Jonathan Breslin is a bioethicist with North York General Hospital. He received his PhD in Philosophy from McMaster University in 2003, with a focus in Bioethics. During his doctoral studies at McMaster he also completed a two-year Associated Medical Services Clinical Ethics Internship at St. Joseph’s Healthcare in Hamilton. As well, he completed a one-year Fellowship in Clinical Ethics at the JCB. At the end of his two years of Fellowship training at the Joint Centre for Bioethics, Jonathan had the privilege of working with more than ten JCB clinical bioethicists in eight different health care organizations/institutions in the Greater Toronto Area. Jonathan has a wide range of research interests but his main focus is in the area of disagreements over treatment decisions (particularly with respect to the appropriate use of life-sustaining interventions) and professionalism and training of clinical ethicists.

**JCB:** Tell us (the reader) a bit about the NYGH bioethics service? Have there been any significant changes or innovations you have been part of that you would like the community to know about?

**Jonathan:** The ethics service at NYGH is still quite new, in its 5th year. Though there were a group of dedicated health care providers trying to fulfill the need for many years, it was in 2005 that NYGH made the commitment to join the JCB and hire a full-time Ethicist to develop and maintain a comprehensive ethics program. During the first few years the focus of the program has been on building the structure and raising awareness about ethics and the benefit of an ethics program to a healthcare organization. One “innovation” worth mentioning is my quarterly ethics newsletter, launched one year ago. The circulation list is now more than 400 staff and physicians and continually growing. I have received very positive feedback on the newsletter from various readers.

cont’d...
**JCB**: How did you get involved in applied ethics?

**Jonathan**: I became interested in applied ethics through my studies in philosophy. The more time I spent studying philosophy, the more interested I became in the practical branches, such as ethics and legal philosophy. What drew me to bioethics in particular was that it represented an opportunity to apply theory and philosophical skills to real world problems. During my PhD I secured an Associated Medical Services Internship in clinical ethics, which gave me the opportunity to work with Michael Coughlin, formerly the long-time Ethicist at St. Joe’s in Hamilton. It was that experience that crystallized my decision to focus on practical bioethics, which ultimately led me to the Fellowship at the JCB.

**JCB**: What is the biggest challenge you have faced?

**Jonathan**: Without question the biggest challenge I have faced has been encountering the common misconceptions that many health care providers have about ethics and ethicists. When I was accepted into the Fellowship I had this naïve expectation that as soon as I walked into a hospital, everyone would turn to me and say, “Thank G-d you’re here to help us solve our ethical dilemmas!” The reality has been quite different, especially coming into an organization that functioned for 35 years without any formal ethics support. Some people see ethics as cut-and-dried and don’t see why they would need any help making decisions; others view the involvement of an ethicist as an admission of failure, or as implying that they may be acting “unethically.” I always find myself wondering, why is it that a clinician has no problem consulting with a cardiologist to help solve a patient’s cardiac problem, but many of them are so reluctant to consult an ethicist to help solve an ethics problem?

**JCB**: What achievement are you most proud of?

**Jonathan**: One of the things that I have loved about this position at NYGH has been the challenge of building something almost from scratch within this organization. Before I arrived in 2005 the ethics services in this hospital amounted to a small volunteer ethics consultation team, which conducted approximately a dozen consults per year. Four years later we have a comprehensive Ethics Program with a growing presence throughout the organization, including an annual Ethics Week, a quarterly ethics newsletter, Fellowship support from the JCB, a consultation service that conducts five times as many consults as the previous ethics consultation team, presence on both the NYGH intranet and internet, and so on. Despite the challenges I’ve faced (and perhaps even because of them), I’m quite proud of this accomplishment.

Comments on this article? Email your response to newseditor.jcb@utoronto.ca. We may publish your email in the next issue.
Bioethicists clash over ultimate aims of bioethics.

It is not often that prominent bioethicists publicly clash about the fundamental mission and purpose of bioethics. Recently Art Caplan of the University of Pennsylvania took Ezekiel Emanuel to task regarding his preferred view on the enterprise of bioethics. In a recent keynote lecture given by Emanuel at the American Society of Bioethics and the Humanities, Emanuel argued that bioethics would prosper by taking a more empirical approach to bioethical problems. Furthermore Emanuel argued that empirical disciplines such as economics, decision science and sociology may be better suited to provide the conceptual frameworks and analytic tools necessary for success in grant competitions and peer-reviewed publications in high impact journals.

Caplan responded in fine polemical style. He stated that “Emanuel’s vision espoused a vision for future bioethicists that I think is narrow, misguided and wrong.” Furthermore, it was “myopic as well as inadequate.” Fighting words indeed!

Caplan notes he writes to foster a spirit of vigorous debate about what the vision and scope of bioethics research and practice is and ought to be. This is as much a debate about which disciplines and methods are sovereign in bioethics, the role of empirical approaches in bioethics and the extent to which bioethics should engage public attention on important issues in health care and health policy.

I have taught a course in empirical approaches in bioethics for over a decade. I believe it was one of the first courses of its kind. So, I find myself in broad agreement with Ezekiel Emanuel on the importance of bioethicists being methodologically savvy, and for empirically oriented research to have a platform in bioethics research. I am also mindful of criticisms of bioethics scholarship, such as the indictment placed on contemporary bioethics scholarship by Paul Farmer for its remoteness from human experience and failure to take on issues related to health inequity and poverty.

Caplan’s points are also well taken. He writes: “Rather bioethics’ role is both Socratic and prophetic--challenge, probe, question, warn, chastise, alert, and, as Zeke appreciates, irritate the powers that be when necessary.”

I think Emanuel’s call for a more robust empirical approach in bioethics is necessary. Empirical approaches alone are insufficient to establish a research agenda for bioethics. What we need is a discourse on the relationship between normative theory, empirical enquiry, health policy and practice and public engagement. It sounds very much like the sort of activity that thrives at the Joint Centre for Bioethics.

I am pleased that prominent American bioethicists have started a high profile dialogue on the vision and mission of bioethics. I hope the vigorous debate extends north of the border.

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

Michelle Cleghorn, graduate student, is the runner-up in the OPHA (Ontario Public Health Association) 60th Anniversary Student Essay Contest. Her essay will be published in OPHA’s semi-annual Public Health Today Magazine shortly after the OPHA Conference (to be held November 1-4, 2009).

Tom Foreman has accepted the position of Director of Ethics at the Ottawa Hospital. Tom graduated from the JCB Fellowship in August, 2009 and has contributed a great deal to the Fellowship and the CORE Network during his year with us. We wish him all the very best in his new position and hope that collaboration with Tom will continue through the JCB bioethics collaboratory, the CBS, and the broader bioethics community.

