research, education, practice, or public engagement activities through JCB-affiliated health sector partner organizations and/or academic units.

**Application for JCB Membership:** Membership is offered at the discretion of the JCB Director to individuals who meet the eligibility criteria. Individuals may apply directly to the JCB Director for membership or be recommended for membership on the advice of another JCB member. JCB membership normally will cease when individuals leave their appointment or position with a health sector partner organization or the University of Toronto. Membership appointments will be reviewed periodically by the Director using the criteria described above.
Expectations of JCB Membership: Members are expected to demonstrate a commitment to the JCB mission through participation in bioethics research, education, practice, or public engagement in JCB-affiliated health sector partner organizations and/or academic units, to identify their JCB membership affiliation on bioethics-related publications and presentations, and on request, to provide information to the JCB Secretariat about their bioethics-related activities for inclusion in JCB reports.

Benefits of JCB Membership: The benefits of membership include: priority notification of JCB publications, seminars, lectures, workshops, and job openings through the JCB Voice (newsletter) and the JCB Members listserv; access to JCB web-based research tools through the (RE)² webportal; access to JCB knowledge translation vehicles; and opportunities to share information and link with other JCB members on pressing ethical issues through the JCB e-network collaboratory.
APPENDIX F: JCB GOVERNANCE DOCUMENT

University of Toronto Joint Centre for Bioethics
Revision to Governance and Advisory Oversight: April, 2006

1. The purpose of this memo is to detail a revised governance structure for the University of Toronto Joint Centre for Bioethics (JCB). The governance of the JCB will consist of an Advisory Council and an Executive Committee. This new structure will become effective July 1, 2006.

2. The Advisory Council will consist of representatives from all the member organizations in the JCB, both U of T and the partner health care organizations. U of T will be represented by the Vice-Provost, Relations with Health Care Institutions who will also chair the Advisory Council, as well as the Deans of Arts and Science, Law, Nursing, and the School of Graduate Studies or their designates. The partner organizations will be represented by the CEO of each organization or a designate from the executive team of that organization. The Advisory Council will meet once a year. The mandate of the Advisory Council will be to provide advice to the Executive Committee and the Director of the JCB.

3. The Executive Committee will consist of 9 members (including the chair). The Chair will be the Vice-Provost, Relations with Health Care Institutions. Three members each will be nominated from each of the following groups: (1) CEOs of the Fully Affiliated Hospitals of the U of T; (2) Other CEOs of JCB member organizations; and (3) U of T Deans including the Dean of Medicine. Each member of the Executive Committee will serve for 2 year staggered terms. Participation on the JCB Executive Committee will not be delegated. The Executive Committee will meet three times a year (Fall, Winter, Spring terms) or more frequently, as required, at the call of the Chair. Its mandate is to (1) Approve the JCB’s mission, vision, and goals; (2) Evaluate progress against the mission, vision and goals; (3) Approve the JCB budget and set membership fees; (4) Approve appointment of new faculty members to the JCB; and, (5) Establish the agenda for the annual Advisory Council meeting.

4. Affiliation agreements between the U of T and affiliates will require participation in JCB as negotiated between the Director of the JCB and the hospital, based on terms approved by the Executive Committee and approved by the Vice-Provost, Relations with Health Care Institutions. The details would be outlined in standard MOUs between the partner and the JCB. It is recommended to the Dean of Medicine that the JCB director become a member of the Hospital University Research Coordinating Committee of TAHSN and the Hospital University Education Committee. This membership will not be delegated.
LIST OF EXECUTIVE COMMITTEE MEMBERS

The Executive Committee will consist of 9 members (including the chair). The Executive Committee will meet three times a year (Fall, Winter, Spring terms) or more frequently, as required, at the call of the Chair. Its mandate is to:

1. Approve the JCB’s mission, vision, and goals;
2. Evaluate progress against the mission, vision and goals;
3. Approve the JCB budget and set membership fees;
4. Approve appointment of new faculty members to the JCB; and, (5) Establish the agenda for the annual Advisory Council meeting.

The University of Toronto Joint Centre for Bioethics also has an internal advisory committee (known as the 'Strategic Forum'). The members of the advisory committee are leaders in clinical, research and education initiatives and include representatives from the affiliate university departments, teaching programs and healthcare organizations.

<table>
<thead>
<tr>
<th>Name</th>
<th>Faculty or Institution</th>
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<tbody>
<tr>
<td>Bonnie Adamson</td>
<td>North York General Hospital</td>
</tr>
<tr>
<td>Rob Baker</td>
<td>Faculty of Arts and Science</td>
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<tr>
<td>Robert Bell</td>
<td>University Health Network</td>
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<tr>
<td>Brian Corman</td>
<td>School of Graduate Studies</td>
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<tr>
<td>Sheila Jarvis</td>
<td>Holland Bloorview Kids Rehab</td>
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<tr>
<td>Catharine Whiteside</td>
<td>Faculty of Medicine</td>
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<tr>
<td>(Chair)</td>
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<tr>
<td>Catherine Zahn</td>
<td>Centre for Addiction and Mental Health</td>
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</tbody>
</table>

LIST OF ADVISORY COUNCIL MEMBERS

The University of Toronto Joint Centre for Bioethics (JCB) is governed by an Advisory Council consisting of representatives from all the member organizations in the JCB, both the University of Toronto and the partner health care organizations.

The University of Toronto will be represented by the Vice-Provost, Relations with Health Care Institutions who will also chair the Advisory Council, as well as the Deans of Arts and Science, Law, Nursing, and the School of Graduate Studies or their designates. The partner organizations will be represented by the CEO of each organization or a designate from the executive team of that organization. The Advisory Council will meet once a year. The mandate of the Advisory Council will be to provide advice to the Executive Committee and the Director of the JCB.

<table>
<thead>
<tr>
<th>Name</th>
<th>Faculty or Institution</th>
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<tr>
<td>Michael Baker</td>
<td>University Health Network</td>
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<tr>
<td>Rob Baker</td>
<td>Faculty of Arts and Science</td>
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<td>Brian Corman</td>
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<tr>
<td>Reuben Devlin</td>
<td>Humber River Regional Hospital</td>
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<td>Sara Faherty</td>
<td>Faculty of Law</td>
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<tr>
<td>Name</td>
<td>Institution</td>
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<tr>
<td>Robert Howard</td>
<td>St. Michael’s Hospital</td>
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<tr>
<td>Sheila Jarvis</td>
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<td>Sioban Nelson</td>
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<td>Susan Pigott</td>
<td>Centre for Addiction and Mental Health</td>
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<tr>
<td>Tim Rutledge</td>
<td>North York General Hospital</td>
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<tr>
<td>Karima Velji</td>
<td>Baycrest Centre for Geriatric Care</td>
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<tr>
<td>Catharine Whiteside</td>
<td>Faculty of Medicine</td>
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<tr>
<td>(Chair)</td>
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<tr>
<td>Anne Wojtak</td>
<td>Toronto Community Care Access Centre</td>
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</table>
APPENDIX G: LIST OF STRATEGIC FORUM MEMBERS

Terms of Reference

Purpose: The purpose of the Joint Centre for Bioethics (JCB) Strategic Forum is to provide a forum for discussion and exchange of ideas and to provide advice to the JCB Director and the JCB Management Team.

Function of the Forum: Review and advise on the
- key initiatives brought forward by the JCB Director and/or Management Team relating to bioethics research, education, policy, and practice in the JCB network partnership;
- any other areas on which the JCB Director and/or Management Team seeks input of advice.

Focus of Forum are the four foci of the Strategic Plan:
- Achieve excellence in the JCB’s core strengths ("finish what we started");
- Build effective knowledge translation capacity ("get the word out");
- Strengthen partnership infrastructure to optimize JCB’s leadership potential ("tend our garden");
- Develop a sustainable funding base ("secure our future")

<table>
<thead>
<tr>
<th>Member Area/Title</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Management Team</strong></td>
<td></td>
</tr>
<tr>
<td>JCB Director</td>
<td>Ross Upshur</td>
</tr>
<tr>
<td>Director, Education and Practice</td>
<td>Barbara Secker</td>
</tr>
<tr>
<td>Director, Partnerships and Strategy</td>
<td>Jennifer Gibson</td>
</tr>
<tr>
<td>Director, Administration and Operations</td>
<td>Brenda Knowles</td>
</tr>
<tr>
<td><strong>Directors of Ethics Programs in the JCB Health Care Partners or Designate</strong></td>
<td></td>
</tr>
<tr>
<td>Baycrest Centre for Geriatric Care</td>
<td>Michael Gordon</td>
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<td>Centre for Addiction and Mental Health</td>
<td>Barbara Russell</td>
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<td>Centre for Clinical Ethics</td>
<td>Hazel Markwell</td>
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<td>Holland Bloorview Kids Rehab</td>
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<td>Mount Sinai Hospital</td>
<td>Kerry Bowman</td>
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<td>North York General Hospital</td>
<td>Jonathan Breslin</td>
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<td>Sunnybrook Health Sciences Centre</td>
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<td>Toronto Community Care Access Centre</td>
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<td>Toronto Rehabilitation Institute</td>
<td>Ann Heesters</td>
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<tr>
<td>Trillium Health Centre</td>
<td>Dianne Godkin</td>
</tr>
<tr>
<td>University Health Network</td>
<td>Linda Wright</td>
</tr>
</tbody>
</table>
Academic Partners (represented by Collaborative Program in Bioethics)
Executive Committee Members or Designate:
Department of Health Policy, Management, and Evaluation Doug Martin, Fiona Miller (alternate)
Institute of Medical Science Ross Upshur
Faculty of Law Trudo Lemmens
Lawrence S. Bloomberg Faculty of Nursing Elizabeth Peter
Department of Philosophy Tom Berry
Dalla Lana School of Public Health Abdallah Daar
Graduate Department of Rehabilitation Sciences Stephanie Nixon
Department and Centre for the Study of Religion David Novak
Factor-Inwentash Faculty of Social Work Peter Newman

MHSc in Bioethics Course Directors
HAD5771H -- Resource Allocation Ethics Doug Martin
MSC1051H -- Research Ethics Trudo Lemmens
MSC1052H -- Practical Bioethics Martin McKneally and Sue MacRae
MSC3001Y -- Foundations Seminar 1 Dianne Godkin and Fiona Miller
MSC3002Y -- Foundations Seminar 2 Jonathan Hellmann
MSC3003Y -- Empirical Approaches to Bioethics Ross Upshur
MSC3004Y -- Ethics Committees and Consultations Jennifer Gibson
MSC3005H -- Legal Approaches to Bioethics Maria McDonald
MSC3006Y -- Independent Study (Writing Course) Jerome Singh and Barbara Secker
MSC3008Y -- Applied Learning in Bioethics (Practicum) Doreen Ouellet and Shawn Winsor
MSC3010Y -- International Research Ethics Bernard Dickens and Solly Benatar
PHL2146Y -- Topics in Bioethics Barbara Secker

Undergraduate and Postgraduate Medical Educators
Undergraduate Medicine Pier Bryden
Postgraduate Medicine TBA

Student Representatives
MHSc in Bioethics (year 2) [chosen by their classmates] TBA
Collaborative Program in Bioethics (year 2 or higher) [chosen by their classmates] Erica Sutton

Fellows
Fellows in Clinical and Organizational Ethics [chosen by the group] TBA
Other U of T Partners/Links
Director, Centre for Ethics (representative)  
Melissa Williams
Associate Dean, Equity and Professionalism, Faculty of Medicine  
David McKnight

Additional People on former JCB Advisory Committee and Bioethicists Not Listed Above
Steve Abdool
Kyle Anstey
Sally Bean
Scott Berry
Joseph Chandrakanthan
Eoin Connolly
Laura Hawryluck
Philip Hebert
Blair Henry
Jim Lavery
Neil Lazar
Susan Pilon
Giles Scofield
Marcia Sokolowski
Marleen van Laethem
Randi Zlotnik Shaul

Chair:  JCB Director or his designate
Meetings:
Quarterly 1-hour meetings, generally on a Wednesday from 12:00 noon - 1:00 pm in September, December, March, and June, and at the call of the Chair.
Agenda and pertinent material will be sent out one week prior to the meeting.
### Joint Centre for Bioethics

#### 2010-2011 Financial Projection

<table>
<thead>
<tr>
<th>Description</th>
<th>Projected 2010-11</th>
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<td><strong>Revenue</strong></td>
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<td>Net Base Budget</td>
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<td>ST: Net Base Budget</td>
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<td>Other Revenue</td>
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<td>3% July 2010 salary increase re USW</td>
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<td>Partner contributions</td>
<td>623,150</td>
</tr>
<tr>
<td>External income (misc contr/ext-inc)</td>
<td>10,000</td>
</tr>
<tr>
<td>Salary and Benefit Recovery</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td>1,138,298</td>
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<td><strong>Expenditures</strong></td>
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<tr>
<td>Compensation/AC-OTH-Sal</td>
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<td>Academic Salaries</td>
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<td>Administrative Salaries</td>
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<td>Research Associates</td>
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<tr>
<td>Non-appointed (casual) admin</td>
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<tr>
<td>Non-appointed (casual) academic</td>
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<tr>
<td>Non-appointed Union</td>
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<tr>
<td>Benefits: (Appointed)</td>
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<tr>
<td>Benefits: (Non-appointed)</td>
<td>27,592</td>
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<tr>
<td>Graduate Fellowship</td>
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<td>Postdoc Fellows</td>
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<tr>
<td>Stipend: Non-appointed</td>
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<tr>
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<td>Postage &amp; Services</td>
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<td>Furniture &amp; Supplies</td>
<td>6,000</td>
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<td>Telephone &amp; Travel</td>
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<td><strong>Total Expenditures</strong></td>
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<td><strong>Annual Carry Forward</strong></td>
<td>147,006</td>
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<td>Cumulative Carry Forward as at April, 2010</td>
<td>190,423</td>
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<tr>
<td><strong>Cumulative Carry Forward</strong></td>
<td>337,429</td>
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### Summary of Trust Funds

<table>
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<tr>
<th>Endowment Funds - as of April 30, 2010</th>
<th>664,794</th>
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<tr>
<th>Expendable Balance Associates with Endowments</th>
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<tr>
<td>Funds Available as of May 1, 2009</td>
</tr>
<tr>
<td>Add: Investment Revenue/Donations</td>
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<tr>
<td>Less: Disbursements</td>
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<td><strong>Funds Available April 30, 2010</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Expendable Funds Available Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds Available as of May 1, 2009</td>
</tr>
<tr>
<td>Add: Expendable Donations</td>
</tr>
<tr>
<td>Add: Miscellaneous Contributions</td>
</tr>
<tr>
<td>Add: Expendable Investment Income</td>
</tr>
<tr>
<td>Less: Transfers and Disbursements</td>
</tr>
<tr>
<td><strong>Funds Available April 30, 2010</strong></td>
</tr>
</tbody>
</table>

| Total Expendable Balance, Funds Available | 167,554 |
APPENDIX I: INFORMATION TECHNOLOGY PLATFORM

Information Technology Platform

The JCB IT platform has the following components and tools available to support the collaboratory

Meeting Facilities
The JCB space has live and virtual meeting facilities, including real-time audiovisual conferencing.

They include:

- Two meetings rooms (capacity: 10 and 30 persons) with audiovisual capture and projection capabilities;
- Wireless network in meeting rooms and throughout the JCB physical facility;
- Interactive whiteboards hardwired to laptop or to a tablet, which can be passed among meeting participants so that they can draw on the whiteboard from wherever they are sitting;
- Multidirectional, multi-user audiovisual conferencing, which allows people to participate by audio only, video or a combination;
- Portable videoconferencing units.

Multimedia Production & Broadcast Capabilities

The JCB space is equipped with mid-range personal computers and viewing software to record, produce, and broadcast audiovisual productions using IP technology.

This includes:

- Cameras, sound system, screens and projectors, and lighting system to videotape and project audiovisual content (e.g., podcasts, vodcasts);
- Video streaming servers and storage;
- Video editing hardware and software.

Webcasting Capabilities

The JCB is equipped with hardware and software to webcast of live events in real-time. A mobile cart completely equipped for audiovisual webcasting of events from any location with Internet access. This system known as ePresence, can support 400 remote users signed on to see an audiovisual presentation on their personal computer with simultaneous, synchronized power point presentations. These webcasts can be archived and made available to anyone with Internet access in all major streaming media. The events include the possibility for remote participants to chat or to participate using voice-over-ip (VoIP) during the event, and continue the test chat in the archive mode.
Evaluating Excellence in Bioethics

A Value for Investment Project

September 20, 2010

Prepared By:

University of Toronto Joint Centre for Bioethics

155 College Street, Ste 754
Toronto, ON M5G 1L4
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Executive Summary

The ‘Evaluating Excellence in Bioethics: A Value for Investment Project’ was launched in May 2009. The project was stimulated by a discussion in February 2009 at the JCB Advisory Council indicating the importance of the JCB documenting and measuring the extent and impact of its varied activities.

The overall goal of Value for Investment Project was to develop a framework for evaluating excellence in bioethics research, education, and practice. Its specific objectives were:

a) To define excellence in bioethics research, education, and practice from a range of local, national, and international stakeholder perspectives;

b) To identify key domains, indicators, and, where possible, metrics of excellence in bioethics research, education, and practice;

c) To engage local partners in assessing the impact of JCB activity in bioethics research, education, and practice with a view to identifying good practices, opportunities for improvement, and future directions for JCB development; and

d) To advance thinking in the Bioethics field on these issues.

In this document, we report a draft framework for evaluating bioethics research, education, and practice, including key domains, indicators, and where possible, metrics of excellence.
1.0 INTRODUCTION

The ‘Evaluating Excellence in Bioethics: A Value for Investment Project’ was launched in May 2009. The project was stimulated by a discussion in February 2009 at the JCB Advisory Council indicating the importance of the JCB documenting and measuring the extent and impact of its varied activities.

1.1 Background: Bioethics in the Health Sector

Over the last decade, there has been a rapid expansion of bioethics in the health sector.

Health organizations across Canada are increasingly investing in institutional ethics programs to address ethical issues associated with patient care, clinical research, and organizational decision-making. In the Greater Toronto Area alone, the number of ethicist-led ethics programs has increased by 100% since 2003. Standards organizations, such as Accreditation Canada and the US Joint Commission on Accreditation of Health Organizations, have established ethics-related standards for clinical, organizational, and research practices. Recently, the Toronto Academic Health Sciences Network Research Ethics Committee (TREC) became a standing committee within TAHSN’s governance structure.

The Canadian health research community has identified ethics and ethics-related research explicitly among its strategic priorities. The Listening for Directions: A National Consultation on Health Services and Policy Issues 2004 and 2008 reports (an initiative co-led by the Canadian Institutes of Health Research and the Canadian Health Services Research Foundation) gave priority to ‘Sustainable funding and ethical resource allocation’ (LfD II, 2004) and ‘Values-based decision-making and public engagement’ (LfD III, 2008). At CIHR, a notable trend is the diversification of investment in ethics and research. Augmenting the funding programs of the CIHR’s Ethics Office, several institutes (notably the Institute of Population & Public Health and the Institute of Infection & Immunity) have made strategic investments in ethics research. In 2009, the Canadian Cancer Society announced the launch of the Canadian Centre for Applied Ethics.
Research in Cancer Control (ARCC), which focuses on research in health economics, services, policy, and ethics in cancer control.\(^2\) Finally, investment in global health ethics (including research ethics in low and middle income countries) has received a boost from funding agencies such as the NIH-Fogarty International Center and the Bill & Melinda Gates Foundation.

Although medicine and philosophy have traditionally been seen as the touchstones of late 20\(^{th}\) century bioethics scholarship – the one at the applied end of the scholarly continuum and the other at the theoretical end, bioethics is emerging in the 21\(^{st}\) century as the quintessential interdisciplinary discipline. If the JCB is any indication of the direction of the bioethics field, it is not uncommon for a research team to include a mix of philosophers, health professionals, legal scholars, social scientists, health services researchers, and a dramaturge. Parallel to this development is an increased emphasis on ethics & professionalism in undergraduate medical education and on interprofessional education in the health sciences more broadly.

Government agencies are also becoming more attuned to the importance of ethics and values-based considerations in policy-making, including the need for meaningful public engagement on policy questions. For example, Health Canada and the Public Health Agency of Canada have created ethics advisory bodies to support various policy functions. In recent years, the Ontario Ministry of Health & Long Term Care has launched a number of ethics-related projects, including the Ethical Issues of Access in Critical Care initiative (Critical Care Secretariat), the ‘Ethics & Values in Policy-making’ initiative (Health Policy Branch), and the Ontario Citizen’s Council (Ontario Public Drug Program). Internationally, over the last 18 months, the World Health Organization has expanded its network of WHO Collaborating Centres for Bioethics from one Collaborating Centre (the

\(^2\) ARCC is a partnership of the BC Cancer Agency, Cancer Care Ontario, the University of British Columbia, and the University of Toronto (including the JCB, the Department of Health Policy, Management, & Evaluation, the Dalla Lana School of Public Health) as well as the Institute of Clinical Evaluative Sciences. The JCB is co-leader of the ‘Societal Values & Public Engagement’ research program.
University of Toronto Centre for Bioethics) to six Collaborating Centres on four continents.\(^3\)

However, the current economic crisis has created a new sense of urgency within the bioethics to demonstrate the value for investment of bioethics research, education, and practice. In 2009, a number of local, national, and international events reinforced the timeliness of the Value for Investment project:

- Toronto East General Hospital, citing financial constraints, and the Ontario Genomics Institute, citing insufficient mission-alignment, elected not to renew their partnership agreements with the JCB.
- The Provincial Health Ethics Network in Alberta faced closure when the Ministry of Health & Wellness failed to renew its funding. A letter-writing campaign was launched voluntarily by other Canadian ethics centres in an effort to reverse this decision. Since then, the Ministry has extended funding to PHEN for 2010-2011.
- The University of Tennessee Medical School proposed to eliminate its Human Values & Ethics department following a criteria-based review focusing on number of student teaching hours taught (not including residents) and amount of research/clinical revenues generated. Following an extensive letter-writing campaign by UT medical graduates, US and Canadian ethics centres, and the American Medical Association, the Department of Human Values & Ethics has won a temporary reprieve.

Hence, while the reach of bioethics may be expanding in the health sector, it is more important than ever to demonstrate its ongoing relevance and value to the enterprise of health and health care in the 21\(^{st}\) century.

1.2 Project Overview

1.2.1 Goal & Objectives

The overall goal of Value for Investment Project was to develop a framework for evaluating excellence in bioethics research, education, and practice. Its specific objectives were:

---

\(^3\) The JCB is the inaugural chair of the Global Network of WHO Collaborating Centres for Bioethics, the development of which was enabled by two CIHR Meetings, Planning, & Dissemination grants awarded to the JCB.
a) To define excellence in bioethics research, education, and practice from a range of local, national, and international stakeholder perspectives;

b) To identify key domains, indicators, and, where possible, metrics of excellence in bioethics research, education, and practice;

c) To engage local partners in assessing the impact of JCB activity in bioethics research, education, and practice with a view to identifying good practices, opportunities for improvement, and future directions for JCB development; and

d) To advance thinking in the Bioethics field on these issues.

1.2.2 Methods

The project included four key elements: literature review, key informant interviews and focus groups, an inventory of JCB activity, and a provisional bibliometric analysis.

Literature review – We surveyed the interdisciplinary academic literature related to bioethics, policy materials related to evaluating academic activity (e.g., UK’s Research Assessment Exercise), and documents from other bioethics centres internationally (e.g., annual reports, white papers) to identify a provisional set of key domains, indicators, and metrics of excellence in bioethics research, education, and practice.

Key informant interviews & focus groups – In May-October 2009, we conducted 43 key informant interviews and 5 focus groups with local, national, and international stakeholders, including health sector partners (e.g., hospital CEOs), academic partners (e.g., academic unit chairs), research collaborators, policymakers (e.g., WHO), other Ethics Centre directors internationally, ethicists in JCB partner organizations, and faculty and graduates of JCB education programs. Question guides are included in the Appendix. In total, over 90 individuals provided input on: a) key domains, indicators, and metrics of excellence in bioethics research, education, and practice, and b) good practices, opportunities for improvement, and future directions for JCB development.

Inventory of JCB Activity – We gathered information about JCB member activity from a variety of sources. We developed on-line survey tools to: a) collect information from JCB-affiliated faculty and graduates on their research, education, and professional activities in bioethics, awards & recognitions, media contacts, and
their bioethics-related role(s), b) to gauge the interdisciplinarity and interprofessionalism of this activity, and c) to elicit evaluative input on bioethics research and education at UofT. In total, we received responses from 42 faculty and 89 students. We augmented the survey data by searching JCB documents (e.g., external reviews, newsletters, 10-year reports) and other on-line web-based tools (e.g., Google, GoogleScholar, GoogleAlert, PubMed, ISI, etc) to capture additional information about the bioethics-related activity of individual JCB Strategic Forum members, CORE Network members, (RE)² members, MHSc in Bioethics faculty and graduates, and Collaborative Program in Bioethics (CPB) faculty and graduates.

**Bibliometric Analysis** – We worked with a Gerstein Library librarian to identify relevant citation analysis tools and to craft a provisional bibliometric approach for analyzing the academic impact of JCB research activity.

**1.2.3 Purpose & use of this document**

The purpose of this document is to report high-level findings based on the literature review and qualitative data. The project generated an enormous amount of data. This report represents a first attempt to make sense of this data and to distill it into a set of key themes. It is fair to say that our understanding of excellence evaluation in bioethics continues to evolve. As such, we consider this to be a green document that will be updated regularly.

**1.2.4 Acknowledgments**

We would like to thank:

- Colleen Tompkins, for facilitating the interviews and focus groups and conducting a preliminary analysis of the qualitative data;
- Maxwell Smith, for assistance in the design and analysis of the survey data;
- Leena Khawaja, for surveying the literature on ethics evaluation;
- Project Participants, for sharing their time, expertise, and advice with us;
- Dr. Michael Baker and other JCB Advisory Council members, for challenging us to stretch beyond our comfort zone to
examine what makes bioethics and the JCB a value to health, health care, and health research.

For more information
Contact: Dr. Jennifer Gibson, Director, Partnerships & Strategy, JCB (jennifer.gibson@utoronto.ca).
2.0 EVALUATING EXCELLENCE IN BIOETHICS

In 1995, James Tulsky and Ellen Fox convened the Conference on Evaluation of Case Consultation in Clinical Ethics. Since then, there has been a marked increase in international scholarly attention to ethics evaluation research, particularly related to bioethics practice. However, as our project found, defining and evaluating excellence in bioethics is complex: 1) the different disciplinary and professional perspectives of multiple stakeholders; 2) the different levels at which evaluation can take place (i.e., individual, program, centre, network); and 3) the diverse programmatic activities between and within bioethics domains. Fox and Tulsky argued that “the greatest impediment to [ethics evaluation] research has been the absence of a coherent conceptual framework and a deliberate, systematic, integrated farsighted approach.”4 This Evaluating Excellence in Bioethics project is an attempt to bridge this gap.

In this section, we summarize general considerations raised by the project participants about the task of evaluating excellence in bioethics.

2.1 Defining Excellence in Bioethics

Four elements emerged as key determinants of excellence in Bioethics: interdisciplinary, interprofessional, a strong interplay between theory and practice, and real-world impact.

2.1.1 Interdisciplinary

Interdisciplinarity was identified as a key strength of Bioethics because it offered a 'big picture' view for tackling complex issues in health, health care, and health research. Interdisciplinarity was also recognized as challenging to achieve in practice given disciplinary differences in: a) the importance given to particular issues or research questions, b) the concepts, languages, and methods used, and c) standards of excellence promoted within individual disciplines. Hence, excellence in Bioethics was indicated by how well disciplinary differences were managed and the extent to which interdisciplinary differences were managed and he extent to which interdisciplinary activities were open, collaborative, and oriented toward finding common ground in a spirit of mutual respect.

“I think eclectic is even better than interdisciplinary because I think you need to have the clash of very different ways of looking at a problem, because that’s reality, that’s the messiness of the sort of things that bioethicists have to deal with in healthcare. Things aren’t clean. Things are much more complicated. …”

2.1.2 Interprofessional

Interprofessionalism was identified as another essential element of the big picture view offered by Bioethics. In the health practice domain, where team decisions are increasingly becoming the norm, a commitment to interprofessionalism in Bioethics reflects the reality of day-to-day activity. Although consensus might not always be possible or even desirable, excellence in Bioethics is characterized by mutual respect and exchange of professional perspectives in the pursuit of enriched ethical understanding and practice.

“I think inter-professional education is important... because by its very nature, bioethics addresses conflict in values and one of the origins of conflict of values is different professional backgrounds and suppositions. The different professions have different ways of knowing... And by sharing – I think that’s important. So being able to highlight different professional viewpoints and varying opinions and standards is really important...”

2.1.3 Strong Interplay of Theory & Practice

Bioethics was described as a field that facilitates translation of ethical theory into practical applications in health, health care, or health research and informs the development of ethical theory through awareness and engagement with the practical realities within which ethical issues and questions emerge. Hence, excellence in Bioethics is characterized by a strong interplay of theory and practice.

“There needs to be a very good combination, a solid foundation ...so that the two can interact and theory doesn’t exist in isolation without an understanding of and a sensitivity to and appreciation of the world of practice. And of course, the world of practice can’t just continue without being influenced by ideas...”

2.1.4 Real-World Impact

Knowledge translation was identified by many participants as fundamental to the discipline of Bioethics. This builds on the
strong interplay of theory and practice, but extends this interplay to include identifiable or measurable impacts on policy, practice, or understanding. Many participants emphasized that the value of Bioethics could not and should not be reducible to its 'translational' potential and indeed, not all bioethics scholars would necessarily orient their contribution toward translation per se. However, the importance of real-world impact within the broader enterprise of Bioethics was emphasized as one of its constitutive goals.

“... there was a Greek philosopher who talked about knowledge without use as knowledge without value. I come from that mould of thinking. Now I know it’s not always possible to say what the use value of a piece of information will be at the outset. But I think we actually should place much more emphasis on generating knowledge which can be applied and translated into practice...”

Although there was a prevailing view that bioethics should address 'real life issues and situations' and create translatable knowledge, some participants were more wary of accepting the contention that all knowledge is, or indeed should be, translatable.

### 2.2 Measuring Excellence in Bioethics

#### 2.2.1 Importance of context

Indicators of excellence need to be flexible enough to accommodate differences in context. There may be any number of contextual factors that may influence the excellence and impact of bioethics research, education, or practice. For example, in the case hospital ethics programs, the organization’s ethics needs and existing capacity are relevant to evaluating the excellence of a particular ethics program intervention. Similarly, political agendas and economic climates may determine the extent to which research outputs (e.g., publication) have an influence on policymaking without undercutting the excellence of the research by academic standards. Hence, in evaluating the excellence of bioethics activity, it is important to specify the context within which the evaluation is being conducted.

#### 2.2.2 Importance of process and outcome indicators

Another insight is that process-oriented indicators are critical to include along with outcome indicators in any evaluation framework for Bioethics. It is crucial to evaluate the impact Bioethics has on the ways in which ethical decision-making, research projects and education are conducted or undertaken. The process involved in arriving at an outcome is as important to evaluate as the actual hard outcomes that are determined by
these processes (e.g., full assessment would require an evaluation of the implementation of ethics-based principles in decision-making used to determine and implement a research-based policy).

### 2.2.3 Limits of metrification

Currently there is no consensus on which metrics would be most useful to include in a framework for evaluating excellence in Bioethics. In terms of the type of metrics best suited to assessment of Bioethics, perceptions are that while traditional academic metrics can be informative, quantitative metrics alone are too limited. Bioethics is a discipline that requires a broader assessment framework that includes a balance of quantitative and qualitative measurement tools to capture value throughout the full spectrum of its activities and contributions.

> “How do you put a value on it, how do you measure it? You can’t measure it. Not everything that is valuable in life can be measured. What does it mean to understand someone’s suffering and to suffer with them and to help them die? How do you measure it? Is measurement the only thing we’re interested in? We’ve got rulers in our hands, rulers and scales. And we think rulers and scales are going to get us through life. They’re never going to get us through life on their own. Yes, we need them -- necessary -- surely not sufficient. How do you convince people of a value that’s immeasurable?”

### 2.2.4 Measuring impact

Importantly, the shift in emphasis towards impact and influence in Bioethics points to a specific need to develop effective metrics for knowledge translation and impact, a point that was discussed in relation to all three domains of education, research and practice. In regard to developing impact metrics for assessing excellence specifically in Bioethics research, one point of caution was that it would be inadvisable to focus only on the linear relationship between research recommendations and their implementations without also considering the impact of other potential parameters of excellence.
3.0 BIOETHICS RESEARCH

Over the last 20 years, there have been a number of initiatives internationally to evaluate the return on investment of health research. In the present study, we were interested to understand how diverse stakeholders would define and evaluate excellence in bioethics research. While participants echoed many of the domains and indicators highlighted in other reports, they identified a number of novel indicators specific to bioethics research. Notably, participants described excellence in bioethics research as part of a continuum of scholarly activity in bioethics, which includes educational programming in bioethics as well as the policy and practice implications of bioethics scholarship. Hence, the interplay of these elements was constitutive of an evaluation of bioethics excellence.

3.1 Domains of Excellence

Excellence in bioethics research was primarily defined along four domains:

- Original and relevant research question of theoretical and/or practical import related to the ethical dimensions of health, health care, or health research;
- Theoretically sound and empirically informed research design using appropriate methods and oriented to pursuing a set of clear theoretical and/or empirical objectives;
- High calibre research team with a mix of disciplines/professions and a mix of experience (trainees, junior and senior researchers) to enable true collaboration and a rich cross-pollination of ideas, to build training capacity among the next generation of researchers, to facilitate a deeper conversation across disciplines about the topic within and beyond the parameters of the study, and more practically, to bring

5 Examples include: the Research Assessment Exercise (RAE) of the UK Funding Councils (www.rae.ac.uk), the Excellence in Research for Australia (ERA) Initiative of the Australian Research Council (www.arc.gov.au), the Royal Netherlands Academy of Arts & Sciences' white paper on the societal impact of applied health research (www.knaw.nl/publicaties/pdf/20021098.pdf), and the Canadian Academy of Health Sciences' health research impacts framework (www.cahs-acss.ca).
multiple perspectives together to tackle the complexity of bioethics questions; and

• Knowledge dissemination plan to influence on current thinking, teaching curricula, policy, and/or practice in health, health care, health policy, and to facilitate engagement of affected stakeholders in a meaningful way, including members of the academic community, health community, and/or the public.

3.2 Indicators of Excellence

3.2.1 Traditional Academic Indicators

Traditional academic indicators of academic productivity (e.g., publications) and impact (e.g., citations) were described as necessary but not sufficient indicators of excellence in bioethics research. The usefulness of the indicators lay in providing proxy evidence of the quality of the researcher, the research environment, or the research project in so far as they were linked to a peer review process. As one participant commented:

“[Excellence is] how our peers broadly define, understand and make use of our work and use it as a contribution to knowledge and that engages richly and robustly.”

Other academic indicators, such as number and size of research grants, were identified by some participants as more relevant to evaluating a research program’s enabling capacity (e.g., advancing a research agenda, supporting graduate student research) than of its excellence per se.

“It’s not irrelevant – it’s extremely important as a matter of fact. We can’t run our programme unless people are bringing in grants. We can’t support students. However, I don’t think it’s a measure of excellence.”

Interdisciplinarity, although a strength of bioethics research, was seen by some participants as a potential professional weakness of individual researchers, whose disciplines would tend to undervalue interdisciplinary research in favour of discipline-specific standards. The perception of many participants was that the academy saw interdisciplinary research as a “second cousin” or a “secondary discipline” to legitimate disciplines and interdisciplinary researchers as “virtually unemployable.”
“If you’re genuinely embracing doing interdisciplinary bioethics, then you almost are painting yourself into a corner academically because you’re moving away from your home discipline whether it’s anthropology or psychology or history or whatever. I think that potentially that’s a big problem. It’s a big problem for institutions in terms of where do you situate bioethics in the culture?”

Thus, to the extent that traditional academic indicators are defined along disciplinary lines, they were seen as often dissonant with bioethics research and potentially an obstacle to its progress within university settings. The need to develop relevant indicators for evaluating bioethics research, whether as a discipline in its own right or a sub-discipline of many, was clearly articulated by many participants.

A related challenge was a perceived devaluing of translational scholarship by some disciplines. One participant commented:

“If ones does interdisciplinary stuff, the more that one understands that it’s having some benefits outside the university, the less respectability and value it’s understood to have within the university.”

In part, this problem was defined as a failure to articulate the value of interdisciplinary research to the academy.

### 3.2.2 Novel Indicators

#### 3.2.2.1 RESEARCH IMPACT

Project participants emphasized the need for a better balance between indicators of academic productivity and indicators of research impact in assessing excellence. Indeed, as one participant explained, research quality is a necessary precondition of research impact: “A fundamental concept of knowledge translation is that our knowledge is good. Otherwise it’s garbage in, garbage out.” A number of impact domains and indicators were highlighted.

- **Impact on academic community** – evidence of uptake in bioethics curricula; development of new concepts, methodologies, or approaches; creation of new and sustainable research collaborations or linkages within the
university community and across disciplines; increased donor interest and fundraising/revenues for university.

- **Impact on health sector** – evidence of improved patient care; improved health status of identifiable populations over an extended period of time; improved ethical decision-making capacity in an organization or institution; change in belief systems related to ethics; uptake of ethical issues or approaches in government or institutional policies or legal decisions; researcher participation in health policy development, review, or evaluation.

- **Impact on public discourse** – evidence of: engagement with the public on bioethics issues; outreach to and uptake by public media (e.g., media contacts) and Web 2.0 sites on research findings; involvement of citizens in shaping the research and policy agenda.

- **Impact on global community** – where relevant, evidence of: expansion of scope of bioethics inquiry beyond the parameters of the Western developed world into issues of concern to low and middle income countries; global reach; sustainable impact on global health knowledge and practice sustainable collaborations with researchers in other countries to address issues of global concern.

3.2.2.2 Interdisciplinarity

Participants proposed a number of suggestions for capturing the interdisciplinarity of bioethics research activity and recognizing the contribution of relevant disciplines.

- **Interdisciplinarity** – evidence of multiple disciplinary perspectives among research collaborators; research designs that could not have been accomplished or research findings that could not have been realized if not for the collaboration of multiple disciplines (e.g., new concepts, new methodologies); multiple methodologies incorporated into and employed in study; effective team collaboration through all aspects of the study; productive interdisciplinary collaborations over time among individual scholars and/or academic units; publications with authors from more than one discipline and/or in a range of disciplinary journals; opportunities for graduate students to meet with and collaborate with colleagues in other disciplines.

- **Disciplinary foundation**: evidence of: strong foundational training in a particular discipline by all research team members on an interdisciplinary team; disciplinary
contribution multi-disciplinary or interdisciplinary discourse on a key topic (i.e., as an indicator of excellence within a disciplinary field); recognition at tenure review and promotion of "people can meet the standards of excellence in their home discipline, and then push themselves to also communicate across the gulf...”.

• Stakeholder engagement – evidence of: having engaged affected stakeholders in defining the research question and/or conducting the research; exploring participatory action methodologies as appropriate in community settings (including developing world contexts); having a knowledge translation plan to extend reach of research findings in educational and/or practice and/or policy realms.
4.0 BIOETHICS EDUCATION

Excellence in bioethics education was defined in close alignment with excellence in bioethics research as part of a continuum of scholarly activity in bioethics. A notable difference in the discussion of excellence in bioethics was a recognition of the differing learning needs and health system roles of bioethics students. Whereas undergraduate medical students might receive ethics training as a component of their clinical education, only a small number will go on to specialize in bioethics as an area of practice by enrolling in a professional graduate degree program in bioethics (e.g., MHSc in Bioethics). In a parallel graduate stream, some students will pursue a research-based program in bioethics through one of the foundational academic disciplines or through an interdisciplinary or collaborative program. As such, the determinants of excellence in bioethics education will differ according to the type of student and the educational program.

In this section, we endeavour to tease out some relevant similarities and differences between these educational streams. A limitation of this section is that we have not captured data on the value of post-graduate and/or post-doctoral training programs for professional ethicists.

4.1 Domains of Excellence

4.1.1 Excellence in Graduate Bioethics Programs

Excellence in graduate bioethics education was primarily defined along the following domains:

- Integrated program structure that facilitates strong collaboration among faculty, engages a wide range of interdisciplinary and interprofessional expertise, fosters close coordination among its programmatic elements (including course content), and conveys a coherent sense of a programmatic whole.

- Robust program curriculum that offers a good balance of theory and practice, facilitate interdisciplinary and multidisciplinary exchange (including exposure to diverse disciplinary traditions, concepts, methods) amongst students and faculty, incorporates best available bioethics research and leading practices in ethics teaching, corresponds closely with learning needs of students, and for professional...
graduate programs, aligns course content with practical-ethical challenges in health care.

- **Community of scholarly engagement** amongst students, with faculty, and across levels of experience, including mentorship of trainees on research projects and over the course of their educational development.

- **Recruitment and retention of expert faculty** who have a strong disciplinary foundation, satisfy discipline-specific standards of excellence, demonstrate a willingness to engage and reach across disciplinary and/or professional perspectives, and committed to their own excellence in bioethics scholarship.

- **Recruitment of high quality graduate students** who have a strong disciplinary or professional foundation from their previous education and demonstrate a strong potential for ongoing academic success. Recruitment of high quality students was interpreted not only as evidence of program quality, but also a key success factor for achieving it.

- **Reputation for excellence among peer programs nationally or internationally.**

### 4.1.2 Excellence in Undergraduate Medical Programs

Excellence in undergraduate bioethics education was primarily defined along the following domains:

- **Strong link between ethics theory and real-time ethics practice** with a clear definition of educational goals that reflect students’ progressive learning needs from student to professional and an emphasis on fostering reflective thinking on relevant issues to enhance applied practice learning.

- **Close alignment of formal and “informal” curricula**, which embraces the didactic learning at the university with the more experiential learning within health settings, recognizing the influence of role-models in shaping trainees practice.

- **Opportunities for ongoing professional development** of physicians and surgeons over the career life course in ethics.

“And then you have to take that quite obtuse knowledge and convey it to a wide professional population at a level that they can use in practice. I think it’s really important that the curriculum is designed in a way that students have a sense of the best thinking and scholarship about this area.”
4.2 Indicators of Excellence

4.2.1 Traditional Academic Indicators

Participants agreed that traditional academic indicators were important considerations in evaluating excellence in bioethics education. Commonly cited indicators included:

- **Academic peer-review and productivity of faculty and students** – evidence of: peer-reviewed publications, conference abstracts, grants, graduate awards, teaching awards, promotions, and other discipline-specific standards of excellence.

- **Graduate placement** – evidence of: career progress, including placement in relevant academic and/or practice based position.

“…peer review is having your work judged by the people who are apparently top in your field, saying yes you meet the standards or not. Awards and tenure are supposed to reflect that. And I think if you’re arguing that you want the practical curriculum informed by the best scholarship, absolutely [traditional metrics are useful].”

4.2.2 Novel Indicators – Graduate Education

4.2.2.1 EDUCATIONAL IMPACT

Notwithstanding the value of traditional academic indicators, most participants identified educational impact as the true marker of the value of bioethics education programs. A number of impact domains and indicators were proposed:

- **Academic collaboration & partnership** -- evidence of: sustainable and productive relationships among affiliated academic units and institutional partners over time; collaborative activity among academic units and faculty in course development, program course requirements, and supervision of graduate students; opportunities for scholarly exchange among students and with faculty across levels of experience and expertise; formal and informal opportunities for scholarly discourse amongst disciplines on topics, issues, or questions of shared interest.

- **Interdisciplinarity [research-stream programs]** – evidence of: mastery in a core discipline; formal exposure to different
disciplinary concepts, traditions, approaches, and perspectives through coursework and graduate research; interdisciplinary mix on graduate thesis committees; formal opportunities for interdisciplinary scholarship and exchange amongst students and faculty; recognition of interdisciplinary scholarship of faculty (e.g., tenure review) and students (e.g., recruitment, placement support) involved in interdisciplinary bioethics education and research.

- **Interprofessionalism** [in professional degree programs] – evidence of: interprofessional mix among students recruited to the program; formal exposure to different professional perspectives among teaching faculty and course content; formal opportunities for both theoretical and experiential learning related to addressing ethical issues from an interprofessional perspective.

- **Academic progress and contribution to graduates** -- comprehensive assessment of: scholarly impact using traditional and novel indicators; career progress, including placement in relevant academic and/or practice-based position; academic, practice and/or policy impact of bioethics-related activity; scope of impact (e.g., local, national, international); advancing bioethics field (e.g., related to priority issues of the day).

- **Impact on health sector** -- evidence of graduates having an influence on ethical dimensions of health policy, health service delivery, health research, health sector management, and/or scholarship in any of these areas locally, nationally, and/or internationally.

### 4.2.3 Novel Indicators – Undergraduate Medical Education

Participants suggested additional qualitative indicators of excellence that could be used to assess undergraduate medical ethics education program.

- **Educational innovation** – evidence of: scholarly activity in curriculum development and evaluation; development and use of innovative teaching methods; translation to and uptake of teaching methods by other educational programs.

- **Faculty training & development** – evidence of: training opportunities to improve faculty skills in teaching (“not every excellence scholar is an excellent teacher and vice versa”); good retention of tutors and teachers over time.

“...given increasingly we’re working as an inter-professional team, unless you want people spending hours debating the right approach to an ethical conundrum, you might as well educate people together and give them a professional framework for managing different perspectives ...I think where interprofessional education is most important is this idea of team ethical decision-making. We don’t make single decisions anymore.”
• Ability to apply theoretical learning to real-time situations – evidence of: ability to identify ethical issues and to take appropriate action in a simulated setting involving realistic cases or in practical learning situations during clinical training.

• Ethics competency – evidence of: graduating students’ ability to demonstrate sufficient skills and confidence to handle ethical issues appropriately.

• Impact on student core knowledge & behavior post-graduation – evidence of: ethics competency over time; linkage between undergraduate and post-graduate learning opportunities to facilitate continuity; professional behavior among residents or graduates (e.g., incidence of ‘ignorance misdemeanors’ reported to the College of Physicians & Surgeons).

“… I think we probably do a pretty good job of giving them information but we don’t know if they’re ever going to use that information in a meaningful and helpful way once they get out there…”
5.0 BIOETHICS PRACTICE

In this section, we review findings related to health institutions-based ethics programs, including the clinical and organizational ethics and the research ethics functions.

5.1 Clinical & Organizational Ethics

5.1.1 Domains of Evaluation

Participants were asked to describe the features of an excellent or high-performing ethics program. A number of features were highlighted including:

- **Strategic and operational integration of ethics program within the organization** – a clear ethics presence embedded across all levels – from senior management to front-line practitioners – to facilitate shared ownership for ethics throughout the institution and ensure a more sustainable influence on organizational culture and behavior over time; a network of ethics expertise and engagement among staff; and a clear alignment of the ethics program with the organization’s mission and goals.

  “…if you have a truly highly performing ethics program or team, it’s fully integrated into the organization and it’s part of the entire framework.”

- **Strong leadership** – within the program to raise and sustain a level of urgency around ethics in the organization and within senior management to ensure a meaningful level of organizational commitment to the ethics program

  “… a program which has a strong leader who is willing to speak up and speak out, especially with ethics because not a lot of people understand what ethics is and what ethics does and how ethics can impact – what it is they do in their practice.”

- **Efficient, effective and timely in ethics consultation services and other ethics program activities, including ethics policy development and review** – to ensure optimal responsiveness to emerging ethics needs within the organization.

  “Ethical consultation I think is very important in that it is saving some resources, it is improving patients’ and their families’ and staff and physician satisfaction. It’s helping whether they resolve the problem or not because it’s somebody to talk to about the issue.”

• **Emphasis on ethics capacity building among staff** – to strengthen ethical decision-making through direct support or through ethics education.

Among ethicists, two additional factors were identified as components of excellence in bioethics practice:

• **Access to a community of ethics practice** – to facilitate knowledge and resource sharing with other ethics professionals, to access broader pool of expert advice on complex cases or issues, and to provide forum for ongoing professional development.

• **Participation in scholarly activity** – to advance and disseminate knowledge in the bioethics field

### 5.1.2 Indicators of Excellence

Formal evaluation of ethics program activity is an emerging area of need in health institutions. At present, most ethics programs are tracking quantitative measures of discrete ethics program activities, e.g., number and origin of ethics consultations, number and topic of education sessions, and number of policies developed or reviewed.

“Right now I think the only thing that I know that we capture is … the number of consults that are being done. I don’t think that’s a good enough measure, personally. That doesn’t tell you anything about the quality of the consults, the output of it or the results…”

Qualitative measures of the impact of these activities are largely missing and reliant on anecdotal information from patients, families and clinicians. Participants identified a number of relevant indicators of high performing ethics programs, noting that many are primarily aspirational at this stage:

• **High level of ethics awareness among staff** – evidence of: improved ability among staff to identify ethical issues, to take appropriate steps to manage them, and to know how to get help if needed.

• **Impact on organizational behavior** – evidence of: improved ethical decision-making over time; greater uniformity and consistency in clinical and organizational decision-making about ethical issues; reduction in legal actions; reduction in
professional infractions or censures related to ethics or professionalism.

- **Impact on patient care** – evidence of: improved quality of patient experience, resource utilization (e.g., # of critical care days avoided, # of hospital re-admissions avoided), and management of value-based differences in end of life care; reduced conflicts between patients, families, and providers over treatment decisions.

- **Organizational embedding of ethics** – evidence of: organizational leadership commitment to ethics; alignment of ethics program within organizational structure; involvement of ethics team in tackling difficult organizational ethics issues (e.g., priority setting).

> “…is my ethics strategy aligned in my organization? Is it aligned – when a physiotherapist or a nurse in a clinical program has an ethical issue, do they readily know where they can go to get consultation on that issue? To me, that’s critical, that the alignment of this clinical program with the corporate ethics strategy is in place.”

### 5.2 Research Ethics

#### 5.2.1 Domains of Evaluation

Research ethics was defined broadly by participants to include ethics consultation support, research ethics education, and ethical review of research protocols. Excellence in research ethics starts with a wider view of ethics within the research enterprise rather than a narrower view of the Research Ethics Board function. An excellent research ethics program was described as:

- **Fostering a culture of "responsible research"** to promote professionalism in clinical care) and ethics as constitutive of the research enterprise not an afterthought.