I am pleased to announce that Dianne Godkin has been appointed as the Senior Ethicist for the Regional Ethics Program effective October 19, 2009. Dianne’s educational background includes a PhD in Nursing from the University of Alberta and a post-graduate Clinical Ethics Fellowship through the University of Toronto Joint Centre for Bioethics. Dianne is currently part of the Regional Ethics Program and is based principally at the Credit Valley Hospital. Among her accomplishments during her time at Credit Valley Hospital, Dianne has worked closely with the Ethics Forum to implement a strategic plan for the ethics program at Credit Valley Hospital. Dianne has become well integrated participating on a number of key committees and working groups.

Because of the strong relationship we have forged through the Regional Ethics Program, Dianne will work closely with her colleagues at Credit Valley and at Trillium to ensure a smooth transition over the next few months.

Prior to joining the Regional Ethics Program, Diane worked as a clinical ethicist in Toronto for over five years.

Dianne will assume a leadership role to direct and guide the ongoing development and expansion of the Regional Ethics Program serving Trillium, the Credit Valley Hospital and hopefully other providers in the Mississauga Halton LHIN in the near future. Please join me in congratulating Dianne on her appointment as Senior Ethicist.

Scott McLeod
Vice President Strategy & Business Transformation, Trillium Health Centre

Dr. David Rodriguez-Arias Vailhen, Assistant Professor, Faculty of Philosophy, University of Salamanca, Spain, currently a visiting fellow at the Joint Centre for Bioethics and a visiting researcher at UHN, has been awarded the 2009 Bioethics Research award by the Fundació Victor Grifols i Lucas, Barcelona, Spain for his doctoral thesis: “Brain Death and Organ Transplant: International and Ethical Aspects” (“Muerte cerebral y trasplante de organos: aspetos internacionales y éticos”).

This prize is Spain’s highest award in Bioethics and is conferred by a jury of Spanish academics from the fields of Bioethics and Philosophy. The prize was awarded on the 27th of October in Barcelona.
Art Caplan’s response to Ezekiel Emanuel’s recent keynote lecture at the American Society of Bioethics and Humanities (ASBH):

When you get old enough as a practitioner in any field young people seek your advice about what they should do if they want to do what you do. This has been happening to me with increasing frequency. Undergraduates, high school students, medical students, those pursuing degrees in law and nursing and even those interested in a midcareer change have been asking me how to pursue a career in bioethics.

Having thought about their question quite a bit, I realize that the answer is not the same for everyone who presents the questions. But, the core of the answer is pretty much the same; pursue masters level training in bioethics, acquire familiarity with key social science methods and tools, learn something about a particular sub-area of the health sciences or life sciences and, seek every opportunity to fine tune your analytical and rhetorical skills by working with others on projects, research, consulting, or teaching activities. At its heart bioethics is an interdisciplinary activity and knowing how to work with others who do empirical, historical, legal and normative work is a must.

I had thought that advice to be sound until I heard Zeke Emanuel’s plenary address to open the most recent annual meeting of the American Society of Bioethics and the Humanities. Zeke espoused a vision for future bioethicists that I think is narrow, misguided and wrong. I say that in the spirit that Zeke himself enjoys—vigorou debate about a matter that both of us consider of the gravest importance.

Zeke Emanuel, a physician with a degree in political science as well, is one of the best and brightest scholars in the field of bioethics. His writings are solid and exemplify how best to integrate empirical inquiry with normative analysis. And the ‘shop’ he has run at the NIH Clinical Center for many years prior to moving into the Office of Budget and Management to work on health reform has done an outstanding job training younger scholars in the ins and outs of bioethics inquiry. These facts are precisely why Zeke’s recent plenary address to the American Society of Bioethics and the Humanities was so disappointing.

Zeke began by joking that he knew much of what he had to say would annoy his audience. He then proceeded to argue that the future of bioethics and of bioethicists depended upon the field moving away from its high public profile in political, media and policy debate. What bioethics needs, he argued, is a beefing up of the shabby empirical foundation it now relies upon for its normative and policy claims.

The only way for bioethics to flourish, to paraphrase Zeke’s key contention, is if bioethicists spend less time in public places, more time mastering quantitative methods and publishing empirically grounded research on topics such as informed consent and surrogate decision-making at the end-of-life in peer-reviewed journals. He added that he did not find any merit in masters programs or PhDs in bioethics since without a more robust empirical foundation there could be little value in such training.

A young, wanna-be bioethicist, Zeke contended, would be best served seeking training in behavioral economics, psychology, decision theory or perhaps, he grudgingly conceded, sociology. Those armed with these tools could be expected to create the rigorous empirical foundation that bioethics now sorely lacks. Moreover, Zeke predicted, those willing to enter bioethics by heading down his prescribed path can
Article

expect generous financial support in the form of a pot of gold provided by a National Institutes of Health poised and eager to provide funding for rigorous research.

Before any prospective bioethicists answer Zeke’s clarion call for rigor by dusting off their applications to departments of economics and the behavioral sciences let me try to point out why Zeke’s vision about what bioethics should be is severely myopic as well as inadequate.

Zeke’s call for bioethics to take a sharp empirical turn has power because it is embedded in his talk of the importance of data and rigor. Both are indeed important for bioethics for a variety of reasons. But, neither will get bioethics where it needs to be if it is to serve health care providers, patients, policy makers or the public.

Bioethics, in my view, has a duty to engage the public with bioethical questions. The topics that bioethics grapples with—how to manage dying, the use of reproductive technologies, what to do to maximize the supply of transplantable organs and tissues, how best to promote clinical and animal research, what information you should expect to receive as a patient about your diagnosis and treatment—are of keen importance and legitimate interest to everyone, rich and poor; young and old around the globe. Part, albeit part, but nonetheless a crucial part of the bioethicist’s role is to alert, engage and help to illuminate ethical problems and challenges both old and new in the health and life sciences. I do not say to solve them nor to be seen as an authoritative source to whom bioethical issues ought be assigned. Rather bioethics’ role is both Socratic and prophetic—challenge, probe, question, warn, chastise, alert, and, as Zeke appreciates, irritate the powers that be when necessary.

In this role of moral diagnostician bioethicists must be responsible and strive for clarity in provoking public attention and debate. However, in this role data is often absent, in dispute or woefully poor. In addition questions loom large and pressing, passions run deep and fear and ignorance are omnipresent companions to doing bioethics with an eye toward helping the public understand issues and options. To engage in the public role that bioethics has and should enthusiastically continue to play in the media, policy, education, legislation and the law more tools are needed then empirical data no matter how rigorous or precise that data and the means used to generate it may be.

One must be able to present a cogent argument, know the areas of consensus that have been established about ethical issues over the history of medical ethics and bioethics, have a familiarity with health law, the infrastructure of policy and a grasp of political, cultural, literary, historical and social dimensions of what makes morality tick in various cultures. In the absence of these skills and knowledge data is completely and utterly blind, even useless. That is why it is precisely this skill set that the aspiring bioethicist should expect a masters program or a PhD program in bioethics to provide in order to gain the analytical and argumentative skills to competently and responsibly carry out the crucial public role bioethics has.