- **Building capacity in research ethics** to facilitate the uptake of research ethics principles/practices among researchers and REB members, to enhance ethical quality of research protocols and review process, and to expand understanding of relevant research ethics issues through appropriate training of REB members and access to educational resources for researchers.

“To change the culture, I think one of the audiences also should be the students, trainees who are not yet researchers per se, but are in training perhaps to become researchers… if they start to be educated while they’re taking courses, they’re learning right away about researcher ethics. So it’s not something that they come into later. It then becomes part of the culture that they know.”
• Ensuring an efficient and effective ethics review process to facilitate the research process.

5.2.2 Indicators of Excellence

Knowledge translation was perceived as fundamental to research ethics practice, the quality of which could be assessed with reference to a number of indicators:

• **Impact on attitudes and behavior of researchers** – evidence of: improved quality of protocol submissions, e.g., application of relevant research ethics principles; reduction in foreseeable harms within protocols; improved interaction with research subjects; improved perception of the ethics review process.

• **Improved uptake of research ethics resources** – evidence of: repeat ethics consultation requests; participation in educational offerings.

• **Improved ethics review process** – evidence of: consistency in ethics review process; efficiency of process (e.g., quick turnaround time); researcher satisfaction with the review (e.g., timeliness, appropriateness of feedback); collegial communication between researchers and the REB.
6.0 BIBLIOMETRIC ANALYSIS

In many ways we are in the midst of a revolution in terms of the evaluation of scholarly output and impact. Traditionally favoured metrics of scholarly impact, such as journal impact factor and citation rates, seem to be on the verge of replacement with the advent of Web 2.0 which permits a wider range of formats for communicating research output. As well, Thompson ISI is no longer the sole source of citation analysis. Rivals such as Scopus from the Elsevier Publishing House and Google Scholar are extending the portfolio of publications abstracted and extending into the grey literature.

6.1 Evaluating Scholarly Impact

The idea of scholarly impact is complex and heterogeneous. Fields such as bioethics, which straddle health sciences, social sciences, and humanities require a set of metrics that reflect the conventions and traditions within diverse research traditions. The humanities tend to place more emphasis on book publication than journal articles, have significantly fewer multi-authored publications and rely less on impact factor and citation analysis in comparison to the health sciences.

It is quite clear, therefore, that the metrics and means of assessment for scholarly achievement in these distinct disciplines and professions vary considerably. In trying to come up with a unified set of metrics to evaluate the impact of the Joint Centre for Bioethics a "one size fits all" approach will likely not suffice. Indeed, one recommendation that has emerged from this project is the need to invest intellectual energy in new and innovative means of assessing scholarly output that does justice to the diversity of the types of scholarship in bioethics.

6.1.1 Innovations in Metrics & Data Sources

There are some interesting and promising ways of looking at scholarly output. New indices such as the ‘h’ index are replacing emphasis on total citations. Richard Smith, the former editor of the British Medical Journal, wrote recently on the “beginning of the end for impact factors in journals.” He notes the advent of article-level metrics in the PLoS Journal portfolio. Using automated functions on an open access platform, the performance of individual articles can be directly tracked. Important measures,
such as the number of times the article has been accessed, the number of PDF downloads can be counted. As well, the articles are linked to citation databases such as Scopus, PubMed Central, and Cross Reference. Capitalizing on Web 2.0 applications, the site tracks the appearance of articles in blog sites, as well as news media. Smith points out that many of these metrics can be collected automatically. Soon it will be possible to measure the references to published scholarly activity in parliamentary reports such as Hansard, official reports, and news media. Google Scholar has already extended its citation analysis capacity to capture books, theses and reports. This extended set of measures of the impact and influence of articles will permit a more comprehensive portrait of impact than reliance on a small set of abstracted journals.

6.1.2 The Challenge of Measuring the Performance of Centres

One unfortunate trend of current citation practices is their focus on individual authorship and single institutions. From the point of view of the Joint Centre for Bioethics, with its distributed network of members in the academic health science centres, different faculties and departments within the university, it would be desirable to collect centre level metrics. Currently there is no easy way to aggregate scholarly output attributable to the JCB. Determining whether a publication is linked to the JCB is a laborious process that involves going through each academic CV individually, finding the publications and then assessing their citation rate. Going forward, universities may wish to advocate to organizations, such as Google, Scopus, and Thompson ISI, to assign unique identifiers to centres to permit the routine collection of data from bibliometric databases.

6.1.3 The Emerging Discipline of Scientometrics

A new emerging discipline relevant to the measurement of scholarly productivity and impact is the field of scientometrics. Scientometrics is the quantitative study of scientific activity and productivity. Indeed there is a journal devoted exclusively to the science of scientometrics.

Recent research in this field focuses on the importance of measuring research collaboration, network growth and development. This type of quantitative analysis, derived from the social sciences, is a fruitful way forward to measure the work of
centres like the Joint Centre for Bioethics. Indeed one of the
unique features of the Joint Centre for Bioethics is the central role
it plays in the creation of new, productive, enduring networks and
collaborations.

6.2 Future Directions & the Need for
Innovation

The creation of enduring and productive scholarly networks and
collaborations should be seen as a metric of interest. The Faculty
of Medicine at the University of Toronto may wish to become
involved in research to explore the creation of valid and reliable
measures specifically related to collaboration, network building,
and their productivity.

Thus a new set of metrics for is required that will take us to the
realm beyond the impact factor. As Smith notes "slowly but
surely new metrics will become much superior to using the impact
factor of the journal in which an article is published as a
surrogate for the impact of the article itself. Although a routine
practice this is wholly unscientific because there is very little
correlation between the impact of a journal and the impact of the
articles it publishes because the impact factor of the journal is
driven by a few articles that are very highly cited." Smith looks
to a future of real time analysis of metrics that indicate a broad
measure of the influence of scholarly productivities -- indeed,
moving towards the real world impact of scholarly work.

Examples of Impact: The Case of BioMedCentral

Scholars from the JCB were early adapters and promoters of
open access publishing. The Biomed Central portfolio of journals
was among the first to establish a completely on line and open
access venue to publish medical research including a journal
devoted to medical ethics. Members of the JCB served as initial
members of the editorial board.

A unique feature of the BMC journals is that they track the
number of time each article is accessed. Access indicates the
number of times the paper has been viewed online. It is distinct
from citation data in that it reflects the broader readership
interested in the article. BMC maintains a rank order of the most
highly accessed articles in the last 30 days, last year and in the
history of the journal. Additionally, papers that are frequently accessed are prominently designated as “highly accessed”.

In terms of bioethics scholarship, the JCB has produced multiple highly accessed publications. More significantly, 5 of the top 10 “all time highly accessed” papers in BMC Medical Ethics are from the JCB. These are noted below:


Accesses 25919
Citations: PubMed/BMC = 2, Google Scholar = 66


Accesses 25305
Citations: PubMed/BMC = 2, Google Scholar = 56

#7. Breslin JM, MacRae SK, Bell J, Singer PA, the University of Toronto Joint Centre for Bioethics Clinical Ethics Group. Top 10 health care ethics challenges facing the public: views of Toronto bioethicists. BMC Medical Ethics 2005, 6:5 (26 June 2005).

Accesses 20519
Citations: Google Scholar = 8

Note: #2 Most Viewed article in the past year, #1 Most Viewed article in the past 30 days


Accesses 14074
Citations: PubMed/BMC = 4 Google Scholar 65

Accesses 13802
Citations: PubMed/BMC = 1 letter; Google Scholar = 5
7.0 IMPLICATIONS & NEXT STEPS

In some respects, this report raises more questions than answers about the value for investment of bioethics research. Primary among these questions are the following:

1. How might the overlapping contributions of bioethics research, education, and practice be captured?
2. How might the interdisciplinarity of bioethics be more accurately defined and defended?
3. How might the impact of bioethics be more clearly articulated?

These questions, and others generated by this report, will benefit from a broader collaboration and engagement of bioethics scholars and related disciplines.

Locally, immediate next steps include:

- Development of technical reports on JCB-specific findings and targeted debriefings with the Collaborative Program in Bioethics Advisory Committee, the MHSc in Bioethics Course Directors, the CORE Network, the (RE)² Network, and the JCB Strategic Forum.

- Collaboration with the Faculty of Medicine at the University of Toronto to develop and refine a bibliometric approach for networked centres.

- Presentation of key findings in various venues, such as the Toronto Academic Health Sciences Network CEOs meeting in September 2010, the Association of Bioethics Program Directors meeting in October 2010, and the Canadian Bioethics Society meeting in June 2011.

- Refinement of the Bioethics Practice findings based on the results of three JCB studies, which are currently underway: 1) “Evaluating the effectiveness of hospital-based ethics programs: a pilot study to identify key domains, indicators, and success factors” (a CIHR-funded study), 2) “Defining quality in research ethics” (an [RE]² initiative), and 3) “Evaluating the JCB Ethics Core Curriculum for Ethics Committee Members” (a CORE Network initiative).

- Submission of a CIHR Meetings, Planning, & Dissemination grant to host an international symposium on Evaluating Ethics in Health Care to be held in conjunction with the
International Conference on Ethics Consultation & Committees in May 2011.
8.0 APPENDICES

8.1 Question Guides – Interviews & Focus Groups

8.1.1 Academic Partner Interviews/ CPB Advisory Committee Focus Group

- How would you define excellence in bioethics scholarship, including research & education?
  Probe: Please describe a research project and/or education program at the University of Toronto/your institution or elsewhere that you believe exemplifies or approximates excellence. What features of this project/program make it excellent?

- Academic excellence is typically evaluated in terms of: # of research grants, # of peer-reviewed publications, # of students enrolled, # of tenured faculty, and so on. Please comment on the appropriateness of these traditional academic metrics for evaluating scholarly excellence in bioethics.
  Probe: What do you see as key domains, indicators, and measures of research excellence in bioethics? Of educational excellence in bioethics? Why?
  Probe: How important is knowledge translation to research excellence (e.g., policy impact) and how could its importance be demonstrated or measured? How important is interdisciplinary scholarship to bioethics and how could its importance be demonstrated or measured? How important are academic citizenship to bioethics scholarship and how could its importance be demonstrated or measured?

- What do you see as the key strengths/weaknesses of bioethics scholarship at the University of Toronto/in academic institutions today?
  Probe: What do you see as the key enablers of and barriers to bioethics scholarship at the University of Toronto? How might the enablers be optimized and barriers be addressed?

- What future directions do you think the UofT/academic institutions should take to strengthen its contribution to excellence in bioethics scholarship?

8.1.2 Professional Ethics Educator Interviews/ MHSc Course Directors Focus Group

- How would you define excellence in professional bioethics education?
  Probe: Please describe a bioethics education course or program at the University of Toronto or elsewhere that you believe exemplifies or approximates excellence in professional bioethics education. What features of this course/program make it excellent?

- Educational excellence is typically evaluated in terms of: # of students enrolled, # of tenured faculty, # of graduate awards and so on. How appropriate are these traditional academic metrics for evaluating excellence in bioethics education?
  Probe: What do you see as key domains, indicators, & metrics of excellence in bioethics education? Why?
  Probe: How important is interprofessional education to bioethics and how could its importance be demonstrated or measured?

- What do you see as the key strengths/weaknesses of educational programs in bioethics at the University of Toronto or elsewhere in the field?
  Probe: What do you see as the key enablers of and barriers to bioethics education at the University of Toronto or elsewhere in the field? How might the enablers be optimized and barriers be addressed?

- What future directions do you think the UofT should take to strengthen its contribution to excellence in professional bioethics education?
8.1.3 Health Sector Partner Interviews

- What impact is bioethics having in the health sector?
  
  Probe: What difference has bioethics made? Do you see any critical gaps or untapped opportunities for bioethics impact in the health sector?
  
  Probe: Please describe a specific project, policy, or initiative where you think bioethics has had or is having a significant impact. What difference did it make? What do you see as the critical success factors for ethics impact in this situation?

- Many health organizations have developed an ethics infrastructure to support for staff, physicians, patients, and families. How would you define a high performing ethics program?
  
  Probe: What do you see as key success factors, indicators, and measures of excellence for high performing ethics programs?
  
  Probe: What indicators and measures are you using to evaluate your organization’s ethics performance? To what extent do you think these are the right indicators and measures?

- Ethics programs activities typically involve in ethics consultation, ethics capacity-building (education, decision frameworks), policy development/review, ethics research, and research ethics, including review of research protocols. In your experience, what tangible impacts are these activities having in your organization?
  
  Probe: Which activities do you think are most important and why? What do you think would improve the local impact of your institution’s ethics program?

- As you know, the JCB is a collaborating partnership of the University of Toronto and 15 health organizations. What could we do collectively to strengthen the value of our investment (e.g., dollars, time, expertise) in bioethics research, education, practice, and public engagement (e.g., media contacts)?
  
  Probe: What is gained through this type of collaboration in bioethics research, education, practice, and public engagement?

  Probe: What would be lost if there were no JCB?

8.1.4 Policymaker Interviews

- What impact is bioethics having (or has it had) in the health sector? In your policy area?
  
  Probe: What policy impact has this had?
  
  Probe: Please describe a specific example where you believe ethics/bioethics made a meaningful and significant contribution. How would you characterize the value-added of this contribution? What difference did it make? What do you think would have happened without this contribution?

- What do you see as the key strengths of a bioethics approach (including bioethics research) in terms of policy impact? What do you see as bioethics’ limitations in this respect?
  
  Probe: What are your thoughts on the policy impact or contribution of the University of Toronto Joint Centre for Bioethics and its affiliates (i.e., researchers, ethicists)?

- What future directions do you think bioethics research and/or the University of Toronto Joint Centre for Bioethics should take to strengthen impact of bioethics on health policy?

8.1.5 CORE Network/Fellowship Focus Group

- How would you define excellence in bioethics practice, including institution-based ethics programs and training of bioethics practitioners?
  
  Probe: Please describe an institution-based ethics program, a bioethics practitioner, and/or a bioethics training
program at the University of Toronto or elsewhere that/who you believe exemplifies or approximates excellence. What characteristics of this program/person are excellent?

- Many health organizations are developing an ethics infrastructure to support for staff, physicians, patients, and families. How would you define a high performing ethics program?
  Probe: What do you see as key success factors, indicators, & metrics of excellence for high performing ethics programs?
  Probe: What indicators and measures is your organization using to evaluate its ethics performance? What indicators and measures are you using to evaluate the performance of your ethics program? To what extent do you think these are the right indicators and measures?

- What future directions do you think the field of bioethics should take to strengthen its contribution to excellence in bioethics practice?
  Probe: What do you see as key success factors, indicators, and measures of excellence in training of bioethics practitioners?
  Probe: What do you see as key enablers and barriers to excellence in bioethics practice? How might the enablers be optimized and the barriers addressed?

- The JCB is a collaborating partnership of the University of Toronto and 15 health organizations. What could we do collectively to strengthen the value of our investment (e.g., dollars, time, expertise) in bioethics research, education, practice, and public engagement (e.g., media contacts)?
  Probe: What is gained through this type of collaboration in bioethics research, education, practice, and public engagement?
  Probe: How important is interdisciplinarity and interprofessionalism to bioethics practice and how could their importance be demonstrated or measured? How important is scholarly activities and societal contribution (e.g., other professional or community activities) to bioethics practice and how could their importance be demonstrated or measured?
  Probe: What would be lost if there were no JCB?

8.1.6 (RE)² Focus Group

- How would you define excellence in research ethics education and research?
  Probe: What would be key domains, indicators, and measures of excellence in research ethics education? Of research excellence in research ethics?
  Probe: How important is knowledge translation (i.e., policy & practice) to research ethics excellence and how could its importance be demonstrated or measured?
  Probe: Please describe a research ethics education or research program at the University of Toronto or elsewhere that you believe exemplifies or approximates excellence in research ethics scholarship. What features of this project/program make it excellent?

- Research ethics practice in academic and health institutions typically includes: research ethics consultation, training and other capacity-building activities, policy development/review, and REB activities. How would you define excellence in research ethics practice?
  Probe: What would be key domains, indicators, and measures of excellence in research ethics practice?

- What do you see as the key strengths/weaknesses of research ethics education and research at the University of Toronto (including its affiliates) and more generally, in the academic and health sectors?

- What future directions do you think the UofT (including its affiliates) should take to strengthen its contribution to excellence in research ethics education, research, and practice?
APPENDIX K: REPORT CARD 2008-10

JCB Report Card ‘08-09 and ’09-present

OVERVIEW OF ACTIVITY & OUTPUTS

<table>
<thead>
<tr>
<th>RESEARCH</th>
<th>EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong> Excellence in interdisciplinary and applied bioethics research and scholarship.</td>
<td><strong>Goal:</strong> Excellence in academic bioethics education and interprofessional training in the health sector.</td>
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A. **Research Activity**

Grants = $2,977K (PI) + $10,317K (Co-I)

Scholarly Outputs:
- Publications = 130 (98 peer-reviewed articles in 62 journals)
- White papers = 10
- Trainees supported on JCB grants = 20+

New & Emerging Research Collaborations:

International:
- WHO Ethics Unit – research ethics policy, XDR-TB, pandemic ethics, watching brief on emerging ethical issues (R. Upshur/J. Gibson)
- Global Network of WHO Collaborating Centres in Bioethics – 1st meeting in April 2009, TOR developed, 2nd meeting in June 2010

National:
- Centre for Applied Research in Cancer Control (J. Gibson – ‘Societal Values & Public Engagement’ Research Stream Co-Leader)

Provincial:
- MOHLTC ‘Values & Ethics in Health Policy’ initiative (Co-PI: L. Hawryluck; Steering Committee: J. Gibson/T. Culyer)
- Ontario Citizen’s Council, MOHLTC (D. Martin - Chair, Advisory Committee)
- Cancer Care Ontario – ethics working group of Chronic Disease Cohort Study (R. Upshur, F. Miller, T. Lemmens)
- OAHPP – health measures task force

Local:
- TAHSN – research ethics

B. **Policy Impact (examples)**

A. **Collaborative Program in Bioethics**

Trainees (’09-present):
- 22 PhD + 9 Masters
- Students with external funding = 14
- Departments: IMS (9), PHS (7), HPME (7), Nursing (4), PHL (1), GDRS (1), Law (1), REL (1)

Graduates (’08-09):
- 6 PhD + 3 Masters

Faculty: ~40 active faculty
- IMS (8), PHS (6), HPME (5), PHL (5), Nursing (4), Social Work (4), Law (3), GDRS (3), REL 2

B. **MHSc in Bioethics**

Trainees (’09-present):
- 17 domestic + 5 international
- Professional mix: MD (6), RN (6), Other Clinical (4), Spiritual Care (2), Science (2), Arts (1)
- Geographic location: domestic – BC, Nfld, ON; international - Ghana, India, Mexico, Pakistan.

Graduates (’08-09):
- 8 domestic + 1 international

Faculty: 14 course directors
- Disciplinary mix: Med (3), Nursing (3), PHL (3), Law (3), SS/Hum (2)

C. **Clinical & Organizational Ethics Fellowship**

Trainees (’09-present):
- 3 JCB Fellows & 1 JCB-CCE Fellow

Graduates (’08-09):
- 3 Fellows
Ontario Citizen’s Council: evolved from A. Laupacis & D. Martin CIHR-funded research on public engagement

Development of PHAC Ethics Curriculum (R. Upshur & A. Dawson)

“Stand on Guard for Thee” provided framework for WHO’s global consultation with member states and adopted by pandemic planners in US, Canada, NZ/Australia, & Europe.

WHO XDR-TB Ethics Task Force: prompted by paper written by Jerome Singh & Ross Upshur

D. Undergraduate/Post-Graduate Medical Education - TBD

E. Interprofessional Ethics Training - TBD

Impact:

- Publication rate = 85% within 1yr of graduation
- Placement rates: CPB = 88%, MHSc = TBD, Fellowship = 100%
- Other to consider: Academic appointments, ethics leadership roles, ethics service roles, awards & recognitions, teaching and/or research activity

<table>
<thead>
<tr>
<th>PRACTICE</th>
<th>PUBLIC ENGAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong> Leadership in ethics practice development and dissemination.</td>
<td><strong>Goal:</strong> Advancing public discourse on bioethics issues.</td>
</tr>
<tr>
<td><strong>A. Clinical, Organizational, &amp; Research Ethics (CORE) Network:</strong></td>
<td><strong>A. Public Engagement Research</strong></td>
</tr>
<tr>
<td>- Members = 25 ethicists + 4 fellows</td>
<td>- Laupacis A, Martin DK (Co-PIs) and W. Evans, W. Levinson, A. Culyer, T. Sullivan, S. Pearson, &amp; A. Hudson (Co-Is). Strengthening the health system through improved priority setting. – studied public engagement in Ontario’s Wait Time Strategy and piloted a Citizen’s Council to explore citizen engagement in policy</td>
</tr>
<tr>
<td>- 45 Publications</td>
<td></td>
</tr>
<tr>
<td>- &gt;50 Conference Abstracts</td>
<td></td>
</tr>
<tr>
<td>- 14 academic appointments, 8 CPB faculty, 8 MHSc course directors (~50%)</td>
<td></td>
</tr>
<tr>
<td>- Other Academic Service, e.g., journal editorial board, conference advisory committee (~25%)</td>
<td></td>
</tr>
<tr>
<td>- Practice-based activity:</td>
<td></td>
</tr>
<tr>
<td>- 5 CORE Working Groups (&gt;75% members active in at least 1 WG)</td>
<td></td>
</tr>
<tr>
<td>- Ethics Program Development Consulting = 3 completed, 5 in progress, 2 in negotiation.</td>
<td></td>
</tr>
<tr>
<td>- Professional Service, e.g., OHTAC, TAHSN Pan Flu Cttee, MOH LTC Critical Care Secretariat, etc. (~50% members)</td>
<td></td>
</tr>
<tr>
<td>- Outputs:</td>
<td></td>
</tr>
<tr>
<td>- CORE Network WebPortal – confidential member-only access to shareable ethics</td>
<td></td>
</tr>
</tbody>
</table>

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$^6$ Excluding R. Upshur.
program resources
- White paper: Supplementary Criteria for ICU Triage in a Pandemic
- Study: Evaluation of JCB Ethics Core Curriculum Modules
- Consultation Report: Accreditation Canada’s Ethics Standards
- Accreditation Canada Ethics Conference: 1 keynote, 2 workshops, 8 posters plus public recognition of JCB contribution.
- Accreditation Toolkit (in progress)
- Mutual Aid Agreement

B. Research & Education in Research Ethics Group (RE)²:
- Members = ~50 researchers, ethicists, REB & REO members, & trainees from UofT and affiliated TAHSN hospitals, OGI, and Ryerson
- Practice-based activity (’09-10):
  - Research Ethics Needs Assessment of TAHSN institutions
  - Research Ethics Educational Materials
  - “Top 10 Research Ethics Issues”
  - Risk Matrix Development
- Outputs (’08-09):
  - Research Ethics Webportal – open access to education, policy, and administrative materials for research ethics practice
- Technology and theatre.
  - Peacock S, Hoch J (Co-PIs), Gibson J, Upshur R, et al., Canadian Centre for Applied Research in Cancer Control. – JCB has lead role in advancing the ‘Societal Values & Public Engagement’ stream, including collaboration with CPAC to develop an on-line ethics & economics curriculum for expert & lay drug funding committee members, and an environmental scan of public engagement research in Canada

B. Public Engagement Activities
- Public Symposia on Ethical Issues in Pandemic (Sept ’09; November ’09; and June ’10)
- Web-cast seminars = 33 (’08-09) & 32 (’09-10)
  - Archived seminars viewed >3600 times
- Issues of JCB Voice (newsletter) = 10/year distributed to >600 people
- JCB website hits = 141,009 (av. 392/day)
  - Top 5 countries: US (32,676 hits), Canada (12733), Germany (1295), China (950), & UK (667)

C. Public Impact
- Media contacts = TBD
## GRANTS (‘08-09 and ‘09-present)

### Principal Investigator Grants:

<table>
<thead>
<tr>
<th>Year</th>
<th>Funder</th>
<th>Study Area</th>
<th>Funds</th>
<th>Principal Investigator</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-2010</td>
<td>Gates Foundation</td>
<td>Global Health</td>
<td>$11,648,000</td>
<td>P. Singer (Co-I: R. Upshur)</td>
</tr>
<tr>
<td>2005-2009</td>
<td>CIHR</td>
<td>Priority Setting</td>
<td>$917,146</td>
<td>A. Laupacis/D. Martin</td>
</tr>
<tr>
<td>2007-2009</td>
<td>CIHR</td>
<td>Public Health – Pandemic</td>
<td>$75,000</td>
<td>R. Upshur (Co-I: J. Gibson)</td>
</tr>
<tr>
<td>2008-2009</td>
<td>CIHR – Global Health</td>
<td>Other - WHO Collaborating Centres Meeting</td>
<td>$12,500</td>
<td>J. Gibson (Co-I: R. Upshur)</td>
</tr>
<tr>
<td>2008-2010</td>
<td>CIHR</td>
<td>Health System – Community Care Ethics</td>
<td>$92,144</td>
<td>B. Secker/B. Gibson (Co-I: B. Parke, F. Wagner)</td>
</tr>
<tr>
<td>2008-2012</td>
<td>Fogarty-NIH</td>
<td>Ethics Education - Intern’l MHSc</td>
<td>$1,094,094</td>
<td>R. Upshur</td>
</tr>
</tbody>
</table>

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7 Includes only grants held by investigators located in the JCB Secretariat (i.e., J. Gibson, D. Martin, B. Secker, P. Singer, R. Upshur).
Co-Investigator Grants:

<table>
<thead>
<tr>
<th>Year</th>
<th>Funder</th>
<th>Study Area</th>
<th>Funds</th>
<th>Principal Investigator</th>
<th>Collaborating Institutions or Departments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-2010</td>
<td>Gates Foundation</td>
<td>Global Health</td>
<td>$11,648,000</td>
<td>P. Singer (Co-I: R. Upshur)</td>
<td>MRC Rotman-Centre for Global Health</td>
</tr>
<tr>
<td>2007-2010</td>
<td>CIHR</td>
<td>Research Ethics</td>
<td>$203,472</td>
<td>M. McDonald (Co-I: R. Upshur)</td>
<td>UBC; UofA; McGill; Memorial; UWO; et. al.</td>
</tr>
<tr>
<td>2008-2012</td>
<td>CIHR</td>
<td>Health System – Primary Care</td>
<td>$716,324</td>
<td>R. Glazier (Co-I: R. Upshur)</td>
<td>St. Michael's Hospital; ICES; Department of HPME</td>
</tr>
<tr>
<td>2008</td>
<td>SSHRC</td>
<td>Other - Ethics &amp; EBM symposium</td>
<td>$10,000</td>
<td>M. Goldenberg (Co-I: R. Upshur)</td>
<td>University of Guelph; Dalhousie University; Old Dominion University (VA)</td>
</tr>
<tr>
<td>2008</td>
<td>UofT Connaught</td>
<td>Other - Ethics &amp; EBM symposium</td>
<td>$9,000</td>
<td>M. Goldenberg (Co-I: R. Upshur)</td>
<td>University of Guelph; Dalhousie University; Old Dominion</td>
</tr>
</tbody>
</table>

* This grant is listed as a Co-Investigator grant for 2008-2010 (following the end of Peter Singer’s tenure as JCB Director).
<table>
<thead>
<tr>
<th>Year</th>
<th>Funding Agency</th>
<th>Project Title</th>
<th>Budget</th>
<th>Principal Investigator(S)</th>
<th>Affiliated University(ies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>CIHR</td>
<td>Other - Ethics &amp; EBM symposium</td>
<td>$5,000</td>
<td>M. Goldenberg (Co-I: R. Upshur)</td>
<td>University of Guelph; Dalhousie University; Old Dominon University (VA)</td>
</tr>
<tr>
<td>2008-2013</td>
<td>NCIC</td>
<td>Health System – Centre for Applied Research in Cancer Control</td>
<td>$3,599,384</td>
<td>S. Peacock/J. Hoch (Co-I: S. Berry, J. Gibson, R. Upshur)</td>
<td>BC Cancer Agency; Cancer Care Ontario; UBC; UofT – ICES, HPME, Dalla Lana School of Public Health</td>
</tr>
<tr>
<td>2009-15</td>
<td>CIHR – STIHR</td>
<td>Ethics Education - Public Health</td>
<td>$1,784,790</td>
<td>J. Cohen/R. Schwartz (Co-I: R. Upshur)</td>
<td>Dalla Lana School of Public Health; Faculty of Law; HPME; et al.</td>
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<tr>
<td>2009-2015</td>
<td>CIHR – STIHR</td>
<td>Ethics Education - Health Law, Policy, &amp; Ethics</td>
<td>$1,950,000</td>
<td>C. Flood/T. Caulfield/R. Kouri/W. Lahey/T. Lemmens* (Co-I: R. Upshur)</td>
<td>UofT; Uof A; Dalhousie University; University of Sherbrooke</td>
</tr>
<tr>
<td>2009-2015</td>
<td>CIHR – STIHR</td>
<td>Ethics Education - Health Care, Technology, &amp; Place</td>
<td>$1,950,000</td>
<td>P. Coyte (Co-I: R. Upshur)</td>
<td>HPME</td>
</tr>
</tbody>
</table>

**OTHER JCB-AFFILIATED GRANTS**

Randi Zlotnik-Shaul (PI) and Katherine Boydell, Lori D’Agincourt-Canning, & Christy Simpson (Co-I’s). *Physician-researchers in Pediatrics: a study on dual accountability.* (CIHR)

Barbara Gibson, Shawna Gutfreund, Maria McDonald, and Lauren Dade. *Assessment of children’s capacity to consent for research: a descriptive qualitative pilot study of researcher’s practices and REBs’ expectations.* (Bloorview Research Institute Seed Grant, 2008-09.)

Kirsten Bell (PI) and Jennifer Bell, Amy Salmon, & Michele Bowers (Co-I’s). *Rights, risks, and smoking: how ‘denormalisation’ mediates patient-provider interactions in primary care health care settings.* (CIHR Seed Grant Ethics Award, 2008-09.)

Paprica A, Hawryluck L. *Values & ethics in health policy.* (CIHR MPD-PHSI grant, 2009-10.)
AWARDS & RECOGNITIONS ('08-09 and '09-present)\(^9\)

**2008-09:**

**Michael Baker** (Medical Director, Medicine & Community Health, and former Physician-in-Chief, UHN, and Advisory Council, JCB): *Member of the Order of Canada.*

**Scott Berry** (MHSc Class of 2001; Department of Medicine, Medical Oncology & Haematology, University of Toronto, and Sunnybrook Health Sciences Centre): Continuing Education – Excellence in Innovation Award, Peters-Boyd Academy.

**Michelle Cleghorn** (MSc Candidate, Collaborative Program in Bioethics, Institute of Medical Sciences, University of Toronto): 1) 2009 Student Presentation Competition, Canadian Bioethics Society, and 2) Academic Development Award, Institute of Medical Science, University of Toronto.

**Michael Gordon** (CPB Graduate, 2001; Division of Geriatric Medicine, University of Toronto, and Baycrest Centre for Geriatric Care; and CORE Network, JCB): Mentor of the Year, Ontario Region, Royal College of Physicians & Surgeons of Canada.

**Philip Hébert** (Department of Family & Community Medicine, and Sunnybrook Health Sciences Centre; and CORE Network, JCB): 1) Dr. William Marsden Award in Medical Ethics, Canadian Medical Association.

**Maria McDonald** (MHSc Class of 2005; Ethicist, Bloorview Kids Rehab; Adjunct Professor, Faculty of Law, University of Toronto; and CORE Network, JCB): Graduate Course Lecturer Award, Institute of Medical Sciences, University of Toronto.

**Eric Meslin** (Director, Indiana University Centre for Bioethics; past-Deputy Director, Clinical Ethics, JCB; and past-Director, Clinical Ethics Centre, Sunnybrook Health Sciences Centre): Chevalier [Knight of the National Order of Merit], France.

**Kelley Ross** (MSc Candidate, Collaborative Program in Bioethics, Department of Health Policy, Management, & Evaluation and JCB, University of Toronto): JCB Mervis-Simon Family Award in Bioethics.

**Barry Schwartz** (MHSc Class of 2005; Adjunct Professor - Dentistry, Schulich School of Medicine & Dentistry, University of Western Ontario): 1) Arbor Award for Outstanding Volunteer Service, University of Toronto, and 2) UWO Fellowship in Teaching Innovation.

**Michel Shamy** (Resident in Neurology, University of Toronto): K.J.R. Wightman Award for Research in Biomedical Ethics, Royal College of Physicians & Surgeons of Canada.

**Karima Velji** (Vice President, Professional Practice & Chief Nursing Officer, Toronto Rehab; Lawrence S. Bloomberg School of Nursing, University of Toronto; and Advisory Council, JCB): Margret Comack Award of Excellence in Nursing Leadership, Ontario Hospital Association.

**2009-2010**

\(^9\) This list reflects information that was submitted voluntarily for dissemination in the JCB Voice and may not be exhaustive.
Renata Axler (PhD Candidate, Collaborative Program in Bioethics, Department of Health Policy, Management & Evaluation): Best PhD Poster Award, HPME.

Michelle Cleighorn (MSc Candidate, Collaborative Program in Bioethics, Institute of Medical Science): Runner-Up, 60th Anniversary Student Essay Contest, Ontario Public Health Association.

David Rodriguez-Arias Vailhen (Visiting Fellow, UHN & JCB, and Assistant Professor, Faculty of Philosophy, University of Salamanca, Spain): 2009 Bioethics Research Award, Fundació Victor Grifols i Lucas, Spain.

Kelley Ross (MSc Candidate, Collaborative Program in Bioethics, Department of Health Policy, Management, & Evaluation): MSc 2nd Place Poster Award, HPME.

Marcia Sokolowski (Ethicist, Baycrest Centre for Geriatric Care and Core Network, JCB): PhD in Philosophy, University of Waterloo.

Anne Simmonds (PhD Candidate, Collaborative Program in Bioethics, Lawrence S. Bloomberg School of Nursing): 2009 Novice Researcher Award, Association of Women’s Health, Obstetric, & Neonatal Nurses.

Wayne Sumner (Professor Emeritus, Department of Philosophy, University of Toronto): Molson Prize in the Humanities, Canada Council for the Arts.

Constance (Connie) Williams (PhD Candidate, Collaborative Program in Bioethics, Department of Health Policy, Management, & Evaluation): 1) Oral Presentation Award, HPME, and 2) J.K.R. Wightman Award for Research in Biomedical Ethics, Royal College of Physicians & Surgeons of Canada.

**APPOINTMENTS**

2008-2009

Zaid Gabriel (MHSc Class of 2008): Research Ethics Officer – Health Sciences; Office of Research Ethics, University of Toronto.

Christine Harrison (Director, Bioethics Department, Hospital for Sick Children, and Department of Paediatrics, University of Toronto; and CORE Network, JCB): Advisory Board, International Conference on Clinical Ethics & Consultation.

Philip Hébert (Department of Family & Community Medicine, and Sunnybrook Health Sciences Centre; and CORE Network, JCB): Full Professor, Department of Family & Community Medicine, University of Toronto.

Ann Heesters (former Director of Ethics, The Ottawa Hospital, and Clinical Ethicist, Atlantic Health Services Corporation, Saint John, NB; and now CORE Network, JCB): Director of Ethics & Spiritual Care, Toronto Rehab.
Stephanie Nixon (CPB Graduate 2006; Assistant Professor, Graduate Department of Rehabilitation Sciences, University of Toronto; and CPB Advisory Committee, JCB): Academic Director, International Centre for Disability & Rehabilitation, University of Toronto.

Barbara Secker (CPB Graduate 2001; former Ethics Lead, Toronto Rehab; Director, Collaborative Program in Bioethics and CORE Network, JCB): Director, Education & Practice, JCB.

Peter Singer (Director, McLaughlin Rotman- Centre for Global Health, and past-Director, JCB): Foreign Associate Member, Institute of Medicine, US.

Daniel Sperling (CPB Graduate 2003): Senior Lecturer, School of Public Policy and School of Public Health, Hebrew University of Jerusalem.

Gaetan Tardif (Vice President, Patient Care & Chief Medical Officer, Toronto Rehab; Division of Physiatry, University of Toronto; and Advisory Council, JCB): President, Canadian Society of Physician Executives.

Ross Upshur (Director, JCB; Department of Family & Community Medicine, and Sunnybrook Health Sciences Centre): 1) Full Professor, Department of Family & Community Medicine, University of Toronto, 2) Interim Ethics Advisory Committee, Public Health Agency of Canada, 3) Expert Panel on End-of-Life Decision making, Royal Society of Canada, and 4) Chief Public Health Officer, Canada’s H1N1 Flu Virus (Human Swine Flu) Science Advisory Committee.

Linda Wright (MHSc Class of 2002; Bioethicist, University Health Network; and CORE Network, JCB): 1) Director of Bioethics, UHN, and 2) Assistant Professor, Department of Surgery.

2009-2010

Rebecca Bruni (CPB Graduate 2008 and JCB Clinical & Organizational Ethics Fellowship Graduate 2009; and CORE Network, JCB): Clinical Ethicist, Centre for Clinical Ethics (a joint venture of Providence Healthcare, St. Joseph’s Health Centre, and St. Michael’s Hospital).

Abdallah Daar (Dalla Lana School of Public Health and McLaughlin Rotman-Centre for Global Health): Founding Chair, Global Alliance for Chronic Diseases.

Thomas Foreman (JCB Clinical & Organizational Ethics Fellowship Graduate 2009): Director of Ethics, The Ottawa Hospital.

Dianne Godkin (JCB Clinical & Organizational Ethics Fellowship Graduate 2003; former Clinical Ethicist, Centre for Clinical Ethics; former Regional Ethicist, Trillium Health Centre; Lawrence S.
Bloomberg School of Nursing, University of Toronto; and CORE Network, JCB): Senior Ethicist, Regional Ethics Program, Trillium Health Centre.

**Patricia Hood-MacNicol** (MHSc Class of 2009): Ethicist, Regional Ethics Program, Trillium Health Centre.

**Ghaiath Hussein** (MHSc Class of 2008): Senior Project Officer, Mapping African Ethics Review Capacity (MARC) Project, European-Developing Countries Clinical Trials Partnership (EDCTP).

**Kevin Reel** (JCB Clinical & Organizational Ethics Fellowship Graduate 2009): Ethicist, Southlake Regional Health Centre and York Central Hospital.

**Sue MacRae** (past-Deputy Director, JCB): Ethicist, Centre for Clinical Ethics (a joint venture of Providence Healthcare, St. Joseph’s Health Centre, and St. Michael’s Hospital).

**Ross Upshur** (JCB Director; Department of Family & Community Medicine, and Sunnybrook Health Sciences Centre): Advisory Board, Institute of Aging, CIHR.

**Shawn Winsor** (MHSc Class of 2003; JCB Clinical & Organizational Ethics Fellowship Graduate 2004: former Ethicist, Trillium Health Centre; Practicum Director, MHSc in Bioethics; and CORE Network, JCB): Director, Ethics Centre, Sunnybrook Health Sciences Centre.

## FELLOWSHIPS & SCHOLARSHIPS

### 2008-09

**Victor Cellarius** (CPB Graduate 2006 and PhD Candidate, Collaborative Program in Bioethics, Dalla Lana School of Public Health): CIHR Graduate Fellowship.

**Adrian Guta** (PhD Candidate, Collaborative Program in Bioethics, Dalla Lana School of Public Health): Centre for Urban Health Initiatives Graduate Student Fellowship

**Barry Pakes** (PhD Candidate, Collaborative Program in Bioethics, Institute of Medical Science): CIHR – Fellowship Award in the Area of Public Health.

**Diego Silva** (PhD Candidate, Collaborative Program in Bioethics, Dalla Lana School of Public Health): Frederick Banting & Charles Best Canadian Graduate Scholarship, CIHR.

**Erica Sutton** (PhD Candidate, Collaborative Program in Bioethics, Dalla Lana School of Public Health): CIHR Strategic Training Doctoral Fellowship in Health Care, Technology, & Place Fellowship.
2009-10

Evelyn Durocher (PhD Candidate, Collaborative Program in Bioethics, GDRS): K.M. Hunter Graduate Scholarship.
# APPENDIX L: RESEARCH GRANTS ADMINISTERED BY THE JCB 2005-10

<table>
<thead>
<tr>
<th>Principal Investigator</th>
<th>Total of Grant</th>
<th>Funding Agency/Sponsor</th>
<th>Period</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Gibson</td>
<td>WHO Collaborating Centres in Bioethics Research Meeting</td>
<td>Canadian Institutes of Health Research</td>
<td>2009</td>
<td>$25,000</td>
</tr>
<tr>
<td>Jennifer Gibson</td>
<td>Evaluating the effectiveness of hospital-based ethics programs: a pilot study to identify key benchmarks, indicators, and success factors</td>
<td>Canadian Institutes of Health Research</td>
<td>2009-2012</td>
<td>$99,839</td>
</tr>
<tr>
<td>Barbara Secker</td>
<td>There's no place like home: What constitutes an adequate home environment for younger adults with physical disabilities?</td>
<td>Canadian Institutes of Health Research</td>
<td>2008-10</td>
<td>$92,144</td>
</tr>
<tr>
<td>Peter Singer</td>
<td>University of Toronto MHSc in International Bioethics</td>
<td>Fogarty International Center, National Institutes of Health (US$1,000,000 @ 1.22)</td>
<td>2004-08</td>
<td>$1,220,000</td>
</tr>
<tr>
<td>Ross Upshur</td>
<td>University of Toronto MHSc in International Bioethics</td>
<td>Fogarty International Center, National Institutes of Health (US$1,053,432 @ 1.03860)</td>
<td>2008-12</td>
<td>$1,094,095</td>
</tr>
<tr>
<td>Ross Upshur</td>
<td>Ethics and Pandemic Planning: Engaging the Voices of the Public</td>
<td>Canadian Institutes of Health Research</td>
<td>2007-10</td>
<td>$149,697</td>
</tr>
<tr>
<td>Ross Upshur</td>
<td>Canadian Program of Research on Ethics in a Pandemic (CanPREP): Whose risks, whose duties, and what priorities?</td>
<td>Canadian Institutes of Health Research</td>
<td>2008-11</td>
<td>$1,499,425</td>
</tr>
<tr>
<td>Ross Upshur</td>
<td>Critical debates in Evidence Based Medicine</td>
<td>Connaught Fund</td>
<td>2008-2009</td>
<td>9,000</td>
</tr>
<tr>
<td>Ross Upshur</td>
<td>From Theory to Public Health</td>
<td></td>
<td>2008-2009</td>
<td>8,400</td>
</tr>
<tr>
<td>Ross Upshur</td>
<td>Education: Ethics and Quarantine</td>
<td>Agency of Canada</td>
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</tr>
<tr>
<td>Towards a Model Curriculum for Public Health Ethics</td>
<td>Public Health Agency of Canada</td>
<td>2009</td>
<td>9,450</td>
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<tr>
<td>Building Public Health Ethics from the Ground up</td>
<td>Public Health Agency of Canada</td>
<td>2009</td>
<td>9,408</td>
<td></td>
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<tr>
<td>2007 Ethics Matters Conference</td>
<td>Canadian Institutes of Health Research</td>
<td>2007-2008</td>
<td>10,000</td>
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<tr>
<td>2007 Ethics Matters Conference</td>
<td>Ministry of health and Long Term Care (ON)</td>
<td>2007</td>
<td>5,000</td>
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</tr>
<tr>
<td>Doctoral Award: Erica Sutton – Ethical implications of Ontario’s expanded newborn screening program</td>
<td>Canadian Institutes of Health Research</td>
<td>2007-10</td>
<td>$66,000</td>
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<tr>
<td>Fellowship: Barry N. Pakes – Ethical analysis in public health practice: A multi-sectoral, mixed-methods study</td>
<td>Canadian Institutes of Health Research</td>
<td>2008-11</td>
<td>$165,000</td>
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<tr>
<td>Fellowship: Victor Cellarius – The conceptual structure of palliative care ethics in Canada</td>
<td>Canadian Institutes of Health Research</td>
<td>2008-12</td>
<td>$220,000</td>
<td></td>
</tr>
<tr>
<td>Meeting of WHO Task force advising ethical issues in TB control programmes</td>
<td>World Health Organization</td>
<td>2008-2009</td>
<td>64,466</td>
<td></td>
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<tr>
<td>CGS Doctoral Award: Diego Silva – Lest we forget: incorporating the needs</td>
<td>Canadian Institutes of Health Research</td>
<td>2009-2012</td>
<td>97,000</td>
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APPENDIX M: PUBLICATIONS 2005-10

September 2005


October 2005

- **Godkin MD, Faith K, Upshur REG, MacRae SK, Tracy CS (and the PEECE group, on behalf of investigators).** Project Examining Effectiveness in Clinical Ethics (PEECE): phase 1 - descriptive analysis of nine clinical ethics services. *Journal of Medical Ethics* 2005;31:505-12.

November 2005

- **Bernstein M.** Professionalism: We know it when we see it. *Parkhurst Exchange* 2005;13:186.
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- Bernstein M. Two dogs are better than one. Dogs in Canada 2006 Jan p. 12

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• **Wright L, Campbell M.** Soliciting kidneys on websites: Is it fair? *Seminars in Dialysis.* 2006 Jan-Feb; 19: 5-7.

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- **Benatar SR.** Hospital fees show sick priorities: poor can't afford state hospital any longer. *Cape Times* 2005 Apr 25:11.
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**October 2007**


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• **Nixon SA, Baetz J.** Review of Bloodletting and Miraculous Cures by Vincent Lam. Philosophy, Ethics and Humanities in Medicine. 2007; 2: 14. [http://www.peh-med.com/content/2/1/14](http://www.peh-med.com/content/2/1/14)


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- Anstey KW, Wagner F. Community healthcare ethics, pp. 299-305.
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- MacRae SK, Fox E, Slowther A. Clinical ethics and systems thinking, pp. 313-21.
- Gibson JL, Godkin MD, Tracy CS, MacRae SK. Innovative strategies to improve effectiveness in clinical ethics, pp. 322-8.
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- Benatar SR. Global health ethics and cross-cultural considerations in bioethics, pp. 341-9.
- Sreenivasan G. Global health and non-ideal justice, pp. 369-75.
- Bowman KW, Hui EC. Chinese bioethics, pp. 397-402.
- Pauls M, Hutchinson RC. Protestant bioethics, pp. 430-5.
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• The Royal College of Physicians and Surgeons of Canada (RCPSC) online Bioethics Education Project (BEProject): “The BEProject is a set of online resources designed to provide residents, fellows, and program directors with easy access to a broad range of bioethics educational materials for learning, continuing education, teaching and curriculum design.” The page link is http://rcpsc.medical.org/bioethics/intro_e.php. Below, links to some of the published cases:
  o Jonathan Breslin: Patient Refusal of Information
  o Jeff Blacker*: Relationships Between Physicians and Industry
  o Eedy Mezer and Alex V. Levin*: Ethical Issues in Presymptomatic Genetic Testing
  o Rosario Isasi and Maya Shukairy*: Human Cloning
  o Stephen Workman*: End-of-Life Care: Demands for Treatment and Inappropriate Treatment
  o Randi Zlonik Shaul and Margaret Ng• Thow Hing: Professional Obligations in the Face of Risks to Personal Health
  o Ross E.G. Upshur*: Enforcing Restrictive Measures for the Control of Communicable Disease

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• Scofield G. Speaking of ethical expertise... *Kennedy Institute of Ethics Journal* 2008; 18: 369-384.

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• **Faith K, Chidwick P.** Role of clinical ethicists in making decisions about levels of care in the intensive care unit. *Critical Care Nurse* 2009; 29(2): 77-84.


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- Lemmens T. *Pharmaceutical research practices under siege: what are the regulatory responses?* 2009 July; (online discussion forum on Canadian health care issues) available online at:


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- Bean S. Navigating the murky intersection between clinical and organizational ethics: a hybrid case taxonomy. Bioethics; Published online November 30, 2009
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- Durocher E, Gibson BE. Navigating ethical discharge planning: A case study in older adult rehabilitation, Australian Occupational Therapy Journal; Published online November 17, 2009

• **Kaufman H.** This won’t hurt a bit: the ethics of promising pain relief. *Palliative & Supportive Care* 2009; 7(4): 517-520.

• **Russell B.** [Review of the book Burdened Virtues: virtue ethics for liberatory struggles, by L. Tessman]. *The Journal of Ethics in Mental Health* 2009; 4(2): Published online

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• **Zlotnik Shaul R, Vitale D.** “Can We Afford It? Ethical Consideration of Expensive Drug Treatment for Neonates and Infants” *Clinical Pharmacology and Therapeutics* vol. 86 no. 6 (Dec 2009) 587-589.

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• **Russell B.** “Brain Matters Conference Reflections” article accepted for publication in *Journal of Ethics in Mental Health* 2009; 4(2).

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**April 2010**


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• Emerson CI, Singer PA. Is there an ethical obligation to complete polio eradication? Lancet 2010; 375(9723): 1340-1.


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• Recent Presentation
  o Virani, Salima Bano. RN, BScN, MHSc (Candidate).Poster Presentation on “An Innovative Strategy for Clinical Ethics Consultation in Developing Countries” at 6TH International Conference on Clinical Ethics Consultation; May 2010; Portland, Oregon.

September 2010


- Recent Presentations

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• Gibson BE, Nixon SA, Nicholls DA. Critical reflections on the physiotherapy profession in Canada. Physiotherapy Canada 2010; 62(2).


• Upshur REG. Debates: Can family physicians practice good medicine without following clinical practice guidelines? Yes. Canadian Family Physician 2010; 56: 518, 520.

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• Recent Presentations
  o Scofield G. “O Tempora! O Mortes! Non -Being and Time” and “Catastrophic Bodies, Apophatic Selves: What if there is No One instead of Someone?”. Presented at: 24th European Conference on Philosophy of Medicine and Health Care; August 2010; Zagreb, Croatia.

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• Parke B. The Good, Could and Should of End of Life Care: End of Life Care is Messy. The Lung Association Connections 2010; 40: 1, 4-5.

• Rodríguez-Arias D, Wright L, Paredes D. Success factors and ethical challenges of the Spanish Model of organ donation. Lancet. 2010; 376: 1109-12.

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• Toms B. Reflections of a mid-career student. Academic Matters 2010: October-November.
APPENDIX N: LIST OF GRADUATED STUDENTS AND FELLOWS

Master's of Health Science in Bioethics

Please note: The descriptions of what each student is currently doing reflect what they were doing when they entered the programme.

Graduated in 2010 -- Domestic Stream

Farid Abdel Hadi: Farid Abdel Hadi, FRCSC is currently a staff Obstetrician & Gynecologist at Lakeridge Health, Oshawa. He holds a MB, BCh degree and a MSc and PhD degrees in Gynecology & Obstetrics from Cairo University, Egypt.

James Downar: James Downar is a Joint Subspecialty Resident in Critical Care/Palliative Care Medicine at the University of Toronto. He holds a Bachelor of Science (Biology) and a MD (CM) from McGill University and he is a Fellow of the Royal College of Physicians and Surgeons of Canada (Internal Medicine).

Deborah Hansen: Deborah Hansen is a Patient Care Manager in MSCU/COU/CCC/Rehab Services at Halton Healthcare Services, Georgetown Hospital. She holds a Certificate in Nursing Management and B.Sc.N., Summa Cum Laude from McMaster University and a MHSc in Health Administration Degree from University of Toronto.

Rosanna Macri: Rosanna Macri is a Medical Radiation Therapist and Ethics Education Facilitator at Sunnybrook Health Sciences Centre. She holds a Bachelor of Science Degree (Radiation Sciences) from University of Toronto, and a Diploma in Health Sciences from The Michener Institute for Applied Health Sciences.

Romy Nitsch: Romy Nitsch is an Obstetrician Gynecologist at Sunnybrook Health Sciences Centre and a Lecturer at University of Toronto Department of Obstetrics and Gynecology. She holds a Bachelor of Science in Molecular Biology and Biochemistry degree from York University and a Doctorate of Medicine degree from University of Ottawa.

Jacintha Penney: Jacintha Penney is a Regional Pastoral Care Clinician/Coordinator with Eastern Health, one of the four health authorities in Newfoundland. She holds a Bachelor of Arts degree from Memorial University, St. John's, Newfoundland and a Master of Theological Studies (Honours) degree from Queen's College, St. John's Newfoundland.

Brooke Raphael: Brooke Raphael is a Critical Care Nurse, Cardiac Care Unit at St. Paul's Hospital in Vancouver, BC, with a background in clinical teaching. She holds a Bachelor of Science in Nursing from the University of Victoria and a Nursing Critical Care Certificate from the British Columbia Institute of Technology.

Hamid-Reza Raziee: Hamid-Reza Raziee is an assistant professor at Mashhad University of Medical Sciences in Iran, with a background in Radiation Oncology. He
holds an MD degree from Mashhad University of Medical Sciences and a Radiation Oncology Specialist degree from the same university in Iran.

Jacob Scheer
Jacob Scheer is self-employed and is currently a Doctor of Chiropractic and a Naturopathic Doctor. He holds a Bachelor of Science (Hons.) Degree from University of Toronto, Doctor of Chiropractic Degree from Canadian Memorial Chiropractic College and a Naturopathic Doctor's Degree from Canadian College of Naturopathic Medicine.

Klara Siber
Klara Siber is a CAPPE Certified Spiritual Care Professional in the department of Critical Care at Sunnybrook Health Sciences Centre. She holds a Bachelor of Religious Studies degree and a Master of Divinity, Counseling degree from Tyndale University College & Seminary.

International Stream

Salah-Ud-Din Khan
Salah-Ud-Din is a professor at Hamdard College of Medicine and Dentistry, Hamdard University, Karachi in the Department of Biochemistry, with a background in clinical biochemistry and biomedical ethics. He holds a PhD degree from Hamdard University, and M Phil and MBBS degrees, along with a Post Graduate Diploma in Bio Medical Ethics, from University of Karachi.

Juan Gutierrez Mejia
Juan is a clinical fellow at Toronto General Hospital in the Medical Surgical ICU with a background in Internal Medicine. He holds a medical degree from the University of Ciudad Juarez Chihuahua, Mexico and an Internal Medicine degree from the Autonomous University of Nuevo Leon in Mexico.

Celestine Afi Sappor
Celestine Afi Sappor is an Administrative Assistant on the Rotateq Vaccine Trial in Noguchi Memorial Institute for Medical Research, with a background in Political Science. She holds a Bachelor of Arts degree from the University of Ghana.

Bini Toms
Bini Toms is an Assistant Professor in the Department of Biotechnology and Vice Principal, at T. John College in Bangalore, India, with a background in Genetics and Plant Breeding. Bini holds a Masters degree from the University of Jawaharlal Nehru Krishi Vishwavidyalaya and a Doctorate from the Allahabad Agricultural Institute, Deemed University.

Salima Bano Virani
Salima Bano Virani is a Senior Instructor at the Aga Khan University School of Nursing. Her background is in the field of bioethics and critical care/emergency nursing. Salima holds a nursing diploma and a Post RN Degree from Aga Khan University School of Nursing. She worked as a critical care nurse for a number of years and has been teaching nursing since.

Graduated in 2009 -- Domestic Stream

Kathleen Grimm
Kathleen Grimm is self-employed and holds a Doctor of Medicine degree, cum laude, from State University of New York at Buffalo School of Medicine and Biomedical Sciences, a Bachelor of Science in Nursing degree from D’Youville College, School of Nursing and a Bachelor of Science degree in Medical Technology from Canisius College.

Elise Kazman Devlin
Elise Kazman Devlin is currently a Social Worker at St. Michael's Hospital. She holds a BA (Hons.) in Philosophy/Psychology (double major) degree
Andrea Robertson is currently a Registered Midwife at McMaster University Hospital, Hamilton. She holds a B.HSc. in Midwifery degree from McMaster University, *Summa Cum Laude*, and a B.A. in Women’s Studies degree from York University, with Distinction.

Melinda Schnalzer is currently a Pharmacist at Southlake Regional Health Center, Newmarket, Ontario, a Teaching Associate at Faculty of Pharmacy, University of Toronto, and a Pharmacy Examining Board of Canada Examiner. She holds a Bachelor of Science in Pharmacy (Hons.) degree from University of Toronto.

Michael Campbell is currently a Project Assistant, Samuel Lunenfeld Research Institute, Mount Sinai Hospital. He holds a BA (Hons.) in Philosophy degree from York University.

Donna Peace is currently a Clinical Social Worker in the Intensive Care Unit at Hamilton Health Sciences. She has a BA Sociology / BSW (combined degree) from McMaster University.

Patricia Hood MacNichol is currently an Occupational Therapist at Peel Infant Development in Mississauga, Ontario. She holds a Bachelor of Science Degree in Occupational Therapy from Queens University, Kingston, Ontario.

Julie Lauzon is currently a Medical Genetics Resident, University of Calgary and Alberta Children’s Hospital. She will hold a FRCPC (June 2006) from University of Calgary. She holds BSc, Honours from University of Ottawa and a MD from University of Ottawa.

Nishardi Wijeratne is currently a Lecturer in Behavioural Sciences, Faculty of Medicine at the University of Colombo, Sri Lanka. She holds a degree in Bachelor of Medicine and Bachelor of Surgery (First Class Honours) with ten Distinctions and eleven gold medals from the University of Colombo, Sri Lanka. She is a member of the University Ethics review committee and coordinates the Medical Ethics program for undergraduates. She is also a Fellow of the Wilson Centre for Medical Education at University of Toronto.

Abdulaziz Al-Kaabba is currently a Consultant in Family Medicine and Vice Dean of Medical College, Assistant Professor and Faculty Member of Medicine at King Fahad Medical City, Faculty of Medicine in Riyadh, Saudi Arabia. He holds a Bachelor Degree of Medicine and Surgery from Kingdom of Saudi Arabia, King Saud University, a Diploma in Child Health from the Royal College of Physician, Ireland, and a Masters Degree in Medical Education of Health Profession from Maastricht University in Holland.

Julie Ann Corey holds a BA from the University of Toronto and a BA in Health Sciences (Hons) in Midwifery from Ryerson University. She is a Registered Midwife and Presenter, Midwifery 1 Intensive at Ryerson University in
Lisa Golec

Lisa holds a BSc (Hons) from the University of Toronto, a Diploma in Respiratory Therapy from the Michener Institute, and MA in Health Services Management from Charles Stuart University in Australia. She is currently a Clinical Research Coordinator and Ethics Education Facilitator-NICU at Sunnybrook Health Sciences Centre, Toronto.

Mary Anne Huggins

Mary Anne holds a BSc (Hons) in Chemistry and a MDCM from McGill University. She is currently a Palliative Care Physician at University Health Network, Toronto.

Wallace Liang

Wallace has a BSc from the University of Ottawa, a LLB from the University of Windsor, and a MD from the University, as well as being a Barrister at Law at the Law Society of Upper Canada. He is currently a Physician at Windsor Regional Hospital and a litigation lawyer at Sutts Strosberg.

Adam Rapoport

Adam holds a BSc from the University of Western Ontario and a MD from the University of Toronto. He is currently Chief Resident (4th year) in Pediatrics at The Hospital for Sick Children, Toronto.

International Stream

Adefolarin Malomo

Adefolarin holds a MBBS, Medicine (University of Ibadan, Nigeria) and is a FWACS, Neurosurgery (West African College of Surgeons); and FICS, Neurosurgery (International College of Surgeons). He is a Senior Lecturer and consultant Neurosurgeon at the University of Ibadan, Nigeria and Chairman of MACUCH in Ibadan.

Zaid Gabriel

Zaid holds a BSc, Dentistry from the University of Baghdad College of Dentistry, Iraq and a MA in Oral Medicine and Surgery from the University of Helsinki College of Medicine.

Okyere Boateng

Boateng has a BSc and an Agriculture Diploma in Education from the University of Cape Coast, Ghana, as well as a MSc in Wood Technology & Management from the University of Science and Technology in Ghana. He is currently Assistant Registrar (Administration) at the Noguchi Memorial Institute for Medical Research, University of Ghana, Legon-Accra, Ghana.

Azza Hamdy El-Elemi

Azza has received the following degrees from the Suez Canal University in Egypt: BA, Medicine & Surgery (MBBCh), MSc (Forensic Medicine), and PhD (Forensic Medicine & Toxicology). She is currently a Lecturer in Forensic Medicine and Toxicology in the Department of Forensic Medicine and Clinical Toxicology, as well as the Principal Director of the Museum of Forensic and Toxicology at Suez Canal University in Egypt.

Ghaiath Hussein

Ghaiath obtained a Bachelor of Medicine and Bachelor of Surgery (MBBS) from A-Zaiem Al-Azhari University in the Republic of Sudan. He is currently Director of Researchers' Training and Capacity Building Unit at Federal Ministry of Health (FMOH), Directorate General of Planning and Health Development (DGHPD), Research Directorate in Sudan.

Faiza Rab

Faiza holds a Bachelor of Medicine and a Bachelor of Surgery (MBBS) from the University of the Punjab, Allama Iqbal Medical College, Lahore, Pakistan. She is currently a practicing physician.

Sadaf Sheikh

Sadaf obtained a Bachelor of Medicine and a Bachelor of Surgery
(MBBS) from the University of Karachi in Pakistan. She is a practicing physician and she has worked as a research assistant and medical officer in the Department of Surgery at Aga Khan University, as well as having worked as a volunteer research assistant in the "Pakistan Bioethics Programme Gateway to the Muslim World."

**Graduated in 2007 -- Domestic**

Saima Syed Akhtar
Saima graduated from Dalhousie University and is a RCPSC. Saima is currently an Obstetrician/Gynecologist, as well as holding an appointment in the Department of Obstetrics and Gynecology at the University of Western Ontario, London, Ontario.

Khaldoon Aljerian
Khaldoon received a MBBS from King Saud University in Saudia Arabia. He is currently a Resident in the Department of Laboratory Medicine and Pathobiology at the University of Toronto.

Sandra Andreychuk
Sandra received a MHSc in Nursing from McMaster University in Hamilton, Ontario. She is currently working as an Acute Care Nurse Practitioner in Neonatology at the Hamilton Health Sciences Children's Hospital in Hamilton.

Joan Marjorie Harris
Joan holds a BSc (Hons) in Psychology from the University of Alberta. She is a Registered Nurse in the Intensive Care Unit at University Health Network (Toronto Western Division) in Toronto.

Hannah Kaufman
Hannah has a BA in Psychology from Queen's University and is a Medical Social Worker in Cancer Care at Kingston General Hospital in Kingston, Ontario.

Heather Bev Lever
Bev obtained a MSW from the University of Toronto. Previously in Executive Management in the health industry, she is currently on continuance from a position of Vice-President, Canada's Research Based Pharmaceutical Industry.

Nathasha MacDonald
Nathasha received her BHSc (Midwifery) from Ryerson University. She is a Registered Midwife (with hospital privileges) at Mount Sinai Hospital and Sunnybrook & Women's College Health Sciences Centre, Toronto.

Daniel Reilly
Dan has a MD from Queen's University and is an obstetrician/gynecologist in private practice in Fergus, Ontario.

Debra Lee Rolfe
Debbie has a MSW from the University of Toronto. She is a Social Worker at Toronto Rehabilitation Institute in the Cardiac Rehabilitation and Secondary Prevention Program.

Gail Sloane
Gail received her BSc (Nursing) from the University of Toronto. She is Ethics Resource Coordinator for Capital Health District in Halifax, Nova Scotia.

Marleen van Laethem
Marleen received a BSc from McMaster University and is Research Ethics Monitor at St. Michael's Hospital in Toronto.

**International Stream**

Ali Bourawi
Ali has a MD from Al-Fateh University in Tripoli. He currently works in the Family and Community Medicine Department, Faculty of Medicine, Al-Fateh University, Tripoli, Libya and is a Member of the National Committee for Bioethics and Biosafety.

Lara El-Zahabi
Lara holds a BSc and MD from the American University of Beirut, Lebanon.
She is currently a Post-Doctorate Research Fellow in Gastroenterology and Hematology/Oncology at the American University of Beirut.

**Graduated in 2006 -- Domestic**

**Peter Battershill**  
Peter received his MD from the University of British Columbia. He is currently a General Practitioner in Oncology (GPO) at the BC Cancer Agency, Vancouver Island Centre.

**David Edgell**  
David obtained a BA from Harvard University. He is a Certified Cardiovascular Perfusionist and a Certified Clinical Perfusionist on staff with Perfusion Services at The Hospital for Sick Children, Toronto.

**Barry Engelhardt**  
Barry graduated with a MD from the University of Toronto. He runs a Family Practice in Orangeville, Ontario and is President of the Orangeville Family Medical Centre.

**Julie Greenall**  
Julie has a BScPhm from the University of Toronto and is Project Leader, Institute for Safe Medication Practices Canada (ISMP Canada) in Toronto.

**Manavi Handa**  
Manavi has a BHSc (Midwifery) from Ryerson University and is a Registered Midwife in the Midwife Alliance in Toronto.

**Jonathan Hellmann**  
Jonathan holds a MBCh from the University of Witwatersrand, Johannesburg, South Africa. He is currently Clinical Director, Neonatology at The Hospital for Sick Children, Toronto.

**Billie Hilborn**  
Billie has a BScN from Ryerson University. She is a Staff Nurse (Hemodialysis) at Sunnybrook & Women’s College Health Science Centre in Toronto.

**Susan MacDonald**  
Susan received her MD from Queen’s University in Kingston, Ontario. She is currently on staff at Kingston General Hospital and Hotel Dieu, Kingston, as well as Assistant Professor in the Department of Family Medicine at Queen’s University.

**David McKnight**  
David obtained his MD from the University of Toronto. He is currently Associate Professor in the Department of Anaesthesia, University of Toronto and a Staff Anaesthetist at St. Michael’s Hospital in Toronto.

**Frank Wagner**  
Frank received his MA in Anthropology from the University of Manitoba. He is Client Manager and Co-Chair, Hospice Palliative Care Network Project at the Toronto Community Care Access Centre.

**Catherine Watson**  
Catherine holds a BN from Dalhousie University. She is currently a Nurse Manager at Aberdeen Hospital in the Pictou County Health Authority, New Glasgow, Nova Scotia.

**Diane Westerhoff**  
Diane earned her MD (Hons) from the University of Toronto. She is a Locum Tenens, Baffin Regional Hospital, Iqaluit, Nunavut and a member of IFNA Physicians in Sioux Lookout, Ontario.

**International Stream**

**Tarif Bakdash**  
Tarif has received a MD from Damascus University, Pediatrics Diploma from Henry Ford Hospital, Degree in Pediatric Neurology from Baylor College of Medicine, Degree in Epilepsy and Neurophysiology from the Cleveland Clinic Foundation, and training in Movement Disorders from Rush St. Luk’s University. He is currently a Fellow in the Pediatric Neurophysiology-Epilepsy and Pediatric Behavioural Sleep Disorders, as well as an Adjunct Professor at Case Western Reserve University. He is
also a Lecturing Assistant Professor at Damascus University in Syria and a Visiting Consultant at King Fahed Medical City.

Ayodele Samuel Jegede
Ayodele has a BSc in Sociology/Anthropology from Obafemi Awolowo University as well as a MSc and PhD in Medical Sociology from the University of Ibadan.

Graduated in 2005 -- Domestic

Kevin Coughlin
Kevin obtained a BSCh (Hons) in Life Sciences from Queen’s University, a MSc in Immunology from the University of Toronto, and his MD from Queen’s University. He is currently on staff in the Division of Neurology at St. Joseph’s Health Centre in London, Ontario.

Dorothyann Curran
Dorothyann received a BA (Hons) in Psychology and History from Queen’s University. She is a Research Assistant at the Institute for Rehabilitation Research and Development (IRRD) in Ottawa.

Mark Handelman
Mark earned a BA in History and Political Science from the University of Western Ontario and his LLB from the University of Windsor. He is currently Toronto Regional Vice-Chair of the Consent and Capacity Board.

Maria McDonald
Maria has a BCom from the University of Toronto and her LLB from Osgoode Hall Law School at York University. She is Vice-Chair of the Research Ethics Board at St. Michael’s Hospital in Toronto.

Bob Parke
Bob received his BSW from York University and his MSW from the University of Toronto. He is currently a Social Worker in the Geriatric Neurology and Critical Care Unit at Humber River Regional Hospital (HRRH) in Toronto.

Barry Schwartz
Barry received his BSc and DDS from the University of Toronto and his Certificate in Dispute Resolution from York University. He is currently an Adjunct Professor of Dentistry at the University of Western Ontario.

International Stream

Adebayo Adejumo
Adebayo earned a BSc in Nursing, as well as a MSc and PhD in Psychology from the University of Ibadan in Nigeria. He is currently Principal Nurse Educator at the Perioperative Nursing School at the University of Ibadan.

Anant Bhan
Anant received his MBBS from Bangalore Medical College in India. He currently works at the Centre for Study in Ethics and Rights (CSER) and the Forum for Medical Ethics Society (FRES) in Mumbai, India.

Mina Majd
Mina received her MD from the Iran University of Medical Sciences and his MPH from the Tehran University of Medical Science. He is the Director of Elderly Health in the Ministry of Health and Medical Education in Tehran.
Collaborative Program in Bioethics

**Graduated in 2010**

Marian Adly
Marian received her MSc from the Institute of Medical Science for her thesis *Limiting the Collateral Damage of SARS: The Ethics of Priority Setting*.

Nancy Ondrusek
Nancy received her PhD from the Institute of Medical Science for her thesis *Making Participation work: A grounded theory describing participation in phase I drug trials from the perspective of the health subject*.

Anne Simmonds
Anne received her PhD from the Lawrence S. Bloomberg Faculty of Nursing for her thesis *Understanding the Moral Nature of Intrapartum Nursing: Relationships, Identities and Values*.

Kelley Ross
Kelley received his MSc from the Department of Health Policy, Management, and Evaluation for his thesis *Describing and Assessing the Views of Transplant Professionals in Ontario on Directed Organ Donations from Deceased Donors: A Qualitative Study*.

**Graduated in 2009**

Cécile Bensimon
Cécile received her PhD from the Dalla Lana School of Public Health for her thesis *Communicable Disease Control in the New Millennium: A Qualitative Inquiry on the Legitimate Use of Restrictive Measures in an Era of Rights Consciousness*.

Rebecca Bruni
Rebecca received her PhD from the Institute of Medical Science for her thesis *Improving Priority Setting in the Ontario Wait Time Strategy through Enhanced Public Engagement*.

Shanil Ebrahim
Shanil received his MSc from the Institute of Medical Science for his thesis *Outcomes of children receiving in-hospital resuscitation*.

Mona Gupta
Mona received her PhD from the Institute of Medical Science for her thesis *Is Evidence-Based Psychiatric Practice Ethical Practice?: a conceptual and qualitative study*.

Lori Ives-Baine
Lori received her MN from the Lawrence S. Bloomberg Faculty of Nursing (not thesis based).

Zahava Rosenberg-Yunger
Zahava received her MSc from the Institute of Medical Science for her thesis *Priority Setting for Expensive Biopharmaceuticals: An Analysis of Six Drug Case Studies*.

**Graduated in 2008**

Pam Kolopack
Pam received her MSc from the Institute of Medical Science for her thesis *Putting Participation into Perspective: The Experiences of Participants and Their Family Members Involved in a Novel Gene Transfer Trial*.

Shannon Sibbald
Shannon received her PhD from the Department of Health Policy, Management, and Evaluation for her thesis *Successful Priority Setting: A Conceptual Framework and an Evaluation Tool*.

**Graduated in 2007**

Celina da Silva
Celina received her coursework intensive MN from the Lawrence S. Bloomberg Faculty of Nursing.

Robyn Hayeems
Robyn received her PhD from the Department of Public Health Sciences for her thesis *Informed Consent and Genetic Databases: An Exploration of the
Authorization Model.

Christine Houston
Christine received her coursework intensive MN from the Lawrence S. Bloomberg Faculty of Nursing.

Donald Rose
Don received his PhD from the Lawrence S. Bloomberg Faculty of Nursing for his thesis Exploring the Concept of Respect in Forensic Psychiatric Nursing: A Focused Ethnography.

Robert Williams
Robert received his PhD from the Institute of Medical Science for his thesis The Lived Experience of Health Care Workers in the 2003 SARS Outbreak: An Ethical Crisis in An Urban Community Hospital.

Abdulwasiu Yusuff
Abdulwasiu received his LLM from the Faculty of Law for his thesis An Appraisal of the Socio-Legal Implications of In Vitro Fertilization in Nigeria: Regulating the 'Cost' of Babies.

Graduated in 2006
Victor Cellarius
Victor received his MA from the Department of Philosophy (no thesis required).

Barbara Gibson
Barbara received her PhD from the Institute of Medical Science for her thesis Men with Duchenne Muscular Dystrophy: A Bourdieusian Interpretation of Identity and Social Positioning.

Heather Greenwood
Heather received her MSc from the Institute of Medical Science for her thesis Regenerative Medicine and the Developing World.

Lisa Hicks
Lisa received her MSc from the Department of Health Policy, Management, and Evaluation (non-thesis Master’s).

Kuei-Hsun Liao
Kuei-Hsun received his LLW from the Faculty of Law (no thesis required).

Stephanie Nixon
Stephanie received her PhD from the Department of Public Health Sciences for her thesis Canada’s International Response to HIV/AIDS: A Critical Public Health Ethics Inquiry.

Fabio Salamanca-Buentello
Fabio received his MSc from the Institute of Medical Science for his thesis Nanotechnology and the Developing World.

Robert Sibbald
Robert received his MSc from the Institute of Medical Science for his thesis Case Studies in Organizational Healthcare Ethics: Healthcare Foundations, Business Development and the Commercialization of Research.

Diego Silva
Diego received his MA from the Department of Philosophy (no thesis required).

Graduated in 2005
Andrew Taylor
Andrew received his MSc from the Department of Health Policy, Management, and Evaluation for his thesis Biotechnology for Development: An Opportunity for Canada’s Private Sector to Establish a Role in the World.

Jeff Nisker
Jeff received his PhD from IMS for his thesis To Examine Theatre as a Tool for Public Engagement in Policy Development re: Adult Genetic Testing.

Alison Thompson
Alison received her PhD from the Department of Public Health Sciences for her thesis A Case Study of the Canadian Public Consultation of Xenotransplantation.

Sara Urowitz
Sara received her PhD from the Department of Health Policy, Management, and Evaluation for her thesis Autonomy and AIDS: Preferred Role in Decision Making Among Individuals Registered with an HIV/AIDS Observational Database.
Graduated Fellows from the Core and Organizational Ethics Network

Past JCB\textsuperscript{10} and JCB/CCE Academic Fellows in Clinical and Organizational Ethics

Placement Following Fellowship Completion

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001-02</td>
<td></td>
</tr>
<tr>
<td>Paula Chidwick</td>
<td>Director/Ethicist of Clinical and Corporate Ethics, William Osler Health Center (Brampton)</td>
</tr>
<tr>
<td>Laurie Hardingham</td>
<td>Retired; Past Ethicist, St. Joseph’s Health Care (London, Ontario)</td>
</tr>
<tr>
<td>2002-03</td>
<td></td>
</tr>
<tr>
<td>Karen Faith</td>
<td>Independent ethics consultant; past Director, Clinical Ethics Centre, Sunnybrook Health Sciences Centre</td>
</tr>
<tr>
<td>Dianne Godkin</td>
<td>Senior Ethicist, Trillium Health Centre; past Bioethicist, Centre for Clinical Ethics (Toronto)</td>
</tr>
<tr>
<td>Laurie Hardingham (Toronto Rehab Senior Fellow)</td>
<td>Retired; Past Ethicist, St. Joseph’s Health Care (London, Ontario)</td>
</tr>
<tr>
<td>2003-04</td>
<td></td>
</tr>
<tr>
<td>Jonathan Breslin</td>
<td>Ethicist, North York General Hospital (Toronto)</td>
</tr>
<tr>
<td>Alisa Swota</td>
<td>Assistant Professor, Department of Philosophy, University of North Florida (Jacksonville) and Clinical Ethicist at Wolfson Children’s Hospital</td>
</tr>
<tr>
<td>Shawn Winsor</td>
<td>Ethicist, LifeQuest Centre for Reproductive Medicine; past Director, Ethics Centre, Sunnybrook Health Sciences Centre; past Ethicist, Trillium Health Centre</td>
</tr>
<tr>
<td>2004-05</td>
<td></td>
</tr>
<tr>
<td>Jonathan Breslin (JCB Senior Fellow)</td>
<td>Ethicist, North York General Hospital (Toronto)</td>
</tr>
<tr>
<td>Eoin Connolly</td>
<td>Bioethicist, Centre for Clinical Ethics (Toronto); PhD student, Institute of Medical Science, University of Toronto</td>
</tr>
<tr>
<td>James Hynds</td>
<td>Clinical Ethicist, University of California Los Angeles Health System Ethics Center</td>
</tr>
<tr>
<td>Sharon Reynolds</td>
<td>Registered Nurse, University Health Network (Toronto)</td>
</tr>
<tr>
<td>Heather Sampson</td>
<td>PhD student, Institute of Medical Science, University of Toronto</td>
</tr>
<tr>
<td>Alison Thompson</td>
<td>Assistant Professor, Faculty of Pharmacy, University of Toronto</td>
</tr>
</tbody>
</table>

\textsuperscript{10} JCB Fellow unless otherwise indicated.
| 2005-06 |  
|---------------------------------
| **Kyle Anstey** | Bioethicist, University Health Network (Toronto)  
| **Blair Henry** | Clinical & Research Ethicist, Sunnybrook Health Science Centre (Toronto)  
| **James Hynds (JCB/CCE Senior Fellow)** | Clinical Ethicist, University of California Los Angeles Health System Ethics Center  
| **Suzanne Manning** | Compliance Administrator at Human Subjects Division, Office of Research, University of Washington  
| **Deborah Pape** | Lecturer, Rehabilitation Psychology and Special Education, University of Wisconsin-Madison; independent ethics consultant  
| **Sharon Reynolds (JCB Senior Fellow)** | Registered Nurse, University Health Network (Toronto)  
| **Adrian Viens** | PhD student, Department of Philosophy, Oxford University  
|  
| 2006-07 |  
| **Moji Adurogbangba** | Bioethicist, The Scarborough Hospital (Toronto)  
| **Kyle Anstey (UHN, Senior Fellow)** | Bioethicist, University Health Network (Toronto)  
| **Ali Bagheri** | Assistant Professor of Medicine and Medical Ethics, Tehran University of Medical Sciences  
| **Sally Bean** | Clinical & Research Ethicist, Sunnybrook Health Science Centre (Toronto)  
| **Blair Henry (Sunnybrook, Senior Fellow)** | Clinical & Research Ethicist, Sunnybrook Health Science Centre (Toronto)  
| **Leah McClimans** | Assistant Professor, Philosophy Department, University of South Carolina, Research Fellow in Clinical Ethics Warwick Medical School  
| **Maria McDonald** | Ethicist and Chief Privacy Officer, Holland Bloorview Kids Rehab (Toronto)  
| **Rex Roman** | Independent ethics consultant; Past Fellow, Mental Health and Ethics, Department of Psychiatry Women's College Hospital  
| **Giles Scofield (JCB/CCE, Senior Fellow)** | Clinical Ethicist, Centre for Clinical Ethics (Toronto)  
|  
| 2007-08 |  
| **Sally Bean (Trillium, Senior Fellow)** | Clinical & Research Ethicist, Sunnybrook Health Science Centre (Toronto)  
| **Jennifer Bell** | PhD student, Faculty of Nursing, University of British Columbia  
| **Louise Campbell** | Swan Fellow in Medical Ethics, School of Medicine, Trinity College Dublin; Clinical Ethics Ireland (founder)  
| **Hannah Kaufman** | Ethicist, University Health Network  
| **Debbie Rolfe (JCB Senior Fellow)** | PhD student, Faculty of Nursing, University of Toronto  
| **Victoria Seavilleklein** | Clinical Ethicist & Clinical Policy Liaison Alberta Health Services, Red Deer  
| **Linda Sheahan** | Physician and ethics consultant, Sydney, Australia  
<p>|</p>
<table>
<thead>
<tr>
<th>2008-09</th>
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<tbody>
<tr>
<td>Sally Bean (Sunnybrook, Senior Fellow)</td>
<td>Clinical &amp; Research Ethicist, Sunnybrook Health Science Centre (Toronto)</td>
</tr>
<tr>
<td>Rebecca Bruni</td>
<td>Bioethicist, Centre for Clinical Ethics (Toronto)</td>
</tr>
<tr>
<td>Thomas Foreman</td>
<td>Director of Ethics, Ottawa Hospital</td>
</tr>
<tr>
<td>Kevin Reel</td>
<td>Ethicist, Southlake Regional Health Centre and York Central Hospital (Greater Toronto Area)</td>
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<tr>
<th>2009-10</th>
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<tbody>
<tr>
<td>Michael Campbell</td>
<td>Senior Fellow in Transplantation Ethics, University Health Network (Toronto)</td>
</tr>
<tr>
<td>Jennifer Flynn</td>
<td>Visiting Fellow, Rotman Institute of Philosophy, University of Western Ontario (London)</td>
</tr>
<tr>
<td>Christine Jamieson (JCB/CCE)</td>
<td>Associate Professor and Chair, Theological Studies, Concordia University (Montreal)</td>
</tr>
<tr>
<td>Nisha Wijeratne</td>
<td>Psychiatry Resident, Queen’s University</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>2010-11</th>
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<tbody>
<tr>
<td>Michael Campbell (UHN, Senior Fellow)</td>
<td>in progress</td>
</tr>
<tr>
<td>Jean Daou (JCB/CCE)</td>
<td>in progress</td>
</tr>
<tr>
<td>Rosanna Macri</td>
<td>in progress</td>
</tr>
<tr>
<td>Kevin Rodrigues (JCB/CCE)</td>
<td>in progress</td>
</tr>
<tr>
<td>Kelley Ross</td>
<td>in progress</td>
</tr>
<tr>
<td>Michael Szego</td>
<td>in progress</td>
</tr>
</tbody>
</table>
APPENDIX O: LIST OF CLINICAL, ORGANIZATIONAL & RESEARCH ETHICS (CORE) NETWORK MEMBERS

Baycrest Centre for Geriatric Care
- Michael Gordon
- Marcia Sokolowski

Centre for Addiction and Mental Health
- Barbara Russell
- Steve Abdool
- Rebecca Bruni
- Joseph Chandrakanthan
- Eoin Connolly
- Hazel Markwell
- Giles Scofield
- Maria McDonald
- Christine Harrison
- Randi Zlotnik Shaul

Centre for Clinical Ethics, a joint venture of Providence Healthcare, St. Joseph’s Heath Centre, and St. Michael’s Hospital
- Steve Abdool
- Rebecca Bruni
- Joseph Chandrakanthan
- Eoin Connolly
- Hazel Markwell
- Giles Scofield
- Maria McDonald
- Christine Harrison
- Randi Zlotnik Shaul

Holland Bloorview Kids Rehab
- Bob Parke

The Hospital for Sick Children
- Christine Harrison
- Randi Zlotnik Shaul

Humber River Regional Hospital
- Bob Parke
- Kerry Bowman
- Jonathan Breslin
- Sally Bean
- Philip Hébert
- Blair Henry
- Shawn Winsor
- Frank Wagner
- Ann Heesters
- Marleen van Laethem
- Dianne Godkin
- Kyle Anstey
- Hannah Kaufman
- Linda Wright

Mount Sinai Hospital
- Kerry Bowman
- Jonathan Breslin
- Sally Bean
- Philip Hébert
- Blair Henry
- Shawn Winsor
- Frank Wagner
- Ann Heesters
- Marleen van Laethem
- Dianne Godkin
- Kyle Anstey
- Hannah Kaufman
- Linda Wright

North York General Hospital
- Jonathan Breslin
- Sally Bean
- Philip Hébert
- Blair Henry
- Shawn Winsor
- Frank Wagner
- Ann Heesters
- Marleen van Laethem
- Dianne Godkin
- Kyle Anstey
- Hannah Kaufman
- Linda Wright

Sunnybrook Health Sciences Centre
- Shawn Winsor
- Frank Wagner
- Ann Heesters
- Marleen van Laethem
- Dianne Godkin
- Kyle Anstey
- Hannah Kaufman
- Linda Wright

Toronto Community Care Access Centre

Toronto Rehabilitation Institute

Trillium Health Centre
- Dianne Godkin

University Health Network (Princess Margaret Hospital, Toronto General Hospital, and Toronto Western Hospital)
APPENDIX P: LIST OF RESEARCH AND EDUCATION IN RESEARCH ETHICS [(RE)²] MEMBERS

John Appleby
Alka Arora
Solly Benatar
Sunita Bandewar Sheel
Salima Virani Bano
Sally Bean
Okyere Boateng
Renaud Boulanger
Rebecca Bruni
Michael Campbell
An-Wen Chan
Jocalyn Clark
Nancy DeVera
Claudia Emerson
Qaiser Fahim
Sophia Fantus
Margo Farren
Zaid Gabriel
Arisa Goldstone
Katie Gouinlock
Shane Green
Adrian Guta
Shawna Gutfreund
Daniel Gyewu
Lisa Harper
Anne Heesters
Blair Henry
Nicholas Howell
Christine Jamieson
Alexander Karabanow
Salah-Ud-Din Khan
Janet Kim
Dario Kuzmanovic
Jim Lavery
James Legge
Trudo Lemmens
Rosanna Macri
Parnor Madjitiey
Adefolarin Malomo

Maria McDonald
Martin McKneally
Daeniell Miller
Helen Nuttall
Nancy Ondrusek
Susan Pilon
Serena Purdy
Ahmad Rabb
Hamid-Reza Raziee
Kevin Rodrigues
Anuradha Rose
Kelley Ross
Ann Russell
Barbara Russell
Nausheen Saeed
Valerie Sales
Heather Sampson
Celestine Sappor
Marge Schneider
Dean Sharpe
Moin Siddiqui
Maxwell Smith
Marcia Sokolowski
Rohini Soni
Julie Spence
Michael Szego
Cathy Tansey
Bini Toms
Amaiur Unzueta
Ross Upshur (Chair)
Gina Vaccaro
Marleen van Laethem
Nancy Walton
Nisha Wijeratne
Robert Williams
Don Willison
Rachel Zand
APPENDIX Q: JCB CONSULTING SERVICES

A. ETHICS PROGRAM DEVELOPMENT

Whether you’re developing a new ethics program or revitalizing an existing program, we can help you create a high impact ethics program to meet your organization’s ethics needs. We offer three ethics program development services:

1. Ethics Strategic Planning
2. Ethics Program and Service Development
3. Ethics Core Training & Education

THESE SERVICES CAN BE OFFERED AS A FULL PACKAGE (ETHICS TRANSFORMATION PROGRAM) OR AS SEPARATE MODULES. THEY ARE AVAILABLE FREE-OF-CHARGE TO JCB PARTNER ORGANIZATIONS AND ON A COST-RECOVERY BASIS TO OTHER ORGANIZATIONS (SEE FEE STRUCTURE BELOW).

1. Ethics Strategic Planning

The JCB will:

- Conduct an Ethics Institutional Scan to assess your organization’s ethics needs and to identify areas of strength and opportunities for improvement in its existing ethics capacity. The scan involves an on-line Ethics Needs Assessment survey, interviews and focus groups with key stakeholders across the organization, and review of relevant documents. We will prepare an scan report that describes the scan findings, compares these findings with other similar organizations, provides a strategic and operational analysis of your organization’s ethics capacity, and outlines preliminary recommendations to address any gaps.

- Facilitate a half-day Ethics Program Planning Retreat with key stakeholders to develop a vision and 3-year goals/priorities for the Ethics Program based on the institutional scan findings. We will prepare an retreat summary report for discussion with your ethics team.

- Develop an Ethics Program Plan Proposal with practical recommendations to move your ethics vision forward.

2. Ethics Program & Service Development

The JCB will:

- Provide operational advice on key elements of the Ethics Program Plan Proposal, e.g., resource requirements, ethics program structures (e.g., committees), accountability mechanisms, and program evaluation.

- Provide on-site implementation support including coaching and mentorship of ethics program leaders, operational assistance in establishing ethics program structures, and working with your ethics team to develop a detailed workplan to achieve your program priorities. (Ethics Transformation Program only)
3. Ethics Core Training & Education

The JCB will:

- Provide Ethics Core Curriculum Training for Ethics Team Members to strengthen their ethics knowledge and decision-making skills. This will involve four half-day sessions facilitated by an experienced JCB faculty member and include introduction to an ethical decision-making tool, which ethics team members can use in their practice.

- Conduct two Ethics Grand Rounds to build ethics awareness among staff. Topics for the Grand Rounds sessions will be identified based on the institutional scan findings and prioritized in coordination with the organization’s Ethics Team. These one-hour sessions will be facilitated by JCB-affiliated ethicists.

B. OTHER SERVICES

1. Ethics Program “Check-up”

The ethics program “check-up” involves a one-day site visit to provide a quick assessment of strengths and opportunities for improvement in your existing ethics infrastructure. The site visit would include:

- Education session for your Ethics Team on "leading" practices related to ethics effectiveness

- Stakeholder interviews and/or facilitated discussion with Ethics Team about what’s working/not working in your Ethics Program, what would be priority areas for improvement, and what practical strategies the Ethics Committee might consider to tackle these areas; and

- Meeting with Ethics Program Leads, including reporting senior manager, to report key observations and outline practical suggestions for moving forward.

2. Ethics Leadership “Tune up”

Similar to “executive coaching”, we would provide ongoing mentorship and advice to Ethics Program Leaders to improve overall leader and program effectiveness.

CONTACT US:

Dr. Jennifer Gibson, Director, Partnerships & Strategy
Email: jennifer.gibson@utoronto.ca
Phone: 416.978.1395
FEE STRUCTURE (2009-10)

Fees are approximate for information purposes only. We would provide a detailed proposal with costing based on a discussion of your organization’s needs. All fees are subject to 5% GST plus reasonable expenses.

<table>
<thead>
<tr>
<th><strong>A. ETHICS PROGRAM DEVELOPMENT</strong></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Ethics Transformation Program</td>
<td>$50K</td>
</tr>
<tr>
<td>Includes: Ethics Strategic Planning, Ethics Program &amp; Service Development (with on-site implementation support), and Ethics Core Training &amp; Education</td>
<td></td>
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<tr>
<td>ETHICS STRATEGIC PLANNING</td>
<td>$30K</td>
</tr>
<tr>
<td>Ethics Institutional Scan only</td>
<td>$15K</td>
</tr>
<tr>
<td>Ethics Needs Assessment Survey only</td>
<td>$5K $3.5K</td>
</tr>
<tr>
<td>Ethics Program &amp; Service Development</td>
<td></td>
</tr>
<tr>
<td>With on-site implementation support</td>
<td>$15K</td>
</tr>
<tr>
<td>Without on-site implementation support</td>
<td>$1K/month (&lt;2days)</td>
</tr>
<tr>
<td>Ethics Core Training &amp; Education</td>
<td>$5K</td>
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</table>

<table>
<thead>
<tr>
<th><strong>B. OTHER SERVICES</strong></th>
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</thead>
<tbody>
<tr>
<td>Ethics Program “Check-up”</td>
<td>Up to $5K</td>
</tr>
<tr>
<td>Ethics Leader “Tune-up”</td>
<td>Approx $1000/mo</td>
</tr>
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</table>
APPENDIX R: "ABOUT JCB" TWO PAGERS

November 2010

University of Toronto
Joint Centre for Bioethics

"A Bioethics Collaboratory is a center without walls -- a networked community of bioethics inquiry and practice without borders -- a living laboratory of interdisciplinary & interprofessional collaboration committed to bioethics innovation and excellence."

(Source: JCB Strategic Plan 2007:2011)

FAST FACTS

- The JCB is a partnership of the University of Toronto and 15 health organizations in the Greater Toronto Area.
- The Clinical, Organizational & Research (CORE) Network links 20 ethicists and 5 ethics fellows across the JCB's 13 partner organizations.
- 70% of ethicists in JCB partner organizations are JCB education program graduates.
- 85% of CORE and MHSiC grads publish within 1 year of graduation and 88% are placed.
- 88% of Fellowship grads are placed, including 52% in JCB partner organizations.
- The JCB Secretariat holds $2.6M in peer-reviewed research funding as PI and $6M as Co-I.
- JCB members publish ~90 peer-reviewed articles per year in over 60 journals across 9 disciplines.
- The JCB is chair of the Global Network of WHO Collaborating Centres for Bioethics.

The JCB Collaboratory

The University of Toronto Joint Centre for Bioethics (JCB) is a partnership of the University of Toronto and 15 health organizations in the Greater Toronto Area. The JCB is the largest collaboration in applied bioethics with a network of over 130 scholars, ethicists, health professionals, and trainees. Our mission is to improve healthcare through leadership in bioethics research, education, practice, and public engagement.

1. RESEARCH

The JCB is actively involved in applied bioethics research in clinical, organizational, research, and health policy ethics. Current research topics include:

- Evaluating hospital-based ethics program effectiveness
- Priority setting in high performing health organizations
- Home-based care for persons with disabilities
- Ethics quality in health research
- Ethical issues in pandemic preparedness & response
- Public engagement in cancer control policy

Going forward, the JCB has identified two research priorities: 1) patient transitions across the continuum of care, and 2) organizational ethics in health institutions. In June 2010, an Ethics & Translational Care working group of JCB-affiliated ethicists and researchers was struck to map the terrain of ethical issues arising in patient care transitions. The JCB and the Ontario MOHLTC have partnered on a research grant to explore this topic in more depth. The JCB is also leading a research collaboration on organizational ethics with Accreditation Canada, the Canadian Council of Health Service Executives, and the Canadian Patient Safety Institute.

2. EDUCATION

The JCB directs three education programs in bioethics, including two graduate programs and a postgraduate fellowship:

- The Collaborative Program in Bioethics is an interdisciplinary research-stream graduate program. The CPB has over 40 active faculty in 9 affiliated academic units. Over the last five years, our students have received over $1.2M in peer-reviewed awards for graduate and postgraduate research in bioethics.
- The MHSiC in Bioethics is a professional degree program for mid-career health professionals and administrators. With funding from the NIH Fogarty International Centre grant, the JCB also offers an international MHSiC stream to build research ethics programs in low and middle income countries. Our graduates are leading ethics programs in health organizations in the Greater Toronto Area, across Canada, and in 9 developing countries.
- The Academic Fellowship in Clinical & Organizational Ethics is a one-year training program to bridge the gap between graduate education in bioethics and ethics practice in health settings. Fellows rotate through JCB partner organizations in three-month ethics program placements. The fellowship program is the largest of its kind in Canada and has graduated over 35 fellows since 2003.
University of Toronto
Joint Centre for Bioethics

“By traditional academic measures, the JCB has emerged as one of the leading bioethics programs in the world, particularly in applied and empirically-based bioethics. It is an academic jewel.”

(Source: Caulfield T, Siegel N.J Joint Centre for Bioethics: External Review, 2008.)

Our Mission:
To improve healthcare through leadership in bioethics research, education, practice, and public engagement.

Our Vision:
To be the world’s leading Collaboratory in applied bioethics.

Our Values:
- Interdisciplinary collaboration
- Innovation & excellence
- Indulgence & mutual respect
- Internationalism
- Leadership through partnership

Our Partners
Health Sector
- Regional Centre for Geriatric Care
- Centre for Addiction & Mental Health
- Centre for Clinical Ethics (St. Michael’s, St. Joseph’s Health Centre, & Providence Healthcare)
- Holland Bloorview Kids Rehab
- Hospital for Sick Children
- Humber River Regional Hospital
- Mount Sinai Hospital
- North York General Hospital
- Sunnybrook Health Sciences Centre
- Toronto Central CCAC
- Toronto Rehab
- Trillium Health Centre
- University Health Network

Our Collaborators
University of Toronto
- Centre for Ethics, Health Policy, Management & Evaluation; Law; Medical Ethics; Nursing; Philosophy; Public Health; Rehabilitation Sciences; Religion; Social Work; Toronto Academic Health Sciences Network
- Canadian Centre for Applied Research in Cancer Control; Public Health Agency of Canada; World Health Organization

3. PRACTICE

Clinical, Organizational, & Research Ethics (CORE) Network

The CORE Network is a community of practice comprised of 34 ethicists and fellows in JCB partner programs. The CORE Network meets weekly to tackle difficult cases, share tools and resources, and collaborate on working groups addressing the needs of JCB partner programs and the bioethics field. Current working groups include:

- Professionalization of Bioethics: to investigate developing bioethics practice standards, credentialing bioethics professionals, and accrediting bioethics training programs.
- Ethics-Related Accreditation Standards: to provide national leadership on ethics-related accreditation standards and to help CORE members to prepare for accreditation in their institutions.
- Ethics Core Curriculum Evaluation: to evaluate and expand the JCB’s Core Curriculum modules for ethics committee members.
- Documentation Practices in Ethics Programs: to develop common guidelines for documenting ethics consultations in JCB partner ethics programs.

Research & Education in Research Ethics (RE³) Network

(RE³) is a network of 50 researchers, research ethicists, research ethics officers, and trainees to address the practical challenges of research ethics through research and education. (RE³) meets monthly to develop shareable research ethics resources (e.g., web-based portal of research ethics policies and educational resources), conduct research and quality improvement projects related to research ethics, and facilitate continuous professional development of its members. (RE³) also hosts an open-access portal of educational materials for researchers, REB members, and research ethics practitioners. Current projects include:

- Educational needs assessment at TAHSN Hospital REBs
- Pilot study on defining quality in research ethics
- Professional development modules for REB staff, and an
- Upcoming symposium on ethics and randomized control trials.

4. PUBLIC & COMMUNITY ENGAGEMENT

The JCB hosts a weekly Bioethics Seminar Series in-person and on-line through our interactive web portal. There are 32 webinars per year. Three of these seminars are endowed lectures. The JCB Voice is issued 10 times per year and is distributed to over 600 subscribers globally. The JCB website receives an average of 382 hits per day. The top 5 countries accessing the JCB website are: US, Canada, Germany, China, and the United Kingdom. The JCB’s work is often featured in news media. For example, the JCB’s Stand on Guard For These report generated 1/2 media stories and blog entries in 2005-2009. The JCB website hosts the CORE Network web portal and (RE³)’s Research Ethics e-Commons.

CONTACT INFORMATION:

For more information, please contact us at jcb.admin@utoronto.ca or 416-978-2709.
November 2010

Public Health Ethics
@ JCB – SARS & Pandemic Influenza

A. RESEARCH

Ethics & SARS
Experience with the SARS outbreak in Toronto highlighted key ethical challenges related to restrictive measures (e.g., quarantine), resource allocation, duty to care, and global governance. The JCB received a CIHR grant to explore these challenges and to capture lessons that could inform planning and response to future epidemics. Of 10 CIHR-funded SARS projects, the JCB team generated almost half of the total publications (Figure 1).

Figure 1. Total Publications from 10 projects funded by CIHR’s SARS granting initiative

Based on this research, the JCB developed an ethical framework for pandemic influenza planning, which was published in a white paper called “Stand on Guard for These: Ethical Considerations for Pandemic Influenza Planning”.

Canadian Program for Research on Ethics in a Pandemic (CanPREP)
Pandemic planning has been primarily expert-driven with very little engagement of public views and very limited dialogue amongst different stakeholder groups. The JCB conducted CIHR-funded research to elicit public perspectives on the key ethical issues and values in pandemic planning and response. This research included a national public opinion survey and town hall meetings in Vancouver, Winnipeg, and Saint John.

In 2009, the JCB launched an innovative program of community-partnered research targeting three key ethical issues related to public trust and vulnerable populations:
- Priority setting for scarce resources
- Risk communication and public engagement
- Health care provider (HCP) obligations

Each working group brings together researchers, end-users, community partners, and trainees to generate new knowledge with immediate policy relevance. CanPREP has engaged a broad range of local, provincial, national, and international partners and collaborators in this work (see Partners & Collaborators sidebar).

B. EDUCATION

Public health ethics (including SARS and pandemic ethics) is an emerging area of interest among graduate trainees at the University of Toronto through the Collaborative Program in Bioethics (CP3B). The CP3B is an interdisciplinary thesis-stream graduate program administered at the JCB. Since 2007, 3 PhD students have successfully defended doctoral theses on ethical issues emerging from the SARS outbreak. Currently, there are 5 PhD students, 2 MSc students, 1 postdoctoral fellow conducting thesis research on ethics and pandemics, including the impact of an influenza pandemic on vulnerable populations. CanPREP is committed to fostering practical research and policy experience for a wide range of trainees. It has provided practicum placements for 3 students enrolled in the MPH, MSc, and LLM programs at the University of Toronto. It has also trained 9 summer students, several of whom have gone on to pursue advanced degrees in public health ethics or related fields.
Public Health Ethics
@ JCB – SARS & Pandemic Influenza

C. PRACTICE: Research to policy
In 2005, the JCB released its “Stand on Guard for Thee: ethical considerations in pandemic preparedness” report, which informed government and institutional pandemic preparedness plans globally (see Policy Impact sidebar). In 2009, CanPREP released a series of 11 white papers reporting on emerging research findings. The JCB has also been involved in pandemic planning and response at a number of policy levels.