At the end of the day bioethics is a public activity which uses empirical inquiry and information as a tool. Admittedly empirical data are the most important of the tools in the bioethicist’s toolbox but still they are only one of the types of tools that are used.

Zeke’s vision of bioethics completely confuses the instrument—compiling reliable empirical information relating to normative issues—with the job—informing the public about problems, options and suggesting possible avenues for their resolution.
Zeke’s vision makes a bit more sense if one focuses on the role that bioethics plays within health care for professionals and institutions. There bioethicists often act as consultants or help formulate policy in ethically contentious areas working with providers and administrators and sometimes even payers. But even in this setting, while data is often essential it is never sufficient. What occurs in doing an ethics consultation, for example, has as much to do with knowing how to mediate a dispute as it does a recitation of the facts of a case or having at hand well-supported information about the consequences of various courses of action. In many other situations the ‘facts’ are not known and won’t be known—ever because the human interactions are too complex. Bioethics at the bedside is very much an ethical, social and personal activity and while data has a part to play it has about as much a part to play as it does in our everyday lives and decisions which is to say—sometimes it matters, often it does not.

Before the young bioethicist is told to follow Zeke’s path of empirical positivism consider one other fact. We will not in our lifetime or that of our children ever achieve the kind of empirical certitude about much of anything of the sort that Zeke suggests will help future generations of bioethicists do their work. For every ethical problem for which sufficient data exists to point toward an answer a hundred blossom for which the data don’t. For every ethical problem for which sufficient data have been assembled to make an answer rational, sensible, or even self-evident there are many where behavior, policy and practice do not and cannot be made to conform to that data. Sometimes data alone can point toward an answer. Almost always, however, it is a prior moral argument that points toward the use to which data will, could and ought be put whether that be in medical practice or in medical ethics. And more often then not moral and value arguments simply moot data and that situation cannot be rectified by appeals to more data.

Zeke ended his remarks that day by acknowledging he was not really trying to end the public role or policy dimension of bioethics. Rather he was just trying to reorient the field’s priorities. I suggest Zeke be heeded but only halfheartedly.

More data is needed in bioethics. More scholars with empirical quantitative skills are needed. That said, if the goal of bioethics is not simply to produce ever-increasing amounts of NIH funded empirical data but rather to make a difference for the better in the lives of patients, their health care providers, scientists, and the general public then what we need and will continue to need are bioethicists who know their history, understand the power of cases, stories and analogical reasoning, can mount cogent, coherent arguments based on the best information at hand, are comfortable talking with a state legislator, an NIH institute director, a TV talking-head, an athletic coach, a small town family doctor and a minister. Aspiring bioethicists would be well served to develop that full skill set and to seek bioethics programs that can teach them to meet all of those needs.

Arthur Caplan
Sidney D. Caplan Professor of Bioethics and Emanuel & Robert Hart Director, Centre for Bioethics, University of Pennsylvania
The (RE)$^2$ Debate: Is Participation in Research Unsung Heroism or Public Duty?

At a recent meeting of the (RE)$^2$ interest group (Research and Education about Research Ethics), Ross Upshur led a spirited discussion of Zeke Emanuel’s stimulating JAMA paper entitled “The Obligation to Participate in Biomedical Research”. Zeke challenged the “standard view” that participation in clinical research is a supererogatory activity of heroic volunteers. Never at a loss for controversial views, Zeke argued that participation in research is a public duty. Since the results of research are a public good, benefiting all citizens, citizens have an obligation to contribute to (hence participate in) clinical research. The hence slippage in the argument drew lively refutations from twenty members of the group. These will be summarized later in a paper from the “RE squares”.

I favor the view that research participants are heroes, but I will leave that issue aside. My project here is to present a proposal to strengthen incentives for participation in research. The New York Times recently reported that only 3% of cancer patients in the US participate in clinical research, because of various disincentives affecting oncologists: tedious paperwork to document required tests and scans at entry and followup, prohibitively complex consent forms, and the resultant loss of time and income. There are additional financial losses specific to the US reimbursement system, such as lost income from payments to physicians for the chemotherapy drugs and infusion procedures that may be absorbed by pharmaceutical companies that often sponsor the research.

**The need for incentives:**
Patients are often motivated to participate in research by their interest in improving the treatment of their own disease, or the hope that they may be assigned to the group receiving a potentially more effective new treatment. More immediately rewarding incentives could be devised. Participants might be given public recognition, privileged parking, and preferred access to convenient appointments. When cancellations occur on the waiting list, access to tests and treatments could be facilitated through the use of pagers. These are routinely provided to patients waiting for organ transplants. Blood, platelet, bone marrow, and organ donors merit rewards for their altruistic contributions. I suspect even mentioning this approach will outrage some readers, but if done fairly (like the seat upgrading and discounted tickets given when available by airlines to frequent flyers as rewards for customer loyalty) it would gain public acceptance. Persuasive though contested arguments have been advanced for introducing financial incentives to increase the heroic contribution of organ donors.

Are clinical research participants heroes, or citizens fulfilling a public duty? The women who agreed to accept assignment to experimental groups treated by simple mastectomy or lumpectomy and x-irradiation in Bernard Fisher’s landmark studies deserve more than just our thanks for displacing radical mastectomy as the routine primary treatment for breast cancer. Researchers and caregivers may view themselves as heroic warriors in the battle against disease, but the real heroes are the patients who participate in clinical research.

Zeke’s reasoned argument, based in political philosophy, illustrates the limited role of rational discourse in moving the polity. That’s why the poets and playwrights were more feared than the philosophers in ancient Greece; they understood and used persuasion. At the very least, we can help persuade citizens...
to become potential donors and research participants by showing them that they can become better versions of themselves through public recognition of their heroism.

References:
3. Hippen B, Ross LF, Sade RM. Saving lives is more important than abstract moral concerns: Financial incentives should be used to increase organ donation. Ann Thorac Surg 2009;88:1053-1061. [Lainie Ross argued against the resolution in this debate. – MM.]

Bioethics on the Road:
Travel Diaries for the Week of October 14-20th, 2009

Wednesday, October 14
It's Wednesday morning and I’m heading to Washington, DC. I have three strategically adjacent meetings over the next week: the Association of Bioethics Program Directors, then the annual meeting of the American Society for Bioethics & Humanities (ASBH) and, followed by a short jaunt to Bethesda, ML, a meeting at the Fogarty International Center at the National Institutes of Health (FIC/NIH). Having received expert help from fellow JCB management team members and other JCB friends regarding meeting content and travel tips, I have the luxury of wondering where to find good espresso locations in DC.

I land in DC (first visit for me) and am driven by a friendly taxi driver to the Hyatt Regency Washington on Capitol Hill. Right after checking in I run into Jeff Kirby and Christy Simpson, both faculty members of the Department of Bioethics at Dalhousie University and the Nova Scotia Health Ethics Network (http://bioethics.medicine.dal.ca/people/index.php). I have the great pleasure of working with Christy and Jeff as members of the Canadian Bioethics Society (CBS)-affiliated task force Practicing Healthcare Ethicists Exploring Professionalization (PHEEP). I feel instantly at home in this new city.

My first informal meeting is with Tom Tomlinson, Director of the Center for Ethics and Humanities in Medicine at...
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the Life Sciences at Michigan State University (MSU) (http://bioethics.msu.edu/index.php?option=com_content&view=article&id=88&Itemid=34). As many will remember, Tom opened our 2009-10 JCB Seminar Series on September 16th with his seminar “Protection of Non-Welfare Interests in the Research Uses of Archived Biological Samples” (click here for archived webcast http://epresence.ehealthinnovation.org/epresence/1/watch/328.aspx). Tom and I run through the rain to a nearby diner for a late lunch. We talk about the upcoming meetings and Tom’s recent visit to Toronto, which included taking in several films with his wife Deborah at the Toronto International Film Festival. I’m fascinated to hear about the ethics sessions Tom teaches for MSU’s veterinary students—a unique set of issues that arise when veterinarians (the majority of whom enter the profession to work with companion animals) find their goals of helping animals and alleviating animal suffering at odds with the owners of animals who, for example, are raising the animals for food or research. Over some Starbucks espresso/latte, we have a lively discussion about Tom’s research interest in the ethics of macabre humor in medicine (tentatively titled “Dark Humor: When to Laugh, When to Wince”). Tom invites all those with a similar interest—or any examples they’d like to share—to contact him at: tom.tomlinson@ht.msu.edu.

Next, I meet up with Lisa Eckenwiler, Director of Health Care Ethics, Center for Health Policy Research and Ethics at George Mason University. Lisa is co-editor (with Felicia Cohn) of The Ethics of Bioethics: Mapping the Moral Landscape. Currently she is writing a book on justice and caregiving in the context of globalization. Lisa and I talk about global public health ethics, care migration and our mutual emerging interests in human geography as it pertains to health care. We’re excited about the related conference theme “Mobilities and Inequalities” for the 2010 Feminist Approaches to Bioethics International Conference in conjunction with the 10th World Congress in Singapore (http://www.bioethics-singapore.org/wcb2010/CongressProgramme/). Lisa (who is fond of Canada and pictured here with a coveted tin of maple syrup) will be visiting Toronto in March 2010 and looks forward to meeting members of the JCB.

Lisa, Tom and I are among approximately 30 participants in the Wednesday evening meeting of the Association of Bioethics Program Directors (ABPD), a relatively new association created to meet the leadership needs of academic bioethics programs across North America (http://www.bioethicsdirectors.org/). So far, approximately 60 bioethics centres are collaborating through the ABPD “hub” with recent work including a position statement Three Myths about the Ethics of Health Care Reform and ABPD Guidelines on Tenure and Promotion. ABPD members are keen to hear about the JCB ‘benchmarking’ research project, which we’ve come to realize is one of a kind.

Thursday, October 15

Fueled by one of the best lattes I’ve ever had on this still rainy day, I’m ready for the opening of the American Society for Bioethics & Humanities (ASBH) annual conference (http://www.asbh.org/; for conference brochure see http://www.asbh.org/meetings/annual/pdfs/brochure09.pdf). Ezekiel Emanuel begins the four-day event—attended by 1000 registrants(!)—with his plenary session “The Future of Bioethics: Policy, Politics, or Mush?” You can read a
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post-conference response by Art Caplan to Emanuel’s much talked about session, reprinted with permission here in the JCB Voice (page 5).

That afternoon, I go to some excellent sessions: First, Christy Simpson and I attend a panel session “Severe Brain Injury and Sexuality” given by Rebecca Brashler, Rebecca Dresser, Kristi Kirschner and Carol Levine. The complexity of the issues is beautifully and painfully illustrated by two recent cases juxtaposed with examples from literature and film. Next is a paper session “Expanded Newborn Screening: A Critical Feminist Public Health Ethics Analysis” by our very own Erica Sutton (PhD student in the Collaborative Program in Bioethics [CPB] and the Dalla Lana School of Public Health [DLSPH]). I race over to catch the last two-thirds of a workshop session on “Climate Change, Moral Responsibility, and Bioethics” regretfully missing Jim Dwyer’s opening presentation, but appreciating what Andrew Jameton and Timothy P. Morris have to say. I’m happy Jim Dwyer (http://www.upstate.edu/research/faculty/?EmpID=MWTZGIEJCh) will be joining us in Toronto the second week of November to give a keynote address at The Hospital for Sick Children’s Bioethics Week and to present the November 11th JCB Bioethics Seminar.

After a huge opening reception with many familiar faces and at least as many new ones, I spend a quiet evening with Jennifer Hawkins, Gopal Sreenevasin and Janaki. Jennie and Gopal--until recently, faculty members in our Department of Philosophy and the JCB--have been lured away to Duke University’s Department of Philosophy and the Trent Centre for Bioethics, Humanities and History of Medicine (http://trentcenter.duke.edu/mod- ules/trent_home/index.php?id=1). Given Jennie and Gopal were visiting at Duke when they made the decision to stay, we haven’t had chance to express our tremendous loss of their invaluable contributions to the JCB and, at the same time, to celebrate their decision, successes and new baby girl. Jennie, Gopal and I talk about ways to continue to collaborate while playing with the adorable Janaki. Jennie and Gopal warmly welcome JCB friends and colleagues to contact them at: jennifer.hawkins2@duke.edu and gopal.sreenevasin@duke.edu.

Friday, October 16

I wake to more rain and bone-chilling cold. Note to self: too much detail—need punchier travel diary entries…can’t blow almost-guaranteed publication opportunity promising “friendly peer-review and light editing.” I head for the early morning panel session “Clinical Ethics Consultant: Should it be a Certified Profession” and am joined by those members of the CBS’s PHEEP task force able to attend ASBH: Jeff Kirby and Christy Simpson (see above), Andrea Frolic (Clinical & Organizational Ethicist at Hamilton Health Sciences Centre, and PHEEP Co-Chair) and Gary Goldsand (Clinical Ethicist, Royal Alexandra Hospital, Edmonton; and CPB/Religious Studies doctoral candidate). PHEEP members missing and missed are: with Cheryl Cline (Director of Bioethics, Kingston General Hospital and Queen’s University, and PHEEP Co-Chair), Lori d’Agincourt (Children’s and Women’s Health Centre of BC), Ann
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Heesters (Director, Ethics and Spiritual Care, Toronto Rehab), Delpine Roigt (Ethicist, Centre Hospitalier de l’Université de Montréal) and Kevin Reel (Ethicist, Southlake Regional Hospital and York Central Hospital). Panelists Virginia A. Brown and Jeffrey Spike are in favour of certification and H. Tristram Englehardt and Joseph Fanning are opposed. My sense, which seems to be shared with our group, is that this panel somehow misses the mark and doesn’t really add to the considerable constructive debate and progress underway. Later that evening the ASBH Affinity Group on Clinical Ethics Consultation meets about the same topic. While the meeting is well attended, I think it’s safe to say that the ASBH Standing Committee on Clinical Ethics Consultation Standards and Certification has its work cut out for it, as does PHEEP.