- Local: Supplementary ICU Triage Criteria in a Pandemic Task Group, JCB CORE Network, Pandemic Planning Committee, Toronto Academic Health Sciences Network (TAHSN)
- Provincial: Duty to Care Policy, College of Physicians & Surgeons of Ontario (CPSO), Duty to Care Policy, College of Physicians & Surgeons of Nova Scotia (CPSNS); Health Measures Task Force, Ontario Agency of Health Protection & Promotion (OAHPP); Antivirals & Vaccines Subgroup, Pandemic Influenza Planning Committee, Ontario Ministry of Health & Long Term Care (MOHLTC)
- National: Pandemic Vaccination Group Taskforce, Public Health Agency of Canada (PHAC), Science Advisory Committee, PHAC, Interim Ethics Advisory Committee, PHAC
- International: Working Groups on ‘Addressing Ethical Issues in Pandemic Influenza’ and ‘Outbreak Communications Planning’ (WHO), Policy Brief on ‘Ethical considerations in responding to the current Influenza A (H1N1)’ Policy Brief (WHO)

D. PUBLIC ENGAGEMENT

Public Symposia & Webinars
CanPREP has hosted 2 public symposia and 2 stakeholder forums to facilitate broader public discourse on pandemic ethics issues. The JCB’s University and JTB 10 Bioethics Seminar series featured 4 webcast seminars on topics related to the H1N1 outbreak.

Research-based Theatre
The CanPREP team includes a dramaturge-in-residence, who has written a 1-hour play called ‘Brantford 1918 (2010)’ to explore the ethical issues raised by an influenza pandemic through dramatic narrative.

Newsletter & Website
CanPREP issues a monthly newsletter, which is distributed to over 500 subscribers globally. The CanPREP website has received ~5000 visits since April 2009.

Media Contacts
The JCB work in pandemic ethics has been featured widely in news media nationally and internationally, particularly with the release of the SOGFT report and the CanPREP White Paper Series (Figure 2)

CONTACT INFORMATION:
For more information, please contact us at canprep.essf@utoronto.ca.
December 2010

Bioethics Education @ JCB

“Bioethics is a hard discipline. There are lots of people who know a lot about science and medicine and empirical things like that. There are a lot of people who know a lot about ethics & philosophy but there are not many people who know that much about both. And you really have to have mastery in both areas to do bioethics well.”

(Source: Key informant cited in Final Report of the Evaluation Excellence in Bioethics, a value for investment project, JCB 2008.)

FAST FACTS

◆ The JCB has one of the largest concentrations of bioethics researchers, teachers, and practitioners in North America.

◆ 85% of CPB and MHSc grads publish within 1 year of graduation and 88% are placed in academic and/or professional roles.

◆ 88% of Fellowship grads are placed, including 52% in JCB partner organizations.

◆ 70% of ethicists in JCB partner organizations are graduates of JCB education programs.

◆ CPB students are from 9 academic disciplines; MHSc students are from 7 major professional disciplines.

◆ 40% of CPB students have external peer-reviewed funding.

◆ International MHSc graduates have started ethics programs in 9 low and middle income countries.

(All figures for 2008-2010.)

Education Programs at JCB

The University of Toronto Joint Centre for Bioethics directs three education programs in bioethics, including two graduate programs and a post-graduate fellowship. These are: the Collaborative Program in Bioethics, MHSc in Bioethics, and the Academic Fellowship in Clinical & Organizational Ethics.

A. COLLABORATIVE PROGRAM in BIOETHICS

The Collaborative Program in Bioethics (CPB) is an interdisciplinary research-stream graduate program. The CPB has over 40 active faculty members in 9 affiliated academic units. The CPB prepares students who specialize in bioethics with an emphasis on interdisciplinary research and scholarship in bioethics, and trains scholars whose primary goal is to contribute original research in bioethics. The CPB is distinct from other bioethics programs in its aspirations to be scholarly, innovative and interdisciplinary, and to fully integrate theory and practice. Students are expected to conduct innovative research in their home discipline and to have a working knowledge of other relevant disciplines.

Over the last three years, our students have received over $1.2M in peer-reviewed graduate and post-graduate awards for research in bioethics from external funders. CPB students have an impressive publication record, with many graduate students contributing peer-reviewed articles to major academic and professional journals. Numerous CPB graduates are now leaders in bioethics research, education, policy and practice in academic, health care, research, and broader public and private sector institutions.

B. MHSc in BIOETHICS

The MHSc in Bioethics is a professional degree program designed to help clinical practitioners and health administrators increase their knowledge and skills in bioethics. The two-year program is offered in modular format with a strong emphasis on interprofessional exchange and practical experience informed by theory, including a 40-hour practicum component. Since 2001, with funding from the Fogarty International Centre of the National Institutes of Health, the MHSc in Bioethics has included a one-year international stream to strengthen research ethics capacity in low and middle income countries.

MHSc graduates are leading ethics programs in health organizations in the Greater Toronto Area, across Canada, and in 9 low and middle income countries. In 2009, a special issue of the Journal of Academic Ethics showcased five research ethics programs developed and led by international MHSc graduates in Ghana, India, Nigeria, Pakistan, and the Sudan.
What our graduates say:

“My ethics training provide a good background image into the
discipline that I did previously have.
- CPB Graduate

“It led me to full-time employment in
field I really enjoy and feel I can make
a contribution in.”
- MPHc Graduate (Comm.)

“I think the masters in bioethics at
JCB has been a gateway for my
career in bioethics today.”
- MPHc Graduate (Int.)

“The fellowship provided me with an
imense amount of knowledge and
experience which I would not
otherwise have acquired. It allowed
me to develop my confidence and to
become familiar with a vast array of
resources. It has really been a
turning-point in my career.”
- Fellowship Graduate

C. ACADEMIC FELLOWSHIP IN CLINICAL &
ORGANIZATIONAL ETHICS

The Academic Fellowship in Clinical & Organizational Ethics is a
one-year training program to bridge the gap between graduate
education in bioethics and ethics practice in health settings.
Fellows rotate through JCB partner organizations in three-month
ethics program rotations to develop skills in clinical and
organizational ethics activities, including ethics consultation,
policy development, staff education, research, ethics program
evaluation and development, and other institutional initiatives. In
addition, fellows contribute to the intellectual and scholarly
activities of the JCB, participate in CORE Network and (RE)^2
activities, and present their work in the JCB Bioethics Seminar
series.

Since 2003, our 35 fellowship graduates have been very
successful in advancing a career in bioethics either as academic
bioethicists or as ethics practitioners in health institutions in
Canada or elsewhere. In the Greater Toronto Area alone, over
50% of hospital-based ethics programs are led or staffed by
JCB fellowship graduates. Within a year of graduation, close to
90% of our graduates has published at least one peer-reviewed
article or conference abstract.

CONTACT INFORMATION:

For more information, please contact us at barbara.secker@utoronto.ca
or 416.978.1800.
November 2010

Bioethics Practice
@ JCB – CORE Network

CORE NETWORK – A Bioethics Practice Collaboratory

The Clinical, Organizational, & Research Ethics (CORE) Network is a community of practice comprised of 33 ethicists and fellows in JCB partner programs. The CORE Network is the largest multidisciplinary group of practicing ethicists in Canada and perhaps globally. It provides a collaborative environment for developing leading practices in clinical, organizational, and research ethics, including working groups, ethics program support, and ethics scholarship.

CORE Working Groups
CORE Network members collaborate on relevant professional or practical issues in bioethics. Current working groups include:
- Ethics-Related Accreditation Standards: to provide national leadership on ethics-related accreditation standards and to develop an accreditation toolkit for use by CORE members.
- Ethics Core Curriculum Evaluation: to evaluate and expand the JCB’s training modules for ethics committee members.
- Documentation Practices in Ethics Programs: to develop common guidelines for documenting ethics consultations in JCB partner ethics programs.
- Professionalization of Bioethics: to investigate developing bioethics practice standards, credentialing bioethics professionals, and accrediting bioethics training programs.

Ethics Program Support

The CORE Network facilitates sharing of ethics-related resources across partner programs, provides a confidential space for policy review and case consultation, and creates a training environment for ethics fellows and peer-mentors for CORE members. The JCB Secretariat offers consultation services for ethics strategic and operational planning to JCB partners and other health institutions.

Ethics Scholarship

CORE Network members are leading CIHR-funded research in areas such as ethics program evaluation, ethics & home-based care for persons with disabilities, and informed consent in paediatric research. All are active in local evaluation and quality improvement projects in their home institutions. Several CORE Network members have academic appointments at UofT, teach in the MHIsc in Bioethics, and/or supervise graduate students in the Collaborative Program in Bioethics.

CONTACT INFORMATION:
For more information, please contact us at barbara.secker@utoronto.ca or 416.978.1909.
October 2010

Bioethics Practice
@ JCB – (RE)² Network

(RE)² NETWORK – A Research Ethics Collaboratory
Research & Education in Research Ethics (RE)² is a network of 50 researchers, research ethicists, research ethics officers, and trainees committed to improving practice through research and education in research ethics. (RE)² meets monthly to develop shareable research ethics resources (e.g., educational materials, ethics policies), conduct research related to research ethics, and facilitate continuous professional development of its members.

Research
(RE)² is undertaking a number of research projects to strengthen the scholarly basis of research ethics practice:

1. Education Needs in Research Ethics: A comprehensive needs assessment of Toronto Academic Health Sciences Centre (TAHSN) partners was conducted to identify the education needs of different research ethics stakeholders, e.g., REB members, REB administrators, researchers.

2. Defining Ethics Quality in Research Ethics: This qualitative study is exploring different stakeholder perspectives on what constitutes ‘ethics quality’ in research. Findings will contribute to developing a conceptual framework to evaluate research ethics practice.

Education
(RE)² members are actively involved in educational initiatives in research ethics in their home institutions, including the University of Toronto graduate programs in bioethics:

1. Graduate programs: (RE)² provides a training and mentorship environment for UofT graduate students. For international MA/Sc students, a key component of their training is a research ethics placement in a hospital or at the university under the supervision of a (RE)² member. Several CPB students have completed doctoral work in research ethics and are continuing members of (RE)².

2. Research Ethics E-Commons: This web-portal was an open-access information clearing house of educational materials in research ethics.

3. Research Ethics Seminars & Symposium: The JCB Bioethics Seminar series includes a research ethics stream. In 2008, the JCB held a symposium on the ethics of evidence-based medicine and is planning a symposium on ethics and randomized control trials for 2011.

CONTACT INFORMATION:
For more information, please contact us at ross.uncinus@utoronto.ca or 416.978.4738.

Partners & Collaborators
- JCB Health Sector Partners
- McLaughlin-Rotman Centre in Global Health
- Ontario Agency for Health Protection & Promotion
- Ontario Genomics Institute
- Ryerson University
- The Michener Institute
- TAHSN Research Ethics Committee
- UofT Office of Ethics Review

(All figures for 2008-2010)
Feature: Interview with Barbara Russell

Barbara Russell is a bioethicist at the Centre for Addiction and Mental Health. Since 2007, she has been co-teaching in U of T’s MHSc Program in Bioethics. Prior to moving to Toronto, Barbara was the clinical ethicist at the University of Alberta Hospital, the Stollery Children’s Hospital, and the Glenrose Rehabilitation Hospital in Edmonton, Alberta with a cross-appointment as an Assistant Clinical Professor at the U of A’s John Dossetor Health Ethics Centre. Barbara earned an MA and a PhD in philosophy, specializing in medical ethics, from the University of Tennessee. Her first career was in business: she earned a Bachelor of Commerce and an MBA from the University of Calgary and worked in various positions in the oil industry in Alberta, BC, and Saskatchewan for twelve years. In addition to her ongoing focus on the ethics-related nature, meaning, opportunities and challenges of diseases, treatment, and living with a mental illness and/or addiction, Barbara is interested in organizational ethics, defensible resource allocation, and developing practitioners’ ethics judgment and skills for their everyday practice.

Barbara: I’ve recently passed the four year mark in terms of being at CAMH in the role of its bioethicist. In addition to various rewarding assignments at CAMH, the GTA and Ontario have proven to be exceptionally appealing communities to live in.

What’s the ethics service at CAMH like?

Barbara: When I came onboard, the first task was setting up a Hub and Spokes structure to help provide timely and embedded ethical resources and services to all clinical staff. Several front line staff now serve as connectors between their unit or program colleagues and myself and vice versa.

contd...
The JCB Voice

Feature: Interview with Barbara Russell (cont’d)

Furthermore, I’ve promoted the idea of... for lack of a better term... an integrated ethics network. Solid and regular connections have been created with CAMH’s Privacy office, Diversity and Health Equity office, Client Relations office, Client Empowerment Council, Family Council, and HR’s Organizational Development office. Not surprisingly, routine connections with our lawyers has proven important, given that Ontario has quite extensive legislation and judicial system regarding mental health and addictions problems and CAMH has a forensics program.

How did you become interested in applied ethics?

Barbara: This is my second career and I actually have a memorable story to explain why I landed in healthcare ethics. After leaving the oil industry where I’d been employed for 12 years or so, I travelled for a couple of years. While in a tea shop in Zambia (or was it Zimbabwe?), I picked up a discarded copy of the New York Times Book Review. In it was an interview with Ruth Macklin, a philosopher/ethicist actively involved in Albert Einstein College’s (NY) medical program. Important and philosophically challenging work, I thought, “maybe something for me...” So when the travel ended, it was back to school to earn the needed degrees, culminating in a PhD in philosophy, specializing in medical ethics.

What’s the biggest challenge?

Barbara: This goes back to idea of “law and ethics” and “law versus ethics.” In which situations does the law and ethics advocate identical, somewhat different, and opposed responses or decisions? Based on which reasons and concepts and how do these reasons and concepts relate to each other? Can differences be resolved or somehow harmonized without resulting in compromises that lack integrity or meaning? Moral philosophy, political philosophy, sociology, and epistemology are relevant to such questions.

What accomplishment are you most proud of?

Barbara: Clinical staff at CAMH have said that the ethics framework I’ve developed during my eight years of working with clinical teams in different hospital settings is useful for and use-able by them and captures nicely the ethical complexities in their everyday work.

The JCB is pleased to present the report “Working for an Ethical Future: The First Decade of the University of Toronto Joint Centre for Bioethics”. If you would like copies of the report mailed to you, please send an email request (including your mailing address) to beth.woods@utoronto.ca. Alternatively, copies can be picked up at the JCB, 155 College Street, Toronto.
Another year has come and gone and what an eventful year it has been! Much has happened in the Joint Centre for Bioethics community over the past year. I hope the summer break will bring well-deserved holidays for all.

Much of the year was dominated by issues relating to the H1N1 outbreak. The Joint Centre for Bioethics was deeply involved in responding to some of the most pressing ethical issues raised by H1N1 influenza. In September 2009 and May 2010, we hosted stakeholder fora drawing together policy makers, healthcare practitioners and community groups to hear how they experienced H1N1 and to ascertain what was successful and what was not in H1N1 response.

Probably the most significant event was the move from the church with its Great Hall to our current location on the 7th floor of 155 College Street where we have access to the great sky. We are now settled in well and are operating at our usual level. I am grateful to all involved in managing the move for their patience and forbearance. Thanks to Brenda Knowles for her leadership in organizing and co-ordinating the move, which I know was a complex challenge. I am also grateful for the resilience of the community in dealing with many of the disturbances to activities that accompanied the move.

We are finalizing our benchmarking and 'Value for Investment' project led with vigour and imagination by Jennifer Gibson. The CORE Group and clinical ethics fellowship, ably led by Barbara Secker have completed another year of activity in the realm of clinical ethics with a specific focus on professionalization and accreditation, key issues in clinical ethics.

RE2 [Research and education in research ethics] has also been busy this year. It completed an educational needs assessment of investigators and REB members. The results of this project have recently been presented by Rachel Zand and Max Smith at the CAREB meeting in Montreal.

And of course we can take great pride in the graduates of the Master's of Health Science in Bioethics programme who received their degrees in May, as well as some of our graduating Collaborative Program in Bioethics students who have completed research based graduate degrees in bioethics.

The Joint Centre would not run but for the excellent administrative support provided by Rhonda Martin (who has the unenviable task of keeping me on track!), Beth Woods, Carmen Alfred and Connie Carrozza.

In essence, there is much to be proud of as I look back at the 2009-10 academic year. We continue to be vitally engaged in issues of importance at the interface of ethics and health care practice. We have strong, supportive relationships with our health care and academic partners. I am sure the academic year of 2010-11 will be filled with similar surprises distinct from the economic turmoil and influenza pandemic. I hope we still have the same rewarding dedication, strong sense of community and commitment to working together on ethical issues in health care.

Ross Upshur
Director, Joint Centre for Bioethics; Director, Primary Care Research Unit; Canada Research Chair in Primary Care Research; Professor, Department of Family and Community Medicine, and Dalla Lana School of Public Health, University of Toronto.
Announcements

New Canadian organization Grand Challenges Canada (www.grandchallenges.ca) will help fund solutions to health challenges in developing countries.

The Hon. James Flaherty, Minister of Finance for Canada, announced the launch of Grand Challenges Canada, an innovative initiative that will help redefine Canada's role in the developing world by bringing together Canadian scientists, developing world scientific researchers, and the private sector to solve some of the most persistent health challenges facing poor countries.

The Government of Canada is committing $225 million over five years to the Development Innovation Fund, announced in the 2008 Budget, to support the best minds in the world in a collaborative search for solutions to global health challenges.

Dr. Peter A. Singer is the founding Chief Executive Officer of Grand Challenges Canada. Dr. Abdallah Daar is the founding Chief Science and Ethics Officer. Mr. Joseph L. Rotman, noted business leader and philanthropist, is the Chair of the Board of Directors. Mr. David Malone, President of IDRC and Dr. Alain Beaudet, President of CIHR are members of Grand Challenges Canada Board of Directors.

Kadia Petricca, a third year PhD student in the Department of Health Policy, Management and Evaluation and completing a dual collaborative in Bioethics and Global Health, has been awarded a CIHR doctoral award in the priority area of knowledge translation for her thesis work related to priority setting in low-income countries.

Kadia has also been named a New Investigator in Global Health (NIGH) by the Global Health Council for her abstract “Strengthening the Fairness and Legitimacy of District-Level Priority Setting in Low-Income Countries.” The NIGH program is a competitive abstract submission and selection program designed to highlight research, policy and advocacy initiatives of new and future leaders in global health. Out of 338 who applied, Kadia is 1 of 32 accepted and will be presenting at the Global Health Council’s June 14-18th, 2010 Conference in Washington, DC, USA.

IN MEMORIAM

Professor Emeritus Robert Salter of surgery, a world renowned orthopedic surgeon, died May 10; he was 85 years old.

Dr. Salter was one of the original members of the Centre for Bioethics which preceded the Joint Centre for Bioethics.
The JCB Voice

Article: Why Doctors Should Not Strike

Some South African doctors working in the public health sector have recently considered going on strike to protest against working conditions and inadequate remuneration. The background to their concerns and some arguments for why doctors should not go on strike may be of interest to Canadians who work under much more privileged conditions.

Despite many positive advances in the past 16 years (and these should not be denied), public health services in South Africa have deteriorated significantly. The proportion of the country’s doctors working in the public sector, serving 84% of the population who do not have private insurance, has progressively fallen to about 34% as private medical care has expanded.

Inadequacies in the public health sector stem from lack of visionary leadership by the government and senior officials, continuing inadequate personnel and material resources to meet the demands posed by medical advances (e.g. effective life-long treatment of increasing numbers of HIV/AIDS patients), a growing burden of disease (infections, non-communicable disease and injuries), deteriorating infrastructure within which health care is delivered, and an ongoing brain drain. These shortcomings, plus wastage of precious resources through inefficiency contribute to making public health care services dysfunctional and unsustainable.

Against this brief background it is difficult not to have considerable empathy for the complaints about adverse working conditions and inadequate remuneration currently being aired by health care professionals. However, I argue here that doctors should NOT strike.

First and foremost, those who are most likely to bear the brunt of harm in the short-term are the ill and vulnerable. Some have suggested that from a utilitarian perspective the potential longer-term gains in health care services from strike action may exceed short-term harms. However, this calculation is fraught with potential error, and it is the wrong argument to use in this context when the most vulnerable are in the frontline.

The correct argument focuses on what it means to be a doctor and a professional. Being a doctor is a privilege that carries many and varied life-long responsibilities - the most important of these is to practise with commitment to the health care of individuals and the public.

Doctors are indebted to society and their fellow citizens as medical education is heavily subsidised by the state, and hence by the public through taxation; training as a doctor requires learning through practice on sick people; and once qualified, employment is guaranteed (with adequate, even if not lavish, salaries).

Professionalism in medicine implies constantly striving for excellence in one's work with the needs of patients (within reason) taking precedence over personal needs. Doctors are expected to work beyond the call of duty (again within reasonable limits) when this is required in the public interest. Of course, this opens up the argument that many are already working way beyond the call of duty, and indeed this is true of some as documented in the local media.

Being a health care provider, a highly valued social function, also confers a special social status on doctors. This cannot be taken for granted and must continually be sustained through dedicated service to the wellbeing of individual patients and the community, and to upholding the values and reputation of the profession.

Medical professionals, as privileged members of all societies and the best-paid members (and often leaders) of complex health care teams, must strive to improve the conditions under which health care is provided. The needs of patients and society should be uppermost.
The JCB Voice

Article: Why Doctors Should Not Strike (cont’d)

The satisfaction of caring for fellow human beings and restoring or improving their health and lives is a unique privilege. Those of us who have received or seen such care given with great dedication can attest to the benefits of being treated by colleagues who maintain high standards of excellence in their work and who understand the nature of health care as a highly-valued caring social function. This is the spirit of health care that must be preserved under even the most difficult conditions. Witness the example of those volunteering to work in Rwanda, Darfur, Haiti and the many other disaster situations where Médecins Sans Frontières has sustained the highest values in professional work.

Recent trends in South Africa suggest that many citizens in all walks of life seem to have forgotten that the struggle for a better society will be an ongoing one for many decades. An exaggerated sense of entitlement, (shared with many privileged people world-wide), and the pursuit of personal enrichment have become the order of the day for many. Health care professionals have not been immune to such trends that are associated with desensitization to the essential features of professionalism. Personal rights, self-interest and excessive entitlements seem to have become more important to some than duties of care and the responsibility to behave in a manner befitting professionals.

Threats of a strike by doctors could thus also be a manifestation of an increasingly pervasive sense of exaggerated entitlement and a general decline of dedication to public service that goes well beyond health professionals, and is sadly evident at the senior government level and in many other areas.

The claim that doctors are underpaid by up to 50% compared with other public service personnel may reflect either under-payment of doctors, or over-payment of public service staff in other sectors.

The legacy of apartheid in South Africa, the impact of neo-liberal market ideology globally and differences between health care available in the private and public sectors have contributed to demands for health care that exceed the capacity of public health services. An inflated sense of entitlement threatens our ability to move constructively into a brighter future in South Africa and globally. Current trends can only be reversed if all citizens, especially the most privileged, contribute responsibly on a continuous basis against great odds. This applies particularly in a society where so many are unemployed and live miserable lives in dire poverty. We should remember that 75 percent of South Africa’s population earns less that R4 000 a month (CDN $800), and they are the ones most dependent on the public health sector. Second year medical residents are among the 25% who get paid more than this, and they can look forward to regular increases with experience.

In my view strike action is not in line with what is expected of major challenges facing all South Africans in working towards achieving some of the goals aspirated to in our relatively young democracy challenged with shaping a better future for all.

Based, with permission, on a previously published article in Cape Times on April 26, 2010.

Solly Benatar
Emeritus Professor of Medicine at the University of Cape Town, Founding Director of the UCT Bioethics Centre, Professor in the Dalla Lana School of Public Health and the Joint Centre for Bioethics, University of Toronto
The JCB Voice

Article: The Caprice of Review

A recent editorial by Paul Hébert in the Canadian Medical Association Journal outlined serious concerns with the governance and review of clinical research in Canada. The editorial, widely covered in the media, claimed that red tape and increasing bureaucratization of ethical review has become a significant barrier to the conduct of clinical trials in Canada. The editorial does not question that research subjects need protection. However, regulations have grown so burdensome that they are overwhelming the very things they are meant to support and safeguard. Dr. Hébert calls for more simplified rules and a greater focus on reducing bureaucracy related to clinical trials.

Dr. Hébert’s voice joins a chorus of complaints that is growing increasingly loud in recent times concerning the effectiveness and proportionality of ethics review. Critics are fond of pointing out the lack of an evidence base underlying research ethics, the apparent arbitrariness of the decisions of REBs and the inordinate delays associated with REB’s.

However it is interesting to note the hue and cry against research ethics is not matched in current discourse with concern for the lack of evidence base, seeming arbitrariness and time consumption associated with other aspects of the research process. There are two other key elements associated with the successful conduct of research. One must write a successful grant to obtain funds in order to conduct research. Finally, one needs to publish one’s results, preferably in a peer reviewed journal.

That REB submission involves a certain amount of time wasted and duplication of effort, particularly multiple submissions to multiple REBs for multi-site research, is not in question. However researchers face similar time consuming activity with the process of obtaining funding and publishing the results. A question to ask about these latter two processes is how secure is the evidence base for grant and manuscript review?

It is worth noting that human subjects review in Canada is carried out under the auspices of a comprehensive guideline document, the Tri-Council Policy Statement, to which all researchers and research ethics boards must adhere. The same cannot be said for granting agencies and journal editors. To what publicly stated guidelines are grant and journal peer reviewers accountable? It may be the case that there is more arbitrariness and less guidance for peer review of grants and journal articles than for ethics review.

Richard Smith, the former Editor of the British Medical Journal, has recently taken issue with the gate keeping role of major scientific journals. In a blog posted in the BMJ entitled “Scrap Peer Review and Beware of Top Journals” Smith makes the case against current journal review practices. He writes “Prepublication peer review is faith based not evidence based... [there is] a mountain of evidence of the failures of peer review: it is slow, expensive, largely a lottery, poor at detecting errors and fraud, anti-innovatory, biased, and prone to abuse. As two Cochrane reviews have shown, the upside is hard to demonstrate.” Clearly all is not well in the field of journal peer review.

Granting agencies fare poorly as well. As a recent book, The Vanishing Physician-Scientist notes, getting started and maintaining a research career is a time consuming and risky business at best. The time from when an investigator graduates with a research degree, establishes a mentored environment and starts an independent career is very long. One of the key barriers to the development and implementation of a career is success in securing initial grant funding. The book notes that mentorious grants often take two or three review cycles, leading to many years before researchers commence a productive career. Attrition rates are high for young investigators.
Article: The Caprice of Review (cont’d)

... REB’s, journals and funding agencies can improve their performance by a commitment to greater transparency and accountability. However, it is very clear that there are training needs that must be supported for REB members, grant and journal reviewers. Examples of the best processes in each of these domains must be identified and held as standards. I think it is also important for the broader scholarly community to embrace the challenges of re-engineering the process of research from grants through ethics approval to publication. It can be fixed!


Ross Upshur
Director, Joint Centre for Bioethics; Director, Primary Care Research Unit; Canada Research Chair in Primary Care Research; Professor, Department of Family and Community Medicine, and Dalla Lana School of Public Health, University of Toronto.

Comments on articles in this Newsletter? Email your response to newseditor.jcb@utoronto.ca. We may publish your comments in the next issue.
Article: New Ties and Tracks at the JCB

From my childhood in Iran, I have a long-standing habit of staring at the railroad tracks whenever I travel in a train. I fix my eyes on the nearest crossties. First, I follow each of them individually; but after a while, I can only see the rails, running on a blurred background of quickly passing ties.

On a sunny day in March 2009, returning from my interview for admission to the MHSc in bioethics, I reverted to this old game. I was pushed against the front window of the first car in TTC subway train in the Toronto evening rush hour, thinking of the new ways ahead.

On a rainy day some weeks later, I found the University of Toronto’s envelop in my mailbox back at home. I hastily opened it, and there were the happy words of admission. It was mid-April, and I had a few months left to make all the arrangements in my home institute—Mashhad University of Medical Sciences, Iran—where I am a faculty radiation oncologist. I had to plan how my duties were going to be taken care of in my absence: my patients, my classes, the shared projects we had started with colleagues, and so on. I can never forget the farewells with my patients. “Would I see them again when I return?” I was not sure.

Early in September 2009, I was back at the old JCB—the church—to collect the course material. “How can I go through all these readings in one short year?” I thought, as I was squeezing the papers into my backpack and handbag. I was used to cramming, but this seemed simply impossible, when I considered the pressure of my backpack straps on my shoulders on my way back home. During the summer, I had tried to read some chapters of “Principles of Biomedical Ethics,” I had realized that it was not an easy book to get at. Now, I had several times more material to grapple with.

I met honest people with novel intentions, prominent but humble. I made sincere friendships that I hope to be long-lived.

The orientation session was a relief. I met the friendly faculty and staff, chatted with new friends, and began to feel part of the community. In my package, there was a “Survival Guide”; created “by students for students”. It started with: “This is going to be a very hectic year for you”, and the “Readings” section had a picture of a surprised man in front of a paper pile two times his height. The “One Final Word” was: “It is normal to panic and wonder what on earth you have gotten yourself into”. I assumed it to be the plain authentic truth, by the “senior” students. “If this is so hectic for the two-year program, how can I manage it in just one year?” I wondered; and I was freaked out.

The week before the classes, I tried to read the material for the first session thoroughly. I felt I was just not “there”. Sentences seemed too long, and the concepts were complex. I started a notebook to write the definitions of philosophical and the legal terms. That was a good idea, but a tedious task. Mission impossible! I began to feel disoriented.

First sessions were not easy, from the readings to the language. The thick package of material for each week took plenty of time to go through and to understand. The nature of education was different from the pedagogic background that I was coming from, and the classes were discussion-based, with little didactic teaching. Language barrier was another issue. Even a good mark on TOEFL was no guarantee for perfect comprehension. During discussions, I frequently happened to lose the path—and the point,
especially in the topics in which I had no background. I felt a larger gap when I was in year-2 classes, where other students had a better grasp of the basics of bioethics from their previous year.

In mid-October, I began arranging for my practicum. In the 2-year program, students have enough time in the first year to reflect on their interests, identify their supervisor, and develop their project. Although I was able to start my practicum at the Centre for Addiction and Mental Health (CAMH) soon with quick arrangements on the part of JCB, I had to rush towards the end. When I was approaching the practicum due dates by the end of March 2010, I was enduring a great time pressure not to miss my other assignments’ deadlines, already packed in March. I believe that one-year students should start working on their practicum proposal with their supervisor well ahead, during the summer. It will be helpful to start their actual practicum right from September.

Adjusting to my new student life did not take a long while. I began to learn how to pick the important sections of the reading. I realized how not to lose track of the discussions, and the common terminology made sense to me. Even so, from time to time—especially during March and April, the assignments, classes, presentations, and readings could become too packed, and the going could get tough. At those moments, I have asked myself the difficult question_Les asks in Survive This: “Can you survive?”_ and I was always determined to answer “YES!”, and to move on.

MHSc at the JCB was a wonderful experience. I was impressed by the outstanding knowledge and skills of the instructors, and their method of education. Discussions were used to elicit independent thinking; and the cultural diversity in the class helped gather a variety of viewpoints. Assignments were a move from expressing the learned knowledge to reflecting about the facts, to search independently for new sources, and to discover a synthesis of the pieces of knowledge. Beyond the courses, the seminars and meetings at the JCB were motivations for critical thinking. The rich information database at the University of Toronto was fascinating. Being able to access every article or book that I could imagine, was like finding a treasure.

In these months, I listened, read, thought, spoke and wrote a lot, about the most fundamental aspects of medicine and life that were previously obscure to me. I met honest people with novel intentions, prominent but humble. I made sincere friendships that I hope to be long-lived.

Over a smooth background of quickly passing crossties of hard days, due dates, assignments and worries, I managed to see the rails that are steadily travelling with me on this train, toward the horizon; giving a new meaning to my old childhood game.

Acknowledgement
_I am indebted to Dr. Martin McKneally and Bini Toms for their reflections and suggestions on this piece._

Hamid-Reza Raziee, MD,
MHSc (Candidate) in Bioethics,
University of Toronto Joint Centre for Bioethics
Report: CanPREP Stakeholder Forum II

CanPREP held their second Stakeholder Forum on May 25, 2010 at the Courtyard by Marriott in downtown Toronto. With the H1N1 pandemic influenza coming to an end in many Canadian cities, the CanPREP team was hoping to get stakeholders together to share their experiences, both personal and organizational, and disclose any unresolved issues that may have surfaced. Many participants from the first Stakeholder Forum, held on January 13, 2009, were present, along with several new stakeholder groups CanPREP has collaborated with since then. The stakeholders included health care workers, local, provincial, national, and international policy makers, and community representatives.

Along with creating an environment for stakeholders to engage with one another, the second Stakeholder Forum was organized to accomplish five goals:

- Briefly discuss what were initially outlined as research priorities from the last forum
- Discuss what the CanPREP team and stakeholders have been doing since, and what was learned
- Hear the experiences of stakeholders from the last 18 months
- Discuss where our focus might be now: did ethical frameworks make a difference?
- Introduce a dramatic play based on CanPREP research

The morning began with a plenary session, where CanPREP’s Principal Investigator Ross Upshur presented a recap from the first Stakeholder Forum and CanPREP’s past, current, and ongoing activities. Research findings in the areas of duty to care, restrictive measures, priority setting, and global governance, from the Town Hall Forums, national surveys and focus groups, were also presented from the project’s thorough and lengthy data analysis. Participants were then split into breakout groups for discussion. In Session 1, discussion was focused around the institutional challenges faced during the H1N1 pandemic, what was handled well/poorly, and what some of the key ethical challenges were. For Session 2, participants were asked to discuss any unresolved issues and how they ought to be addressed in the future.

Common themes from each breakout group were presented to all members at the end of the day by group facilitators. Some of the issues from Session 1 included those around fostering and ensuring trust, developing risk communication within and between countries, the implications of changing demographics on planning assumptions, and improving jurisdictional co-ordination. In Session 2, some of the major themes revolved around planning for the worst case scenario, addressing the global standards of the WHO, using education as a tool to build public trust, and the need for better public engagement.

To close out the end of the Stakeholder Forum, the CanPREP team performed a reading of a theatre presentation, tentatively titled Brantford 1918 (2010). The play's plot, written by CanPREP researcher Kate Rossiter and colleagues, incorporated archival research with CanPREP research, largely stemming from the public engagement through Town Hall Forums, focus groups, and national surveys.

The CanPREP project will be preparing a full summary report of the day which will be circulated to all stakeholders and collaborators. This report, along with the plenary presentation, will be available on the CanPREP website at www.canprep.ca.

Sachin S. Sahni CanPREP Research Assistant and Maxwell J. Smith CanPREP Project Coordinator
The University of Toronto Joint Centre for Bioethics (JCB) was re-designated as a PAHO/WHO Collaborating Centre for Bioethics in April this year. This designation is effective for a period of four years (2010-2014). The WHO has requested our assistance in four areas:

1) collaboration on research projects in biomedical and public health ethics,
2) assistance in developing educational materials related to biomedical and public health ethics,
3) collaboration in ethics training of researchers and ethics review committee members, and
4) participation in WHO consultations on emerging issues in bioethics.

In July 2009, the JCB became the inaugural chair of the new Global Network of WHO Collaborating Centres for Bioethics (hereafter referred to as "the Network"). As reported previously in The JCB Voice, the Network emerged following a CIHR-funded Research Planning Meeting of the WHO Collaborating Centres for Bioethics hosted by the JCB in April 2009 in Santiago, Chile. The Network will support the WHO Ethics & Health Unit (Geneva) mandate through inter-institutional collaboration of the WHO Collaborating Centres on research, education, and policy initiatives particularly related to clinical ethics, research ethics, and public health ethics.

In May 2010, the JCB hosted the first Annual Meeting of the Network. Funding for this two-day meeting was provided by remaining funds from the initial Canadian Institutes of Health Research (CIHR) ‘Meetings, Planning, & Dissemination’ grants and by additional funding from the CIHR-funded Canadian Program of Research on Ethics in Pandemic (CanPREP). Network members participated in a full-day CanPREP Stakeholder Forum on May 25th to share local, national, and international experience with the H1N1 pandemic. (For a report on the Stakeholder Forum, see page 11 in this issue of the JCB Voice).

On May 26th, Network members met to ratify the Network Terms of Reference, to draft a Network Workplan, and to develop a communications plan for broader engagement of WHO and Network stakeholders. In terms of the Network Workplan, the JCB will take a lead role in advancing collaboration on:

a) ethical conduct of research in public health emergencies,
b) pandemic ethics, and
c) ethical issues in tuberculosis control and care.

These topics are important given their local as well as international relevance.

Jennifer L. Gibson  
Director, Partnerships & Strategy, and Senior Research Associate, Joint Centre for Bioethics; Assistant Professor, Department of Health Policy, Management & Evaluation, University of Toronto
Report: Global Health 2010: An Overview

In the early morning of May 4th the Hart House Debates Room was packed with students, faculty, research fellows and medical professionals eagerly anticipating this year’s Global Health Conference. With social responsibility as the theme for 2010, Faculty of Law professor Rebecca Cook set the tone with a description of the perils of stereotyping in the provision of health care. Cook illustrated her case by focusing on the experiences of women who, in many parts of the world, are routinely denied access to contraception on the assumption that a woman’s primary function is that of caregiver. She locates the argument against this form of health care distribution in a broader discussion of respect for persons.

U of T Law Professor Emeritus Bernard Dickens, who has collaborated with Cook on a number of articles, connects respect for persons to the topic of conscientious objection in health care. Dickens maintains that physicians may refuse to provide drugs or treatments on grounds of religion or personal conscience, but they must always take care not to interfere with patients’ access to lawful medical services. Dickens cautions that a doctor’s privileged status as gatekeeper to health care carries with it a duty to refer; the onus cannot be on the patient to seek out a practitioner sympathetic to her needs. Dickens reminds us that historically, being a health care provider has entailed a readiness for self-sacrifice. Self-sacrifice has often meant assuming increased risk of exposure to communicable diseases. In an interesting elaboration of his argument Dickens suggests that self-sacrifice may also mean (under certain circumstances) that a patient’s health and well-being overrides a physician’s right to freedom of conscience.

In health care as with other social goods, inequality exists not just between providers and recipients, but between wealthy nations and the developing world. Inequality becomes iniquity when rich countries apply one standard to their own citizens, and another to outsiders. As one audience member suggested, the Harper government’s decision to omit family planning from its foreign aid package may be regarded as an example of this double-standard at work. JCB Fogarty Fellows Celestine Af Sai portrait, Salima Bono Virani, Salah U-Din Khan and Bini Toms discussed some of the ethical challenges of providing medical aid to foreign countries, including obtaining the trust and cooperation of local officials, ensuring effective communication in order to obtain authentic informed consent, maintaining physicians’ safety in war zones, and providing the tools necessary for capacity-building.

Members of Médecins Sans Frontières recalled how the NGO’s efforts are sometimes frustrated by the local authorities. When MSF is barred from a region, citizens in need of medical assistance may be forced to cross borders to access care. Budgetary constraints, too, determine the nature and success of an intervention. MSF is now active in sixty countries and celebrating its fortieth anniversary, a great success for an organization founded on the ideals of a handful of physicians.

JCB director and Renaissance man Dr. Ross Upshur exemplified the day’s themes in his keynote address. As a physician and philosopher, Upshur is concerned

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Oona Iverson

Oona enjoys attending the JCB seminars and found out about the JCB Voice while volunteering at Toronto Rehab. She studied philosophy at Carleton University and is interested in bioethics.
Report: Global Health 2010: An Overview (cont’d)

with the obligations that scientists incur after making breakthroughs that have the potential to improve or worsen a population’s health and livelihood. Upshur explored the problem of social responsibility in the context of two health crises: the spread of drug-resistant tuberculosis and the environmental fallout from Uzbekistan’s cotton industry. Why does TB continue to be a major global health threat, despite the fact that it is an old disease, and well understood? Why did the Uzbek government and the WHO resist researchers’ proposals to measure pesticide levels in the region? Upshur suggested that such cases reflect the need to combine knowledge with the will to act, and this combination is an integral part of social responsibility.

There isn’t room here to begin to reflect the range of ideas and voices that filled the venue. JCB favourites Philip Berger and Peter Singer each resonated with receptive crowds, while Global eHealth Innovation founder Alex Jadad and filmmaker Katerina Cizek reminded us that social responsibility goes hand-in-hand with social media. Epidemiologist Dr. Kevin Kain offered a fascinating look at how our new ability to identify genetic vulnerability to disease will allow for timely individualized treatment, saving both lives and money. All presenters stressed the need to recognize local health challenges as global realities. To echo a familiar lyric with a curious inspiration (the Cuban Missile Crisis), “It’s a small world after all.”

Book Review: Michael Gordon’s Moments that Matter

Parents typically regard children as dangerously unaware of mortality. This understanding of the important limits of children’s imaginative capacity — in particular, their poor ability to plan, to appreciate hazards as potential sources of physical danger, and to attribute consequences to their actions — means that society erects safeguards to protect them from themselves. Adults are used to thinking of children as creatures for whom independence is, as yet, aspirational, and are happy to help them on their way to greater autonomy. But what is the proper way to care for someone whose path leads not towards, but away from, self-reliance? This is the primary question ethicist and geriatrician Michael Gordon grapples with in his new book Moments that Matter: Cases in Ethical Eldercare, a guidebook for the families of seniors facing health-related challenges.

Of course, the analogy between young children and aging parents is an imperfect one. As the book makes clear, the range and severity of cognitive and functional decline varies a good deal. A patient who suffers from Alzheimer’s disease may retain the physical mobility and gregariousness of earlier years, but be unaware of shortcomings in his own judgment. Choices made on behalf of a senior who has lost decision-making capacity must take into account his current interests and his prior values.

Dr. Gordon troubles the familiar notions of autonomy and beneficence and provides useful examples of moments when the two come into conflict. A memorable vignette depicts a romance between a woman with possible dementia, and a man largely in possession
The JCB Voice

Book Review: Michael Gordon’s *Moments that Matter* (cont’d)

of his faculties. Gordon focuses on the welfare of the couple when others have difficulty doing so. He reminds us that sexuality is not the preserve only of the well-preserved.

A strength of this book is that it is written by someone who has personal as well as clinical experience with its subject matter. Gordon is open about the difficulties he and his sister faced in persuading their father to give up his car and his home. It is reassuring to learn that even an expert can find this a challenge. That said, the occasional passage may give pause. A Holocaust survivor who refused dialysis on the grounds that she had out-lived all of her family and close friends was charmed into a change of heart. The patient resumed treatment and died four years later, after again refusing dialysis. This seems incongruous with an earlier passage in which Gordon cautions against conflating quantity and quality of life. It would be instructive for the reader to know what happened during those four years. Was the physician frequently able to honor his promise to listen to her stories? Did the patient find meaning in these additional years?

*Moments that Matter* will resonate with those taking on new responsibilities during the death or decline of an elderly relative. It reminds us that our medical and emotional resources are finite, our technologies and coping mechanisms, imperfect, but our relationships, invaluable. Dr. Gordon offers an insightful but accessible look at an important and complex topic.

Contributed by: Oona Iverson

Job Opportunities

**Worldwide Search for Talent**
**City University of Hong Kong**

City University of Hong Kong is a dynamic, fast developing university distinguished by scholarship in research and professional education. The University is committed to nurturing and developing students’ talent and creating applicable knowledge to support social and economic advancement.

Within the next five years, the University aims to recruit 200 more scholars in various disciplines including science, engineering, business, social sciences, humanities, law, creative media, energy, environment, and biomedical & veterinary sciences.

A senior delegation led by Professor Horace Ip, Acting Vice-President (Research and Technology), will visit Toronto in June 2010 to present City University’s vision for the future.

Worldwide Search for Talent

Date: Friday, June 11, 2010
Time: 6:30 – 8:30 pm
Venue: InterContinental Toronto Yorkville
220 Bloor Street West, Toronto

For registration, please e-mail: hrayg@cityu.edu.hk

You are welcome to meet the delegation by making an appointment via e-mail at: hrayg@cityu.edu.hk

City University of Hong Kong [http://www.cityu.edu.hk](http://www.cityu.edu.hk) was ranked the 124th among the world’s top universities and the 18th in Asia according to The Times Higher Education 2009 survey.
Job Opportunities

Lecturer/Senior Lecturer in Population/Public Health Ethics
Simon Fraser University

Simon Fraser University is internationally recognized for research and teaching excellence in the liberal arts and sciences, and for innovative interdisciplinary and professional programs. The new Faculty of Health Sciences has been created to further this reputation. To support our innovative graduate and undergraduate programs in public and population health, we are currently seeking a three year limited term Lecturer/Senior Lecturer in Population and Public Health Sciences including population/public health ethics.

As a Lecturer/Senior Lecturer at SFU, the successful applicant shall provide the services of an expert university teacher having full responsibility for the preparation and instruction of courses in the B.A. program, and, potentially, in the graduate MPH program. We are seeking someone with a broad background in population and public health and able to teach a variety of courses in this field, including, but not limited to: public health ethics, basic epidemiology, health promotion, health communication, global health, health economics, health and society, and health systems and policy. Teaching responsibilities may include HSCI 319W: Applied Health Ethics. Demonstrable teaching experience and expertise are desirable.

Applicants should provide a letter of application, including a curriculum vitae and statement of teaching interests/experience, and arrange for three confidential letters of reference to be sent to the address below. In the application candidates should identify which of the specific courses offered by FHS they are able and willing to teach. A list of FHS courses can be found by going to the website: http://www.fhs.sfu.ca/undergraduate-programs and http://www.fhs.sfu.ca/graduate-programs.

Simon Fraser University is committed to employment equity and encourages applications from all qualified women and men, including visible minorities, aboriginal people, and persons with disabilities. All qualified applicants are encouraged to apply; however, Canadian citizens and permanent residents will be given priority. Positions are subject to final budgetary approval.

Under the authority of the University Act personal information that is required by the University for academic appointment competitions will be collected. For further details see: http://www.sfu.ca/vpacademic/Faculty_Openings/Collection_Notice.html

Email CV, application letter and teaching interests to fhs_recruit@sfu.ca

Letters of reference should be sent to the attention of:

Leslie Techy
Faculty of Health Sciences
Simon Fraser University, Blusson Hall Rm 11300
8888 University Drive,
Burnaby, BC, V5A 1S6
Canada

Applications will be considered starting June 30, 2010; however the position will remain open until filled.
Call for Abstracts

First International Conference on Faculty Development in the Health Professions

With the increasing complexity of academic health science centers, it is very important that health science schools address the professional development needs of their faculty members. Currently, there is no academic conference that specifically addresses the faculty development field for academic health science centers world-wide.

We are hoping to fill this void with the 1st International Conference on Faculty Development in the Health Professions to be held May 10-13, 2011, in Toronto, Canada.

This exciting program has been developed by a collaboration between more than 20 health professional education organizations and universities representing 5 continents.

Online abstract submission http://www.facultydevelopment2011.com/abstracts is now open.

Example topic areas include, but are not limited to: the conceptualization of faculty development; innovations in faculty development programs and curricula for teaching improvement (e.g. approaches to faculty remediation, distributed faculty development, use of technology in faculty development), leadership development, and research capacity building; faculty development outcomes, research and scholarship; the interface between faculty development and continuing professional development; barriers to and enablers of faculty development; personal/professional wellness; political and socioeconomic issues influencing the accessibility of faculty development initiatives; lessons learned in professions outside of health care; and building a faculty development community.

Abstracts must be submitted by September 30, 2010.

Call for Papers

The Hastings Center Report Issues a Call for Papers

Informal essay contest to identify critical new issues in bioethics

The Hastings Center Report is marking its 40th anniversary by looking forward, in two ways.

Rather than commemorate the issues and authors that the Report has published in the past, wrote Gregory E. Kaebnick, editor of the Report, in the editors note for the January-February issue, "we'll ask what issues bioethics should be looking at in coming years, and we'll look to the next generation for answers."

"We'll throw the doors open: we'll read anything that any student, graduate fellow, or untenured professor in bioethics send us (current or former Center staff excluded), and we'll publish the best of the lot in the November-December issue."

Essays might call for new ways of doing bioethics or examine the implications of trends within the general categories that the Center now addresses–clinical care, public health, health policy, new technologies, and medical research. Essays might also identify particular underexamined topics within the generally accepted categories. The ideal essay would be 1600 words long.

Essays can be sent to the editorial staff at editorial@thehastingscenter.org by August 15, 2010.
The JCB Voice

Seminars, Events & Conferences

JCB Bioethics Seminars:

**JCB Seminars will resume on September 15, 2010.**

Please see the September issue of the JCB Voice or check our website (http://www.jointcentre-forbioethics.ca/index.shtml) for further announcement.

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**June 4, 2010**

**Ethics Grand Rounds at the Centre for Clinical Ethics** "Ethical Issues in Neonatal Nursing: Pain, Procedures and Power" Natalie Beavis RN, MN/ACNP Program and Joint Centre for Bioethics CPB Student, University of Toronto, 12:00 p.m.-1:00 p.m., Room 6-002 Cardinal Carter, St. Michael's Hospital. All are welcome. Bring your lunch.

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**June 16, 2010**

**The Centre for Addiction and Mental Health Brown Bag Research Ethics Discussion Groups** "Responsibilities in International Research" Dr. Solly Benatar, CAMH, Joint Centre for Bioethics. CAMH Room T321, RS site, 33 Russell Street, 12:00 pm-1:00 pm. Bring your own lunch. For more information, contact: Susan_Pilson@camh.net

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**June 17, 2010**

**Bioethics Grand Rounds** "Please Don't Tell My Child She's Dying!: An exploration of ethical, legal and clinical issues regarding truth telling", Sarah Alexander, MD, SickKids Paediatric Oncologist, Michelle Greenwood, LLB, SickKids Bioethics Volunteer, Christine Harrison, PhD, SickKids Director of Bioethics, 12:00 Noon-1:00 pm, Room 1250 – Elm Wing, The Hospital for Sick Children

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**ePresence Registration Instructions:**

All archived seminars are available under Published Events. ePresence supports both PC and MAC videostreaming. You can register to view and participate in live events by following the steps below:

1. Go to the Centre for Global eHealth Innovation’s ePresence
2. Click on the Join button (at the top blue bar)
3. Enter your information in the join screen, including userid and password
4. You will need remember your userid and password so that you can join future seminar web casts
5. Please report by email to brenda.knowles@utoronto.ca if you have any difficulties registering
6. You will only need to register once
7. For subsequent seminars, login with your userid and password – you do not have to re-register
8. Please note this registration process should be done well before the event itself. If you have difficulty viewing your first seminar, you should check with your IT professional.
Seminars, Events & Conferences

September 18 & 19, 2010
Moral Distress in Health Care Symposium
Coast Plaza Hotel & Suites
1763 Comox Street, Vancouver, BC

Symposium Description: This unique opportunity will engage international, national and local scholars to advance policy, practice, education and research agendas on moral distress in health care. An interactive and engaging format will generate lively dialogue. Keynote provocateurs and panel respondents will focus on questions such as: Is moral distress an inevitable part of health care? What is the relationship of moral distress to burnout? What is the current state of research on moral distress? How can the capacity to navigate moral distress be strengthened?

Keynote Provocateurs:
- Kim Lützén, RN, Ph.D, Karolinska Institute, Stockholm, Sweden
- Ann Hamric, RN, Ph.D, University of Virginia
- Wendy Austin, RN, Ph.D, University of Alberta
- George Webster, D.Min., St. Boniface General Hospital, Winnipeg, MB

To Register:
http://nursing.uvic.ca/home/MoralDistressinHealthCareSymposium.php

Contact Us:
Dr. Bernie Pauly Email: bpauly@uvic.ca
Cherie Geering Curry Email: cicurry@uvic.ca

Immediately preceding the International Philosophy of Nursing (IPONS) Conference

September 20-22, 2010
Philosophizing Social Justice in Nursing: The 14th International Philosophy of Nursing Conference in Association with the International Philosophy of Nursing Society (IPONS)
Coast Plaza Hotel & Suites
1763 Comox Street, Vancouver, BC

This is the 14th International Philosophy of Nursing Conference sponsored by the University of British Columbia School of Nursing in Vancouver, Canada. UBC School of Nursing is delighted to welcome IPONS and all who share a fascination for philosophical thinking from a nursing perspective to a lively and enthusiastic dialogue on a theme of immediate relevance to its discipline and to society.

Confirmed Keynote Speakers (To Date):
- Dr. Trevor Hussey, Professor Emeritus of Philosophy, Buckinghamshire New University UK and part-time Tutor in Philosophy, University of Oxford
- Dr. Joy Johnson, Scientific Director, Institute for Gender & Health, Canadian Institutes of Health Research and Professor, UBC School of Nursing
- Dr. Siobhan Nelson, Dean and Professor, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto

To register online:
www.interprofessional.ubc.ca/14th_Nursing.html

For more details, go to:
http://www.nursing.ubc.ca/IPONS/
Seminars, Events & Conferences

October 5-8, 2010
18th International Congress on Palliative Care
Palais des Congrès, Montréal

Early Bird Registration Deadline: August 1, 2010

Presented by the Palliative Care Division of the Departments of Medicine and Oncology of McGill University, this biennial Congress has grown to become one of the premier international events in palliative care.

Participants representing all disciplines – nurses, physicians, social workers, physical and occupational therapists, music therapists, pharmacists, pastoral care workers, administrators, volunteers, psychologists – come to hear inspiring speakers and to participate in in-depth workshops and seminars on a broad range of topics covering all aspects of palliative care, from the most current scientific developments in pain and symptom control, to the large existential questions, to hands-on experiential sessions addressing practical issues faced every day.


Programme highlights include:

Inspiring speakers such as:
- Ciaran O’Boyle, Ireland
- Marie de Hennezel, France
- Michael Kearney, United States
- Arthur Kleinman, United States
- Baroness Julia Neuberger, United Kingdom
- Chris Feudtner, United States

In-depth Seminars:
- Whole Person Care: Care for the Caregiver
- Clinical Master Class on Pain
- Pediatric Palliative Care
- International Issues: Palliative Care Without Borders
- From Compassion to Intervention: A Renewed Look at the Role of the Palliative Care Nurse
- Fundamentals in Palliative Care Nursing

Over 200 workshops, proffered papers, research forums, special seminars, and symposiums.

Student Section: Students (bachelors, masters and doctoral students, and postdoctoral fellows) are invited to register at special discounted rates. Take advantage of a great opportunity to meet colleagues in palliative care who share common interests, and to establish networks for possible future research and clinical collaborations. For more information, visit the Student Section of the Web site (http://www.palliativecare.ca/pdf/Newsletter%20Vol%201%20Issue%201%20May%202010.pdf).

Student/Supervisor Meet and Greet: We are looking for senior researchers and clinicians in palliative care who might be willing to meet informally with prospective and current students. This would be a chance for clinical and research students to meet experienced professionals and scholars for the purposes of guidance, networking and mentorship. Those interested are invited to contact the Co-Chair of the Student Section, Chris MacKinnon at christopher.mackinnon@mail.mcgill.ca

Pre-Congress Event: The 2nd International Cancer Fatigue Symposium (www.fatiguesymposium.ca)

For more information, to register or to submit an abstract for the Congress, visit www.pal2010.com, call +1 450-292-3456 ext. 227 or email info@pal2010.com.
Recent Publications


Emerson CT, Singer PA. Is there an ethical obligation to complete polio eradication? Lancet 2010; 375(9723): 1340-1.


Howard F, McKneally MF, Levin AV. Integrating Bioethics Into Postgraduate Medical Education: The University of Toronto Model. Acad Med. 2010; 85: 1035-1040


Recent Presentation

Virani, Salima Bano. RN, BScN, MHSc (Candidate). Poster Presentation on “An Innovative Strategy for Clinical Ethics Consultation in Developing Countries” at 6TH International Conference on Clinical Ethics Consultation; May 2010; Portland, Oregon.
The JCB Voice

Submission & Contact Information

The purpose of this newsletter is to facilitate communication among people interested in bioethics throughout the Joint Centre for Bioethics, participating institutions and elsewhere. The newsletter is published and distributed by email at the beginning of each month. If you would like to receive the newsletter, please contact:

Editor: Na Young Lee
Email: newseditor.jcb@utoronto.ca
Fax: (416) 978-1911

Submissions to the newsletter must be made by the 20th of the preceding month.
Previous issues of the newsletter are posted on our website at:
http://www.jointcentreforbioethics.ca/enewsletter/enewsletter.shtml

The University of Toronto Joint Centre for Bioethics

The Joint Centre for Bioethics (JCB) is a partnership among the University of Toronto; Baycrest Centre for Geriatric Care; Bloorsview Kids Rehab; Centre for Addiction and Mental Health; Centre for Clinical Ethics, a joint venture of Providence Centre, St. Joseph’s Health Centre, and St. Michael’s Hospital; The Hospital for Sick Children; Humber River Regional Hospital; Mount Sinai Hospital; North York General Hospital; Sunnybrook Health Sciences Centre; Toronto Community Care Access Centre; Toronto Rehabilitation Institute; Trillium Health Centre; and University Health Network.

Joint Centre for Bioethics
University of Toronto
155 College Street, Suite 754
Toronto, Ontario M5T 1P8
Canada
Phone: (416) 978-2709
Fax: (416) 978-1911
Email: newseditor.jcb@utoronto.ca
Web: http://www.jointcentreforbioethics.ca/
Feature: Evaluating Excellence in Bioethics

What is the value of bioethics? What difference is it making to the world of health, health care, and health research? How do bioethics scholars and practitioners know if they are doing excellent work?

Over the last decade, there has been a rapid expansion of Bioethics in the health sector. Health organizations are investing in ethics programs in support of their staff and patients. Standards organizations, such as Accreditation Canada, have developed ethics-related standards to assess clinical, organizational, and research practices in health organizations. Research funders have identified ethics and ethics-related research among their strategic priorities. Moreover, government agencies are tuning in to the importance of ethics and values-based considerations in good policymaking. Although the reach of Bioethics may be expanding in the health sector, the current climate of fiscal constraint and accountability has created a new sense of urgency within the bioethics field to demonstrate its ongoing relevance and value.

Later this month, the JCB will release a report called “Evaluating excellence in bioethics: a value for investment project”. Launched in May 2009, the project was prompted by a discussion with the JCB Advisory Council about the ‘value for investment’ of bioethics and a request from council members for more information about the extent and impact of the JCB’s mission-based activities in bioethics research, education, practice, and public engagement. (See Project Overview on page 2.) Although the initial goal of the project was to evaluate and benchmark the

Jennifer L. Gibson
Director, Partnerships & Strategy; and Senior Research Associate, Joint Centre for Bioethics; Assistant Professor, Department of Health Policy, Management & Evaluation, University of Toronto

contd...
Evaluating Excellence in Bioethics: Project Overview

Goal: To develop a framework for evaluating excellence in bioethics research, education, and practice.

Objectives:
- To define excellence in bioethics research, education, and practice from a range of local, national, and international stakeholder perspectives.
- To identify key domains, indicators, and metrics of excellence in bioethics research, education, and practice.
- To assess the impact of JCB activity in bioethics research, education, and practice with a view to identifying good practices, opportunities for improvement, and future directions for JCB development.
- To inform thinking in the bioethics field on issues of ethics evaluation.

Methods:
The project includes three key elements: literature survey, key informant interviews, and focus group, and inventory of JCB activity.

- Literature survey: We surveyed the academic and policy literature in bioethics and related fields to identify a provisional set of key domains, indicators, and metrics of excellence in bioethics research, education, and practice.

- Key informant interviews and focus groups: We conducted 43 key informant interviews and 5 focus groups with local, national, and international stakeholders (n = 90) to gather their perspectives on excellence in bioethics and their assessment of the JCB’s performance, including good practices, opportunities for improvement, and future directions for JCB development. Key informants included JCB-affiliated health sector partners (e.g., CEOs), academic units (e.g., Chairs), ethicists, faculty and graduates, as well as unaffiliated research collaborators, policymakers, and other Ethics Centre directors nationally and internationally.

- Inventory of JCB activity: Information about JCB member activity was gathered from a variety of sources: a) on-line survey of JCB-affiliated faculty and graduates; b) JCB documents (e.g., external reviews, newsletters); c) citation analysis tools (e.g., PubMed, GoogleScholar); d) public media tools (e.g., GoogleAlert); and e) targeted information requests by email to members. We worked with a Gerstein Library librarian to identify relevant citation analysis tools and to craft a provisional bibliometric approach for analyzing bioethics research activity.

JCB’s performance against other ethics centres, a provisional survey of the literature and correspondence with colleagues in Canada and the US highlighted the absence of a framework for evaluating excellence in Bioethics. Hence, the Evaluating Excellence in Bioethics project is an attempt to begin bridging this gap.

This is the first of a series of articles on the Value of Bioethics that will be featured in the JCB Voice over the next 5 months. In this first article, we report four general features of excellence in bioethics emerging from the “Evaluating Excellence in Bioethics” report. Illustrative quotations from key informants are included. Future articles will focus on key findings related to evaluating excellence in the specific domains of Bioethics Practice (October), Education (November), Research (December), and Public Engagement (January), including their specific relevance to the JCB Collaboratory. In addition, we will be creating a ‘Value of Bioethics’ page on the JCB website, where the report and related materials will be available for downloading.

Excellence in Bioethics: Four Features

- Interdisciplinarity: Interdisciplinarity was identified as a key strength of Bioethics because it offered a ‘big picture’ view for tackling complex issues in health, health care, and health research. Interdisciplinarity was also recognized as challenging to achieve in practice given disciplinary differences in: a) the importance given to particular issues or research questions, b) the concepts, languages, and methods used, and c) standards of excellence promoted within...
individual disciplines. Hence, excellence in Bioethics was indicated by how well disciplinary differences were managed and the extent to which interdisciplinary activities were open, collaborative, and oriented toward finding common ground in a spirit of mutual respect.

"I think you need to have the clash of very different ways of looking at a problem, because that's reality, that's the messiness of the sort of things that bioethicists have to deal with in healthcare. Things aren't clean. Things are much more complicated."

..."

- **Interprofessionalism:** Interprofessionalism was identified as another essential element of the big picture view offered by Bioethics. In the health practice domain, where team decisions are increasingly becoming the norm, a commitment to interprofessionalism in Bioethics reflects the reality of day-to-day activity. Although consensus might not always be possible or even desirable, excellence in Bioethics is characterized by mutual respect and exchange of professional perspectives in the pursuit of enriched ethical understanding and practice.

"I think inter-professional education is important... because by its very nature, bioethics addresses conflict in values and one of the origins of conflict of values is different professional backgrounds and suppositions. The different professions have different ways of knowing... And by sharing – I think that's important. So being able to highlight different professional viewpoints and varying opinions and standards is really important..."

- **Real-World Impact:** Knowledge translation was identified by many participants as fundamental to the discipline of Bioethics. This builds on the strong interplay of theory and practice, but extends this interplay to include identifiable or measurable impacts on policy, practice, or understanding. Many participants emphasized that the value of Bioethics could not and should not be reducible to its 'translational' potential and indeed, not all bioethics scholars would necessarily orient their contribution toward translation per se. However, the importance of real-world impact within the broader enterprise of Bioethics was emphasized as one of its constitutive goals.

"... there was a Greek philosopher who talked about knowledge without use as knowledge without value. I come from that mould of thinking. Now I know it’s not always possible to say what the use value of a piece of information will be at the outset. But I think we actually should place much more emphasis on generating knowledge which can be applied and translated into practice..."

- **Strong Interplay of Theory & Practice:** Bioethics was described as a field that facilitates translation of ethical theory into practical applications in health, health care, or health research and informs the development of ethical theory through awareness and engagement with the practical realities within which ethical issues and questions emerge. Hence, excellence in Bioethics is characterized by a strong interplay of theory and practice.

"There needs to be a very good combination, a solid foundation...so that the two can interact and theory doesn’t exist in isolation without an understanding of and a sensitivity to and appreciation of the world of practice. And of course, the world of practice can’t just continue without being influenced by ideas..."

In future articles, we will explore how these features might inform the evaluation of bioethics research, education, practice, and public engagement, and what lessons can be learned to strengthen the JCB Collaboratory’s work in these areas.
Director’s Corner

Welcome back everyone! It is with great pleasure that I welcome everyone back for the academic year 2010-11. We are pleased to welcome new students into the MHSc and CPB programmes. Over the next few months you will find descriptions of our new students with their biographies.

This month’s issue of the JCB Voice features a summary of the ‘Value for Investment’ project that was spearheaded by Dr. Jennifer Gibson. Many of you kindly devoted time and energy to this project by contributing to surveys or interviews. The fruits of your contributions are evident in Dr. Gibson’s report in this issue of the JCB Voice. As one can see, the JCB is a dynamic network making substantial contributions to bioethics education, research, and service.

This fall is packed with exciting initiatives at the JCB. As usual the CORE Network and (RE)2 group will continue to meet regularly in pursuit of their missions. However, over the next few months, there will be a focus in the JCB on issues related to end of life care and health system integration issues.

Over the next few months there are many things that we will focus on. There has been a Working Group struck from the Strategic Forum that is focusing on creating a White Paper on a broad topic called ‘the ethics of integration.’ We have been focusing on the stress points in the health system as people navigate and transition through various states of health as they experience the continuum of care in the health system. The goal is to identify and analyze important value issues that are often left unexpressed. The goal is to produce a report by December.

... the JCB is a dynamic network making substantial contributions to bioethics education, research, and service.

We are in the process of updating the Living Will, pioneered by Peter A. Singer. We hope to have this ready for release by the end of the year.

We will be refreshing and updating our website, making it more interactive and enhancing Web 2.0 capacity.

I look forward once again to working with all of the Members of the JCB to serve the mission of bioethics, both in our local academic and health care context, but also with our regional and global collaborators. It is a true pleasure to welcome everyone and here’s hoping for a very successful 2010-11 academic year.

Ross Upshur
Director, Joint Centre for Bioethics; Director, Primary Care Research Unit; Canada Research Chair in Primary Care Research; Professor, Department of Family and Community Medicine, and Dalla Lana School of Public Health, University of Toronto.

Comments on articles in this Newsletter? Email your response to newseditor@jcb.utoronto.ca. We may publish your comments in the next issue.
Announcements

**Mary Jo Haddad** is named to the Order of Canada, this country’s highest civilian honour for outstanding lifetime achievement. She is cited for her contributions to the promotion and advancement of children’s health as a neonatal nurse and now as President and Chief Executive Officer of The Hospital for Sick Children. The Hospital for Sick Children is a founding partner of the JCB.

Linda Wright, Director of Bioethics, University Health Network is pleased to announce that **Michael Campbell** has joined the UHN Bioethics Programme as a Senior Fellow in Transplantation Ethics from now until the 31st March 2011. This newly created position attests to UHN’s commitment to addressing the growing number of ethical issues in organ donation and transplantation.

Michael recently completed an Academic Fellowship in Clinical and Organizational Ethics through the University of Toronto Joint Centre for Bioethics. He holds a Master of Health Science degree in Bioethics from the University of Toronto and a Bachelor of Arts degree in Philosophy from York University. Michael has helped develop ethics education modules at the former Scarborough CCAC and the Toronto Central CCAC. Previously, Michael worked in the areas of transplantation ethics at the University Health Network, organizational ethics at St. Joseph’s Hospital, and the ethics of genomic research at Mount Sinai Hospital.

**Awards**

Dr. **Monica Branigan** won the Department of Family and Community Medicine 2010 Award of Excellence in Course/Program Development & Coordination.

Dr. **Kirk Lyon** won the Department of Family and Community Medicine 2010 Award of Excellence in Teaching.

Dr. **James Orbinski** (Department of Family and Community Medicine) has been promoted to Full Professor.

**Grants Awarded**

**An-Wen Chan**, Women’s College Hospital and Department of Medicine is awarded CIHR Dissemination Events Grant – PA: Ethics ($24,985) for the project “The SPIRIT Initiative: Standard Protocol Items for Randomized Trials”.

**Fiona Miller**, Department of Health Policy, Management and Evaluation is awarded CIHR Operating Grant ($636,506) for the project “Ensuring effective newborn screening: The case of cystic fibrosis”.

Mary C. Tiemey with Jocelyn Charles, Lisa Jaakkimainen, Rahim Moineddin, Gary Nagle, Ken Shulman, **Ross Upshur** is to receive a $108,000 grant over 2 years from Alzheimer Society of Canada for the project “the feasibility of computer-administered cognitive assessment of older adults in family medicine”.

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*The JCB Voice*

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*University of Toronto Joint Centre for Bioethics Review*

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"I have a problem," said the physician on the phone. "I have a long-standing patient suffering from progressive dementia. Years ago she told me of a living will that indicated she did not want tube feedings or 'heroic' measures at the latter stages of her life."

"I read the document. I felt it indicated what she told me. She can no longer eat safely, and her son wants us to insert a feeding tube and is prepared to take legal action to make this happen despite what was written in her living will."

I mentioned to the physician that we had a number of similar situations in the past few years, and at times were forced to take the legal route and present along with the families to the government's Consent and Capacity Board. It often becomes uncomfortable for all concerned, especially for the staff who feel it is their duty to fulfil patients' wishes when they are challenged by the family members.

"We have to meet to explore the son's reasons to challenge his mother's apparent wishes that were written while she was able to do so and see what can be done to avoid the legal route," my colleague said. "We will try to represent the mother's wishes to fulfill our duty and obligation to her as health-care providers."

I was not surprised, as the ethics and legal literature are replete with cases in which apparently well-meaning children cannot bring themselves to withhold artificial nutrition and hydration (ANH) through a feeding tube because to them, it seems that they are "starving" their loved one to death. Despite explanations by health-care professionals and ethicists to the contrary, the thought of not providing what they interpret as "food and drink" contradicts their instincts to protect their parent, whether or not there are strong religious beliefs held by the acting substitute decision maker (SDM) especially when it's a child.

The concept of an advance directive, commonly called a living will by the lay public, came into existence in the 1980s when the ethical concept of autonomy developed into a dominant theme in North American decision-making. This new ethical force contrasted to what held sway during the preceding decades when beneficence ("doing good") was the predominant theme in health-care decision-making.

Autonomy was accompanied by the complex concept of capacity to make decisions. This has become increasingly complicated by the increasing prevalence of cognitive impairment due to Alzheimer's and other dementias associated with North America's increasingly aging population. With this new equation for decision-making in the context of incapacity to agree to or reject life-maintaining treatments such as ANH, the idea of the living will came into being. The idea was that you could indicate to loved ones what you would want when you could not participate in personal health-care decisions.

Unfortunately, the process frequently fails. To really succeed, you should explain in detail to your SDM....

Dr. Michael Gordon, MD, MSc, FRCP; Medical Program Director, Palliative Care, Baycrest Geriatric Health Care System; Member, University of Toronto Joint Centre for Bioethics; Professor of Medicine, University of Toronto
This year’s Canadian Bioethics Society Conference was held June 9-12, 2010 in Kelowna in British Columbia’s gorgeous Okanagan Valley. The conference theme “Voices of Communities” encouraged us “to consider ‘voices’ from the perspective[s] of patients and families, professionals and the vulnerable or the ‘voiceless.’” And there were at least 35 JCB member voices—ethicists, faculty, fellows, graduate students, research assistants, graduates—engaged in articulating this important theme (CBS 2010 Program).

The conference organizers integrated the conference theme of “voices of communities” through plenary session speakers (Carole Robinson, Andrew D. Robinson, and Guy Bourgeault) as well as diverse range of concurrent sessions. The conference organizers also did a spectacular job integrating the annual meeting with the character of the local community—they chose a lovely conference hotel on Okanagan Lake nestled in the mountains, offered opportunities to explore wineries or wine-tastings, and provided far better-than-average conference fare. These luxuries helped sustain participants through a busy conference schedule of full days beginning with 7:30am breakfast meetings.

In addition to the many excellent concurrent sessions given by JCB members, some highlights for me, as Director of Education and Practice, were the following:

- The Ethics and Accreditation Interest Group breakfast meeting organized and chaired by Christine Harrison (Director of Bioethics, Hospital for Sick Children). Approximately 30 people attended from a variety of organizations and provinces across the country. The work of the JCB’s CORE Network Accreditation Working Group, co-chaired by Jonathan Breslin (Ethicist, North York General Hospital) and Christine Harrison, inspired those present to suggest a national initiative on ethics and accreditation though the CBS. The purpose of this national initiative would be to facilitate information sharing among CBS members, as well as to liaise with Accreditation Canada regarding standards development/revision and leading practices. Jonathan Breslin is currently drafting a proposal on this for the CBS.

- The Practicing Healthcare Ethicists Exploring Professionalization (PHEEP) Interest Group breakfast meeting organized by Ann Heesters (Director, Ethics and Spiritual Care, Toronto Rehab) and chaired by Christy Simpson and Jeff Kirby. This CBS-affiliated group is exploring options for enhancing and supporting the professionalization of practicing healthcare ethicists in Canada. About 20 people attended to participate in an enthusiastic discussion about the results of PHEEP’s first national contd...
Article: The Caprice of Review (cont’d)

... REB’s, journals and funding agencies can improve their performance by a commitment to greater transparency and accountability.

I think we can all agree that there is much to be done to improve human subjects review. I think it equally important to recognize that it is not solely delays associated with REB practices that are raising barriers to innovative research and the dissemination of results. There are markedly attendant delays and arbitrariness in decision making in the peer review process of obtaining grants and publishing papers. The time delays associated with these two elements likely exceed those associated with ethics review. In essence, it seems there are irrationalities that pervade the research process from granting through human subjects protection review to publication in peer reviewed journals. I think improvements can happen in all three domains. To single out ethics review as the cause of decline of clinical research is to underestimate the time consumption and arbitrariness in two of the core elements of the research life.

So how do we remedy the situation? It is evident that REB’s, journals and funding agencies can improve their performance by a commitment to greater transparency and accountability. However, it is very clear that there are training needs that must be supported for REB members, grant and journal reviewers. Examples of the best processes in each of these domains must be identified and held as standards. I think it is also important for the broader scholarly community to embrace the challenges of re-engineering the process of research from grants through ethics approval to publication. It can be fixed!


Ross Upshur
Director, Joint Centre for Bioethics; Director, Primary Care Research Unit; Canada Research Chair in Primary Care Research; Professor, Department of Family and Community Medicine, and Dalla Lana School of Public Health, University of Toronto.

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enhancement, psychopharmacology, emerging technologies to treat movement disorders (such as Deep Brain Stimulation), and philosophical questions of free will, determinism and responsibility. (More information is available at: http://www.ircm.qc.ca/microsites/neuroethics/en/870.html) Group member Syd Johnson of Dalhousie University had deepened my interest on Thursday morning during her presentation on “Reconsidering Quality of Life and the Right to Die in Disorders of Consciousness”.

I had a great time at the wine tasting on Friday and shared an evening of great food with great friends. I have to say the hospitality at the Delta Grand Okanagan is second to none. The drive back to the Kelowna airport on Sunday was spectacular – I’ll never forget the rolling, rocky hills around the city, dotted with vineyards and orchards. Looking forward to 2011 in Saint John!

Michael Campbell MHSc
Senior Fellow in Transplantation Ethics, University Health Network

Collaborative Program in Bioethics (CPB) Student Reflections

In reflecting upon this year’s CBS conference, “Voices of Communities,” we wish to recognize the CBS’s sustained commitment to nurture a nationwide community of students engaged in bioethics scholarship. By incorporating student voices on the CBS executive committee and encouraging student involvement in annual meetings, students help shape the future of bioethics in Canada. In addition, the CBS’s financial support, in the form of abstract and travel bursaries, enables students to disseminate their research to peers, mentors, and future colleagues.

Several CPB students and CanPREP research assistants presented at this year’s conference: Pam Kolopack challenged the controversial claim that all citizens have an obligation to participate in biomedical research based on what is known about the experiences of research subjects. Laena Maunula offered an analysis of how Canadian media accounts of the H1N1 outbreak represented moral dilemmas. Erica Sutton questioned assumptions driving newborn screening programs based on her international comparative analysis of how cultural norms shape ethical responses to newborn screening.

Finally, Max Smith, Diego Silva, Laena Maunula, Shawn Tracy, Sachin Sahini, Daniel Perez, and Christopher McDougall spearheaded a workshop showcasing how the JCB’s CanPREP team engaged the voices of the public in relation to pandemic planning. Public speaking is a critical component of academic scholarship and having an opportunity to hone these skills is invaluable. CBS fosters a collegial, supportive environment that empowers students to take intellectual risks, as they know they will receive constructive feedback that engenders confidence and the tenacity to improve both as public speakers and as scholars.

As we graduate from our respective programs, many of us will continue with research platforms that endeavor to represent the voices of the most vulnerable populations within Canada and abroad; consequently, our voices need to be as effective as possible. The CBS plays an essential role in helping us achieve that goal.

contd...
Report: Perspectives on the 21st CBS Annual Conference (cont’d)

Erica Sutton MA
- and -
Pam Kolopack MSc

PhD Students, Dalla Lana School of Public Health, and Collaborative Program in Bioethics, University of Toronto Joint Centre for Bioethics

The 22nd annual CBS conference will be held June 2-4, 2011 in St. John, New Brunswick. The theme is Excellence in Health Care: Meeting the Challenge of Sustainability. Abstracts will be due February 28, 2011.

Hyperlinks:

Article: Living Wills - A Caution (cont’d from page 6)

what you mean by what you are writing in your living will. To be extra sure, you should discuss with your physician what terms you should use to achieve your goals and to avoid misinterpretation.

If there is doubt that your SDM will adhere to your instructions, you may be better off appointing someone who is not a family member and discuss the matter with a lawyer to ensure that your intentions will be implemented when the need comes. You want to avoid strong, understandable, but misdirected contradictory emotions that lead your loved ones to undermine your expressed wishes.

Dr. Michael Gordon is medical program director of palliative care at Baycrest and co-author with Bart Mindszenty of Parenting Your Parents (Dundurn Press). His latest book, Moments that Matter: Cases in Ethical Eldercare, follows his previous book, Brooklyn Beginnings: A Geriatrician’s Odyssey. All can be researched at his website: http://www.drmichaelgordon.com.

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One of the first things you notice when you arrive in Singapore, even coming from a city like Toronto, is the incredible cultural diversity of the people who make this small city-state their home. Between July 28th and July 31st 2010, this diversity was even more varied as Singapore, the gracious host of the 10th World Congress of Bioethics, welcomed members of the bioethics community from around the world.

What stood out for us as participants in the Congress, in comparison to other bioethics conferences we have attended, was the emphasis on, and quality of, the public health ethics related presentations. Among the public health ethics issues that were considered were presentations related to infectious diseases (e.g. justifications for invoking compulsory measures, obligations between nations), public mental health (e.g. smoking bans and persons with schizophrenia), public health emergencies (e.g. comparative analyses of pandemic plans, the ethics of humanitarian work), environmental ethics (e.g. genetically modified plants, the ecological impact of medical research on animals), public health research (e.g. understanding benefits to the community in low-resource settings, justifying obligations to participate, biobanking), social determinants of health (e.g. health inequalities—globally, as well as within particular populations including children and women), as well as ethical issues in public health...

We also need to acknowledge Angus Dawson for taking the photograph that accompanies this piece. In the background, overlooking Marina Bay, is the Singapore Flyer, the world’s tallest ferris wheel; in the foreground, the building whose rooftop is rimmed with fuchsia lighting is the Suntec Singapore International Convention Centre, the location of the congress.
What stood out for us as participants in the Congress, ... was the emphasis on, and quality of, the public health ethics related presentations.

education programs. What also stood out for us, and further enhanced our experience of being immersed in diversity, was the range of the academic and cultural backgrounds of the people who delivered these presentations as well as the academic and cultural contexts within which they worked and conducted their research. For example, presentations were delivered by graduate students, medical students and established scholars/researchers based in Australia, India, Indonesia, Finland, the United States, the United Kingdom, Taiwan, the Netherlands, Pakistan and Canada.

Finally, those affiliated with the JCB were key contributors to the diversity of themes and perspectives presented at the Congress. Past and present Collaborative Program and MHSc in Bioethics students who presented at the Congress included Aasim Ahmad, Sunita Bandewar, Anant Bhan, Pam Kolopack, Diego Silva, and Jerome Singh. Other members of the JCB community who presented at the Congress included Alireza Bagheri, Billie-Jo Hardy, and Adrian Viens. We would particularly like to acknowledge Angus Dawson, a former visiting scholar at the JCB. Alongside presenting new material of his own, Angus was integral to the planning and execution of both the Congress as well as of two pre-conference meetings: the first, considered the intersection between human rights and public health ethics and the second, focused on the concept of community in bioethics. Given their full-day format, these meetings also enriched our experience in Singapore, as there was ample time for in-depth exploration of each of these topics by the presenters followed by time for discussion amongst all participants.

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**Pam Kolopack, MSc.**
Doctoral Student, Dalla Lana School of Public Health and Joint Centre for Bioethics University of Toronto

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**Diego Silva, MA**
Doctoral student, Dalla Lana School of Public Health and the Collaborative Program in Bioethics - Joint Centre for Bioethics, University of Toronto
Jean G. Daou completed an MA in Theological Studies with a specialization in ethics and a BA (Hons) in Religion at Concordia University, Montréal. He has experience in working with populations dealing with issues from terminal support to organizational building in the field of HIV/AIDS. He was instrumental in founding several AIDS charitable organizations including Montreal AIDS Research Committee/Association des Ressources Montréalaises sur le SIDA (MARC-ARMS) and La Fondation CLG Foundation where he has served on the board in many capacities including President. Jean’s research interests focus on issues surrounding the ethics of dying and end-of-life care. Jean’s Fellowship is joint with the Centre for Clinical Ethics.

Kevin Rodrigues has a BAH in English literature from Queen’s University. After a year away from studies he enrolled in the MTS program at Queen’s Theological College and received his Masters in 2007. His areas of interest were Christian social ethics and New Testament studies. He was accepted into the University of Toronto for a PhD in Biblical studies, and is currently a PhD candidate focusing on the Pauline epistles. In addition to academic work, Kevin began spiritual care work while at Queen’s University, at Kingston General Hospital. He did general on-call work, and worked on a neurology floor. He continued this at Scarborough General in 2008-2009 where he did on-call work and also worked on a medical/surgical ward. Prior to the Fellowship, Kevin worked at St. Michael’s Hospital for just over a year as a daytime Spiritual Care worker, who visited patients and families in critical care and trauma care. Kevin is interested in bringing these two worlds of academia and clinical experience together and is looking forward to meeting you all. Kevin’s Fellowship is joint with the Centre for Clinical Ethics.

Rosanna Macri holds a Bachelor of Science degree in Radiation Sciences and has completed an MSc in Bioethics from the University of Toronto. She has worked as a Medical Radiation Therapist nationally and internationally over the past seven years with the majority of this time spent at Sunnybrook Health Sciences Centre, Odette Cancer Centre. There, she sat on the Hospital Ethics Committee and helped revise policies and review ethics educational material. As the Ethics Education Facilitator for the Odette Cancer Centre, Rosanna conducted and presented Oncology Ethics Rounds and partook in the Clinical Ethics Centre Strategic Planning Retreat. Most recently she has been co-chair of the Ethics Advisory Group for the entire cancer program.

JCB would like to welcome the following Academic Fellows in Clinical & Organizational Ethics for 2010-11.
The JCB Voice

2010-11 Academic Fellows in Clinical & Organizational Ethics

Kelley Ross completed an MSc in Health Services Research and the Collaborative Program in Bioethics at the University of Toronto and a BA (Hons) in Philosophy at the University of Guelph. He has held research positions at the Joint Centre for Bioethics, where he recently worked with Dr. Ross Upshur (Director) on a project examining euthanasia and assisted-suicide in Canada, and at University Health Network (UHN), where he assisted the Bioethics Program to research and analyze a wide range of ethical issues impacting health care at UHN and in the broader community.

Michael Szego completed an MHSc in Bioethics as well as earned a Ph.D. in Molecular Genetics from the University of Toronto. Michael’s Ph.D. research project involved identifying and examining molecules involved in neurodegeneration, specifically inherited forms of blindness. Recently, Michael has been an ethics consultant on genomic research projects including the Dynactome Research Project at the Samuel Lunenfeld Research Institute as well as the Personal Genome Project at The McLaughlin Centre for Molecular Medicine. Michael was also involved in policy development for the Centre for Fertility and Reproductive Health at Mount Sinai Hospital.

2010 Incoming Students: MHSc in Bioethics

Domestic Students
Class of 2012

Bilal Ahmed is a Resident Physician in Diagnostic Imaging at the University of Toronto. He holds a MD and a BSc in Computer Science from the University of Toronto.

Qaiser Fahim is the Chair of the Research Ethics Board at William Osler Health Center in Brampton. He holds a MBBS from Manipal University, India and has training in Otorhinolaryngology from the Middle East.

Jennifer Patricia Guillemaud is a 3rd year post-graduate Resident in Head & Neck Surgery at the University of Toronto. She obtained her MD from the University of Alberta in 2008, and her BSc in Biological Sciences from the University of Calgary in 2005.

Dario Kuzmanovic is a Research Ethics Analyst in the Office of Research Ethics at University of Toronto. He holds a BA in Biology and Psychology from the University of Western Ontario and a CRA (Clinical Research Associate) diploma from Michener Institute for Health Science.

Trisha Murthy recently completed her residency in pediatrics at McMaster University and will be practicing as a general pediatrician. She holds a BHSc and a MD, both from McMaster University.

Andrea Christine Perry is an Occupational Therapist at St. Michael’s Hospital in the Community Mental Health program. She has interests in models
of community-based health care, occupational justice, and consent and capacity among individuals with serious mental illnesses. She holds a MSc(OT) from Queen's University and a BA in History and Political Science from McMaster University.

**Michiko Caren Tsukada** is a Physiotherapist with a background in acute cardiorespiratory and orthopaedic care. She holds a BSc on Human Kinetics from the University of British Columbia and a MSc in Physical Therapy from the University of Toronto.

**Kavita Sridhar** holds a Clinical Associate staff position in the Department of Critical Care Medicine at Mount Sinai Hospital in Toronto. She recently completed her training in Critical Care Medicine at the University of Calgary. She has a BScH in Life Sciences from Queen's University, and a degree in Internal Medicine from the University of Ottawa.

**Bradford Strijack** is a Renal Transplant Fellow at the University of British Columbia in Vancouver, with a background in Internal Medicine and Nephrology. He holds a BSc and a MD from the University of Manitoba.

**Julie Tooke** is a Registered Midwife with Seventh Generation Midwives Toronto and maintains hospital privileges at Sunnybrook Health Sciences Centre. She holds a BA in International Development from Trent University and a BHS in Midwifery from Ryerson University.

**Eric Wasylenko** is a Palliative Care Physician and Executive Director of Clinical Ethics for Alberta Health Services, with a background in family medicine, palliative care, health ethics and health policy and economics. He holds a BSc and MD from the University of Calgary.

**International Students Class of 2011**

**Parnor Madjitye** is a Principal Research Assistant at the School of Public Health, University of Ghana, Legon, Ghana. He holds a BSc (Hons) in Biochemistry from the University of Ibadan, Nigeria and a Certificate of Participation in Bioethics Program from German Institute of Bioethics, Johns Hopkins University, Baltimore, USA.

**Ahmad Aizazur Rabb** is a Certified Clinical Research Associate and Regional Research Trainer at Pfizer Global Pharmaceuticals in Pakistan. He has a background in Health Sciences, and holds a MBBS from the University of Karachi.

**Anuradha Rose** is a Medical Doctor at Christian Medical College, Vellore, India, with a background in Public Health. She holds a MBBS degree from The Tamilnadu Dr. M.G. R Medical University, Chennai and a MA in Community Medicine from the same University.

**Nausheen Saeed** is an Assistant Professor in Department of Surgery at Ziauddin Medical College in Karachi, Pakistan. She holds a Post Graduate Diploma in Biomedical Ethics from the University of Karachi, FRCS (Fellowship of Royal College of Surgeons of Glasgow), and FCPS (Fellowship of College of Physicians and Surgeons of Pakistan).

**Muhammad Moinuddin Siddiqui** is a Senior Lecturer at Ziauddin University in Karachi, Pakistan. He has a background in Pathology, and holds a MBBS and a Postgraduate Diploma in Biomedical Ethics from the University of Karachi.
The 2010 Incoming Students: Collaborative Program in Bioethics

Blake Chapman is enrolled in a thesis-based Master of Laws (LLM) program at the Faculty of Law. He holds a Juris Doctor (JD) from Osgoode Hall Law School as well as a BSc (Hon) in Biology and Political Science from University of Toronto. Blake is also a member of the Bar of Ontario. Blake's research focuses on ethical and legal issues surrounding rationing and allocation decisions during public health emergencies. His research supervisor is Trudo Lemmens.

Lucie Leduc is enrolled in a full-time Masters of Law (LLM) at the Faculty of Law. She is a Canadian Institute of Health Research (CIHR) Fellow, and enrolled in the Training Program in Health Law, Ethics and Policy. Lucie holds her LLB from Université du Québec à Montréal. Lucie's research will focus on ethical questions around the end of life, such as the concept of dignity, palliative care and the right to die. Her research supervisor is Trudo Lemmens.

Kathleen Leslie is enrolled in the PhD program at the Lawrence S. Bloomberg Faculty of Nursing. She holds both a BSc in Nursing and Juris Doctor (JD) from the University of Western Ontario. Kathleen's research focuses on regulatory issues and the assessment of competency in nursing. Her research supervisor is Siobhan Nelson.

Jennifer Marshall is enrolled in the Department of Health Policy, Management, and Evaluation. She holds two MSc from McGill University in Human Genetics and Experimental Medicine (specialization: Bioethics). Jennifer's research focuses on effective management of uncertain diagnoses in genetic testing. Her research supervisor is Fiona Miller.

Jami-Leigh Sawyer is enrolled in the Factor-Inwentash Faculty of Social Work where she is entering her second year of the doctoral program. She holds a MA in Social Work from the University of Toronto and is currently working as a social worker at the Hospital for Sick Children. Jami also holds a RBC fellowship in Research Ethics. Jami's research focuses on the ethical aspects of involving children in treatment decisions, and issues related to capacity and age of consent. Her research supervisors are: Faye Mishna from the Factor-Inwentash Faculty of Social Work, and Christine Harrison, Director, Bioethics Department at The Hospital for Sick Children.

Maxwell Smith is enrolled in the doctoral program at the Dalla Lana School of Public Health. He holds a BA (Hon) in Bioethics from the University of Toronto, a MSc in Bioethics from Union Graduate College and Mount Sinai School of Medicine, and a Certificate in Health Law from Osgoode Hall Law School of York University. Max's research focuses on the ethical considerations of pandemic planning and response. His research supervisor is Ross Upshur.

The JCB is pleased to present the report “Working for an Ethical Future: The First Decade of the University of Toronto Joint Centre for Bioethics”. If you would like copies of the report mailed to you, please send an email request (including your mailing address) to beth.woods@utoronto.ca. Alternatively, copies can be picked up at the JCB, 155 College Street, Toronto.
Graduate Study In Bioethics
University Of Toronto Joint Centre for Bioethics

Graduate Study In Bioethics
University Of Toronto Joint Centre for Bioethics

We invite you to consider graduate studies in bioethics at the University of Toronto Joint Centre for Bioethics. Be part of the unparalleled network of academic disciplines, affiliated healthcare organizations, and over 180 interdisciplinary professionals committed to improving health care through innovative bioethics research, education, practice and public engagement. At the Joint Centre for Bioethics, theory is put into practice.

MHSc in Bioethics

This professional Master’s program is designed for mid-career professionals who are interested in learning more about clinical, organizational and research bioethics with the aim of better integrating ethics into the work they do as health professionals. Some of our graduates have gone on to work primarily in the area of Bioethics. The MHSc program is course/project-based and does not require a thesis. It is delivered in a modular format in 20 two-day sessions over a two-year period, and includes a practicum.

For further information, please visit http://www.jointcentreforbioethics.ca/education/mhsc.shtml or contact Carmen Alfred, carmen.alfred@utoronto.ca.

Recruiting now for September 2011. Application due date is February 1, 2011.

Collaborative Program in Bioethics

Master’s and doctoral research-stream programs are offered in collaboration with nine graduate units at the University of Toronto: Health Policy, Management & Evaluation; Law; Medical Science; Nursing Science; Philosophy; Public Health Sciences; Rehabilitation Science; Religion; and Social Work.

For further information, please visit http://www.jointcentreforbioethics.ca/education/cpb.shtml or contact Carmen Alfred, carmen.alfred@utoronto.ca.

Recruiting now for September 2011. Application due dates vary by graduate unit (please see website, or ask us).
Fellowship

Banting Postdoctoral Fellowships Program

Program Objective
• Attract and retain top-tier postdoctoral talent, both nationally and internationally;
• Develop their leadership potential; and
• Position them for success as research leaders of tomorrow, positively contributing to Canada’s economic, social and research-based growth through a research-intensive career.

Unique Application Requirements
The Banting Postdoctoral Fellowships Program will be distinguished from existing postdoctoral fellowships programs by its emphasis on:
• the synergy between an applicant’s individual merit and potential to launch a successful research-intensive career; and
• the host institution’s commitment to the research program and environment with which the applicant is to be affiliated.

An applicant’s application to the Banting Postdoctoral Fellowships Program must be completed in full collaboration with the proposed host institution.

Program Scope
• 70 new two-year awards annually with a total of 140 awards active at any one time at full program implementation (at program maturity).

The fellowships will be distributed equally across Canada’s three federal granting agencies: the Canadian Institutes of Health Research (CIHR), the Natural Science and Engineering Research Council (NSERC) and the Social Sciences and Humanities Research Council (SSHRC).

Value and Duration
• $70,000 per year (taxable) for two years.

Competition Timelines
July - October: Applicants seek endorsement from host institution to apply, prepare and submit application
November 3: Deadline for complete application submission
November - March: Evaluation of applications
March: Results announced late March
April - October: Payment begins

Location and Timing of Award Tenure
• A limited number of candidates who are Canadian citizens or permanent residents and who obtained their PhD or health professional degree from a Canadian university may hold their award at a Canadian institution or at an institution outside of Canada (5 per federal granting agency, or 15 in total of the 70 annual awards).
• Candidates who are not Canadian citizens or permanent residents may only hold their award at a Canadian institution.
• Canadian citizens and permanent residents who obtained their PhD or health professional degree from a foreign university may only hold their award at a Canadian institution.

Without exception, Banting Postdoctoral Fellowships:
• are tenable only at the institution which supported the original application for the program;
• must be taken up no earlier than April 1 and no later than October 1; and
• are for two years from the date of up-take.

For more information, go to:
http://banting.fellowships-bourses.gc.ca/
Call for Applications

Canadian Institutes of Health Research
Doctoral Research Award: 2010-2011

Important Dates
Application Deadline: 2010-10-15
Anticipated Notice of Decision: 2011-04-15
Funding Start Date: 2011-05-01

Description

The CIHR Doctoral Research Awards consist of two programs administered through a single application:

• The Frederick Banting and Charles Best Canada Graduate Scholarships Doctoral Awards (CGS-D) program provides special recognition and support to students who are pursuing a doctoral degree in a health-related field in Canada.

• The Doctoral Foreign Study Award (DFSA) provides special recognition and support to students who are pursuing a doctoral degree in a health-related field abroad.

Candidates apply to the CIHR Doctoral Awards competition and top-ranked candidates are awarded a CGS-D or DFSA depending on the proposed location of research. Both awards are of equivalent value.

All candidates are expected to have an exceptionally high potential for future research achievement and productivity.

Funds Available

CIHR’s and partner contribution to the amount available for this initiative is subject to availability of funds. Should CIHR or partner funding levels not be available or are decreased for some unforeseen circumstances, CIHR and partner reserve the right to defer or suspend payments to awards received as a result of this funding opportunity.

• It is anticipated that $19,950,000 will be available over three years for the Doctoral Research Awards program.

• Of this $19,950,000:
  • $1,050,000 is available to fund DFSA applications
  • $18,900,000 is available to fund CGS applications

The maximum amount for a single award is $35,000 for up to 3 years.

• Trainee stipend: 30,000 per annum.
• Research allowance: 5,000 per annum.
• This award is non-renewable.

For questions on CIHR funding guidelines, how to apply, and the peer review process contact:

CIHR Doctoral Research Awards Program Delivery Coordinator
Canadian Institutes of Health Research
Telephone: 613-954-1968
Fax: 613-954-1800
Email: DRA@cihr-irsc.gc.ca

For more details on this opportunity, go to:
http://www.researchnet-recherchenet.ca/mr16/viewOpportunityDetails.do?prog=1049&view=currentOpps&org=CIHR&type=AN&resultCount=25&sort=program&all=1&masterList=true
Call for Abstracts

First International Conference on Faculty Development in the Health Professions

With the increasing complexity of academic health science centers, it is very important that health science schools address the professional development needs of their faculty members. Currently, there is no academic conference that specifically addresses the faculty development field for academic health science centers world-wide.

We are hoping to fill this void with the 1st International Conference on Faculty Development in the Health Professions to be held May 10-13, 2011, in Toronto, Canada.

This exciting program has been developed by a collaboration between more than 20 health professional education organizations and universities representing 5 continents.

Online abstract submission http://www.facultydevelopment2011.com/abstracts is now open.

Example topic areas include, but are not limited to: the conceptualization of faculty development; innovations in faculty development programs and curricula for teaching improvement (e.g. approaches to faculty remediation, distributed faculty development, use of technology in faculty development), leadership development, and research capacity building; faculty development outcomes, research and scholarship; the interface between faculty development and continuing professional development; barriers to and enablers of faculty development; personal/professional wellness; political and socioeconomic issues influencing the accessibility of faculty development initiatives; lessons learned in professions outside of health care; and building a faculty development community.

Abstracts must be submitted by September 30, 2010.

International Neuroethics Conference
BRAIN MATTERS II

Ethics in the Translation of Neuroscience
Research to Psychiatric and Neurological Care
Montréal, Québec, Canada
May 26-27 2011

Call for abstracts forthcoming.
For more information, please contact: neuroethics@ircm.qc.ca
The JCB Voice

Seminars, Events & Conferences

JCB Bioethics Seminars This Month:
(Seminars are held on Wednesdays at 3:10–4:30 pm, 155 College Street, Suite 754. Currently webcasting facilities are not available; however, all seminars are recorded and will be posted to the ePresence site shortly.)

September 15, 2010
Tom Koch, PhD, Adjunct Professor, Medical Geography, University of British Columbia; Bioethicist, Canadian Down Syndrome Society (Resource Council); Consultant in Bioethics and Gerontology, Toronto and Vancouver; Director of Information Outreach, Ltd. “Difference and Disability: Where is the ethics in bioethics?”

September 22, 2010
Adam Rapoport, MD, FRCP, MHSc, Division of Pediatric Medicine, The Hospital for Sick Children and Pediatric Palliative Care Consultant, Max and Beatrice Wolfe Children’s Centre, Temmy Latner Centre for Palliative Care, Mount Sinai Hospital. “Pediatric Capacity and Consent: What’s legal and what’s right?” with commentary by Maria McDonald, BComm, LLB, MHSc, Bioethicist, Holland Bloorview Kids Rehab.

September 29, 2010
Canadian Program of Research on Ethics in a Pandemic (CanPREP)
Details to be announced

October 6, 2010
TBA

September 15, 2010
Public Responsibility in Medicine and Research “Webinar: Expanded Access: Ethical and Regulatory Issues for Investigational Drugs and Devices” A webinar will provide an overview of the complex policies that govern expanded access programs involving both investigational drugs and devices. 1:00–2:30 PM ET. For more info, go to: http://www.prirm.org/Conferences.aspx?id=8987

ePresence Registration Instructions:
All archived seminars are available under Published Events. ePresence supports both PC and MAC videostreaming. You can register to view and participate in live events by following the steps below:

1. Go to the Centre for Global eHealth Innovation’s ePresence
2. Click on the Join button (at the top blue bar)
3. Enter your information in the join screen, including userid and password
4. You will need remember your userid and password so that you can join future seminar web casts
5. Please report by email to brenda.knowles@utoronto.ca if you have any difficulties registering
6. You will only need to register once
7. For subsequent seminars, login with your userid and password – you do not have to re-register
8. Please note this registration process should be done well before the event itself. If you have difficulty viewing your first seminar, you should check with your IT professional.
Seminars, Events & Conferences

September 16, 2010
Bioethics Grand Rounds “Shared Principles of Ethics for Infant and Young Child Nutrition in the Developing World” Jerome Amir Singh, BA, LLB, LLM, PhD, MHSc; Adjunct Professor, Dalla Lana School of Public Health, University of Toronto. 12:00 Noon - 1:00pm. Room 1250 – Elm Wing, The Hospital for Sick Children

September 29, 2010
The Centre for Addiction and Mental Health Brown Bag Research Ethics Discussion Groups "Ethical Issues in Internet Research”. Dr. John Cunningham, Scientist, CAMH. Room T321, RS site, 33 Russell Street, 3rd Floor: 12:00pm-1:00pm. Bring your own lunch. Contact susan.pilon@camh.net for questions.