Saturday, October 17
Raining. I begin the day over a breakfast meeting with Andrea Frolic. We chat about yesterday’s panel and meeting regarding ethics consultation and standards, which seem to have confirmed our PHEEP approach of active work and collaboration on the relevant initiatives rather than, e.g., waiting to ‘Canadianize’ ASBH documents once they are released. Despite one of the worst lattes I’ve experienced in my life, I’m excited to talk with Andrea about the CIHR-funded research project “Evaluating the Effectiveness of Hospital-Based Ethics Programs” on which Jennifer Gibson (Director, Partnerships and Strategy, JCB) is principal investigators and Andrea and I are co-investigators along with Karen Faith, Dianne Godkin (Senior Ethicist, Trillium), Ross Upshur (JCB Director), and Shawn Winsor (Director of Ethics, Sunnybrook). We also talk about Hamilton Health Sciences’ (HHS) Critical Care Triage and Resource Allocation Protocol generously shared by HSS. An article in the September edition of the Healthcare Quarterly “Development of a Critical Care Triage Protocol for Pandemic Influenza: Integrating Ethics, Evidence and Effectiveness” details the process undertaken (http://www.longwoods.com/product.php?productid=21054). Andrea will be co-presenting a related JCB Seminar with Shawn Winsor on November 25th.

I attend many sessions today and my top session is Diego Silva’s (PhD student in CPB and DLSPH) delivery of “Translating and Sharing Ethics Knowledge: Citizens’ Perspectives on Pandemic Influenza,” which he presented and fielded questions beautifully on behalf the Canadian Program of Research on Ethics in a Pandemic (CanPREP) http://canprep.ca/index.php?option=com_content&task=view&id=17&Itemid=47

Suddenly I’m having lunch with Sara Rosenthal, Director of the University of Kentucky Program for Bioethics and Patients’ Rights (http://www.msararosenthal.com/media.shtml). Sara completed her PhD and the CPB at the University of Toronto in 2002. Sara’s research areas include reproductive ethics and women’s health ethics, endocrine ethics, clinical eth-
ics, and research ethics. Sara and I catch up and begin to outline a plan for her to visit Toronto in 2010-11 to present a number of talks/workshops for various audiences affiliated with U of T and the JCB.

After a plenary session by Carl Elliott “Come Take Advantage of our Quality Autos at Low Prices” (engaging and entertaining, yet I’m not entirely sure how it connects to bioethics) and three paper sessions on Ethics Consultation—including an excellent draft four-step competency based process to certify clinical ethics consultants by Eric Kodish (Director, Department of Bioethics, Cleveland Clinic)—Ruth Faden is giving an inspiring ASBH Special Session “Policy, Law, and Social Justice.” Then after the ASBH Members’ Meeting, outgoing ASBH President Hilde Lindemann introduces incoming ASBH President Mark G. Kuczewski who’s President’s Address is titled “Taking It Personally: Reflections on Living Bioethics and Medical Humanities.” Mark is Director of the Neiswanger Institute for Bioethics & Health Policy at Loyola University Chicago, and publishes on many topics including rehab and disability ethics.

It’s time for dinner again and, again, we head out into the rain, this time for Oyamel Concina Mexicana (http://www.oyamel.com/). I’m with Lisa Eckenwiler, her husband Tom, and Toby Schonfeld (Director of the Center for Humanities, Ethics and Society at the University of Nebraska). The restaurant is lovely yet modest and we are surprised by a substantial security check at the entrance. A VIP is coming, we’re told, but we can’t be told whom…. Lots of speculation and amusement follows. Many security personnel are on-site—a veritable security team—that does its job so effectively that we never actually see Michelle Obama whom we’re later told has come to like Oyamel.

**Sunday, October 18**

It’s Sunday morning, raining, and I’m having breakfast with Halley Faust who spent six months with us as a Clinical Ethics Fellow in 2004-05 and is now working in bioethics in Santa Fe, NM and is Clinical Associate Professor of Family and Community Medicine at U of NM. Halley tells me about building an ethics program at a local hospital and a recent one-day conference they held on “Personal Morality and Professional Responsibility.” He’s also working on a book project, with Seattle philosopher Paul Menzel, tentatively titled *Prevention versus Treatment: Empirical, Philosophical and Economic Considerations*, which includes contributions from at least 10 authors around the world. Halley and I are joined by James Hynds who completed a JCB Fellowship and a Senior Fellowship at the JCB and the Centre for Clinical Ethics during 2004-06. James is now Clinical Ethicist at UCLA Health System Ethics Center and Visiting Assistant Professor of Medicine, David Geffen School of Medicine (http://www.uclahealth.org/body.cfm?id=124&oTopID=44). Later I hear James present an beautifully delivered and compelling talk as part of a panel “Moving beyond Traditional Ethics Consultation: Case Studies at the End of Life.”

Before James’ panel, I sit with Christy Simpson in hotel lobby created with chatting in mind. We talk about her upcoming six month sabbatical during which she’ll further develop her research focus on rural health care ethics. Given we’re mid-way through the final morning of the ASBH conference, I ask
Bioethics on the Road

Christy if she has her “top three” sessions: she lists off Thursday’s severe brain injury and sexuality workshop; Saturday’s plenary by Carl Elliott; and a paper by Alisa Roger’s on “Art, Display of the Human Body, and Public Decency: The Case of the Human Earrings.” We do a little compare-and-contrast of ASBH and CBS conferences: ASBH is about four times larger, but support for students seems lesser; however, ASBH moreso than CBS attracts many more senior scholars, and more participants with disabilities (there’s even a translator using American sign language for Deaf participants).

The conference is finished by noon and on my way out for a quick lunch at Union Station with Jennie, Gopal and Janaki, we run into Alex Levin who just happens to be in DC for another meeting. After 16 years here with us in Toronto, Alex is now Chief of Pediatric Ophthalmology and Ocular Genetics at the Wills Eye Institute in Philadelphia, Pennsylvania.

And, finally, it’s not raining. I take a long walk around Capitol Hill, and then make my way to Bethesda, ML with a taxi driver completing an undergraduate degree in architecture and who hopes to do his master’s degree in Canada at a bi-lingual university.