October 03, 2010
Ethics of Invasive Brain Testing: Limits and Responsibilities Cleveland, Ohio. The Symposium will have four main sessions. Each session will have a broad topic related to surgically invasive brain testing with two speakers followed by a facilitated audience participation on a related topic. For more information, see: http://my.clevelandclinic.org/bioethics/neuroethics/neuroethics-symposia.aspx

October 31 - November 3, 2010
17th Annual Canadian Conference on Global Health (CCGH) “GLOBAL HEALTH: A HUMANITARIAN CRISIS?” hosted by The Canadian Society for International Health (CSIH). Crowne Plaza Ottawa Hotel
101 Lyon St. N., Ottawa, ON, Canada

31 October Opening address, Pathways to Global Health Competence by DR. JAMES ORBINSKI

Registration:
Conference Highlights:
Conference Program:

November 26 - 27, 2010
Points of Intersection: Ethics, rights, health care & public health in humanitarian assistance
McMaster Innovation Park
175 Longwood Road South, Hamilton, ON

The two day symposium will include invited talks from international speakers with a range of interests in human rights and global health ethics. There will also be several opportunities for networking and discussion. Many of the invited speakers and guests are relatively new scholars advancing fresh ideas in global health ethics.

Topics will include human rights, international humanitarian principles, local and international policy, priority setting, military intervention, law, and the universal or particular nature of professional norms of practice.

Limited spaces are available, so please reply as soon as possible. Send the registration fee of $25 (cheque payable to McMaster University), which includes all meals, along with positive R.S.V.P. by October 8, to: Terry Martens, marten@mcmaster.ca, CRL-Room 200, 1280 Main Street West, Hamilton, Ontario, Canada, L8S 4K1.

For more information please visit:
http://www.fhs.mcmaster.ca/ethics
CENTRE FOR CLINICAL ETHICS
A Joint Venture of Providence Healthcare, St. Joseph’s Health Centre and St. Michael’s Hospital

Fall Conference - Friday, October 1, 2010
Courtyard by Marriott Downtown Toronto - 475 Yonge Street

AFFIRMING AN ETHIC OF CARE:
Where Quality and Compassion Meet

OPENING ADDRESS: 9:10 a.m.
“Quality Care: A Patient’s Perspective”
Wayson Choy, OC, DLitt
Award-winning Author, Teacher and Mentor

PRESENTATION: 11:00 a.m.
“The St. Michael’s Approach to Quality Patient Care”
Robert J. Howard, MD, MBA
President and CEO, St. Michael’s Hospital, Toronto

PRESENTATION: 1:00 p.m.
“Ethics in Humanitarian Health Care: Compassion and Quality Without Boarders”
Lisa Schwartz, PhD, MA, BA
Arnold L. Johnson Chair in Health Care Ethics, Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton

PRESENTATION: 2:30 p.m.
“Where Quality and Compassion Meet”
Balfour M. Mount, OC, OQ, MD, FRSC
Emeritus Professor of Medicine at McGill University, Montreal

Registration Fee: (Includes Lunch and Breaks)  
Reduced Rate: $75.00 Seniors, Full-Time Students, CHAO Conference Registrants, & CCIE Affiliates
Regular Rate: $150.00

1 Centre for Clinical Ethics Affiliates include: Providence Healthcare, St. Joseph’s Health Centre, St. Michael’s Hospital, 
Mental Health Centre of Eastern Ontario, Pembroke Regional Hospital, Rouge Valley Health System, Ramsey Health 
Care Centre, St. John’s Rehab Hospital, St. Joseph’s Health Centre, Sudbury, St. Joseph’s Health System - Hamilton, West Park 
Healthcare Centre and Ontario Shores Centre for Mental Health Sciences

For further information or to register, please contact Lynda Sullivan (416-530-6750) or sulliv@astioe.on.ca

http://www.ccethics.com/conference.html
The JCB Voice

Seminars, Events & Conferences

2010-2011 Brown Bag Research Ethics Discussion Groups
The Centre for Addiction and Mental Health
All Meetings Will Be Held From 12:00 pm to 1:00 pm

September 29, 2010
Dr. John Cunningham, Scientist, CAMH
*Ethical issues in internet Research*
LOCATION: Room T321 – RS site – 33 Russell Street – 3rd Floor

October 27, 2010
Dr. Martin McKneally, UHN and Joint Centre for Bioethics and
Dr. Padraig Darby, Chair, Research Ethics Board, CAMH
*Professional Oversight of Clinical Innovation*
LOCATION: Room ELCLC – 2022, RS site, 33 Russell Street, 2nd Floor

November 24, 2010
Wanna Mar, Research Coordinator, CAMH and
Dr. David Mamo, Geriatrics Psychiatrist, CAMH
Panel: Carol Borlido, Dielle Miranda and Regina Simon, CAMH
*Using the MacArthur Competence Assessment Tool – How do you use it?*
*How do you score it? What are the pitfalls?*
LOCATION: Room T321 – RS site – 33 Russell Street – 3rd Floor

January 26, 2011
Professor Barry Brown, Chair, Research Ethics Board, Veritas
*How to get your Research Ethics Board Accredited*
LOCATION: Room ELCLC – 2015 - RS site, 33 Russell Street, 2nd Floor

February 23, 2011
Dr. Laura Simich, Scientist, CAMH
*Cultural Strengths and Resilience among Recent Refugees: Ethical Implications*
LOCATION: Room ELCLC – 2022 - RS site, 33 Russell Street, 2nd Floor

March 23, 2011
Natalia Zaslavska, Audit Consultant, CAMH
*Having your research study audited by the Research Ethics Board, what to expect*
LOCATION: Room ELCLC – 2022 - RS site, 33 Russell Street, 2nd Floor

April, 2011
TBA

May 25, 2011
Dr. Padraig Darby, Chair, CAMH Research Ethics Board
*Placebo Use in Research – what are the issues?*
LOCATION: Room ELCLC – 2022 - RS site, 33 Russell Street, 2nd Floor

Any Questions? Please Contact: susan.pilon@camh.net, Research Ethics Office
Bring Your Lunch... Coffee and Cookies Will Be Served.
Recent Publications


Recent Presentations


Submission & Contact Information

The purpose of this newsletter is to facilitate communication among people interested in bioethics throughout the Joint Centre for Bioethics, participating institutions and elsewhere. The newsletter is published and distributed by email at the beginning of each month. If you would like to receive the newsletter, please contact:

Editor: Na Young Lee
Email: newseditor.jcb@utoronto.ca
Fax: (416) 978-1911

Submissions to the newsletter must be made by the 20th of the preceding month.
Previous issues of the newsletter are posted on our website at:
http://www.jointcentreforbioethics.ca/enewsletter/enewsletter.shtml

The University of Toronto Joint Centre for Bioethics

The Joint Centre for Bioethics (JCB) is a partnership among the University of Toronto; Baycrest Centre for Geriatric Care; Centre for Addiction and Mental Health; Centre for Clinical Ethics, a joint venture of Providence Centre, St. Joseph’s Health Centre, and St. Michael’s Hospital; Holland Bloorview Kids Rehabilitation Hospital; The Hospital for Sick Children; Humber River Regional Hospital; Mount Sinai Hospital; North York General Hospital; Sunnybrook Health Sciences Centre; Toronto Community Care Access Centre; Toronto Rehabilitation Institute; Trillium Health Centre; and University Health Network.

Joint Centre for Bioethics
University of Toronto
155 College Street, Suite 754
Toronto, Ontario M5T 1P8
Canada

Phone: (416) 978-2709
Fax: (416) 978-1911
Email: newseditor.jcb@utoronto.ca
Web: http://www.jointcentreforbioethics.ca/
APPENDIX S: BIOETHICS SEMINAR SERIES AND ENDOWED LECTURES

The goal of the Bioethics Seminar Series is to facilitate and coordinate bioethics research, education and clinical activities among the University of Toronto and our partner institutions.

The JCB offers a weekly seminar on a wide variety of bioethics topics. The speakers come from the local, national and international community in bioethics. These seminars are open to the public and free and do not require prior registration. All seminars take place every Wednesday from 3:10 - 4:30 pm.

ENDOWED LECTURES

Alloway Lecture

The purpose of the Alloway Lecture Series, established by Maranatha Foundation in 1993, is to bring to the University each year one or more experts of international stature in the broad field of bioethics to deliver lectures on topics related to ethical aspects of organ transplantation, when possible, but the Lectures are not limited to this field of medical ethics.

Criteria:

- the speaker has international stature;
- the speaker has made important contributions to the general field of bioethics and hopefully, but not necessarily, to the field of organ transplantation, including its ethical aspects;
- the speaker’s work is relevant to the objectives of the JCB; and
- the speaker’s approach to bioethical issues if foundationally based on established Judeo-Christian principles.

Harris Lecture

The Harris Lecture was established at Princess Margaret Hospital in 1981 in memory of Philippa Susan Louise Harris, who died from cancer at Princess Margaret Hospital over two decades ago. Pippa, as she was known to her family and friends, was a compassionate young woman, curious and scholarly. For the past two decades, Bill and Pat Harris have sponsored this Lecture as an opportunity to raise awareness of cancer and its effect on individuals and to provide a forum to discuss bioethical issues related to cancer.

Jus Lecture

The mandate of the Jus Lecture is to bring to the University of Toronto an internationally recognized major contributor to the advancement of genetics, neuroscience, psychiatry and its ethical implications. I would like to take a few minutes to tell you about two remarkable people who are responsible for the Lectures.
The Jus Lecture Series was created by Dr. Karolina Jus in 1994 in honour of her late husband, Dr. Andrzej Jus. The story of their lives together is recorded in their autobiographical book, *Our Journey in the Valley of Tears*, published by the University of Toronto. This is a remarkable book which I encourage you to read.

The life story of the Juses is the story of science. Both Andrzej and Karolina were scholars in the neurosciences, Andrzej was Chairman and Director of the Psychiatric Clinic at the Medical Academy of Warsaw, President of the Polish Psychiatric Association, and author of more than 200 scientific publications.

Their life story is also the story of heroism. When Andrzej, a Polish Catholic, married Karolina, a Polish Jew, during the Nazi occupation of Poland, he protected her from persecution. At the same time he made himself a potential victim of the Nazi terror. By marrying a Jew, Andrzej subjected himself to the same risk of persecution that he would have faced if he himself were Jewish. By protecting Karolina Andrzej’s family also willingly subjected themselves to the same risk.

Their life story is also the story of Holocaust atrocities. For me, perhaps the most moving part of the book is the description of the murder by the Gestapo of Karolina’s parents, Juliusz and Dorota, and her sister, Zosia.

Most fundamentally, however, their life story is a love story. Andrzej and Karolina fell in love on the day they met, 16 October 1940. Their love continues to this day, and in it, one finds hope. The final paragraph of their book reads as follows:

"Andrzej was holding tight to Karolina’s hand. His existential anxiety was gone. The past was known, and it was full of atrocities. The future could only be better. God seemed to Andrzej to be very close and listening to them. They closed their eyes, holding each other close. When they opened their eyes, it was already dark. The peaks of the mountains were scarcely visible. A mild, very mild wind was blowing from the east. Sometimes such mild winds bring longlasting, beautiful weather."

Sadly, Karolina died in November 2002, and we are honoured that she chose the University of Toronto to perpetuate her husband's memory; we are also very grateful to her for providing us with the opportunity to invite distinguished leaders from around the world to deliver the Annual Jus Lecture. She will not be forgotten.

**MacRae Lecture**

The Sue MacRae Lecture on Ethics and Patient-Centred Care is a lecture to explore the “felt” ethical experience of those who are sick and facing life threatening illness in their relationship to themselves, family members, caregivers, and systems of care. This lecture seeks to understand patient-centred and relationship-centred theoretical frameworks and best practices that describe common ethical problems that are inclusive of patient and family perspectives.
Sue MacRae played an integral leadership role in all elements of the JCB mission from 2000-07, especially as Deputy Director from 2001-07. She was instrumental in forging its vision and ensuring its transformation into an internationally regarded centre. Sue has been an inspiration to the JCB community. She has been a champion of patient-centred ethics, an innovator in building ethics capacity through her work in developing the ‘hub & spoke’ strategy, establishing the Clinical Ethics Group and the Clinical Ethics Fellowship (precursor to the CORE Network and the Clinical and Organizational Ethics Fellowship), a leader in scholarship, in terms of her stewardship in the Project Examining Effectiveness in Clinical Ethics (PEECE) and in education by virtue of her contributions to the growth of the highly acclaimed professional Masters of Health Sciences in Bioethics. Sue was the master builder of a real, enduring community at the JCB.
APPENDIX T: CURRICULA VITAE

Jennifer Gibson

A. BIOGRAPHICAL INFORMATION

1. Degrees

<table>
<thead>
<tr>
<th>Degree</th>
<th>Field</th>
<th>Year</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ph.D.</td>
<td>Philosophy – Bioethics</td>
<td>2002</td>
<td>University of Toronto</td>
</tr>
<tr>
<td>M.A.</td>
<td>Philosophy</td>
<td>1994</td>
<td>University of Western Ontario</td>
</tr>
<tr>
<td>B.A.</td>
<td>Philosophy (cum laude)</td>
<td>1993</td>
<td>University of Calgary</td>
</tr>
<tr>
<td>B.Sc.</td>
<td>Cellular, Molecular, and Microbial Biology</td>
<td>1990</td>
<td>University of Calgary</td>
</tr>
</tbody>
</table>

2. Academic Appointments

Senior Research Associate, University of Toronto Joint Centre for Bioethics, University of Toronto (2009- ).
Assistant Professor, Department of Health Policy, Management & Evaluation, University of Toronto (2007- ).
Associate Member, School of Graduate Studies, University of Toronto (2007 - ).
Faculty Member, Collaborative Program in Bioethics, University of Toronto (2007 - ).
Research Associate, University of Toronto Joint Centre for Bioethics (2004-2009).

3. Employment

Current
Director, Partnerships & Strategy, University of Toronto Joint Centre for Bioethics (2007- ).

Previous
Leader, Clinical and Organisational Ethics Strategic Initiatives, University of Toronto Joint Centre for Bioethics (2005-2007).

4. Awards

Postdoctoral Fellowship, Canadian Health Services Research Foundation (2002-2004).
Martha Lile Love Teaching Award, University of Toronto (1999).
University of Toronto Open Graduate Fellowship, University of Toronto (1994-1998).
Special University Scholarship, University of Western Ontario (1994).
Entrance Scholarship, University of Western Ontario (1993).
Dean's List, Faculty of Humanities, University of Calgary (1992).
5. Professional Affiliations and Activities

Current
Member, Organizing Committee, 9th International Conference on Priorities in Health Care (2010-2012).
Member, Ontario Citizen's Council Advisory Committee, Ontario Ministry of Health & Long Term Care (2010 - ).
Co-Chair, Global Network of WHO Collaborating Centres in Bioethics, World Health Organization (2009-).
Member, Steering Committee, Values & Ethical Considerations in Health Policy Initiative, Health System Planning & Research Branch, Ontario Ministry of Health & Long Term Care (2009 - ).
Member, Program Leadership Team, Canadian Centre for Applied Research in Cancer Control (2009-).
Member, Pharmaceuticals & Therapeutics Committee, Council of Academic Hospitals of Ontario (2005-).
Member, Canadian Bioethics Society (2005-).
Member, Canadian Priority Setting Research Network (2004-).
Member, International Society for Priorities in Health Care (2002-).

Previous
Member, Review Committee, Institute of Population & Public Health, Canadian Institutes of Health Research (2009).
Member, Scientific Committee, 20th Canadian Bioethics Society Conference (2009).
Member, Critical Care Expert Advisory Panel, Critical Care Secretariat, Ontario Ministry of Health & Long Term Care (2007-2008).
Member, Ethical Issues of Access Reference Group, Critical Care Secretariat, Ontario Ministry of Health & Long Term Care (2006-2007).
Chair, Scientific Committee, 6th International Conference on Priorities in Health Care (2005-2006).
Member, Ontario Pandemic Influenza Planning Committee - Antivirals & Vaccines Task Force (2005).

6. University Committees

Member (ex officio), Executive Committee, University of Toronto Joint Centre for Bioethics (2007 - ).
Member (ex officio), Advisory Council, University of Toronto Joint Centre for Bioethics (2007 - ).
Member, Management Committee, University of Toronto Joint Centre for Bioethics (2005-).
Member, Strategic Forum, University of Toronto Joint Centre for Bioethics (2004-).
Member, Clinical, Organizational, & Research Ethics (CORE) Network, University of Toronto Joint Centre for Bioethics (2003-).

7. Hospital Committees

Current
Member, Ethics Strategic Advisory Group, Sunnybrook Health Sciences Centre (2009-).

Previous
Member, Strategic Focusing Working Group, Sunnybrook & Women’s College Health Sciences Centre (2003-2004).
Member, Clinical Ethics Centre Steering Group, Sunnybrook and Women’s College Health Sciences Centre (2002-2004).
Member, Hospital Ethics Committee, Sunnybrook and Women’s College Health Sciences Centre (2002-2004).
Member, Non-Formulary Drug Funding Protocol Task Force, Sunnybrook and Women’s College Health Sciences Centre (2002-2004).
Member, Obstetrics and Gynaecology Ethics Committee, Mount Sinai Hospital (2000-2002).
Member, Obstetrics and Gynaecology Ethics Committee, University Health Network (1999-2000).

B. ACADEMIC HISTORY

1. Research Awards

**Gibson JL, Peacock S.**
“Public engagement in cancer control: an environmental scan”
Source: Canadian Centre for Applied Research in Cancer Control (ARCC)
Years: 2010
Amount: $10,000

Peacock S, **Gibson JL (Co-PI), Teckle P.**
“Valuing cancer interventions: is there a cancer premium?”
Source: Canadian Centre for Applied Research in Cancer Control (ARCC)
Years: 2010
Amount: $29,280

“Achieving high performance in health care priority setting: developing and evaluating a framework for excellence”
Source: CIHR Partnership for Health System Improvement grant
Years: 2010-2012
Amount: $349,820
“Evaluating the effectiveness of hospital-based ethics programs: a pilot study to identify key benchmarks, indicators, & success factors”
Source: CIHR Catalyst Grant – Ethics
Years: 2009-2011
Amount: $99,839

Gibson JL, Upshur REG.
“WHO Collaborating Centres in Bioethics Research Planning Meeting”
Source: Canadian Institutes of Health Research – Meetings, Planning and Dissemination Grant: Global Health Research (IPPH)
Years: 2008-09
Amount: $12,500

Gibson JL, Upshur REG.
“WHO Collaborating Centres in Bioethics Research Planning Meeting”
Source: Canadian Institutes of Health Research – Meetings, Planning and Dissemination Grant: International
Years: 2008-09
Amount: $12,500

“Centre for Health Economics, Services, Policy, and Ethics (HESPE) Research in Cancer Control”
Source: National Cancer Institute of Canada
Years: 2009-2014
Amount: $3,599,384

“Ethics & pandemic planning: engaging the voices of the public”
Source: CIHR – Operating Grant: Pandemic Preparedness
Years: 2007-2009
Amount: $150,000

Mitton C, Peacock S, Donaldson C, Gibson JL, Lewis S.
“Rationing in health services- developing a BC based team & provincial program of research”
Source: Michael Smith Foundation for Health Research – Team Planning Grant
Years: 2007-2008
Amount: $50,000

Mitton C, Donaldson C, Gibson JL, Lewis S, Waldner H.
“Priority setting and resource allocation in the Vancouver Island Health Authority”
Source: CIHR – Partnerships for System Improvement Grant
Years: 2005-2008
Amount: $260,000

Gibson JL, Martin DK.
“Building bridges to better priority setting: Canadian Priority Setting Research Network National Workshop”
Source: Health Care, Technology, and Place (HCTP) Interdisciplinary Capacity Enhancement grant (CIHR Strategic Research & Training Initiative)
Years: 2005
Amount: $8,000

Gibson JL.
“Priority setting in strategic planning at Sunnybrook & Women’s College Health Sciences Centre”
Source: Canadian Health Services Research Foundation – Postdoctoral Fellowship
Years: 2002-2004
Amount: $100,000

2. Other Significant Research Collaborations

Current
Breslin J, Elias M, Gibson JL. Stakeholder evaluation of the Hospital Annual Planning Submission (HAPS) process at North York General Hospital, North York General Hospital & University of Toronto Joint Centre for Bioethics (2010 - ).

Upshur REG, Gibson JL, Raziee H. Defining Ethics Quality in Research, University of Toronto Joint Centre for Bioethics (2010 - ).

Gibson JL, Upshur REG (co-PIs). Evaluating excellence in bioethics: a value for investment project, University of Toronto Joint Centre for Bioethics (2009- ).

Kaufman H, King J, Gibson JL. Evaluating ethics core curriculum training for ethics facilitators and committee members, University of Toronto Joint Centre for Bioethics (2009-).

Paprica A, Hawryluck L, in collaboration with Gibson JL, Culyer T. Ethics & Values in Health Policy, CIHR Partnerships for Health System Improvement Meetings, Planning, & Dissemination Grant (2009 - ).

Instructor, Canadian Program of Research on Ethics in Pandemic (CanPREP), CIHR Team Grant (2008 - ).


Leader, Organizational Ethics Research Platform, University of Toronto Joint Centre for Bioethics (2007 - ).

Previous


C. PUBLICATIONS

1. Journal Articles


2. Book Chapters


3. Manuscripts submitted for publication

None

4. Manuscripts in preparation


5. Invited Editorials


6. **Other Publications & Reports**


2. **Gibson JL, Smith M.** Public health ethics @ JCB: SARS and pandemic ethics [translational document], University of Toronto Joint Centre for Bioethics, 2010.

3. **Gibson JL.** University of Toronto Joint Centre for Bioethics [translational document], University of Toronto Joint Centre for Bioethics, 2010.

4. **Gibson JL.** Bioethics practice @ JCB [translational document], University of Toronto Joint Centre for Bioethics, 2010.


D. **PRESENTATIONS (2000-2010)**

1. **Conference Presentations**

   **International**

   **Gibson JL, Mitton CM, Dubois-Wing G.** Priority setting in Ontario’s LHINs: ethical and economic principles in action. 8th International Conference on Priorities in Health Care, Boston, April 23-25, 2010.


**National**


Gibson JL. Ethics and priority setting in the new public health: a practical strategy to improve fairness and public accountability. 4th National Conference on Regionalisation, Montreal, April 21-23, 2005.


Provincial
Gibson JL, Thompson LJ. Building institutional capacity for ethical decision-making about scarce resources: lessons from Sunnybrook and Women’s College Health Sciences Centre. Ontario Hospital Association Fifth Annual Effective Healthcare Governance Alumni Session, November 18-20, 2002.


Gibson JL, Thompson LJ. Building institutional capacity for ethical decision-making about scarce resources: lessons from Sunnybrook and Women’s College Health Sciences Centre, Ontario Hospital Association Trustee Conference, September 27, 2002.

2. Invited Presentations (*keynote address)

International
Beyond informed consent and ethics review: reflections on social responsibility in multicultural research. International Conference on Health Regulations Ethics, Santiago (Chile), April 23-25, 2009.

The burning platform for ethics in health care. Kaleida Health System, Buffalo, February 9, 2009. (With Jonathan Breslin.)


National Ethics program development & capacity building. Accreditation Canada Ethics Conference, Toronto, October 1-2, 2009. (With Barbara Secker.)

Building infrastructure for effective ethics programs. Clinical Ethics Summer Institute, Hamilton, July 14, 2009.*


Public engagement strategies: access to critical care services. Ethical Issues of Access Committee, Critical Care Secretariat, Ministry of Health & Long Term Care, October 25, 2007.


Ethical resource allocation in a clinical setting. Clinical Ethics Summer Institute, Toronto, July 14, 2006.

Panel discussion: How do political, legal and ethical considerations shape access to care in Ontario? Cardiac Care Network Session, OHA Health Achieve Conference, November 1, 2005.


Local [selected]

Pandemic ethics at the JCB. Toronto Academic Health Sciences Network (TAHSN) Pandemic Planning Committee, September 11, 2009.


Ethics change in health organizations: What is our burning platform? University of Toronto Joint Centre for Bioethics Seminar Series, 29 October 2008. (With Jonathan Breslin.)


Organizational ethics in health organizations: report of a JCB study. University of Toronto Joint Centre for Bioethics Seminar Series, Toronto, October 25, 2006. (On behalf of the Organizational Ethics Research Team.)


Priority setting in strategic planning: through an ethical lens. Strategic Planning Retreat, St. Michael’s Hospital, February 4, 2004.

Ethical decision-making about scarce resources. Board Ethics Committee, The Scarborough Hospital, January 26, 2004.


Strategic focusing process and the ethical framework: status report. Board of Directors Retreat, Sunnybrook & Women’s College Health Sciences Centre, October 25, 2003.
Sunnybrook & Women’s focused strategic planning: decision review process. Integrated Management Committee, Sunnybrook & Women’s College Health Sciences Centre, September 16, 2003.


Ethical approaches to priority setting in the CCU. Critical Care Ethics Rounds, Sunnybrook and Women’s Health Sciences Centre, Toronto, February 24, 2003.

Ethical decision-making about scarce resources: Lessons learned about priority setting in hospitals,” West Park Healthcare Centre, Toronto, November 6, 2002.


3. Course Seminars & Guest Lectures

Put my name on that paper! Ethics and integrity in authorship. MHSc in Bioethics Program, University of Toronto Joint Centre for Bioethics, November 5, 2009.

Organizational ethics in health care. MHSc in Bioethics, University of Toronto Joint Centre for Bioethics, March 5, 2009.

Put my name on that paper! Ethics and integrity in authorship. MHSc in Bioethics Program, University of Toronto Joint Centre for Bioethics, November 7, 2008.

Building organizational capacity for ethics. MHSc in Bioethics, University of Toronto Joint Centre for Bioethics, February 7, 2008.

Put my name on that paper! Ethics and integrity in authorship. MHSc in Bioethics Program, University of Toronto Joint Centre for Bioethics, November 3, 2007.

Ethics, sustainability, and risk. HIMP 6130 – Strategic Management of Hospitals, Schulich School of Business, York University, Toronto, November 28, 2006.

Organizational ethics. MHSc in Bioethics, University of Toronto Joint Centre for Bioethics, March 9, 2006.

Put my name on that paper! Ethics and integrity in authorship. Research Ethics Rounds, St. Michael’s Hospital, May 5, 2005.

Organisational ethics. MHSc in Bioethics Program, University of Toronto Joint Centre for Bioethics, March 7, 2005.

Put my name on that paper! Ethics and integrity in authorship. MHSc in Bioethics Program, University of Toronto Joint Centre for Bioethics, February 3, 2005.

Ethical approaches to health care practice. Radiation Sciences Program, Faculty of Medicine and the Michener Institute for Applied Health Sciences, University of Toronto, January 12, 2005.

Ethical approaches to priority setting. MHSc in Bioethics Program, University of Toronto Joint Centre for Bioethics, January 30, 2004.

Ethical approaches to health care practice. Radiation Sciences Program, Faculty of Medicine and the Michener Institute for Applied Health Sciences, University of Toronto, January 14, 2004.

Ethical approaches to health care practice. Radiation Sciences Program, Faculty of Medicine and the Michener Institute for Applied Health Sciences, University of Toronto, January 17, 2003.

Priority setting in health care. [Commentary] Lupina Foundation Lecture, Comparative Program in Health and Society, Munk Centre for International Studies, University of Toronto, October 11, 2002.

Ethics across borders: the challenges of global health research. CIP Research Ethics Day, University of Toronto, July, 2002. (With Carol Cheung.)

4. Workshops

National


Provincial
Priority setting in LHINs: making the tough choices. LHIN Workshop, Toronto, February 20, 2009.

Ethics Strategic Planning Retreat, Bioethics Program, London Health Sciences Centre, March 6, 2008.
Ethics program planning. Royal Victoria Hospital, Barrie, April 25, 2007.


LHIN Ethics ThinkTank. Health Results Team, Ontario Ministry of Health & Long Term Care, Toronto, February 20, 2006.


Strategic planning and priority setting workshop. Grand River Hospital, Kitchener, January 9, 2004.

Priority setting in strategic planning. Executive Retreat. The Ottawa Hospital, Ottawa, April 16, 2003.

Local


Ethics Strategic Planning Workshop, JCB Academic Fellowship in Clinical & Organizational Ethics Program, July 2, 2008.

Ethics Strategic Planning Retreat, Credit Valley Hospital, June 10, 2008.

Ethics Strategic Planning Retreat, Surrey Place Centre, Toronto, May 28, 2008.


Integrating ethics at York Central Hospital, November 19, 2007.

Clinical priority setting. Senior Management Retreat, Humber River Regional Hospital, Toronto, March 24, 2006.

Ethical decision-making about scarce hospital resources. Veterans & Long Term Care Directorate, Sunnybrook and Women’s College Health Sciences Centre, Toronto, January 8, 2004.


Ethical decision-making about scarce hospital resources. Veterans & Long Term Care Directorate, Sunnybrook and Women’s College Health Sciences Centre, Toronto, 2004.
Priority setting in hospital strategic planning. Managers Leadership Forum, Toronto, Toronto East
General Hospital, December 17, 2003.


Clinical priority setting. Management Forum, Toronto East General Hospital, Toronto, November 10 &
December 17, 2003.

Ethics strategic planning. Clinical Ethics Centre, Sunnybrook & Women’s College Health Sciences

5. Consultations

Ethics Program Assessment. Windsor Regional Hospital (2010).

Ethics Program Review. Children’s Aid Society of Toronto (2009-10).


Priority setting in Ontario’s Local Health Integration Networks. LHIN Priority Setting Collaborative


Ethics Program Development: Institutional Scan. Toronto East General Hospital, Toronto (2008).

Ethics Program Development: Strategic Planning & Education. Credit Valley Hospital, Mississauga
(2008).


Ethics Program Development: Strategic & Operational Planning. Southlake Regional Health Centre,

Ethics Program Development: Strategic & Operational Planning. Women’s College Hospital, Toronto
(2007-10).

Research Ethics Program Assessment, York Central Hospital (2007-08).

Ethics Program Development: Strategic & Operational Planning. York Central Hospital, Richmond Hill
(2007-09).


6. Invited Expert Stakeholder Consultations


E. Teaching

1. Graduate Supervision

1. Kadia Petricca (PhD Candidate). Development of a framework to strengthen district-level priority setting for health services in low-income countries. Department of Health Policy, Management & Evaluation, and Collaborative Program in Bioethics, University of Toronto (2010 - ). (Co-Supervisor: Prof. Whitney Berta.)

2. Graduate Committee Membership

1. Diego Silva (PhD Candidate). Equitable access and mental health patients in a pandemic influenza. Dalla Lana School of Public Health, and Collaborative Program in Bioethics, University of Toronto (2009 - .) (Supervisor: Dr. Ross Upshur.)

2. Connie Williams (PhD Candidate). Ethical decision-making in the NICU: family & provider perspectives. Department of Health Policy, Management & Evaluation, and Collaborative Program in Bioethics, University of Toronto (2008- ). (Supervisor: Dr. Andreas Laupacis.)

3. Jennifer Yoon (MSc Candidate). Evaluating model WHO simulation as a policy engagement tool among health sciences students. Institute of Medical Sciences, University of Toronto (2009 - ). (Supervisor: Dr. Adam Dubrowski.)

4. Fabio Ferri-de-Barros (MSc-PhD Transfer Candidate). Reconstructive surgical care for children in the state of São Paulo: a qualitative study of reasons for unmet needs. Institute of Medical Sciences, University of Toronto (2009 - ). (Supervisor: Dr. Douglas Martin.)

5. Michelle Cleghorn (MSc Candidate). Public engagement for improved health policy making: a framework for effective public engagement in the context of Citizens’ Councils. Institute of Medical Sciences, and Collaborative Program in Bioethics, University of Toronto (2009 - ). (Supervisor: Dr. Douglas Martin.)

3. External Examiner

1. Laena Maunula (MPH Defense), Ethics & pandemic influenza planning. Centre for Health Care Ethics, Lakehead University, Thunder Bay, November 2007. (Supervisor: Dr. Jaro Kotalik.)


4. Students, Fellows & Research Trainees Mentored

- Mary Huska, MHSc Candidate, University of Toronto (2009 - ).
- Max Smith, Research Assistant, University of Toronto Joint Centre for Bioethics (2009 - ).
- Leena Khawaja, Summer Student, University of Toronto Joint Centre for Bioethics (2009 - ).
- Zahava Rosenberg-Yunger, PhD Candidate, Department of Health Policy, Management & Evaluation, University of Toronto (2005-09)
- Julie Lauzon, MHSc Candidate, University of Toronto (2008-09).
- Kim Ibarra, Research Assistant, University of Toronto Joint Centre for Bioethics (2007-2009).
• Zaid Gabriel, MHSc Candidate, University of Toronto (2007-2008).
• Eoin Connolly, MSc Candidate, Institute for Medical Sciences, University of Toronto (2005-2008).
• Rebecca Greenberg, PhD Candidate, Department of Health Policy, Management & Evaluation, University of Toronto (2005-2008).
• Debbie Rolfe, Senior Clinical Ethics Fellow, University of Toronto Joint Centre for Bioethics (2007).
• Carolyn Baker, EXTRA Program Fellow & Vice-President, St. Joseph’s Hospital, Toronto (2005-2007).
• Shannon Madden, PhD Candidate, Department of Health Policy, Management & Evaluation, University of Toronto (2003-2007).
• Diego Silva, Research Assistant, University of Toronto Joint Centre for Bioethics (2005-2006).
• Robert Sibbald, MSc Candidate, Institute for Medical Sciences, University of Toronto (2004-2006).
• Dr. David Gerber, MHSc Candidate, University of Toronto (2003-2004).
• Dr. Andrew Cooper, MHSc Candidate, University of Toronto (2002-2003).

5. Courses Taught

Graduate courses (Course Director)
Ethics Committees & Consultation, MHSc in Bioethics Program, University of Toronto (2009 - ).

Graduate courses (Co-Instructor)
Clinical Ethics II, MHSc in Bioethics Program, University of Toronto (2003).

Undergraduate courses (Instructor)
Fundamental Problems of Philosophy, Division of Humanities, University of Toronto at Scarborough (2000-2001).

Seminar in Theories of Human Nature, Division of Humanities, University of Toronto at Scarborough (2000).

Ethics, Death and Dying, Department of Philosophy, University of Toronto (2000).
Issues in Environmental Ethics: Environment and Health, Department of Philosophy, University of Toronto (2000).

Ethics, Genetics and Reproduction, Department of Philosophy, University of Toronto (1999).
Barbara Secker

CURRICULUM VITAE

Director, Education and Practice, Joint Centre for Bioethics
Assistant Professor, Department of Occupational Science and Occupational Therapy
Associate Member, School of Graduate Studies
University of Toronto

Cross-Appointments:
Department of Health Policy, Management and Evaluation
Graduate Department of Rehabilitation Science
Lawrence S. Bloomberg Faculty of Nursing
Institute of Medical Science

Address:
Joint Centre for Bioethics
155 College Street, Suite 754
Toronto, ON M5T 1P8
(416) 978-1909
barbara.secker@utoronto.ca

A. Date prepared: September 2010

B. Formal Education:
2001 Ph.D., University of Toronto (Philosophy and Collaborative Program in Bioethics)
Title: Medico-Legal Jurisdiction over Human Decision-making: A Philosophical Constructionist Analysis of Mental Competence
Supervisor: Professor William Harvey
Committee Members: Professors Kathryn Morgan and Merrijoy Kelner

1993 M.A., Simon Fraser University (Philosophy)
Thesis: Mental Competency and the Autonomy of Patients
Supervisor: Professor Susan Wendell

1991 B.A., University of Toronto (Philosophy)
Degree granted "with high distinction"

C. Appointments and Employment History

2010-present Associate Member (cross-appointment), Lawrence S. Bloomberg Faculty of Nursing, University of Toronto
2009-present  **Director, Education and Practice**, Joint Centre for Bioethics, University of Toronto

2009-present **Associate Member** (cross-appointment), Institute of Medical Science, University of Toronto

2009-present **Director**, Master of Health Science (Bioethics) Program, Institute of Medical Science, University of Toronto

2007-present **Assistant Professor** and **Associate Member** (cross-appointment), Department of Health Policy, Management and Evaluation, University of Toronto

2007-present **Director**, Academic Fellowship in Clinical and Organizational Ethics, Joint Centre for Bioethics, University of Toronto

2005-present **Director**, Collaborative Program in Bioethics, School of Graduate Studies, University of Toronto

2005-present **Director**, Clinical, Organizational and Research Ethics (CORE) Network (formerly the Clinical Ethics Group), Joint Centre for Bioethics, University of Toronto

2004-present **Associate Member** (cross-appointment), Graduate Department of Rehabilitation Science, University of Toronto

2003-present **Assistant Professor** (status-only from 2003-2008), Department of Occupational Science and Occupational Therapy, Faculty of Medicine, University of Toronto

1998-2008 **Pillar Leader, Ethics and Spiritual Care** (2005-2008); **Bioethicist** (1998-2005), Toronto Rehabilitation Institute, and University of Toronto Joint Centre for Bioethics

D. Honours

a. **Appointments of distinguished councils**

b. **Distinguished awards including scholarships**

**Graduate scholarships and fellowships**

1997-98 Queen Elizabeth II Ontario Graduate Scholarship

1994-97 Social Sciences and Humanities Research Council of Canada Doctoral
Fellowship (SSHRC)

1993-94  Ontario Graduate Scholarship
1992-93  Simon Fraser University Graduate Fellowship
1991-92  Simon Fraser University Special Graduate Entrance Scholarship
          Simon Fraser University Graduate Fellowship

Awards for research in bioethics

1996-97  Canadian Bioethics Society Student Award (awarded to "Power, Politics and Ethics in Assessing Patient Competence: Gender, and the Social Construction of Decisional Competence")
          George Paxton Young Memorial Prize in Philosophy, Graduate Department of Philosophy, University of Toronto (awarded to "Destroying the Power/Right to Decide: The Gender Politics of Incompetence Labelling," for scholastic achievement)

1995-96  George Paxton Young Memorial Prize in Philosophy, Graduate Department of Philosophy, University of Toronto (awarded to "The Appearance of Kant's Deontology in Contemporary Kantianism: Concepts of Patient Autonomy in Bioethics," for scholastic achievement)
          Canadian Bioethics Society Student Award (awarded to "The Will to Live or the Living Will? Ontario's New Legislation and the Status of Mentally Incapable Persons' Current Wishes with Respect to Treatment")

1994-95  Martha Lile Love Essay Award, Graduate Department of Philosophy, University of Toronto (awarded to "Women, Health Care, and the Social Construction of Mental (In)competence," for top graduate student paper in 1993-94)

Undergraduate scholarships and awards

1990-91  Walter T. Brown Scholarship, Victoria College, University of Toronto
          Maria Janes Scholarship, Victoria College, University of Toronto
          University of Toronto Pearson General Proficiency Scholarship
          University of Toronto John MacDonald Scholarship in Philosophy

1988-91  University of Toronto Faculty Scholar Certificate (awarded each year)
E. Professional Affiliations and Activities

a. Editor of journal, academic organizations

b. Memberships in professional associations

American Society for Bioethics and Humanities
Association of Bioethics Program Directors
International Association of Bioethics
International Network on Feminist Approaches to Bioethics
Canadian Bioethics Society

Reviewer for Journals and Granting Agencies
Social Sciences and Humanities Research Council of Canada (SSHRC)
BMC Medical Ethics (BioMed Central)

F. Creative Professional Activities

a. Research endeavors
   i. Subjects of interest and activity

Bioethics; rehab and disability ethics; organizational ethics; social justice and priority setting for people with disabilities and chronic illnesses; client autonomy; client decision-making capacity and informed consent; advance care planning; ethics program development, service delivery and evaluation.

b. Research awards
   ii. Grants, contracts, fellowships (past 5 years)


   **Topic:** Evaluating the effectiveness of hospital-based ethics programs: a pilot study to identify key benchmarks, indicators, and success factors

2008-10 $92,144 Canadian Institutes of Health Research (CIHR), Co-Principal Investigator (Named). Secker, B. and Gibson, B. (Co-PIs) and Parke, B. and Wagner, F. (Co-Investigators).

   **Topic:** There's No Place Like Home: What Constitutes an 'Adequate'
Home Environment for Younger Adults with Physical Disabilities?


Topic: Partnering with Patients and Families to Address Potential Conflicts between Patient Safety and Patient Autonomy in Rehabilitation and Complex Continuing Care


Topic: Informed Consent to Drug Treatment Research: A Pilot Qualitative Study

2002-05 $85,000 University of Toronto Joint Centre for Bioethics, Co-Investigator. Upshur, R (PI) and the UofT Joint Centre for Bioethics Clinical Ethics Group.

Topic: Project Examining Effectiveness in Clinical Ethics (PEECE)

2004-05 $10,000 University of Toronto Joint Centre for Bioethics, Project Leader with the JCB Rehab and Community Care Ethics Research Group.

Topic: Health Care Regionalization and Implications for People with Disabilities and Chronic Illnesses

G. Publications


**Manuscripts**


**H. Presentations and Special Lectures**

a. **Papers presented at meetings and symposia (refereed)**


2005  “Improving Patient Care through Clinical Ethics Innovation: A Revitalized Ethics Program for an
Academic Rehabilitation Centre,” with Karima Velji and Sue MacRae, RehabNet Conference, Ottawa, June 2005.

“Less Acute, Just as Critical: Defining Ethical Issues in Rehab and Complex Continuing Care,”
with Cheryl Cline, 2nd International Conference on Clinical Ethics Consultation, Basel, Switzerland, March 2005.

“Clinical Bioethics Integration, Sustainability and Accountability: Hub-and-Spokes Strategy,”
with members of Joint Centre for Bioethics Clinical Ethics Group, 2nd International Conference on Clinical Ethics Consultation, Basel, Switzerland, March 2005.

2004 “Less Acute, Just as Critical: Defining Ethical Issues in Rehab and Complex Continuing Care,”
with Cheryl Cline, 7th World Congress of Bioethics, International Association of Bioethics, Sydney, Australia, November 2004

“Less Acute, Just as Critical: Defining Ethical Issues in Rehab and Complex Continuing Care,”
with Cheryl Cline, Canadian Bioethics Society annual conference, Calgary, October 2004

“Clinical Bioethics Integration, Sustainability and Accountability: Hub-and-Spokes Strategy,”
with members of Joint Centre for Bioethics Clinical Ethics Group, Canadian Bioethics Society annual conference, Calgary, October 2004

“Improving Patient Care through Clinical Ethics Innovation: A Revitalized Ethics Program for an
Academic Rehabilitation Centre,” with Karima Velji and Sue MacRae, GTA Rehab Network Best Practices Day, Toronto, February 2004


Canadian Bioethics Society Annual Conference, Winnipeg, October 2001; also presented at:

International Congress on Law and Mental Health, Montréal, July 2001
“A Not So Kind of Gentle World”: Ethical Issues in Disability and Aging, Chicago, June 2001
Gender and Disability Studies Conference, Rutgers University, New Brunswick, NJ, 2001

2000 “A Feminist Social Constructionist Philosophy of Mental (In)competence,” Feminist Utopias: An
International Feminist Conference, Toronto, November 2000
“A Social Constructionist Philosophy of Mental (In)competence,” (part of panel “It’s All in Your Head: Gendered Social Constructions of Three Diagnostic Categories” with Licia Carlson and Kathryn Morgan), 5th World Congress of Bioethics, Feminist Approaches to Bioethics, London, UK, September 2000


"Medico-legal Jurisdiction over Mental Competence,” International Association of Law and Mental Health, Toronto, June 1999


"Destroying the Power/Right to Decide: The Gender Politics of Incompetence Labelling," Conference on Feminist Approaches to Bioethics, in conjunction with the Third International Congress of the International Association of Bioethics, San Francisco, November 1996; also presented at:

International Teaching to Promote Women’s Health Conference, Toronto, June 1996
International Social Philosophy Conference, De Pere, Wisconsin, August 1996


"Women, Health Care, and the Social Construction of Mental Competency," Canadian Society for Women in Philosophy (at the Canadian Philosophical Association), Learned Societies Conference, Calgary, June 1994

"Women and the Social Construction of Mental Competency," Women’s Health: Key Research and Health Care Issues--A National Multidisciplinary Conference, Faculty of Health Sciences, McMaster University, Hamilton, April 1994

1993  "Feminism and Community: A Critical Analysis of Friedman’s Alternative Model of ‘Dislocated’ Community," Canadian Society for Women in Philosophy (at the Canadian Philosophical Association), Learned Societies Conference, Ottawa, May 1993


b. Invited lectures

2010  "Pushing the Boundaries of Bioethics: Ethics, Disability and Patient Sexuality in Rehab and Continuing Care," Bioethics Grand Rounds, Cleveland Clinic, Cleveland, December 2010

"Integrating Normative Ethical Analysis and Qualitative Inquiry: Experience in a CIHR Study of "Adequate" Home Environments for Disabled Younger Adults" (with Dr. Barbara Gibson), Child Health Evaluative Sciences Rounds, Research Institute, Hospital for Sick Children, Toronto, November 2010

"There’s No Place Like Home: What Constitutes an 'Adequate' Home Environment for Younger Adults with Physical Disabilities?" (with Dr. Barbara Gibson), Joint Centre for Bioethics Seminar Series, University of Toronto, March 2010.

2009  "Less Acute, Just as Critical: Ethical Issues in Rehabilitation," Unit 5, MHSc (PT) Program, Physical Therapy Department, University of Toronto, August 2009.
"Practicing Healthcare Ethicists and the Question of Professionalization" (Panelist), MSC3004Y Clinical Ethics Consultation and Committees, MHSc in Bioethics Program, University of Toronto, April 2009.


"Ethical Reasoning and Justification," Ethics Forum, Credit Valley Hospital, Mississauga, November 2008.

"Ethical Processes and Assessment," Ethics Forum, Credit Valley Hospital, Mississauga, November 2008.


"Less Acute, Just as Critical: Ethical Issues in Rehabilitation," Unit 5, MHSc (PT) Program, Physical Therapy Department, University of Toronto, August 2008.

"There's No Place Like Home: Ethics Research and Advocacy to Improve Discharge Planning/Placement and Quality of Life" (with Barbara Gibson), Ethics Grand Rounds, Toronto Rehabilitation Institute, Toronto, May 2008.

"Ethical Decisions in Day to Day Practice" (panelist with Dianne Godkin and Doreen Ouellet), Ontario Association of Rehabilitation Nurses, Toronto, February 2008.


"Just Regionalization: Rehabilitating Care for People with Disabilities and Chronic Illnesses," Neuropsychiatry Rounds, Department of Psychiatry, Toronto Western Hospital, University Health Network, Toronto, November 2007.

"Less Acute, Just as Critical: Ethical Issues in Rehabilitation," Unit 5, MHSc (PT) Program, Physical Therapy Department, University of Toronto, November 2007.

"Ethical Issues in Rehabilitation" (with Barbara Gibson), Unit 5, MHSc (PT) Program, Physical Therapy Department, University of Toronto, October 2006.


"Privacy and Confidentiality" (with Gaetan Tardif and Walt Greenway), for Physiatry Residents Forum, Toronto Rehab/University of Toronto, June 2006.


"Teaching for Ethical Practice" (panelist), Symposium on Moral Theory and Health Care Practice, National University of Ireland, Galway, March 2006.

"Think Tank on Ethics for Local Health Integration Networks (LHINs)” (invited guest participant), Health Results Team, System Integration (LHINs), Ministry of Health and Long-Term Care, Toronto, February 2006.

"Ethical Decision Making: Walking the Tight Rope in Rehabilitation Care...Continuing the Dialogue" (panelist), Ontario Association of Rehabilitation Nurses, Toronto, February 2006.


2005  “Ethics of LHINs: Implications for People with Disabilities and Chronic Illnesses” (with Frank Wagner), University of Toronto Joint Centre for Bioethics Seminar Series, November 2005.

"Ethical Issues in Rehabilitation," Unit 5, MHSc (PT) Program, Physical Therapy Department, University of Toronto, October 2005.

“Ethics of LHINs: Implications for People with Disabilities and Chronic Illnesses” (with Frank Wagner), Community Ethics Network Forum, Toronto, October 2005.