Monday & Tuesday, October 19-20
Two sunny, crisp fall days, which help improve my patience with the lengthy security process each morning to get a Visitor’s Pass at the National Institutes of Health (NIH). I’m at a two-day International Research Ethics Training Program Network meeting at the Fogarty International Center (FIC/NIH) (http://www.fic.nih.gov/programs/training_grants/bioethics/index.htm), the funder of our MHSc in Bioethics Fogarty International Stream since 2001. I present (on behalf of Ross Upshur) on our program, highlighting the over 30 Fogarty Fellows we have trained who are now in leadership positions in their home countries, and the 16 further Fellows we have undertaken to train between 2009-13 primarily from Bangladesh, Ghana, India, Nigeria, Pakistan.

At the meeting are Aasim Ahmad (Karachi) and Nandini Kumar (New Delhi)—two of our international graduates (2003 and 2002, respectively) who have been awarded FIC/NIH funding for their own centres! It’s a great meeting and reunion with individual program presentations, information sessions, panel discussions, networking and the like.

I am thrilled to meet all this wonderful group of people leading FIC/NIH programs across the globe (see participants at http://www.fic.nih.gov/programs/training_grants/bioethics/index.htm#participants).

It’s very good to see Fernando Lolas (University of Chile) again, and to meet Ken Goodman and Sergio Litewka (University of Miami)—both of these university bioethics centres are, like the JCB, World Health Organization (WHO) Collaborating Centres for Bioethics. And Eric Meslin is there! Eric, along with Bill Harvey, gave me my undergraduate bioethics education through the U of T Department of Philosophy.
Bioethics on the Road

Long ago, Eric was also Assistant Director of the Centre for Bioethics (before it became the Joint Centre) and now is Associate Dean for Bioethics and Director of the Indiana University Center for Bioethics (http://bioethics.iu.edu/body.cfm?id=37&fr=true). It’s a productive meeting and we all leave with new ideas and plans for collaboration.

Flying home later Tuesday evening, I execute the pithy post-trip review introduced to me by my friend and colleague Shawn Winsor: **Highlight:** Immersion for 7 days in a critical mass of over 1,000 people committed to bioethics and medical humanities, where a growing percentage are those educated or trained at the JCB and where our North American and international bioethics communities seem to me increasingly warm and collaborative. **Lowlight:** Five days of cold, rainy DC weather. **Surprise:** Actually being the same restaurant as Michelle Obama and not seeing her! Also, being asked for ID in the Washington, Dulles Airport pub. To close on a more serious note, the trip was a tremendous success and I am truly grateful to be part of the ever-expanding JCB community realizing our vision to become the world’s leading Collaboratory in applied bioethics.

Contributed by:
Barbara Secker, Director, Education & Practice, University of Toronto Joint Centre for Bioethics

To Our JCB Voice Readers:

The JCB is in the midst of moving to their new offices at 155 College St. As a consequence, please note that the next issue of the JCB Voice will not be published until February 2010.
The JCB was well represented at a meeting in Geneva at WHO headquarters on June 10th-11th 2009 convened to discuss and provide the basis for a guidance document on research ethics in international epidemic response.

The meeting was called to address gaps in research ethics guidance documents and in ethical guidance for response to pandemic influenza. With the emergence of the pandemic H1N1 influenza strain in April 2009, it became clear that member states of the WHO would benefit from guidance with respect to how best to manage research ethics approvals and oversight in the face of the pandemic. It was an exciting time to be in Geneva as a level 6 pandemic was declared by Dr. Margaret Chan, Director General of the WHO, during the meetings. The meeting consisted of two days of plenary presentations and discussions. Selected members of the international bioethics community were invited to participate.

Four alumni of the International MHSc in Bioethics (Fogarty Fellows) gave plenary presentations. This amounted to virtually all representatives of low and middle income countries. Dr. Ghaiath Hussein presented in the first panel: Experiences from the field. He outlined issues faced by the Sudanese Ministry of Health. Drs. Anant Bhan and Jerome Singh presented in the panel “Special considerations for vulnerable groups”. Dr. Bhan’s presentation was on patients unable to consent. Drawing on experience with the tsunami, and the work of conference participant Samia Hurst, Dr. Bhan outlined the complexities of defining vulnerability in an emergency. He argued for the need for a critical epistemology and the need to engage communities in order to draw up meaningful and relevant guidelines. He also noted the role of the mass media in creating and fostering vulnerability. Dr. Singh presented on the special challenges involved in research on quarantined and isolated populations. He discussed the legal, human rights, ethical and cultural complexities associated with the use of restrictive measures. Dr. Singh also chaired the final session on procedural issues regarding ethics review.

Dr. Joseph Ochieng presented in the final panel on challenges faced by Ugandan REB’s in terms of coordinating oversight of the multiple agencies engaged in research in Uganda. In particular he raised cautions about practices of researchers in Uganda acquiring biological samples with little accountability leading to lack of trust between populations and researchers. These practices may foster mistrust and impede research in an urgent situation.
The proceedings of the meeting will be available in the near future. The discussions were lively and it was clear that there are many areas where broad consensus exists. It was unanimously agreed that the existence of an infectious disease emergency did not entail the lessening of standards of human protection, nor the ability to bypass ethical oversight and review. There remained broad disagreement over what sorts of public health activities constituted research or public health practice. This perennial issue remained unresolved.

Nonetheless, it was with great pride that I watched our alumni in action on the global stage at a historic moment. I think this is exactly the impact the Fogarty program was designed to make.

Contributed by: 
Ross Upshur, Director, Joint Centre for Bioethics, University of Toronto.

ASBH - A Student’s Perspective

As a graduate student honored to present the ongoing work of my colleagues and I (the Canadian Program of Research on Ethics in a Pandemic – CanPREP) at the American Society for Bioethics and Humanities (ASBH), two trends stood out. First, fellow bioethics scholars, both American and Canadian, support and appreciate the empirical and normative work of CanPREP. As evident by the questions and positive feedback of audience members after our presentation, there is an appetite for careful and detailed thinking about the ethical issues that arise during infectious disease outbreaks (e.g. pandemic influenza). In particular, the audience members congratulated CanPREP’s efforts to engage members of the public in moral deliberation on difficult issues in pandemic influenza planning and response, including those related to resource allocation, duty to care, global governance, and restrictive measures. Everyone seemed to agree with the primary message of our presentation: public health emergencies that require public resources should seek the public’s input into decision-making.

Second, there appears to be an increasing trend in bioethics toward descriptive, empirical ethics. For example, in many of the presentations I attended, researchers reported their findings on issues such as parents’ views on biobanking following newborn screening and asking research subjects their perspectives on monetary conflicts of interests between researchers and pharmaceutical companies. More often than not, empirical data was presented along with normative analysis, thus providing empirical context to moral deliberations. Dr. Ezekiel Emanuel’s keynote address also centered on the importance of using empirical studies to support moral prescriptions, rather than merely relying on intuition and anecdote. Although I suspect this move towards the use of empirical studies in moral deliberation will be met with resistance by some in the bioethics community, this trend only seems to be gaining momentum.