“Less Acute, Just as Critical: Defining Ethics Issues in Rehab and Complex Continuing Care Ethics,” N460 Rehabilitation Nursing, Faculty of Nursing, University of Toronto, February 2005.
“Ethical Decision Making: Walking the Tightrope in Rehabilitation Care,” panelist for Ontario Association of Rehabilitation Nurses annual conference, Toronto, January 2005

2004

“Patient Sexuality in Rehab and Continuing Care,” Joint Centre for Bioethics Undergraduate Initiative, Toronto, October 2004

“Less Acute, Just as Critical: Defining Ethics Issues in Rehab and Complex Continuing Care Ethics,” Ethics Grand Rounds, Centre for Clinical Ethics, Providence Centre, Toronto, February 2004

“Capacity and Consent,” OCT1121H Occupational Therapy Practice 2, Department of Occupational Therapy, University of Toronto, February 2004

“Less Acute, Just as Critical: Defining Ethics Issues in Rehab and Complex Continuing Care Ethics,” N460 Rehabilitation Nursing, Faculty of Nursing, University of Toronto, February 2004

2003

“Clinical Ethics Consultation in Rehab and Continuing Care,” MSC3004Y Clinical Ethics Consultation and Committees, MHSc in Bioethics, University of Toronto, September 2003


“Capacity and Consent in Data Linkage Research,” Conference: Research Ethics in Complex Continuing Care: Toward an Ethical Process For Data Linkage Research, University of Toronto, October 2003

“Capacity and Consent,” Core Resident Integrated Scholarly Program (CRISP) PGY1, Faculty of Medicine, University of Toronto, October 2003

“What Does a Clinical Ethicist Do Anyway?,” Joint Centre for Bioethics Summer Student Group, University of Toronto, July 2003

“Clinical Ethics Consultation in Rehab and Continuing Care,” MSC3004Y Clinical Ethics Consultation and Committees, MHSc in Bioethics, University of Toronto, March 2003

“Capacity and Consent,” PHL283H5S Medicine, Morality and the Law, Department of Philosophy, University of Toronto, March 2003

“Capacity and Consent,” OCT1121H Occupational Therapy Practice 2, Department of Occupational Therapy, University of Toronto, January 2003
“Capacity, Consent and Cultural Pluralism,” Everyday Ethics, Hospital for Sick Children, January 2003


“Why Do We Have the Ethics Review Process?” Panel discussion on The Ethics Review Process, Collaborative Research Program in Rehabilitation and Long Term Care, Toronto, June 2002

“Capacity and Consent,” OCT1121H Occupational Therapy Practice 2, Department of Occupational Therapy, University of Toronto, March 2002

“Clinical Ethics Consultation,” MSC3004Y Clinical Ethics Consultation and Committees, MHSc in Bioethics, University of Toronto, February 2002

“Capacity and Consent,” PHL283H5S Medicine, Morality and the Law, Department of Philosophy, University of Toronto, January 2002


2001 “Less Acute, Just as Critical: Defining Issues in Rehab and Continuing Care Ethics,” Bioethics Seminar Series, University of Toronto Joint Centre for Bioethics, November 2001

“Capacity, Consent and Cultural Pluralism,” Medical Grand Rounds, Toronto Western Hospital, University Health Network, November 2001

“Informed Consent for Special Populations,” Research Ethics and Regulatory Affairs course, Mohawk McMaster Institute of Applied Health Sciences, Hamilton, October 2001 (with Cathy Craven), October 2001

“Women’s Health and Feminist Bioethics,” International Medical Graduate Program, Toronto, April 2001

“Capacity and Consent,” OCT101H Professional Issues, Department of Occupational Therapy, University of Toronto, March 2001

“Women’s Health,” MSC3001 Foundations I Seminar, University of Toronto Joint Centre for Bioethics, February 2001

“Ethical Challenges in Obtaining Informed Consent for Research in Rehab and Complex Continuing Care” (with Heather Campbell), Brown Bag Ethics Series, University of Toronto Research Services, Toronto, May 2000

“The Right Frame of Mind: A Philosophical Typology of the Social Construction of Mental (In)competence,” Department of Philosophy, University of Toronto, March 2000


“Ethical Issues in Rehab and Complex Continuing Care,” Ethics Committee Network of South-Central Ontario, Toronto, January 2000


“What’s Unique about Ethical Issues in Rehab and Complex Continuing Care?,” Ethics Grand Rounds (separate presentations to each of The University Centre, The Queen Elizabeth Centre, The Hillcrest Centre, and The Lyndhurst and Rumsey Centres), October 1999

“A Feminist Analysis of Mental Competence,” PHL383 Ethics and Mental Health, Department of Philosophy, University of Toronto, October 1999

“Competence and Consent,” PGY2 Ethics and Psychiatry, Department of Psychiatry and Centre for Addiction and Mental Health, April 1999

“Rehabilitation Ethics,” MSC1052 Clinical Ethics, University of Toronto Joint Centre for Bioethics, March 1999

“A Feminist Social-Constructionist Analysis of Mental Competence,” Equity Studies class, New College, University of Toronto, February 1999

1998  "The Will to Live, or the Living Will?," Department of Philosophy and Faculty of Health Sciences, University of Western Ontario, February 1998

"Labelling Patient (In)competence: A Feminist Analysis of Medico-Legal Discourse," Centre for the Mind, Australian National University, September 1997

"An Introduction to Mental Competence and Consent," nursing ethics course, University of Wollongong, Australia, September 1997


1995 "Women, Health Care, and the Social Construction of Mental (In)competence," Centre for Bioethics, University of Toronto, October 1995

"Women, Health Care, and the Social Construction of Mental (In)competence," special presentation of paper winning Martha Lile Love Essay Award, Department of Philosophy, University of Toronto, September 1995

"An Introduction to Ethical Theory," invited lecturer in advanced law course on legal ethics, Faculty of Law, University of Toronto, January 1995

1993 "On the Relationships Between Concepts of Autonomy and Mental Competence," invited lecturer in advanced undergraduate seminar on Competence and Consent, Department of Philosophy, University of Toronto, October 1993

"Autonomy and Health Care," Graduate Student Philosophy Colloquium, Simon Fraser University, March 1993

1992 "A Philosophical Analysis of Some Ethical Issues Surrounding Mental Competency and Its Assessment," Graduate Student Philosophy Colloquium, Simon Fraser University, October 1992

c. Posters


I. Committee Involvement

a. University of Toronto

1998-present  Strategic Forum (2006-present); Advisory Committee (1998-2006), University of Toronto Joint Centre for Bioethics (Member)

1998-present  Clinical, Organizational and Research Ethics (CORE) Network (formerly the Clinical Ethics Group), University of Toronto Joint Centre for Bioethics (Chair 2005-present; Member 1998-2005)

2001-present  MHSc in Bioethics Program Committee, University of Toronto (Chair 2009-; Member 2001-08)

2005-present  Collaborative Program in Bioethics Executive Committee, University of Toronto (Chair)

2005-present  Management Team, Joint Centre for Bioethics, University of Toronto (Member)

2005-present  Fellowship Advisory Committee, Joint Centre for Bioethics, University of Toronto (Chair 2007-present; Member 2005-07)

2007-present  Executive Committee, Centre for Ethics, University of Toronto (Member; also Faculty Associate)

2008-present  Professionalization Working Group, CORE Network, Joint Centre for Bioethics, University of Toronto (Co-Chair 2008-09; Member 2009-present)

Accreditation Working Group, CORE Network, Joint Centre for Bioethics, University of Toronto (Co-Chair 2008-09; Member 2009-present)

2009-present  Ethics and Professionalism Committee, Undergraduate Medical Education, Faculty of Medicine, University of Toronto (Member)

Practicing Health Care Ethicists Exploring Professionalization (PHEEP), Canadian Bioethics Society (Co-Founder; Member)

2005-06  Search Committee, Director, Joint Centre for Bioethics, University of Toronto (Member)
Search Committee, Bioethicist, Bloorview MacMillan, Toronto Rehab and UofT Joint Centre for Bioethics, Toronto (Chair)

Search Committee, Bioethicist, Centre for Addiction and Mental Health and UofT Joint Centre for Bioethics, Toronto (Member)

2003
Search Committee, Bioethicist, Centre for Clinical Ethics and UofT Joint Centre for Bioethics, Toronto (Member)

1997-98
Search Committee, Bioethics and Genetics, University of Toronto Joint Centre for Bioethics (Member)

Abstract Review Committee, Canadian Bioethics Society, 10th Annual Conference (Member)

b. Toronto Rehabilitation Institute

1998-2008 Advance Care Planning Working Group (Chair 2004-present; Member 1998-2004)
2000-2008 Research Ethics Board, Toronto Rehabilitation Institute (Vice-Chair)
2004-2008 Ethics Forum, Toronto Rehab (Chair)
2006-2008 Capacity and Consent Initiative (Chair)
2000-2003 Intimacy and Personal Relationships Task Force (Co-Chair 2000-03))
2001-2003 Ethics Committee, Toronto Rehab (Chair)
1998-2002 Researchers’ Network, Toronto Rehabilitation Institute (Co-Founder and Co-Chair)
1998-2000 Research Subcommittee, Toronto Rehabilitation Institute (Member)
Barbara Secker

TEACHING DOSSIER

Director, Education and Practice, Joint Centre for Bioethics
Assistant Professor, Department of Occupational Science and Occupational Therapy
Associate Member, School of Graduate Studies
University of Toronto

Cross-Appointments:
Department of Health Policy, Management and Evaluation
Graduate Department of Rehabilitation Science
Lawrence S. Bloomberg Faculty of Nursing
Institute of Medical Science

Address:
Joint Centre for Bioethics
155 College Street, Suite 754
Toronto, ON M5T 1P8
(416) 978-1909
barbara.secker@utoronto.ca

A. Date prepared: September 2010

B. Clinical fieldwork/education supervision of students

2001-2008 Rotation Supervisor, Fellowship in Clinical and Organizational Ethics, University of Toronto Joint Centre for Bioethics:

Kevin Reel, BSc, MSc (September 1 -- November 30, 2008)
Debbie Rolfe, MSW, MHSc (July 1 -- September 15, 2008)
Jennifer Bell, MA (December 1, 2007 -- February 29, 2008)
Leah Mcclimans, MA, PhD(c) (December 1, 2006 -- February 28, 2007)
Cheryl Cline, PhD (September 1, 2006 -- November 30, 2006)
Blair Henry, MTS (December 1, 2005 -- February 29, 2006)
Sharon Reynolds, RN, MHSc (September 1, 2005 -- November 30, 2005)
Shawn Richard, MA (March 1, 2005 -- August 31, 2005)
Eoin Connolly, MA (December 1, 2004 -- February 29, 2005)
Jonathan Breslin, PhD (September 1, 2004 -- 31 December 2004)
Shawn Winsor, MHSc (January 1, 2004 -- June 30, 2004)
Dianne Godkin, PhD (March 1, 2003 -- May 31, 2003)
Laurie Hardingham, MA (July 1, 2002 -- June 31, 2003)
Paula Chidwick, PhD (September 1, 2001 -- December 31, 2001)
2000-2004  **Practicum Supervisor, MSC3008Y (Practicum/Applied Learning in Bioethics),**
MHSc in Bioethics Program, University of Toronto:

Isabelle Carpentier, OT (20 hours; 2004)
Andrew Cooper, MD (20 hours; 2003-04)
Doreen Ouellet, RN (40 hours; 2002-03)
Jerome Singh, SJD (20 hours; 2002-03)
Monique Fourcaudot, SLP (40 hours; 2001-02)
Jackie Smith, RN (40 hours; 2001-02)
Jeff Blackmer, MD (40 hours; 2000-01)

C. **Coordinated student clinical fieldwork/education administration**

2005-present  **Director,** Collaborative Graduate Program in Bioethics, University of Toronto

2007-present  **Director,** Academic Fellowship in Clinical and Organizational Ethics, Joint Centre for Bioethics, University of Toronto

2009-present  **Director,** Master of Health Science (Bioethics) Program, Institute of Medical Science, University of Toronto

2002-03  **Practicum Co-Director,** MSC3008Y Applied Learning in Bioethics (Practicum), MHSc in Bioethics Program, Institute of Medical Science, University of Toronto

D. **Structured clinical fieldwork/education sessions**

E. **Teaching**

2010-11  **Course Director,** PHL2146Y Bioethics, Department of Philosophy, University of Toronto

**Course Co-Director,** 1132H Occupational Therapy Practice II, Department of Occupational Science and Occupational Therapy, University of Toronto

**Course Co-Director,** MSC3006Y Independent Study (Writing and Publishing Course), Institute of Medical Science, University of Toronto

2009-10  **Course Director,** PHL2146Y Bioethics, Department of Philosophy, University of Toronto

**Course Co-Director,** 1132H Occupational Therapy Practice II, Department of Occupational Science and Occupational Therapy, University of Toronto

**Guest Lecturer,** "Less Acute, Just as Critical: Ethical Issues in Rehabilitation," Unit 5, MHSc (PT) Program, Physical Therapy Department, University of Toronto, August 2009.
2008-09  
**Course Director**, PHL2146Y Bioethics, Department of Philosophy, University of Toronto
**Course Co-Director**, 1132H Occupational Therapy Practice II, Department of Occupational Science and Occupational Therapy, University of Toronto

**Guest Lecturer**, "Less Acute, Just as Critical: Ethical Issues in Rehabilitation," Unit 5, MHSc (PT) Program, Physical Therapy Department, University of Toronto, August 2008.

2007-08  
**Course Director**, PHL2146Y Bioethics, Department of Philosophy, University of Toronto

**Course Co-Director**, 1132H Occupational Therapy Practice II, Department of Occupational Science and Occupational Therapy, University of Toronto

**Course Director**, PHL440H Clinical Bioethics, Department of Philosophy, University of Toronto

**Guest Lecturer**, "Less Acute, Just as Critical: Ethical Issues in Rehabilitation," Unit 5, MHSc (PT) Program, Physical Therapy Department, University of Toronto, November 2007

2006-07  
**Course Director**, PHL2146Y Bioethics, Department of Philosophy, University of Toronto

**Course Co-Director**, 1132H Occupational Therapy Practice II, Department of Occupational Science and Occupational Therapy, University of Toronto

**Guest Lecturer**, "Ethical Issues in Rehabilitation" (with Barbara Gibson), Unit 5, MHSc (PT) Program, Physical Therapy Department, University of Toronto, October 2006

2005-06  
**Course Director**, PHL2146Y Bioethics, Department of Philosophy, University of Toronto

**Course Co-Director**, Oct 1132H Occupational Therapy Practice II, Department of Occupational Science and Occupational Therapy, University of Toronto

**Guest Lecturer**, "Ethical Issues in Rehabilitation," Unit 5, MHSc (PT) Program, Physical Therapy Department, University of Toronto, October 2005

2004-05  
**Course Director**, PHL2146Y Bioethics, Department of Philosophy, University of Toronto

**Course Co-Director**, Oct 1132H Occupational Therapy Practice II, Department of Occupational Science and Occupational Therapy, University of Toronto

2003-04  
**Course Director**, PHL2146Y Bioethics, Department of Philosophy, University of Toronto

**Guest Lecturer**, “Capacity and Consent,” OCT1121H Occupational Therapy Practice 2, Department of Occupational Therapy, University of Toronto, February 2004
Guest Lecturer, “Less Acute, Just as Critical: Defining Ethics Issues in Rehab and Complex Continuing Care Ethics,” N460 Rehabilitation Nursing, Faculty of Nursing, University of Toronto, February 2004

Guest Lecturer, “Clinical Ethics Consultation in Rehab and Continuing Care,” MSC3004Y Clinical Ethics Consultation and Committees, MHSc in Bioethics, University of Toronto, September 2003

2002-03 
Course Director, PHL2146Y Bioethics, Department of Philosophy, University of Toronto

Guest Lecturer, “Clinical Ethics Consultation in Rehab and Continuing Care,” MSC3004Y Clinical Ethics Consultation and Committees, MHSc in Bioethics, University of Toronto, March 2003

Guest Lecturer, “Capacity and Consent,” PHL283H5S Medicine, Morality and the Law, Department of Philosophy, University of Toronto, March 2003

Guest Lecturer, “Capacity and Consent,” OCT1121H Occupational Therapy Practice 2, Department of Occupational Therapy, University of Toronto, January 2003

2001-02 
Instructor, PHL383H1S Ethics and Mental Health, Department of Philosophy, University of Toronto

Co-Instructor (with Dr. Neil Lazar), MSC1052H Clinical Bioethics, Institute of Medical Science, University of Toronto

Facilitator, “Understanding The New World Of Health Care” (an intensive course for health care leaders on managing health care policy), Harvard University and University of Toronto (Rotman School of Management and Joint Centre for Bioethics), Toronto, June 18-23

Co-Instructor (with Dr. Denyse Richardson), Bioethics Short-Course, Division of Physiatry, Faculty of Medicine, University of Toronto

2000-01 
Guest Lecturer, “Capacity and Consent,” OCT101H Professional Issues, Department of Occupational Therapy, University of Toronto, March 2001

Guest Lecturer, “Women’s Health,” MSC3001 Foundations I Seminar, University of Toronto Joint Centre for Bioethics, February 2001

1999-00 
Guest Lecturer, “A Feminist Analysis of Mental Competence,” PHL383 Ethics and Mental Health, Department of Philosophy, University of Toronto, October 1999

1998-99 
Guest Lecturer, “Rehabilitation Ethics,” MSC1052 Clinical Ethics, University of Toronto Joint Centre for Bioethics, March 1999

Guest Lecturer, “A Feminist Social-Constructionist Analysis of Mental Competence,”
Equity Studies class, New College, University of Toronto, February 1999

1997-98  **Instructor**, PHL383S Ethics and Mental Health, Department of Philosophy, University of Toronto

**Co-Instructor** (with Professor Janet Mosher), LAW362S Legal Ethics: Dominant Paradigms and Critical Perspectives, Faculty of Law, University of Toronto

1996-97  **Co-Instructor** (with Professor Janet Mosher), LAW362S Legal Ethics: Dominant Paradigms and Critical Perspectives, Faculty of Law, University of Toronto

**Teaching Assistant**, PHL281Y Bioethics, Department of Philosophy, University of Toronto

1995-96  **Co-Instructor** (with Ms. Mary Eberts, LL.M), LAW362S Legal Ethics: Dominant Paradigms and Critical Perspectives, Faculty of Law, University of Toronto

**Teaching Assistant**, PHL281Y Bioethics, Department of Philosophy, University of Toronto

1994-95  **Teaching Assistant**, PHL267H Philosophy of Human Sexuality, Department of Philosophy, University of Toronto

**Teaching Assistant**, PHL382F Ethical Issues in Death and Dying, Department of Philosophy, University of Toronto

1993-94  **Teaching Assistant**, PHL281Y Bioethics, Department of Philosophy, University of Toronto

**Pedagogical Training**

1997  Teaching Philosophy, PHL3000S, Department of Philosophy, University of Toronto (an elective graduate course devoted to the art of teaching philosophy to undergraduates)

Teaching Mentorship Programme, Department of Philosophy, University of Toronto, PHL281Y Bioethics and PHL382F Ethical Issues in Death and Dying (with Professor W.R.C. Harvey)

**F. Student/group research supervision**

**Graduate Students**

Debra Rolfe. Ethical Issues in Maternal/Infant Reproductive Health. PhD Candidate. Lawrence S. Bloomberg Faculty of Nursing, University of Toronto. 2009-present. **Committee Member.** **Ontario Graduate Scholarship Winner.**
Evelyne Durocher. Ethics in Discharge Planning and Placement. PhD Candidate. Graduate Department of Rehabilitation Science, University of Toronto. 2008-present. **Committee Member.**

Barry Pakes. An Ethical Analysis in Public Health Practice. PhD Candidate. Department of Public Health Sciences, University of Toronto. 2005-present. **Committee Member.** **CIHR Fellowship Award Winner**

Kelley Ross. Organ Transplantation Ethics. MSc Candidate. Department of Health Policy, Management and Evaluation, University of Toronto. 2007-present. Completed January 2010. **Supervisor.** **CIHR Master’s Award Winner**

Angie Andreoli. Understanding the Balance between Respect for Autonomy and Maximizing Safety for Patients, Families and Clinicians following Discharge from Brain Injury Rehabilitation. MSc Candidate. Department of Health Policy, Management and Evaluation, University of Toronto. 2007-present. Completed December 2009. **Committee Member.**


Pam Kolopack. Putting Participation into Perspective: The Experiences of Participants and Their Family Members Involved in a Novel Gene Transfer Trial. MSc Candidate. Institute of Medical Science, University of Toronto. Completed April 2008. **Internal Examiner.**

Robin Hayeems. Informed Consent and Genetic Databases: An Exploration of the Authorization Model. PhD, Department of Public Health Sciences, University of Toronto. Completed November 2007. Voting Member of Thesis Examination Committee. **CIHR Fellowship Award Winner**

Heather Sampson. Developing a Practical and Uniquely Canadian System of National Research Ethics Education and Review. MSc to PhD Qualifying Examination, Institute of Medical Science, University of Toronto. June 2007. **Internal Examiner.**

Rob Sibbald. Case Studies In Organisational Healthcare Ethics: Healthcare Foundations, Business Development and the Commercialisation Of Research. MSc, Institute of Medical Science, University of Toronto. Completed June 2006. **Committee Member.**

Andrew Taylor. Biotechnology for Development: An Opportunity for Canada’s Private Sector to Establish a Role in the World. MSc, Department of Health Policy, Management and Evaluation, University of Toronto. Completed November 2005. **Internal Examiner.**

Jeff Nisker. Examining Theatre as a Tool for Public Engagement in Policy Development Related to Adult Genetic Testing. MSc to PhD Qualifying Examination, Institute of Medical Science, University of Toronto. June 2003. **Internal Examiner.**
G. University laboratory demonstrations

H. Assistance in practical examinations, clinical fieldwork/education skill laboratories

I. Divergent Case Method (DCM) development and facilitation

2009-10  DCM Ethics: Professional and Ethical Obligations, Oct 1132H Occupational Therapy Practice II, Department of Occupational Science and Occupational Therapy, University of Toronto (co-developed and facilitated; revised for 2010)

2008-09  DCM Ethics: Professional and Ethical Obligations, Oct 1132H Occupational Therapy Practice II, Department of Occupational Science and Occupational Therapy, University of Toronto (co-developed and co-facilitated; substantially revised for 2009)

2007-08  DCM Ethics: Professional and Ethical Obligations, Oct 1132H Occupational Therapy Practice II, Department of Occupational Science and Occupational Therapy, University of Toronto (co-developed and co-facilitated)

DCM Bioethics, PHL2146Y Bioethics, Department of Philosophy, University of Toronto (developed and facilitated)

2006-07  DCM Ethics: Professional and Ethical Obligations, Oct 1132H Occupational Therapy Practice II, Department of Occupational Science and Occupational Therapy, University of Toronto (co-developed and facilitated)

DCM Bioethics, PHL2146Y Bioethics, Department of Philosophy, University of Toronto (developed and facilitated)

2005-06  DCM Ethics: Professional and Ethical Obligations, Oct 1132H Occupational Therapy Practice II, Department of Occupational Science and Occupational Therapy, University of Toronto (helped further develop; facilitated)

DCM Bioethics, PHL2146Y Bioethics, Department of Philosophy, University of Toronto (developed and facilitated)

2004-05  DCM Ethics: Professional and Ethical Obligations, Oct 1132H Occupational Therapy Practice II, Department of Occupational Science and Occupational Therapy, University of Toronto (helped further develop; facilitated)

J. Student project grading and feedback

L. Service to the University

a. University committees

1998-present  Strategic Forum (2006--present); Advisory Committee (1998-2006), University of Toronto Joint Centre for Bioethics (Member)
1998-present Clinical, Organizational and Research Ethics (CORE) Network (formerly the Clinical Ethics Group), University of Toronto Joint Centre for Bioethics (Director 2005-present; Member 1998-2005)

2001-present MHSc in Bioethics Program Committee, University of Toronto (Chair 2009-present; Member 2001-2008)

2005-present Collaborative Program in Bioethics Executive Committee, University of Toronto (Chair)

2005-present Management Team, Joint Centre for Bioethics, University of Toronto (Member)

2005-present Fellowship Advisory Committee, Joint Centre for Bioethics, University of Toronto (Chair 2007-present; Member 2005-07)

2007-present Executive Committee, Centre for Ethics, University of Toronto (Member; also Faculty Associate)

2008-present Professionalization Working Group, CORE Network, Joint Centre for Bioethics, University of Toronto (Co-Chair 2008-09; Member 2009-present)

Accreditation Working Group, CORE Network, Joint Centre for Bioethics, University of Toronto (Co-Chair 2008-09; Member 2009-present)

2009-present Ethics and Professionalism Committee, Undergraduate Medical Education, Faculty of Medicine, University of Toronto (Member)

Practicing Health Care Ethicists Exploring Professionalization (PHEEP), Canadian Bioethics Society (Co-Founder; Member)

2005-06 Search Committee, Director, Joint Centre for Bioethics, University of Toronto (Member)

Search Committee, Bioethicist, Bloorview MacMillan, Toronto Rehab and UofT Joint Centre for Bioethics, Toronto (Chair)

Search Committee, Bioethicist, Centre for Addiction and Mental Health and UofT Joint Centre for Bioethics, Toronto (Member)

2003 Search Committee, Bioethicist, Centre for Clinical Ethics and UofT Joint Centre for Bioethics, Toronto (Member)

1997-98 Search Committee, Bioethics and Genetics, University of Toronto Joint Centre for Bioethics (Member)
Abstract Review Committee, Canadian Bioethics Society, 10th Annual Conference (Member)

b. Other university service

Bioethics Counsellor, Undergraduate Bioethics Program, Department of Philosophy, University of Toronto

M. Scholarly Activity

a. Subjects of interest and activity

Bioethics; rehab and disability ethics; organizational ethics; social justice and priority setting for people with disabilities and chronic illnesses; client autonomy; client decision-making capacity and informed consent; advance care planning; ethics program development, service delivery and evaluation.

b. Research awards (past 5 years)

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<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Source</th>
<th>Researcher(s)</th>
<th>Topic</th>
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<tr>
<td>2008-10</td>
<td>$92,144</td>
<td>Canadian Institutes of Health Research (CIHR), Co-Principal Investigator.</td>
<td>Secker, B. and Gibson, B. (Co-PIs) and Parke, B. and Wagner, F. (Co-Investigators).</td>
<td>There’s No Place Like Home: What Constitutes an 'Adequate' Home Environment for Younger Adults with Physical Disabilities?</td>
</tr>
<tr>
<td>Year</td>
<td>Amount</td>
<td>University of Toronto Joint Centre for Bioethics,</td>
<td>Topic</td>
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| 2002-05| $85,000 | **Co-Investigator.** Upshur, R (PI) and the UofT Joint Centre for Bioethics Clinical Ethics Group.  
**Topic:** Project Examining Effectiveness in Clinical Ethics (PEECE) |
| 2004-05| $10,000 | **Project Leader** with the JCB Rehab and Community Care Ethics Research Group.  
**Topic:** Health Care Regionalization and Implications for People with Disabilities and Chronic Illnesses |

### Publications

**2006**  
[http://www.biomedcentral.com/1472-6939/7/9/abstract](http://www.biomedcentral.com/1472-6939/7/9/abstract)

**2005**  
[http://jme.bmjournals.com/cgi/content/full/31/5/256?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&author1=macrae&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&sortspecific=relevance&resourcetype=HWCIT](http://jme.bmjournals.com/cgi/content/full/31/5/256?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&author1=macrae&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&sortspecific=relevance&resourcetype=HWCIT)


### Manuscripts

**2005**  
**Barbara Secker**, Frank Wagner, Maya Goldenberg, Barbara Gibson, Bob Parke, Jonathan Breslin, Alison Thompson, Jonathan Lear and Peter A. Singer. 2005. *Ethics of LHINs: Implications for People with Disabilities and Chronic Illnesses* (white paper), University of Toronto Joint Centre for Bioethics.
d. Papers presented at meetings and symposia (refereed)


2004  “Less Acute, Just as Critical: Defining Ethical Issues in Rehab and Complex Continuing Care,” with Cheryl Cline, 7th World Congress of Bioethics, International Association of Bioethics, Sydney, Australia, November 2004

“Less Acute, Just as Critical: Defining Ethical Issues in Rehab and Complex Continuing Care,” with Cheryl Cline, Canadian Bioethics Society annual conference, Calgary, October 2004
“Clinical Bioethics Integration, Sustainability and Accountability: Hub-and-Spokes Strategy,”
with members of Joint Centre for Bioethics Clinical Ethics Group, Canadian Bioethics Society
annual conference, Calgary, October 2004

“Improving Patient Care through Clinical Ethics Innovation: A Revitalized Ethics Program for an
Academic Rehabilitation Centre,” with Karima Velji and Sue MacRae, GTA Rehab Network
Best Practices Day, Toronto, February 2004

2002 “Mental Capacity and Its Assessment: Special Challenges for Psychiatry,” workshop with Drs.
Gordon DuVal and Mona Gupta, Canadian Bioethics Society Annual Conference, Victoria,
October 2002

2001 “The Causal Social Construction of Mental Incompetence: A Typology, Case Study and
Proposal,” Canadian Bioethics Society Annual Conference, Winnipeg, October 2001; also
presented at:

International Congress on Law and Mental Health, Montréal, July 2001
“A Not So Kind of Gentle World”: Ethical Issues in Disability and Aging, Chicago, June 2001
Gender and Disability Studies Conference, Rutger’s University, New Brunswick, NJ, 2001

2000 “A Feminist Social Constructionist Philosophy of Mental (In)competence,” Feminist Utopias: An
International Feminist Conference, Toronto, November 2000

“A Social Constructionist Philosophy of Mental (In)competence,” (part of panel “It’s All in Your
Head: Gendered Social Constructions of Three Diagnostic Categories” with Licia Carlson and
Kathryn Morgan), 5th World Congress of Bioethics, Feminist Approaches to Bioethics, London,
UK, September 2000

1999 “Individual Autonomy and the Medicalization of Decision-making,” (part of a panel on
“Women’s Bodies, Medicalization, and Feminist Medicine,” with Laura Purdy, Rosemarie Tong,
and Virginia Warren), North American Society for Social Philosophy, Eastern Division
American Philosophical Association annual conference, Boston, December 1999

“Medico-legal Jurisdiction over Mental Competence,” International Association of Law and
Mental Health, Toronto, June 1999

“Medico-legal Jurisdiction over Mental Competence: A Feminist Critique of the Medicalization
of Decision-Making,” Canadian Bioethics Society 10th Annual Conference, Toronto, October
1998; also accepted but not presented for: International Network on Feminist Approaches to
Bioethics, in conjunction with the Fourth World Congress of the International Association of
Bioethics, Tokyo, Japan, November 1998

“Destroying the Power/Right to Decide: The Gender Politics of Incompetence Labelling,”
Conference on Feminist Approaches to Bioethics, in conjunction with the Third International
Congress of the International Association of Bioethics, San Francisco, November 1996; also presented at:

International Teaching to Promote Women’s Health Conference, Toronto, June 1996
International Social Philosophy Conference, De Pere, Wisconsin, August 1996


"Women, Health Care, and the Social Construction of Mental Competency," Canadian Society for Women in Philosophy (at the Canadian Philosophical Association), Learned Societies Conference, Calgary, June 1994

"Women and the Social Construction of Mental Competency," Women’s Health: Key Research and Health Care Issues--A National Multidisciplinary Conference, McMaster University, Hamilton, April 1994

1993 "Feminism and Community: A Critical Analysis of Friedman’s Alternative Model of ‘Dislocated’ Community," Canadian Society for Women in Philosophy (at the Canadian Philosophical Association), Learned Societies Conference, Ottawa, May 1993

e. Invited lecturers

2010 "Pushing the Boundaries of Bioethics: Ethics, Disability and Patient Sexuality in Rehab and Continuing Care," Bioethics Grand Rounds, Cleveland Clinic, Cleveland, December 2010

"Integrating Normative Ethical Analysis and Qualitative Inquiry: Experience in a CIHR Study of "Adequate" Home Environments for Disabled Younger Adults" (with Dr. Barbara Gibson), Child Health Evaluative Sciences Rounds, Research Institute, Hospital for Sick Children, Toronto, November 2010

"There's No Place Like Home: What Constitutes an 'Adequate' Home Environment for Younger Adults with Physical Disabilities?" (with Dr. Barbara Gibson), Joint Centre for Bioethics Seminar Series, University of Toronto, March 2010.

2009 "Less Acute, Just as Critical: Ethical Issues in Rehabilitation," Unit 5, MHSc (PT) Program, Physical Therapy Department, University of Toronto, August 2009.

"Practicing Healthcare Ethicists and the Question of Professionalization" (Panelist), MSC3004Y Clinical Ethics Consultation and Committees, MHSc in Bioethics Program, University of Toronto, April 2009


"Ethical Reasoning and Justification," Ethics Forum, Credit Valley Hospital, Mississauga, November 2008.

"Ethical Processes and Assessment," Ethics Forum, Credit Valley Hospital, Mississauga, November 2008.

"Less Acute, Just as Critical: Ethical Issues in Rehabilitation," Unit 5, MHSc (PT) Program, Physical Therapy Department, University of Toronto, August 2008.

"There’s No Place Like Home: Ethics Research and Advocacy to Improve Discharge Planning/Placement and Quality of Life" (with Barbara Gibson), Ethics Grand Rounds, Toronto Rehabilitation Institute, Toronto, May 2008.

"Ethical Decisions in Day to Day Practice" (panelist with Dianne Godkin and Doreen Ouellet), Ontario Association of Rehabilitation Nurses, Toronto, February 2008.


"Just Regionalization: Rehabilitating Care for People with Disabilities and Chronic Illnesses," Neuropsychiatry Rounds, Department of Psychiatry, Toronto Western Hospital, University Health Network, Toronto, November 2007.

"Less Acute, Just as Critical: Ethical Issues in Rehabilitation," Unit 5, MHSc (PT) Program, Physical Therapy Department, University of Toronto, November 2007.

2006 "Ethics of LHINs: Implications for People with Disabilities and Chronic Illnesses" (panelist), Brave New LHINs--Meeting Priority Needs of People Living with a SCI, 2nd National Spinal Cord Injury Conference, Toronto, October 2006.


"Privacy and Confidentiality" (with Gaetan Tardif and Walt Greenway), for Physiatry Residents Forum, Toronto Rehab/University of Toronto, June 2006.


"Teaching for Ethical Practice" (panelist), Symposium on Moral Theory and Health Care Practice, National University of Ireland, Galway, March 2006.

"Think Tank on Ethics for Local Health Integration Networks (LHINs)" (invited guest participant), Health Results Team, System Integration (LHINs), Ministry of Health and Long-Term Care, Toronto, February 2006.

"Ethical Decision Making: Walking the Tight Rope in Rehabilitation Care...Continuing the Dialogue" (panelist), Ontario Association of Rehabilitation Nurses, Toronto, February 2006.
"Patient Sexuality in Continuing Care Contexts" (with Cheryl Cline), Ethics Grand Rounds, St. Joseph’s Health Care, London, Ontario, January 2006.

2005 “Ethics of LHINs: Implications for People with Disabilities and Chronic Illnesses” (with Frank Wagner), University of Toronto Joint Centre for Bioethics Seminar Series, November 2005.

“Ethics of LHINs: Implications for People with Disabilities and Chronic Illnesses” (with Frank Wagner), Community Ethics Network Forum, Toronto, October 2005.


“Less Acute, Just as Critical: Defining Ethics Issues in Rehab and Complex Continuing Care Ethics,” N460 Rehabilitation Nursing, Faculty of Nursing, University of Toronto, February 2005

“Ethical Decision Making: Walking the Tightrope in Rehabilitation Care,” panelist for Ontario Association of Rehabilitation Nurses annual conference, Toronto, January 2005

2004 “Patient Sexuality in Rehab and Continuing Care,” Joint Centre for Bioethics Undergraduate Initiative, Toronto, October 2004

“Less Acute, Just as Critical: Defining Ethics Issues in Rehab and Complex Continuing Care Ethics,” Ethics Grand Rounds, Centre for Clinical Ethics, Providence Centre, Toronto, February 2004


“Capacity and Consent in Data Linkage Research,” Conference: Research Ethics in Complex Continuing Care: Toward an Ethical Process For Data Linkage Research, University of Toronto, October 2003

“Capacity and Consent,” Core Resident Integrated Scholarly Program (CRISP) PGY1, Faculty of Medicine, University of Toronto, October 2003

“What Does a Clinical Ethicist Do Anyway?,” Joint Centre for Bioethics Summer Student Group, University of Toronto, July 2003

“Capacity, Consent and Cultural Pluralism,” Everyday Ethics, Hospital for Sick Children, January 2003


“Why Do We Have the Ethics Review Process?” Panel discussion on The Ethics Review Process, Collaborative Research Program in Rehabilitation and Long Term Care, Toronto, June 2002

“Capacity and Consent,” OCT1121H Occupational Therapy Practice 2, Department of Occupational Therapy, University of Toronto, March 2002

“Clinical Ethics Consultation,” MSC3004Y Clinical Ethics Consultation and Committees, MHSc in Bioethics, University of Toronto, February 2002

“Capacity and Consent,” PHL283H5S Medicine, Morality and the Law, Department of Philosophy, University of Toronto, January 2002


2001 “Less Acute, Just as Critical: Defining Issues in Rehab and Continuing Care Ethics,” Bioethics Seminar Series, University of Toronto Joint Centre for Bioethics, November 2001

“Capacity, Consent and Cultural Pluralism,” Medical Grand Rounds, Toronto Western Hospital, University Health Network, November 2001

“Informed Consent for Special Populations,” Research Ethics and Regulatory Affairs course, Mohawk McMaster Institute of Applied Health Sciences, Hamilton, October 2001 (with Cathy Craven), October 2001

“Women’s Health and Feminist Bioethics,” International Medical Graduate Program, Toronto, April 2001


“Ethical Challenges in Obtaining Informed Consent for Research in Rehab and Complex Continuing Care” (with Heather Campbell), Brown Bag Ethics Series, University of Toronto Research Services, Toronto, May 2000

“The Right Frame of Mind: A Philosophical Typology of the Social Construction of Mental (In)competence,” Department of Philosophy, University of Toronto, March 2000

“The Experience of Designing an Advance Care Planning Approach: How to Plug It Into Practice” (with Heather Campbell and Law Bowles), Advance Care Planning: Ethics, Policy
and Practice conference, Toronto Rehabilitation Institute and the Ontario Seniors' Secretariat, Toronto, Ontario, February 2000

“Ethical Issues in Rehab and Complex Continuing Care,” Ethics Committee Network of South-Central Ontario, Toronto, January 2000


“What’s Unique about Ethical Issues in Rehab and Complex Continuing Care?,” Ethics Grand Rounds (separate presentations to each of The University Centre, The Queen Elizabeth Centre, The Hillcrest Centre, and The Lyndhurst and Rumsey Centres), October 1999

“Competence and Consent,” PGY2 Ethics and Psychiatry, Department of Psychiatry and Centre for Addiction and Mental Health, April 1999

1998 “The Will to Live, or the Living Will?,” Department of Philosophy and Faculty of Health Sciences, University of Western Ontario, February 1998


"Labelling Patient (In)competence: A Feminist Analysis of Medico-Legal Discourse," Centre for the Mind, Australian National University, September 1997

"An Introduction to Mental Competence and Consent," nursing ethics course, University of Wollongong, Australia, September 1997


1995 "Women, Health Care, and the Social Construction of Mental (In)competence," Centre for Bioethics, University of Toronto, October 1995
"Women, Health Care, and the Social Construction of Mental (In)competence," special presentation of paper winning Martha Lile Love Essay Award, Department of Philosophy, University of Toronto, September 1995

"An Introduction to Ethical Theory," invited lecturer in advanced law course on legal ethics, Faculty of Law, University of Toronto, January 1995

1993 "On the Relationships Between Concepts of Autonomy and Mental Competence," invited lecturer in advanced undergraduate seminar on Competence and Consent, Department of Philosophy, University of Toronto, October 1993

"Autonomy and Health Care," Graduate Student Philosophy Colloquium, Simon Fraser University, March 1993

1992 "A Philosophical Analysis of Some Ethical Issues Surrounding Mental Competency and Its Assessment," Graduate Student Philosophy Colloquium, Simon Fraser University, October 1992

"The Criminal Law and Battered Women: A Critical Commentary on the Supreme Court of Canada’s Decision in R. v. Lavallee," Philosophy Students’ Union Colloquium, Simon Fraser University, October 1991; also presented at: Philosophy Colloquium, Simon Fraser University, September 1991

c. Posters

Ross Upshur

CURRICULUM VITAE

Ross Edward Grant Upshur, BA(Hons), MA, MD, MSc

A. DATE OF CURRICULUM VITAE

14 October 2010

B. BIOGRAPHICAL INFORMATION

Address

University of Toronto Joint Centre for Bioethics
#754, 7th Floor, Health Sciences Building
155 College Street
Toronto, Ontario M5T 1P8
CANADA
Tel: 416-978-4756
Fax: 416-978-1911
E-mail: ross.upshur@gmail.com
Website: www.utoronto.ca/jcb

a. Degrees

1997 MSc University of Toronto Epidemiology
Thesis: Measuring the Impact of Influenza on Hospitalizations of the Elderly in Ontario
1986 MD McMaster University
1983 MA Queen’s University Philosophy
1982 BA University of Winnipeg Philosophy (with Honours)

Medical Licensure and Memberships

2005 Member, College of Family Physicians of Canada
1997 Fellow, Royal College of Physicians and Surgeons of Canada
1986 Registration to practice medicine in the Province of Ontario
1986 Licentiate of the Medical Council of Canada
Post Graduate Medical Training

1993-97 Residency Program in Community Medicine, University of Toronto  
Chief Resident (June 1996 – January 1997)
1991 Geriatric Traineeship, McMaster University
1986-87 General Comprehensive Internship, Toronto Western Hospital

b. Employment

Current

Professor, Department of Family and Community Medicine, with Cross-Appointment to the Dalla Lana  
School of Public Health, University of Toronto (2009-)
Full Member, Graduate Faculty, Centre for Environment, University of Toronto (2007-)
Director, University of Toronto Joint Centre for Bioethics (2006–)
Director, PAHO/WHO Collaborating Centre for Bioethics, University of Toronto (2006-)
Adjunct Associate Professor, School of Geography and Earth Sciences, McMaster University (2006-)
Affiliate Member, Institute of History and Philosophy of Science and Technology, University of Toronto  
(2005-)
Secondary Mentor, Health Care, Technology, and Place Program, University of Toronto (2005-)
Adjunct Scientist, Institute of Clinical Evaluative Sciences, University of Toronto (2003-)
Staff Physician, Department of Family and Community Medicine, Sunnybrook Health Sciences Centre  
(1998-)

Previous

Associate Professor, Department of Family and Community Medicine, with Cross-Appointment to the  
Dalla Lana School of Public Health, University of Toronto (2004-09)
Director, Primary Care Research Unit, Sunnybrook Health Sciences Centre (2000-10)
Assistant Professor, Department of Family and Community Medicine, with Cross-Appointment to the  
Department of Public Health Sciences, University of Toronto (1998-2004)
Adjunct Assistant Professor, School of Geography and Geology, McMaster University (1997-2003)
Research Fellow in Environmental Health, Institute of Environment and Health, McMaster University  
(1997-98)
Consultant, Tuberculosis Control Program, East York Health Unit, East York, Ontario (1997-98)
Primary Care Physician, East York Medical Centre, East York, Ontario (1994-98)
General Practice in Southern Ontario. Practice in rural practice group. Duties included: office  
practice, emergency room coverage, in-patient hospital care, nursing home care, and  

c. Honours

Canada Research Chair in Primary Care Research (2005)
Visiting Professor, Department of Family and Community Medicine, University of Manitoba (2003)
University of Toronto

Department of Family and Community Medicine Award for Outstanding Contribution to Family Medicine Research (2009-10)
Department of Family and Community Medicine Academic Family Physician of the Year (2008)
John Hastings Award for Excellence in Service to the University and the Community, Department of Public Health Sciences (2008)
Department of Family and Community Medicine Award for Research Excellence (2007, awarded in 2008)
Department of Family and Community Medicine Award for ‘Excellence in Leadership’ (2007)
Department of Family and Community Medicine Award for Excellence in Teaching (2003)
Research Scholar, Department of Family and Community Medicine (2002)
Department of Family and Community Medicine Award for Excellence in Research (2001)
Department of Family and Community Medicine Award for Excellence in Post-Graduate Teaching (2000)
Research Scholar, Department of Family and Community Medicine (1999)
CP Shah Award for best field research report by a community medicine resident (1997)
1st Prize in Poster Competition, Community Health Research Day (1997)

Queen’s University

R. Samuel McLaughlin Fellowship (1982)
Ontario Graduate Scholarship (1982)
A.R.C. Duncan Award for Excellence in Tutoring (1982)

University of Winnipeg

The University Gold Medal in Philosophy (Honours Course) (1982)
Student of Highest Distinction (1981)
University of Winnipeg Board of Regents General Proficiency Scholarship (1981)
The Professor Philip Wright Memorial Prize in Plato (1981)
Student of Highest Distinction (1980)
University of Winnipeg Board of Regents General Proficiency Scholarship (1980)
Sydney Gallis Memorial Scholarship in Philosophy (1980)
Peal Goodridge Prize in Political Philosophy (1979)

d. Professional Affiliations and Activities

Board of Governors

Board Member, Dignitas International (2003-)
International Advisory Boards

Chair of Network, World Health Organization Collaborating Centres for Bioethics (2009-)
Member, Advisory Panel, Scidev.net Research Ethics Panel (2002-)
Member, Ethics Review Board, Médecins Sans Frontières International (2001-)

National Advisory Boards

Member, Chief Public Health Officer’s Ethics Advisory Committee, Public Health Agency of Canada (2009-)
Member, Advisory Board, Institute of Aging, Canadian Institutes of Health Research (2009-)
Member, Expert Panel on End-of-Life Decision making, Royal Society of Canada (2009-)
Member, Chief Public Health Officer of Canada’s H1N1 Flu Virus (Human Swine Flu) Science Advisory Committee (2009-)
Member, Protecting Health Care Workers In a Pandemic Expert Task Force, Critical Care Canada Forum (2009)
Member, Canadian Pandemic Preparedness Task Force (2008-)
Member, Pandemic Preparedness Strategic Research Initiative (PPSRI), Institute of Infection and Immunity, Canadian Institutes of Health Research (2006-)

Other Advisory Boards

Member, Ontario Health Study Ethics Advisory Committee (2010-)
Member, Advisory Board, Religion and the Public Sphere (2007-)

Journal Editorial and Advisory Boards

Member, Editorial Board, Journal of Public Health (2007-)
Member, Editorial Board, PLoS ONE (2007-)
Member, Editorial Board, Public Health Ethics (2007-)
Member, Editorial Board, BioMedCentral Health Services Research (2005-)
Member, Editorial Board, Journal of Negative Results in Biomedicine (2005-)
Member, Editorial Board, Journal of Evaluation in Clinical Practice (1997-)

Peer Review

Peer Review, BioMedCentral Medical Ethics (2005-)
Peer Review, BioMedCentral Family Practice (2005-)
Peer Review, Bulletin of the World Health Organization (2003-)
Peer Review, British Medical Journal (2002-)
Peer Review, Canadian Family Physician (2002-)
Peer Review, Journal of General Internal Medicine (2002-)
Peer Review, Canadian Journal of Public Health (2002-)
Peer Review, Social Sciences & Medicine (2002-)
Peer Review, Canadian Medical Association Journal (2001-)  
Peer Review, Teaching and Learning in Medicine (2000-)  
Peer Review, Physicians' Services Incorporated (PSI) (2001)  
Peer Review, Donner Foundation (1999)

Previous

Member, Program Subcommittee, Canadian Pandemic Preparedness Meeting (2008)  
Member, Steering Committee, National Roundtable on Public Health Ethics (2007)  
Member, Scientific Committee, International Association of Bioethics 9th World Congress (2007-08)  
Member, International Advisory Board, Indian Journal of Medical Ethics (2005-09)  
Member, Review Panel, Health Ethics, Law, and Humanities, Canadian Institutes of Health Research (2001-04)  
Member, Ad Hoc Committee on Health Information Privacy, Canadian Institutes of Health Research (2000-02)  
Co-Chair, Infection Control Working Group, Canadian Pandemic Influenza Planning Committee (2000-01)  
Member, Expert Advisory Panel on Health Risks of Toxigenic Moulds, Ontario Ministry of Health (1999)  
Member, Scientific Advisory Board, Community Research Initiative of Toronto (1998-2002)  
Member, Organizing Committee, Canadian Bioethics Society Annual Meeting (1998)  
Member, Provincial Advisory Committee, Public Health Research and Education, Evidence-based Work Group on Effectiveness of Mandatory Programs and Services Guidelines (1998)  
Member, Workgroup on Ecosystem Health, Great Lake’s Science Advisory Board (1997-2003)  
Member, Environment and Cancer Working Group, McMaster University (1997-98)  
Member, Community Medicine Residency Committee, McMaster University (1997-98)  
Member, Advisory Committee, Institute of Environment and Health, McMaster University (1997-98)  
Member, Expert Advisory Panel on Health Risks of Toxigenic Moulds, Ontario Ministry of Health (1997)  
Member, Bioethics Project, Royal College of Physicians and Surgeons of Canada (1995-97)
University Committees

Current

University of Toronto

Member, Promotions Committee, Dalla Lana School of Public Health (2010-)
Member, Appeals Committee, Standing Committees of the Faculty Council, Faculty of Medicine, University of Toronto (2010-)
Member, Executive Council, Centre for Faculty Development, Faculty of Medicine (2009-)
Dean’s Assessor, Advisory Committee for the Department of Family and Community Medicine
Associate Director of Research (2009-)
Member, Advisory Board, Religion in the Public Sphere Initiative, Centre for the Study of Religion (2007-)
Member, Research Ethics Policy and Advisory Committee (REPAC) (formerly Committee on Human Subjects in Research (CHSR)) (2007-)
Member, Dean’s Advisory Committee for Research, Faculty of Medicine (2007-)
Member, Research Ethics Committee (limited term), Toronto Academic Health Science Network (TAHSN) (2007-)
Chair, Ethics Review Board, Determinants of Community Health (DOCH II) (2003-)
Chair, Strategic Forum, Joint Centre for Bioethics (2006-)
Member, Strategic Forum, Joint Centre for Bioethics (2002-)
Adjudicator, Medical Student Research Day (2002-)
Member, Public Health Ethics Interest Group (2000-)
Member, Executive Committee, Master’s of Health Science in Bioethics (MHSc) (1999-)
Member, Joint Centre for Bioethics (1998-)
Associate Member, School of Graduate Studies (1998-)
Member, Expert Advisory Committee on Infection Control (1996-)

McMaster University

Associate Member, Institute of Environment and Health (1998-)

Previous

University Representative, Review Committee, External Review of The Centre for eHealth Innovation at the University Health Network (2009)
Member, Search Committee, Associate Dean, Equity & Professionalism, Faculty of Medicine, University of Toronto (2007)
Conference Co-Chair, Centre for International Health, University of Toronto (2004)
Advisory Committee, Centre for International Health, University of Toronto (2003)
Member, Search Committee, Research Director, Department of Family and Community Medicine, University of Toronto (2002)
Member, Organizing Committee, International Symposium on Public Health Ethics (2002)
Adjudicator, CP Shah Award (1999-2001)
Member, Advisory Committee, Collaborative Program in Bioethics, University of Toronto Joint Centre for Bioethics (1999-2000)

Hospital Committees

Member, Ethics Strategic Advisory Group, Sunnybrook Health Sciences Centre (2009-)
Co-Chair, Research and Innovation Advisory Board, Collaboratory for Research and Innovation in Complex, Chronic Disease (CRICCD) (2008-)
Member, Collaboratory for Research and Innovation in Complex, Chronic Disease (CRICCD) (2008-)
   (this is a collaboratory with members from Bridgepoint Health, Sunnybrook Health Sciences Centre, and University Health Network)
Member, Hospital Ethics Committee, Sunnybrook Health Sciences Centre (1998-2004)

3. ACADEMIC HISTORY

a. Research Endeavours

1. Evidence-based Medicine: Work in this area provided the basis for a successful Canadian Institutes of Health Research New Investigator Award, and has been the basis of a subsequent research programme that has successfully combined conceptual and empirical research. This research has now led to the publication of several published peer reviewed papers (in journals such as *Lancet* and the *Canadian Medical Association Journal*), book chapters, a web page, and self-instruction course.