Contributed by: 
Diego Silva, MA, Doctoral student, Dalla Lana School of Public Health and the Collaborative Program in Bioethics - Joint Centre for Bioethics, University of Toronto
Job Opportunities

The Institute for Medical Ethics and History of Medicine (Head: Prof. Dr. med. Dr. phil. Jochen Vollmann) Ruhr-University Bochum, Germany offers the following research positions from January 1, 2010 or later:

- **Postdoctoral fellow** (E 13 TV-L, 100%, full-time)
- **Doctoral fellow** (E 13 TV-L, 50%, part-time)

The posts are established in connection with the new NWR-Junior Research Group "Medical Ethics at the End of Life: Norm and Empiricism" (Head: Dr. med. Jan Schildmann, M.A.) at the above named institute which is supported by a major fund of the Ministry for Innovation, Science, Research and Technology of the German state of North Rhine-Westphalia (2010-2014). The institute works interdisciplinary. Clinical ethics and empirical medical ethics form part of our main research focus on which we work in international research collaborations.

The profile of the research posts comprises tasks in research, teaching and administration. As part of the work in the NRW-Junior Research Group the following topics will be at the centre of the research:

1. Development, conduct and analysis of empirical research projects about end-of-life practices in medicine.
2. Theoretical analysis of the relationship between ethics and empiricism related to the discourse in medical ethics on end-of-life issues in modern medicine.

The posts will be offered for three years. It is possible to extend the contracts. The post which is offered as full-time (E TV-L 13, 100%) can be changed into part-time positions. There is the possibility to receive a doctorate degree or further academic qualifications as part of the offered positions.

Applicants should have a degree in medicine, philosophy, social sciences, psychology or comparable subjects. Previous work in the field of medical ethics is of advantage. Intellectual ability, interest in interdisciplinary research, flexibility, and the ability to work as member of a team as well as proficiency in the English language are prerequisites.

The Ruhr University of Bochum especially want to support the careers of females and would therefore be very pleased to receive applications from female applicants. We would also be pleased to receive applications from suitable severely disabled applicants and equivalent applicants.

For further information on our institute please visit our website: [http://www.ruhr-uni-bochum.de/malakow/](http://www.ruhr-uni-bochum.de/malakow/).

For further questions please contact Dr. Jan Schildmann, email: jan.schildman@rub.de.

Please send your application with reference to one of the above mentioned research topics till **November 9, 2009** via mail to:

Prof. Dr. Dr. Jochen Vollmann
Abteilung für Medizinische Ethik und Geschichte der Medizin
Ruhr-Universität Bochum
Markstraße 258a, 44799 Bochum
Germany
Fellowship in Bioethics

The Harold T. Shapiro Postdoctoral Fellowship in Bioethics - The University Center for Human Values, Princeton University

The University Center for Human Values invites applications for the Harold T. Shapiro Postdoctoral Fellowship in Bioethics. The Shapiro Fellowship supports outstanding scholars studying ethical issues arising from developments in medicine or the biological sciences. The search committee particularly encourages proposals focusing on problems of practical importance that have broader theoretical interest.

The Harold T. Shapiro Postdoctoral Fellowship in Bioethics was created in 2002 to provide an opportunity for an outstanding scholar to spend from one to three years at Princeton to further their scholarship and participate in the University’s teaching program.

The postdoc will spend the term of the appointment in residence at Princeton conducting research and teaching the equivalent of one course each year. The postdoc will participate in the Ira W. DeCamp Seminar in Bioethics and will be invited to participate in the other activities of the University’s teaching program.

Qualifications

Applicants must have completed all the requirements for the Ph.D., M.D., or other equivalent doctoral degree by September 1, 2010. Applications will be evaluated on the basis of the applicant’s previous accomplishments and the promise of their proposed research project in bioethics. Please note that an applicant may have a background in any area of ethical studies, not necessarily in bioethics. However, the proposed research plan should be related to the field of bioethics. The capacity to contribute to the University’s teaching program will also be taken into account.

Term of Appointment

The term of the fellowship is one year, beginning September 1, 2010, with the possibility of extension for up to two further years. Princeton University offers competitive salary and employee benefits.

How to Apply

Applicants should submit all of the following materials by December 1, 2009, via our online application system at www.uchv.princeton.edu:

1. A curriculum vitae;
2. A research proposal (not to exceed 1,500 words);
3. A scholarly paper (not to exceed 50 pages) representing the applicant’s scholarly achievement or potential;
4. Two confidential letters of recommendation, commenting specifically about the applicant’s qualifications for the proposed research project;
5. Transcripts covering all graduate-level work (this may be sent via hard copy under separate cover).

The Selection Committee begins reviewing applications immediately and incomplete applications may be at a disadvantage.

Princeton University is an equal opportunity employer and complies with applicable EEO and affirmative action regulations. For information about applying to Princeton and voluntarily self-identifying, please link to http://www.princeton.edu/dof/about_us/dof_job_openings/.

For questions or more information, please contact the University Center for Human Values at 609-258-4798 or values@princeton.edu.
Seminars, Events & Conferences

**JCB Bioethics Seminars This Month:**
(Seminars are held at 3:10-4:30 pm, Great Hall, 88 College St. and are webcast through ePresence except if otherwise indicated.)

**November 4, 2009**
David Rodriguez-Arias Vailhen, PhD, Assistant Professor, Faculty of Philosophy, University of Salamanca and Post-Doctoral Fellow, Joint Centre for Bioethics, University of Toronto. “Organ Donation and Definitions of Death”.

**November 11, 2009**
James F. Dwyer, PhD, Associate Director of Education, Center for Bioethics and Humanities, SUNY Upstate Medical University, Syracuse, NY. “Obesity and Responsibility”.

**November 18, 2009**
13th Annual Jus Lecture in honour of Dr. Andrzej Jus – Frederick H. Lowy, OC, MD, LLD, Former President, Concordia University and Founding Director, University of Toronto Centre for Bioethics. “Double Agency in Health Care: An inevitable dilemma?”

**November 25, 2009**
Michael D. Christian, BA (Hon), MD, FRCP(C), Major, Canadian Forces Health Services, Attending Physician, Infectious Diseases and Critical Care, Mount Sinai Hospital and University Health Network, Department of Medicine, University of Toronto; Andrea Frolic, PhD, Clinical & Organizational Ethicist, Hamilton Health Sciences, McMaster University Medical Centre; Gerda Kaegi, MA, Professor Emerita, Ryerson University, Board Member, Canadian Pensioners Concerned, Inc.; Moderator: Shawn Winsor, BA (Hons), MHSc, Director, Ethics Centre, Sunnybrook Health Sciences Centre and Chair, Joint Centre for Bioethics Pan Flu Supplementary Triage Criteria Taskforce. “Critical Care Triage for H1N1: A Symposium on Emerging Ethical Issues” (3:10-5:00 pm)

**November 6, 2009**
Centre for Ethics Seminar Series - “The Stoic Way of Life” John Cooper, Department of Philosophy, Princeton University. 3:00-5:00pm at the Centre for Ethics, Larkin Building, Trinity College, 15 Devonshire Place, Room 200. For more information email: ethics@utoronto.ca.

ePresence Registration Instructions:
Most of our bioethics seminars are now being webcast live. 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

November 9, 2009
Centre for Ethics Seminar Series - “The Politics of Biblical Wisdom: A Reading of Proverbs, Ecclesiastes and Job” Michael Walzer, School of Social Science, Institute for Advanced Study. 4:00-6:00pm at the Department of Political Science, Room 3130, Sidney Smith Hall, 100 St George Street. For more information email: ethics@utoronto.ca.