2. Primary Care Research: On the clinical front, I have been involved in the application of our evidence framework to understand high priority and common medical conditions that affect primary care practice. The initial focus is on the use of anticoagulation in primary care. We have had a comprehensive project looking at how anticoagulation is managed in our clinical practice and this has resulted in three peer reviewed publications and the submission of a fourth. What our research has shown is that anticoagulation can be managed equally well in primary care as in specialized anticoagulation clinics. Additionally, I have been active in training resident physicians and community based physicians in research methods and project management, providing methodological support and mentorship for emerging research networks. In collaboration with colleagues we have established a primary care research focus in Canada’s largest health services research institute, and are currently compiling the first primary care health services atlas.

3. Time Series Project: My work in population-based epidemiology and time series commenced with the paper, “Time series analysis of the relationship between circulating influenza virus and hospital admissions of the elderly in Ontario.” This has led to a multidisciplinary research programme in time series methodology in association with the Institute of Clinical Evaluative Sciences and my collaborators Drs. Muhammad Mamdani, Eric Crighton, and Rahim Moineddin. We have been successful in obtaining funds from the Canadian Institutes for Health Research for a time series project. Several manuscripts of ours have been published on time series and a refined methodology and a substantial number of analyses or major health problems will be carried out in the next year or so. We believe that we have created a generalized method
for temporal assessment of health service data. We are extending this methodology to spatial and spatio-temporal analysis and forecasting and predictive models with health services data. This methodology will be extended to primary care service delivery in the province of Ontario.

4. **Bioethics:** I have been actively involved in bioethics research with a specific interest in infectious disease and public health ethics. I have published a highly accessed paper on hepatitis B infected clinicians and recently had accepted for publication two papers on ethical issues raised by SARS, one in the *British Medical Journal* and one in the *Canadian Journal of Anesthesia*. This along with the paper written on public health ethics has helped to break new ground in the understanding of public health ethics and infectious diseases.

5. **Environmental health research:** An unpublished report for Médicins Sans Frontières I wrote in 1998 has set the framework for a comprehensive multidisciplinary research project investigating the impacts of the disappearance of the Aral Sea on the health of the population of Karakalpakstan. The Aral Sea crisis has been described as one of the greatest environmental disasters of the 20th century. The research framework that I have set up involves community collaboration, consideration for psychosocial health as well as the evaluation and completion of environmental pathways to assess the exposure and impact of various environmental hazards such as pesticides and contaminated water. Although I have been involved in only two publications looking at the psychosocial impacts, my work has been instrumental in looking at the relationship of the dust impact on health of children, on the food chain contamination with dioxins, and this work has been instrumental in a consortium of researchers from McMaster University and the University of Toronto signing a memorandum of understanding with Médicins Sans Frontières to assume control of operational research programme in the Aral Sea. The collaboration with continue into the future and marks one of my future directions for research.

b. **Research Awards**

**Career Awards**

<table>
<thead>
<tr>
<th>Period</th>
<th>Granting Agency</th>
<th>Title of Grant</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-05</td>
<td>Canadian Institutes of Health Research</td>
<td>New Investigator Award</td>
<td>$301,000</td>
</tr>
<tr>
<td>2005-10</td>
<td>Canadian Institutes of Health Research</td>
<td>Tier 2 Canada Research Chair in Primary Care Research</td>
<td>$500,000</td>
</tr>
</tbody>
</table>

**Research Grants**

<table>
<thead>
<tr>
<th>Period</th>
<th>Granting Agency</th>
<th>Title of Grant</th>
<th>Amount</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997-98</td>
<td>University of Toronto Joint Centre for Bioethics</td>
<td>Development of an evaluation framework</td>
<td>$12,000</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>1997-98</td>
<td>Hamilton-Wentworth Department of Public Health</td>
<td>The epidemiology of complaints</td>
<td>$10,000</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>1998</td>
<td>Hepatitis C Society of Canada</td>
<td>Consultation regarding epidemiological assessment of the number of persons infected with hepatitis C from blood transfusions in Canada</td>
<td>$1,000</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>1998</td>
<td>University of Toronto Joint Centre for Bioethics</td>
<td>Development of proposal for Master’s of Health Science degree in Bioethics</td>
<td>$4,000</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>1998-99</td>
<td>HEALNet</td>
<td>Position paper on the nature and</td>
<td>$2,000</td>
<td>Principal</td>
</tr>
<tr>
<td>Year(s)</td>
<td>Funding Source</td>
<td>Project Title</td>
<td>Amount</td>
<td>Role</td>
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<td>---------</td>
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<tr>
<td>1998-99</td>
<td>HEALNet</td>
<td>Systematic review and development of a taxonomy on the structure and nature of evidence</td>
<td>$76,100</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>1998-99</td>
<td>Firestone Regional Chest &amp; Allergy Unit Block Term Grant</td>
<td>Survey of Canadian, Ugandan &amp; Indian Medical Students’ Knowledge and Attitudes of Tuberculosis</td>
<td>$2,500</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>1999-00</td>
<td>Physicians’ Services Incorporated Foundation (PSI)</td>
<td>Patient information leaflets: A randomized comparison of patient information models</td>
<td>$2,670</td>
<td>Collaborator (Resident project with Shawn Whatley)</td>
</tr>
<tr>
<td>1999-01</td>
<td>HEALNet</td>
<td>CD-ROM and World Wide Web based applications of the evidence taxonomy</td>
<td>$23,212</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>2000-01</td>
<td>Physicians’ Services Incorporated Foundation (PSI)</td>
<td>The plot thickens: anticoagulation barriers to primary care</td>
<td>$15,720</td>
<td>Collaborator (Resident project with Lance Ceresne)</td>
</tr>
<tr>
<td>2000-01</td>
<td>Cancer Care Ontario</td>
<td>Policy analysis of informed consent issues in Pap smear registry</td>
<td>$18,000</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>2000-02</td>
<td>SAMCOR Trust</td>
<td>Qualitative study of perceptions of anticoagulation: A concordance study of patients, nurses and physicians</td>
<td>$7,000</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>2000-04</td>
<td>Fogarty International Center, US National Institutes of Health</td>
<td>MAHEC in International Bioethics</td>
<td>USD$1,200,000</td>
<td>Collaborator (PI: Peter Singer)</td>
</tr>
<tr>
<td>2001-02</td>
<td>Connaught Fund, University of Toronto</td>
<td>Connaught International Symposium on Public Health Ethics</td>
<td>$5,000</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>2001-06</td>
<td>Canadian Institutes of Health Research (Part of Integrated Health Research Team led by Mark Loeb)</td>
<td>Respiratory infections in older adults: An interdisciplinary approach</td>
<td>$68,000</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>2002</td>
<td>HEALNet</td>
<td>Prevalence of contrary to evidence decisions in primary care providers and managers/CD-ROM and web based application of the evidence taxonomy</td>
<td>$3,000</td>
<td>Supervisor (Support for student Erica Zarcovitch)</td>
</tr>
<tr>
<td>2002</td>
<td>HEALNet</td>
<td>Prevalence of contrary to evidence decisions in primary care providers and managers/CD-ROM and web based application of the evidence taxonomy</td>
<td>$4,000</td>
<td>Supervisor (Support for student Errol Colak)</td>
</tr>
<tr>
<td>2002-03</td>
<td>Canadian Health Services Research Foundation (CHSRF)</td>
<td>Would communication improve prescribing for seniors?</td>
<td>$66,910</td>
<td>Co-Investigator (PI: Liisa Jaakkimainen)</td>
</tr>
<tr>
<td>2002-03</td>
<td>Canadian Institutes of Health Research</td>
<td>Public health ethics: Towards a research agenda</td>
<td>$5,000</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>2002-03</td>
<td>Health Canada – Knowledge development &amp; exchange applied research initiative</td>
<td>The Health Care Information Directive</td>
<td>$71,277</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>2002-03</td>
<td>Physicians’ Services Incorporated Foundation (PSI)</td>
<td>Patient perspectives on oral vitamin B12 therapy in the primary care setting</td>
<td>$6,100</td>
<td>Principal Investigator (Resident project with J. Kwong and D. Carr)</td>
</tr>
<tr>
<td>2002-04</td>
<td>Canadian Institutes of Health Research</td>
<td>The Time Series Project</td>
<td>$145,000</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>2002-04</td>
<td>HEALNet</td>
<td>Implementing privacy and confidentiality in health networks</td>
<td>$25,000</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>2002-04</td>
<td>University of Toronto Joint Centre for Bioethics</td>
<td>Project Examining Effectiveness of Clinical Ethics</td>
<td>$65,000</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>Year</td>
<td>Funding Source</td>
<td>Project Title</td>
<td>Award Amount</td>
<td>Role</td>
</tr>
<tr>
<td>--------</td>
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</tr>
<tr>
<td>2003-04</td>
<td>Canadian Institutes of Health Research</td>
<td>Fellowship Award</td>
<td>$41,500</td>
<td>Co-supervisor for recipient (Stephanie Nixon)</td>
</tr>
<tr>
<td>2003-04</td>
<td>Canadian Network for Vaccines and Immunotherapeutics (CANVAC)</td>
<td>A biotechnological analysis of vaccine preparedness, testing and delivery</td>
<td>$27,000</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>2003-06</td>
<td>Canada Graduate Scholarship</td>
<td>Doctoral Award</td>
<td>$105,000</td>
<td>Supervisor for recipient (Robin Hayeems)</td>
</tr>
<tr>
<td>2003-07</td>
<td>Canadian Institutes of Health Research Fellowship Award</td>
<td>The Ethics of Evidence-Based Psychiatry: a conceptual and qualitative study</td>
<td>$204,000</td>
<td>Supervisor for recipient (Mona Gupta)</td>
</tr>
<tr>
<td>2004-05</td>
<td>Canadian Breast Cancer Foundation</td>
<td>Lessons in epidemiology and genetics of adult cancers from youth: Pilot studies in Ontario</td>
<td>$95,345</td>
<td>Collaborator (Co-PIs: Glen Glendon and Paul Ritvo)</td>
</tr>
<tr>
<td>2004-05</td>
<td>City of Toronto Department of Public Health</td>
<td>SARS quarantine evaluation/community transmission</td>
<td>$60,000</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>2004-05</td>
<td>Canada-US Fulbright Grant, Canada-US Fulbright Program</td>
<td>SARS – A Prelude of What’s To Come: A Study &amp; Analysis of Toronto’s Experience</td>
<td>USD$15,000</td>
<td>Supervisor for recipient (Marian Adly)</td>
</tr>
<tr>
<td>2004-06</td>
<td>Primary Health Care Transition Fund</td>
<td>Primary Health Care in Ontario: A practice Atlas</td>
<td>$749,454</td>
<td>Co-Principal Investigator</td>
</tr>
<tr>
<td>2004-06</td>
<td>Association for Surgical Education</td>
<td>The Formal and Informal Curriculum in Surgical Residency Bioethics Education</td>
<td>$48,920</td>
<td>Co-Principal Investigator</td>
</tr>
<tr>
<td>2004-06</td>
<td>Canadian Institutes of Health Research</td>
<td>Ethical challenges in preparedness and response for SARS: an interdisciplinary research study</td>
<td>$198,000</td>
<td>Co-Principal Investigator (Co-PI: Abdallah Daar)</td>
</tr>
<tr>
<td>2004-06</td>
<td>Canadian Institutes of Health Research</td>
<td>Authorization and genetic data bases</td>
<td>$79,000</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>2004-06</td>
<td>Canadian Institutes of Health Research</td>
<td>Evaluating interventions to improve priority setting</td>
<td>$154,760</td>
<td>Co-Investigator (PI: Douglas Martin)</td>
</tr>
<tr>
<td>2004-06</td>
<td>Association for Surgical Education Foundation (CESERT Grant)</td>
<td>Formal and informal curriculum in surgical residency bioethics education</td>
<td>$48,920</td>
<td>Co-Investigator (Co-Principal Investigator (Co-PI: Glen Glendon and Paul Ritvo)</td>
</tr>
<tr>
<td>2004-06</td>
<td>Canadian Institutes of Health Research</td>
<td>Collection, use and disclosure of personal health information: The Health Care Information Directive applied to genetics</td>
<td>$75,104</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>2004-07</td>
<td>Canadian Institutes of Health Research</td>
<td>A study to assess the utility of a web based template to enhance research ethics review</td>
<td>$321,303</td>
<td>Co-Investigator (PI: Heather Sampson)</td>
</tr>
<tr>
<td>2004-07</td>
<td>Canadian Institutes of Health Research</td>
<td>Evaluating priority setting methods</td>
<td>$150,000</td>
<td>Co-Principal Investigator (PI: Douglas Martin)</td>
</tr>
<tr>
<td>2005-07</td>
<td>Fogarty International Center, US National Institutes of Health</td>
<td>MHSc in Bioethics International Stream Evaluation Study: Effectiveness of Ontario’s universal influenza immunization program (UIIP) on influenza-related health care</td>
<td>USD$1,000,000</td>
<td>Co-Principal Investigator (PI: Doug Manuel)</td>
</tr>
<tr>
<td>2005-07</td>
<td>Health Canada</td>
<td>Evaluating priority setting methods</td>
<td>$199,932</td>
<td>Co-Principal Investigator (PI: Doug Manuel)</td>
</tr>
<tr>
<td>2005-07</td>
<td>Bill and Melinda Gates Foundation</td>
<td>Summary report of ethical, social, and cultural issues arising in the Grand Challenges for Global Health</td>
<td>$208,960</td>
<td>Co-Investigator (PI: Peter Singer)</td>
</tr>
<tr>
<td>2005-07</td>
<td>The Change Foundation</td>
<td>nephWeb: a system that decreases wait times, efficiently allocates resources and reduces demand on acute care hospitals</td>
<td>$100,000</td>
<td>Co-Investigator (PI: David Nalmark)</td>
</tr>
<tr>
<td>2005-08</td>
<td>Canadian Institutes of Health Research</td>
<td>Addressing gender differences in colorectal cancer screening</td>
<td>$206,260</td>
<td>Co-Investigator (PI: Paul Ritvo)</td>
</tr>
<tr>
<td>Year</td>
<td>Funding Body</td>
<td>Description</td>
<td>Amount</td>
<td>Role</td>
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<tr>
<td>2005-10</td>
<td>Bill and Melinda Gates Foundation</td>
<td>Addressing ethical, social, and cultural issues related to the Grand Challenges in Global Health</td>
<td>$11,648,000 (USD$10,000,000)</td>
<td>Co-investigator (PI: Peter Singer)</td>
</tr>
<tr>
<td>2006-08</td>
<td>Physicians' Services Incorporated Foundation (PSI)</td>
<td>The management of chronic disease in primary care: A multi-methods investigation</td>
<td>$150,500</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>2006-07</td>
<td>Canadian Institutes of Health Research</td>
<td>Health Care, Technology &amp; Place Fellowship Award</td>
<td>$16,000</td>
<td>Second mentor for recipient (Maya Goldenberg)</td>
</tr>
<tr>
<td>2006-09</td>
<td>Canadian Institutes of Health Research</td>
<td>Fellowship Award</td>
<td>$135,000</td>
<td>Co-supervisor for recipient (Edward Mills)</td>
</tr>
<tr>
<td>2006-09</td>
<td>Canadian Institutes of Health Research</td>
<td>Evaluation of Ontario’s Universal Influenza Immunization Program (UIIP Phase II)</td>
<td>$1,091,729</td>
<td>Co-investigator (Co-PIs: Jeff Kwong and Doug Manuel)</td>
</tr>
<tr>
<td>2007</td>
<td>Canadian Institutes of Health Research</td>
<td>IGH Fellowship</td>
<td>$40,000</td>
<td>Second mentor for recipient (Maya Goldenberg)</td>
</tr>
<tr>
<td>2007-08</td>
<td>Canadian Institutes of Health Research</td>
<td>Health Care, Technology &amp; Place Fellowship Award</td>
<td>$15,000</td>
<td>Supervisor for recipient (Erica Sutton)</td>
</tr>
<tr>
<td>2007-08</td>
<td>Canadian Institutes of Health Research</td>
<td>APOGEE-Net Doctoral Training Award in Health Policy &amp; Genetics</td>
<td>$25,000 (only able to accept $10,500)</td>
<td>Supervisor for recipient (Erica Sutton)</td>
</tr>
<tr>
<td>2007-08</td>
<td>Canadian Institutes of Health Research</td>
<td>Organ Transplantation Ethics</td>
<td>$17,500</td>
<td>Thesis committee member for recipient (Kelley Ross)</td>
</tr>
<tr>
<td>2007-08</td>
<td>Canadian Institutes of Health Research</td>
<td>Localization and democratization of Clinical Practice Guidelines: From universal standards to collective judgment</td>
<td>$12,500</td>
<td>Secondary mentor for recipient (Loes Knaapen)</td>
</tr>
<tr>
<td>2007-08</td>
<td>Canadian Institutes of Health Research</td>
<td>Examining the impact of primary care reform in Ontario on access to and quality of care (#172884)</td>
<td>$100,000</td>
<td>Co-Applicant (PI: Rick Glazier)</td>
</tr>
<tr>
<td>2007-08</td>
<td>Canadian Institutes of Health Research</td>
<td>Environment, Risk, and Vulnerability Workshop: Towards a Canadian Agenda for Health and Social Equity</td>
<td>$20,000</td>
<td>Co-Investigator (PI: Kenneth Newbold)</td>
</tr>
<tr>
<td>2007-08</td>
<td>The Physicians’ Services Foundation (PSI)</td>
<td>One year of HPV vaccination: Family physicians’ attitudes and experiences</td>
<td>$6,000</td>
<td>Co-Applicant (PI: Nick Pimlott)</td>
</tr>
<tr>
<td>2007-09</td>
<td>Canadian Institutes of Health Research</td>
<td>Ethics and pandemic planning: Engaging the voices of the public</td>
<td>$75,000</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>2007-09</td>
<td>Canadian Institutes of Health Research</td>
<td>Evaluating the need for potential design of a no-fault compensation program for immunization related injuries</td>
<td>$145,274</td>
<td>Co-investigator (Co-PIs: J. Keelan and K. Wilson)</td>
</tr>
<tr>
<td>2007-09</td>
<td>Canadian Institutes of Health Research</td>
<td>Research standards for conducting research in vulnerable populations and unstable settings</td>
<td>$99,888</td>
<td>Co-Applicant (PI: Edward J. Mills)</td>
</tr>
<tr>
<td>2007-10</td>
<td>Canadian Institutes of Health Research</td>
<td>Institute of Genetics Doctoral Research Award</td>
<td>$66,000</td>
<td>Supervisor for recipient (Erica Sutton)</td>
</tr>
<tr>
<td>2007-10</td>
<td>Canadian Institutes of Health Research</td>
<td>Canadian network for the governance of ethical health research involving humans: Evidence, accountability and practice</td>
<td>$203,472</td>
<td>Co-Investigator (PI: Michael F. McDonald)</td>
</tr>
<tr>
<td>2008-12</td>
<td>Canadian Institutes of Health Research</td>
<td>Examining the impact of primary care reform in Ontario on access to and quality of care (#177411)</td>
<td>$716,724</td>
<td>Co-Applicant (PI: Rick Glazier)</td>
</tr>
<tr>
<td>Year</td>
<td>Grantor</td>
<td>Project Description</td>
<td>Funding Amount</td>
<td>Mentor/Supervisor Information</td>
</tr>
<tr>
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<tr>
<td>2008-09</td>
<td>Ministry of Health and Long-Term Care (Drug Innovation Fund)</td>
<td>Providing Evidence On The Impact Of Medication On Chronic Obstructive Pulmonary Disease Outcomes</td>
<td>$100,000</td>
<td>Co-Investigator (Pl. Andrea Gershon)</td>
</tr>
<tr>
<td>2008-09</td>
<td>Canadian Institutes of Health Research Strategic Training Doctoral Fellowship in Health Care, Technology, and Place</td>
<td>The Ethical Implications of Ontario's expanded newborn screening program</td>
<td>$12,000</td>
<td>Primary Mentor for recipient (Erica Sutton)</td>
</tr>
<tr>
<td>2008-09</td>
<td>Canadian Institutes of Health Research Strategic Training Doctoral Fellowship in Health Care, Technology, and Place</td>
<td>Localization and Democratization of Clinical Practice Guidelines</td>
<td>$12,000</td>
<td>Adjunct Mentor for recipient (Anne-Loes Knaapen)</td>
</tr>
<tr>
<td>2008-11</td>
<td>Canadian Institutes of Health Research – Fellowship Award in the Area of Public Health</td>
<td>Ethical Analysis in Public Health Practice: A Multi-Sectoral, Mixed-Methods Study</td>
<td>$165,000</td>
<td>Supervisor for recipient (Barry N. Pakes)</td>
</tr>
<tr>
<td>2008-11</td>
<td>Canadian Institutes of Health Research</td>
<td>Canadian Program of Research on Ethics in a Pandemic (CanPREP) Whose risks, whose duties, and what priorities?</td>
<td>$1,499,776</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>2008-12</td>
<td>Canadian Institutes of Health Research Fellowship</td>
<td>The conceptual structure of palliative care ethics in Canada</td>
<td>$220,000 ($200,000 award plus $20,000 research stipend)</td>
<td>Supervisor for recipient (Victor Cellarius)</td>
</tr>
<tr>
<td>2008</td>
<td>Social Sciences and Humanities Research Council – “Situating Science” Knowledge Cluster</td>
<td>Critical Debates in Evidence-Based Medicine: Where we’ve been and where we’re going</td>
<td>$10,000</td>
<td>Co-Investigator (Pl. Maya Goldenberg)</td>
</tr>
<tr>
<td>2008</td>
<td>Connaught Fund</td>
<td>Critical Debates in Evidence-Based Medicine: Where we’ve been and where we’re going</td>
<td>$9,000</td>
<td>Co-applicant (Pl. Maya Goldenberg)</td>
</tr>
<tr>
<td>2008-09</td>
<td>Canadian Institutes of Health Research</td>
<td>Critical Debates in Evidence-Based Medicine: Where we’ve been and where we’re going</td>
<td>$5,000</td>
<td>Co-Investigator (Pl. Maya Goldenberg)</td>
</tr>
<tr>
<td>2008 (Aug-Nov)</td>
<td>Canadian Institutes of Health Research, Strategic Planning Program in Health Research (Letter of Intent)</td>
<td>A Strategic Training Program in Public Health Policy</td>
<td>$4,990.22</td>
<td>Co-Applicant (Co-Principal Applicants: Joanna Cohen and Robert Schwartz)</td>
</tr>
<tr>
<td>2008-12</td>
<td>Fogarty International Center, US National Institutes of Health University of Toronto Joint Centre for Bioethics MHSc in Bioethics, International Stream</td>
<td>University of Toronto Joint Centre for Bioethics MHSc in Bioethics, International Stream</td>
<td>US$1,053,432</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>2008-13</td>
<td>National Cancer Institute of Canada</td>
<td>Centre for Health Economics, Services, Policy and Ethics Research in Cancer Control</td>
<td>$3,585,696</td>
<td>Co-Applicant (Pl. Stuart Peacock)</td>
</tr>
<tr>
<td>2008-09</td>
<td>Canadian Institutes of Health Research – Meetings, Planning and Dissemination Grant: Global Health Research (IPPH)</td>
<td>WHO Collaborating Centres in Bioethics Research Planning Meeting</td>
<td>$12,500</td>
<td>Co-Investigator (Pl. Jennifer Gibson)</td>
</tr>
<tr>
<td>2008-09</td>
<td>Canadian Institutes of Health Research – Meetings, Planning and Dissemination Grant: International</td>
<td>WHO Collaborating Centres in Bioethics Research Planning Meeting</td>
<td>$12,500</td>
<td>Co-Investigator (Pl. Jennifer Gibson)</td>
</tr>
<tr>
<td>2009-11</td>
<td>Canadian Institutes of Health Research – Catalyst Grant Ethics (New Investigator and Mid-Career Investigator Transitioning into Ethics)</td>
<td>Evaluating the Effectiveness of Hospital-Based Ethics Programs: A Pilot Study to Identify Key Benchmark, Indicators, and Success Factors</td>
<td>$99,839</td>
<td>Co-Investigator (Pl. Jennifer Gibson)</td>
</tr>
<tr>
<td>2009-12</td>
<td>Canadian Institutes of Health Research Frederick Banting and Charles Best Canada Graduate Scholarship (CGS) Doctoral Award</td>
<td>Lest We Forget: Incorporating the Needs of the Mentally Ill and the Homeless in Pandemic Influenza Preparedness Plans</td>
<td>$105,000 ($90,000 plus $15,000 for research)</td>
<td>Supervisor for recipient (Diego Silva)</td>
</tr>
<tr>
<td>2009-12</td>
<td>Canadian Partnership Against Cancer, Coalitions Linking Action and Science for Prevention (CLASP)</td>
<td>Building an Existing Tools to Improve Chronic Disease Prevention in Family Practice: The BETTER Coalition</td>
<td>$2,500,000</td>
<td>Co-Investigator (Pl. Eva Grunfeld)</td>
</tr>
</tbody>
</table>
2009-14  Canadian Institutes of Health Research  CIHR Centre in HIV Prevention Social Research  $2,500,000  Collaborator (PIs: Liviana Calzavara, Alix Adrien, Grace Getty, Gaston Godin, Ted Myers, Mark Tyndall, Catherine Worthington)

2009-15  Canadian Institutes of Health Research, Strategic Training Initiative in Health Research, Training Grant  A Strategic Training Program in Public Health Policy: Determinants, Analysis, and Impacts  $1,784,790  Co-Investigator (Co-PIs: Joanna Cohen and Robert Schwartz)

2009-15  Canadian Institutes of Health Research, Strategic Training Initiative in Health Research, Training Grant  CIHR Training Grant in Health Law, Ethics, and Policy  $1,950,000  Co-Investigator (Co-PIs: Colleen Flood, Timothy Caulfield, Robert Kouri, William Lahey, and Trudo Lemmens)

2009-15  Canadian Institutes of Health Research  Health Care, Technology and Place: A Strategic Training Initiative  $1,950,000  Co-Investigator (PI: Peter C. Coyte)

2010-11  Canadian Institutes of Health Research, Institute of Population and Public Health  The use of evidence in developing public health policies for H1N1  $97,656  Co-Investigator (PI: Natasha S. Crowcroft)

2010-12  Alzheimer Society of Canada  The Feasibility of Computer-Administered Cognitive Assessment of Older Adults in Family Medicine  $108,000  Co-Investigator (PI: Mary C. Tierney)

c.  **Patents Awarded**

None

4.  **PUBLICATIONS**

**NB: Publications in blue font indicate link to online version of paper.**

Five most significant papers

1.  Jaakkimainen L, Upshur REG, Schultz SE, Maaten S, eds.  *Primary Care in Ontario*.  ICES Atlas. Toronto: Institute for Clinical Evaluative Sciences, 2006, 250 pp.  Please note: This link is to the entire booklet and it is a large file (over 10 MB). To access individual chapters as PDF documents, please click here.


**Peer Review Publications**


47. Upshur RE, Moineddin R, Crighton EJ, Mamdani M. Is there a clinically significant seasonal component to hospital admissions for atrial fibrillation? *BioMedCentral Health Services Research* 2004; 4: 5.


52. Echlin PS, Upshur RE, Markova TP. Lack of chart reminder effectiveness on family medicine resident JNC-VI and NCEP III guideline knowledge and attitudes. *BioMedCentral Family Practice* 2004; 5: 14.


140. Echlin PS, Johnson AM, Rivern S, Tator CH, Cantu RC, Cusimano MD, Taunton JE, Upshur REG, Hall CR, Forwell LA, Skopelja EN. Return to play after an initial or recurrent concussion within a prospective study of physician-observed hockey concussions: implications for return to play after a concussion. Neurosurgical Focus, in press.


**Non-Peer-Reviewed Publications**


10. Upshur R. Director’s Corner, University of Toronto Joint Centre for Bioethics Voice (newsletter published from September to June) (2007-present)


**Editorials and Commissioned Papers**


5. Bevan JC, **Upshur RE.** Anesthesia, ethics, and severe acute respiratory syndrome. *Canadian Journal of Anaesthesia* 2003; 50: 977-9, 979-82. [English and French]


Letters


Contributing Author


Books

1. Jaakkimainen L, Upshur REG, Schultz SE, Maaten S, eds. Primary Care in Ontario. ICES Atlas. Toronto: Institute for Clinical Evaluative Sciences, 2006, 250 pp. Please note: This link is to the entire booklet and it is a large file (over 10 MB). To access individual chapters as PDF documents, please click here.

Book Chapters


**Reports**


9. Feasibility of Primary Care project in Kep, Cambodia. Submitted to the Centre for International Health, University of Toronto, April 2004.


Book Reviews


**Critical Appraisal**

1. **Upshur R.** Review of Patrick DM, et al. Routine prenatal screening for HIV in a low-prevalence setting reduces the rate of maternal-fetal HIV transmission and may rival other widely accepted healthcare expenditures in terms of cost effectiveness. Evidence-Based Health Care 1999; 3: 89. [Commentary]

**Published Abstracts and Poster Presentations**


7. Johnson IL, McRobb BR, Byrne PN, Upshur R. Integration of Community Health Teaching Over The Four Years Of The Undergraduate Curriculum At The University of Toronto. ACMC.


11. McDougall C, Wilson K, Upshur R. Ethics of SARS Research Group, University of Toronto Joint Centre for Bioethics. Opportunities and obstacles to the implementation of the revised international health regulations: Results of a qualitative study of global public health capacity and governance. International Conference on Emerging Infectious Diseases (ICEID), Atlanta, March 2006.


Outcome for hypertensive subjects at high CVD risk. *Journal of Hypertension* 2006; 24 (Supplement 6): 45.


Research Products


5. PRESENTATIONS AND SPECIAL LECTURES
Invited Lectures


5. “Can Forced Therapy Be Justified? The Case of the Non-Compliant Tuberculosis Patient,” Joint Centre for Bioethics, University of Toronto. Toronto, Ontario, December 1996.


28. “What do we mean when we speak of evidence?,” Primary Care Research Unit, Sunnybrook & Women’s College Health Science Centre. Toronto, Ontario, January 1999.


47. Response to the Keynote Address by Dr. Lawrence Gostin, Public Health Ethics: Towards a Research Agenda – An International Symposium, Victoria University, University of Toronto.


57. “Teaching Ethics in Family Medicine, Meeting the Challenges,” Faculty of Medicine Visiting Professorship, University of Manitoba. Winnipeg, Manitoba, 27 September 2003.


61. “The SARS Epidemic: How to manage health care personnel,” Bioethics Grand Rounds,


67. “Primary Prevention,” Saturday at the University, University of Toronto. Toronto, Ontario, November 2004.


76. “Ethics issues in environmental health research,” Centre for Environment, University of Toronto. Toronto, Ontario, 10 November 2005.


97. “Surviving SARS, Preparing for Pandemics: Ethics, Infectious Diseases and Modern Health Care Organizations,” Medical Grand Rounds, Department of Medicine, University Health Network/Mount Sinai Hospital. Toronto, Ontario, 8 November 2006.


100. “Mandatory Influenza Immunization of Health Care Workers: Con,” Celebrating Immunization in Canada: Achievements and Opportunities, 7th Canadian Immunization Conference. Winnipeg, Manitoba, 4 December 2006.


120. “Who should be given prophylaxis in a pandemic setting?,” Roche Satellite Symposium, Options for the Control of Influenza VI Congress. Toronto, Ontario, 20 June 2007.


“Ethical Challenges in Pandemic Preparedness (The CanPREP Project),” Canadian Pandemic Preparedness Meeting: From Discovery to Frontlines, presented by CIHR Institute of Infection and Immunity (CIHR-III) Pandemic Preparedness Strategic Research Initiative (PPSRI), the Public Health Agency of Canada (PHAC) and the Canadian Food Inspection Agency (CFIA). Winnipeg, Manitoba, 7 November 2008.

“Evidence-Based Medicine is Dead! Long Live Evidence-Based Medicine,” Critical Debates in Evidence-Based Medicine: Where We’ve Been, Where We’re Going, Victoria College, University of Toronto. Toronto, Ontario, 14 November 2008.

“Challenges of Chronic Disease Management in Primary Care: Results of recent studies conducted at the Primary Care Research Unit,” Family Practice Rounds, Sunnybrook Health Sciences Centre. Toronto, Ontario, 3 December 2008.


“Pandemic Preparedness: What are the hard questions?,” Keynote Presentation, One Day Invited Think Tank -- Idea Panel on Pandemic Preparedness: what should we do / what can we do ... The Public Health Response, in collaboration with Longwoods Publishing. King City, Ontario, 1 April 2009.


“Collaboratory for Innovation and Research in Complex Chronic Disease,” Keynote Presentation, Bridgepoint Health Foundation Board of Directors Meeting. Toronto, Ontario, 29 April 2009.


159. “Ethics around the areas of an overview, behind the decision making, and prioritization of services,” Keynote Presentation, “The Pandemic Influenza: Where are we now?,” Ontario Hospital Association. Toronto, Ontario, 24 June 2009.


167. Discussant for seminar by Yvonne Bombard, “Informing evidence-based policy on expanded newborn screening: Engaging the general public on the provision and governance of newborn


175. "Public Health (Policy?) Ethics," CIHR Strategic Training Program in Public Health Policy Annual (Summer) Training Institute, University of Toronto. Toronto, Ontario, 10 May 2010.


Papers Presented


3. “Surviving SARS: Preparing for Pandemics: Ethical challenges of infectious diseases for health
care organizations,” University of Toronto Joint Centre for Bioethics. Toronto, Ontario, June 2006.


6. TEACHING AND DESIGN

- Jagiellonian University Krakow Poland, July 1999
  Guest Faculty, Epidemiology in Public Health Summer School. July 9-16

University of Toronto
Undergraduate Medical Curriculum
1998-
Course Development and Leadership
- Course co-ordinating committee, Determinants of Community Health: Responsible for the creation and planning of the four year course.
- Year 3 Planning Committee
- Member and Chair, Ethics Review Board, Determinants of Community Health 2 (2003-)

Lectures:
- 2006- Year 1 Ethics, TB and Schizophrenia, Principles of Prevention, Ethics and Health Promotion
- 2003- Year 1 Ethics, TB and Schizophrenia, Principles of Prevention, Ethics and Health Promotion, Year 2: Introduction to research ethics. Year 3 The concept of evidence in health care
- 2002- 2001-: Year 1 Ethics, TB and Schizophrenia, Ethics and Health Promotion,
- Year 2: Introduction to research ethics. Year 3 The concept of evidence in health care
- 2000: Research Ethics; Ethics, TB and Schizophrenia; Ethics and Health Promotion
- 1999: Principles of Population Health; Ethics, TB and Schizophrenia, Ethics and Health Promotion

- Course description can be found on line at: http://www.facmed.utoronto.ca/programs/md/curriculum/clerkship/year4/DOC400.htm

Other:
- Guest Lecture in Determinants of Health 1998, Seminar leader in HIV and Ethics 1999

Graduate
Graduate School of Community Health, Department of Public Health Sciences
- 2003-present: Co-direct course in public health ethics with Dr Ann Robertson
- 2000-3: CHL5418S, Scientific Overviews in Epidemiology. Three hour seminar on the interpretation of discordant systematic reviews. (3 hour seminar)
- 2000-present: Core Three: Lecture on Evidence (1 hour lecture)
- 1999-present: Core Three: Lecture on Informed Consent (1/2 hour lecture)

MHSc Family Medicine
- 2003-present: Evidence based medicine 2 hour seminar
- 2002-present: Research Issues in Family Medicine and Primary Care. Therapy 2 hour seminar
- 2001: Research Issues in Family Medicine and Primary Care. Therapy 2 hour seminar
- 2000: Research Issues in Family Medicine and Primary Care. Therapy 2 hour seminar

Community Medicine Residency Program
- 2002: Guest facilitator, Ethics and Community Medicine (May-August: contributed to conception and design, facilitated 2 sessions each 90 minutes of a seven session)

Institute of Medical Science 1999-present
• Course Director: Empirical Approaches in Bioethics for MHSc program in Bioethics (MSC 3003Y). Responsible for overall course content and evaluation. Create and deliver 8 four hour modules.
• Guest Seminars 2000- (4 hours each) in other courses including Evaluation and Ethics Services, Public Health Ethics and Educational Evaluation
• Course Development:
  o Co-designed MHSc in Bioethics Program with Dr. William Harvey and Dr. Peter Singer. Responsible for writing the document and researching the format of the program.
  o Full course and program details available at: http://www.jointcentreforbioethics.ca/education/mhsc.shtml

Post Graduate

1998-
Clinical Instruction of Family Practice Residents
Primary Supervisor:
1. Dr. Carrie Bernard: 1998-9
2. Dr. Yuriij Tatuch: 1998-2000
5. Dr. Leevin Mah: 2000-2002
6. Dr. Jeff Kwong: 2001-2003
7. Dr. David Price: 2002-2004
8. Dr. Negin Liaghetti: 2003-2005
11. Dr. Peter Simkovich: 2006-2008
13. Dr. Hong Ge: 2008-2010
• Also co-supervised other residents on block time and in teaching clinics (approximately 60 other residents).
• Developed implemented course for residents in Evidence-Based Medicine that has run on a weekly basis since 1998. (1 hour per week September-June)
• Lectures:
  • 1999-present: 1 hour Core day lectures on Evidence-based medicine (6 per year)

Post-Professional/CME
• 1998: Steering Committee, Postgraduate Ethics Teaching 1/2 Day.
• 2000: Teaching Practices
• 2008: The Royal College of Physicians and Surgeons of Canada Bioethics Education Project (BEProject) Case – 7.2.3, “Enforcing Quarantine Orders/Application de mesures restrictives pour lutter contre les maladies transmissibles” (Full list of cases available online at http://rcpsc.medical.org/bioethics/intro_e.php)
• 2007-2009: Module 3: Global Health, Public Health Ethics & Public Health Research Ethics, IRENSA – Diploma in International Research Ethics, Cape Town, South Africa. This is a Fogarty International Center (US National Institutes of Health) supported capacity building programme for research ethics in Southern Africa.
University of Winnipeg: 1979-81
• Teaching Assistant: Introduction to Philosophy

Queen’s University: 1981-83
• Teaching Assistant: Logic, Business Ethics, Introduction to Philosophy

University of Winnipeg: 1983
• Summer Sessional Lecturer: Critical Thinking and Philosophy of Education

McMaster University: 1997-1998
• Tutor in Observational Epidemiology, Graduate Program in Medical Sciences
• Guest Lecturer, Medical Ethics

University of Toronto:
• Co-Instructor: Graduate School of Community Health, Environmental Epidemiology, 1996-1997
• Guest Lecturer: Issues in Community Health, Graduate School of Community Health, 1996-1997
• Lecturer, Foreign Medical Graduates Program, 1997
• Lecturer, Community Health and Nursing, Faculty of Nursing, 1997
  o Seminar Leader: Graduate School of Community Health, Environmental Epidemiology, 1996
  o Question Preparation for LMCC Practice Exam, Public Health, 1995-1996
• 1987-1993 Clinical instruction to medical students and residents on elective placement at the Chesley Medical Clinic.

7. Research Student Supervision

Graduate

McMaster University


member. Publications resulting from this thesis:


University of Alberta

1. Shannon Scott-Findlay, PhD Reading Course, 2001-02.

University of Toronto

Current – Primary Supervisor

1. Dr. Barry Pakes. “Ethical Analysis in Public Health Practice,” enrolled in a PhD programme through the Institute of Medical Science in September 2003. [Primary Supervisor] **CIHR Fellowship Award Winner


3. Dr. Victor Cellarius. “The Conceptual Structure of Palliative Care Ethics in Canada,” enrolled in a PhD programme through the Dalla Lana School of Public Health Sciences in September 2006. [Primary Supervisor] **CIHR Fellowship Award Winner

4. Dr. Arik Bergman. “Primary Care for the Dialysis Patient,” enrolled in a MSc in Health Services Research programme through the Department of Health Policy, Management, and Evaluation in September 2007. [Primary Supervisor]

5. Mr. Diego Silva. “Lest We Forget: Incorporating the Needs of the Mentally Ill and the Homeless in Pandemic Influenza Preparedness Plans,” enrolled in a PhD programme through the Dalla Lana School of Public Health in September 2008. [Primary Supervisor] **CIHR Frederick Banting and Charles Best Canada Graduate Doctoral Scholarship Winner

6. Mr. Shawn Tracy. “Ethical issues in pandemic planning and response,” enrolled in a PhD programme through the Institute of Medical Science in September 2009. [Primary Supervisor]

7. Mr. Max Smith. "Ethical considerations for pandemic planning and response," enrolled in a PhD programme through the Dalla Lana School of Public Health in September 2010. [Primary

Current – Thesis Committee Member

1. Mr. Eoin Connolly. “Organizational ethics,” enrolled in a PhD programme through the Institute of Medical Science in September 2005. [Thesis committee member]

2. Ms. Heather Sampson. “What are the present Canadian Research Ethics Board (REB) review practices and is it possible to develop a practical and uniquely Canadian system of national REB education and review?”, enrolled in a PhD programme through the Institute of Medical Science in September 2005. [Thesis Committee Member]


4. Mr. Robin Nunn. “A Funny Thing Happened On The Way To The Hospital: Uncertainty, Complexity and The Limits of Biomedical Knowledge,” enrolled in a PhD programme through the Institute for the History and Philosophy of Science and Technology in September 2006. [Thesis Committee member]


6. Mr. John Pringle. “Refugee Camp Health,” enrolled in a PhD programme through the Dalla Lana School of Public Health in September 2007. [Thesis Committee member]


8. Dr. Lara El Zahabi-Bekdesh. “What authorization is required from the community to begin trials of modified mosquito vectors? Case studies from Mexico, Australia and Malaysia,” enrolled in a PhD programme through the Institute of Medical Science in September 2007. [Thesis Committee member]


10. Dr. Noah Ivers. “Designing Optimal Feedback for Primary Care,” enrolled in a MSc (Clinical Epidemiology) programme through the Department of Health Policy, Management, and Evaluation in January 2009. [Thesis Committee member]
Completed – Primary Supervisor

1. Ms. Linda Vrbova. The Association Between Socioeconomic Status and Community-Acquired Pneumonia in the Elderly in Ontario: A Population-Based Cohort Study Using Frequentist and Bayesian Statistical Methods. MSc thesis successfully defended in September 2003. [Primary Supervisor] (Currently a PhD candidate, School of Population and Public Health, University of British Columbia) Publications resulting from this thesis:

2. Ms. Stephanie Nixon. Canada’s International Response to HIV/AIDS A Critical Public Health Ethics Inquiry. PhD successfully defended in October 2005. [Co-Primary Supervisor] **CIHR Fellowship Award Winner** (Currently Assistant Professor, Department of Physical Therapy, University of Toronto)


4. Ms. Cécile Bensimon. Communicable Disease Control in the New Millennium: A Qualitative Inquiry on the Legitimate Use of Restrictive Measures in an Era of Rights Consciousness. PhD successfully defended on 14 April 2009. [Primary Supervisor] (Currently working at the University of Toronto Joint Centre for Bioethics)

5. Dr. Mona Gupta. Is Evidence-Based Psychiatric Practice, Ethical Practice? A Conceptual and Qualitative Study. PhD successfully defended on 2 September 2009. [Primary Supervisor] **CIHR Fellowship Award Winner** (Currently working as a staff psychiatrist at Women's College Hospital)

6. Ms. Marian Adly. Limiting the Collateral Damage of SARS: The Ethics of Priority Setting. MSc successfully defended on 1 September 2010. [Primary Supervisor]

Completed – Thesis Committee Member

1. Ms. Brenda Gamble. The commercialization of hospital-based medical laboratory services: A comparative study in Ontario documenting and analyzing the implications for patients, providers and the health care system. MSc thesis successfully defended in March 2002. [Thesis committee member] (Currently Assistant Professor and Supervisor, Health Studies Programme, Department of Social Sciences, University of Toronto at Scarborough)

3. Ms. Alison Thompson.  A Case Study of the Canadian Public Consultation of Xenotransplantation. PhD successfully defended in October 2004. [Thesis committee member] (Currently Assistant Professor, Leslie Dan Faculty of Pharmacy, University of Toronto)

4. Dr. Chris Denny.  Youth at Risk in the Wilderness. MSc successfully defended in November 2004. [Thesis committee member] (Currently Assistant Professor of Medicine, University of Toronto and Staff Physician, Sunnybrook Health Sciences Centre)


7. Dr. Jeff Kwong.  The Effect of Ontario’s Universal Influenza Immunization Program on Pneumonia & Influenza Hospitalizations. MSc successfully defended on 17 August 2005. [Thesis committee member] (Currently a Scientist at the Institute for Clinical Evaluative Sciences (ICES) and a Family Physician, University Health Network)


10. Mr. Robert Williams.  The Experiences of Hospital Staff Report to Work During the SARS Outbreak of 2003 In Toronto: A Phenomenological Study. PhD successfully defended on 19
June 2007. [Thesis committee member]

11. Ms. Kirstin Borgerson. Valuing and Evaluating Evidence in Medicine. PhD successfully defended on 4 December 2007. [Thesis committee member] (Currently a tenure-track Assistant Professor, Department of Philosophy, Dalhousie University, 1 July 2009)

12. Ms. Pam Kolopack. Putting Participation into Perspective: The Experiences of Participants and Their Family Members Involved in a Novel Gene Transfer Trial. MSc successfully defended on 29 April 2008. [Thesis committee member] (Currently a PhD candidate at the Dalla Lana School of Public Health Sciences, University of Toronto)


15. Mr. Kelley Ross. Describing and Assessing the Views of Transplant Professionals in Ontario about Directed Organ Donations from Deceased Donors A Qualitative Study. MSc successfully defended on 5 January 2010. [Thesis Committee Member] **CIHR Master's Award Winner**

Post Graduate Supervision – MHSc in Bioethics, International Stream

1. Salah-Ud-Din Khan, Professor, Department of Biochemistry, Hamdard College of Medicine and Dentistry, Hamdard University, Karachi, Pakistan. International MHSc in Bioethics student, supported by a Fogarty International Center/National Institutes of Health grant (2009-11).


3. Celestine Afi Sappor, Administrative Assistant, Rotateq Vaccine Trial, Noguchi Memorial Institute for Medical Research. International MHSc in Bioethics student, supported by a Fogarty International Center/National Institutes of Health grant (2009-11).

4. Bini Toms, Assistant Professor, Department of Biotechnology and Vice President, T. John College, Bangalore, India. International MHSc in Bioethics student, supported by a Fogarty International Center/National Institutes of Health grant (2009-11).

5. Salima Bano Virani, Senior Instructor, School of Nursing, Aga Khan University. International MHSc in Bioethics student, supported by a Fogarty International Center/National Institutes of Health grant (2009-11).

6. Parnor Madjitey, Principal Research Assistant, School of Public Health, University of Ghana, Legon, Ghana. International MHSc in Bioethics student, supported by a Fogarty International
Center/National Institutes of Health grant (2010-12).

7. Ahmad Aizazur Rabb, Certified Clinical Research Associate and Regional Research Trainer, Pfizer Global Pharmaceuticals, Pakistan. International MHSc in Bioethics student, supported by a Fogarty International Center/National Institutes of Health grant (2010-12).

8. Anuradha Rose, Medical Doctor, Christian Medical College, Vellore, India. International MHSc in Bioethics student, supported by a Fogarty International Center/National Institutes of Health grant (2010-12).

9. Nausheen Saeed, Assistant Professor, Department of Surgery, Ziauddin Medical College, Karachi, Pakistan. International MHSc in Bioethics student, supported by a Fogarty International Center/National Institutes of Health grant (2010-12).

10. Muhammad Moinuddin Siddiqui, Senior Lecturer, Ziauddin University, Karachi, Pakistan. International MHSc in Bioethics student, supported by a Fogarty International Center/National Institutes of Health grant (2010-12).

Post Graduate Supervision – Postdoctoral Fellows

1. Mr. Edward Mills. “Conducting research within vulnerable populations: A policy analysis,” Postdoctoral Fellowship sponsored by the Canadian Institutes of Health Research, September 2006 – August 2007. [Co- Supervisor] **CIHR Fellowship Award Winner** (Ended award early to take a tenure position at Simon Fraser University)

2. Ms. Maya Goldenberg. “Investigating Embodiment Issues in Evidence-Based Approaches to Women’s Health,” Postdoctoral Fellowship sponsored by the Canadian Institutes of Health Research and the Program in Healthcare, Technology & Place at the University of Toronto, September 2006 – June 2007. [Secondary Mentor] **CIHR Fellowship Award Winner** (Ended award early to take a tenure position at University of Guelph)


Internal Examiner


2. Ms. C. Tess Sheldon. The Covert Administration of Medication to Persons Determined To Be Decisionally Incapable in Psychiatric and Long Term Care Settings. PhD Comprehensive
Examination and Defense, Dalla Lana School of Public Health, successfully defended on 21 September 2010.

External Examiner


Transfer Exam Committee Member

1. Ms. Dominque McMahon. Regenerative Medicine Innovation in Emerging Economies: A case study comparison of China, Brazil, and India. Transfer exam from MSc to PhD successfully defended on 10 July 2008.

Post Graduate Resident Research Supervision: All Primary Supervision


11. Dr. M Feldman, 2001-03. Treatment options for UTI in primary care.


14. Dr. A Rajput, 2004-06. Waiting times for CT scans and MRI’s.


**Tracy CS, Nie JX, Moineddin R, Upshur REG. Family physicians’ attitudes toward education in research skills during residency – Findings from a national mailed survey.** Canadian Family Physician 2008; 54: 413-4.e1-5.


19. Drs. Kamila Premji, Silvy Mathew, and Natalie Sin Yan Too, 2005-07. Is there a role for the family physician to discuss end of life care with patients in the office?


22. Dr. Tehilla Adams, 2006-08. Qualitative study of family physicians attitudes to HPV vaccines.

23. Dr. Michel Shamy, July 2007. Narrative, Argument & Evidence: An Ethical Justification for the use of Suggestion in the Treatment of Psychogenic Illness. Reading Elective as part of the Neurology Residency Program. **Winner of the RCPSC 2008 KJR Wightman Award**

24. Dr. Sarah Wilson. The Effectiveness and Efficiency of Diabetes Screening in Ontario: A Population Based Cohort Study. **Winner of John Hilditch Research Excellence Award**

25. Drs. James Tan, Shaul Tarek, and Mina Tasharofi Kia. Will an Interprofessional Clinic for Complex Elderly Family Practice Patients Reduce Emergency Room and Other Health Care Usage.

**Undergraduate Medicine: All Primary Supervision**


10. Astra Teo, Determinants of Community Health, University of Toronto, 2007. Qualitative Study of Patient Perceptions of Complex Chronic Diseases.