November 12, 2009
Health Law Ethics & Policy Seminar Series
“Health Care Reform in the U.S.” Joseph White, Case Western Reserve University. 12:30-2:00pm at the Faculty of Law, University of Toronto, 84 Queen’s Park, Falconer Hall, Solarium, Room FA2. For more information email: n.gulezko@utoronto.ca.

November 12-13, 2009
World Response Conference on Global Outbreak (WRCGO 2009: H5N1 + H1N1 Flu) at the Monte Carlo Hotel, Las Vegas, Nevada. For more information please see: http://wrcgo.eve-ex.com/

November 19, 2009
Health Law Ethics & Policy Seminar Series “Delivering on the Pledge: Reforming Canada’s Access to Medicines Regime” Richard Elliott, Director, Canadian HIV/AIDS Legal Network. 12:30-2:00pm at the Faculty of Law, University of Toronto, 78 Queen’s Park, Flavelle House, Classroom C (FLC). For more information email: n.gulezko@utoronto.ca.

November 20, 2009
CIHR Strategic Training Program in Public Health Policy Rounds: “Public Health Policy Competencies” Dr. Bart Harvey and Dr. Brent Moloughney. 12:00-1:30pm, Room 2173 Medical Sciences Building, University of Toronto.

November 25, 2009
The Centre for Addiction and Mental Health Brown Bag Research Ethics Discussion Groups
“Challenges in Obtaining Consent for Biobanking” Dr. Kerry Bowman, Bioethicist, Mount Sinai Hospital and Joint Centre for Bioethics. 12:00-1:00pm at CAMH, Room 222 ELCLC (Eli Lilly Computer Learning Centre) 33 Russell Street. Bring your own lunch. For more information please email: susan_pilon@camh.net.

November 30, 2009
Centre for Ethics Seminar Series - “The Law of Prostitution in Canada: A Study in Genealogy and Judgment” Mariana Valverde, Centre for Criminology, University of Toronto. 3:00-5:00pm at the Centre for Ethics, Larkin Building, Trinity College, 15 Devonshire Place, Room 200. For more information email: ethics@utoronto.ca.

January 18 - May 21, 2010
Alberta’s Provincial Health Ethics Network (PHEN) is pleased to be celebrating a decade of innovative, high quality and accessible health ethics education with the 10th offering of its Introduction to Bioethics Distance Education Course. The course bridges theory and practice by bringing the tools of bioethics to the clinical setting. It has been developed for health professionals and administrators looking to further their understanding of ethical issues in order to better navigate through complex situations related to health. The course features instruction from prominent Bioethicists and uses a delivery format that allows individuals from across North America to participate directly from their home or office. Please note that the application deadline is December 4, 2009. More information is on the PHEN website at http://www.phen.ab.ca/disted
Seminars, Events & Conferences

BIOETHICS WEEK SCHEDULE – NOVEMBER 9 TO 13
Poster Display – Fountain Area All week

MONDAY, NOVEMBER 9
Noon to 1 p.m. Social Work Rounds 1250 Elm Wing

Strategies for Responding to Moral Distress Related to Conflicts in Decision Making
Bob Parke, BA, BSW, MSW, RSW, MHS
Clinical Ethicist, Humber River Regional Hospital

TUESDAY, NOVEMBER 10
10 to 11 a.m. Meet the Poster Authors Fountain Area

Noon to 1:30 p.m. Combined Bioethics and Nursing Grand Rounds Hollywood Theatre

The Promise and Problem of Preserving Hope
Panel Members:
Jonathan Hellmann, Physician
Michael Marshall, Chaplain
Jason Bronnert, Parent
Jocelyne Volpe, Clinical Nurse Specialist

WEDNESDAY, NOVEMBER 11
9 to 10 a.m. Paediatric Grand Rounds Hollywood Theatre

Ethical Issues Related to Childhood Obesity
James Dwyer, PhD
Upstate Medical University
Center for Bioethics and Humanities

THURSDAY, NOVEMBER 12
9 to 10 a.m. Genetic Rounds Hollywood Theatre

Considering the Ethical Obligation to Communicate Genetic Research Results: An International Survey of CF and Autism Genetics Researchers
Fiona A. Miller, PhD, Associate Professor
Department of Health, Policy, Management and Evaluation
Faculty of Medicine, University of Toronto

11 a.m. to noon Emergency Medicine Grand Rounds 5704 Atrium

Paediatric Psychiatry and Emergency Medicine
Bruce Minnes, MD, FRCP(C), FAAP(PEM)
Emergency Medicine
Jennifer Flynn, PhD
Clinical Fellow, Joint Centre of Bioethics, U of T

3 to 4 p.m. Research Ethics Rounds 1527 Hill Wing

Ethical Issues in Genomics and Biobanking Research
Shane K. Green, PhD
Director, Outreach, Ontario Genomics Institute

FRIDAY, NOVEMBER 13
7:30 to 9 a.m. Perl-Operative Rounds, Hollywood Theatre

Duty to Treat During Epidemics
James Dwyer, PhD
Upstate Medical University
Center for Bioethics and Humanities

Randi Zlotnik Shaul, LL.M., PhD
Bioethicist
JCB SEMINAR SERIES

SAME DAY

NEW TIME

JOIN US ON WEDNESDAYS

Beginning September 16, 2009

3:10 TO 4:30 PM
Recent Publications


Russell B. Pharmacists, the pharmaceutical industry, and ethics. Journal of Ethics in Mental Health 2009 April; 4(1).

Recent Presentations:
Sokolowski M. International Psychogeriatric Association, Montreal, September 2, 2009; “Sexuality and Dementia in Long-Term Care: Ethical Issues”, with Dr. David Conn, Dr. Ken Schwartz and Dr. David Myran.

Sokolowski M. Brain Matters: New Directions in Neuroethics International Conference, September 25, 2009; “Moral Implications of Use of Advance Directives with the Alzheimer’s Population”.

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, 88 College Street, Toronto.
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: Adrienne Grapko
Email: newseditor.jcb@utoronto.ca
Fax: (416) 978-1911

Submissions to the newsletter must be made by the 25th 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; Bloorview 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 East General Hospital; Toronto Rehabilitation Institute; Trillium Health Centre; and University Health Network.