Tell us a bit about the ethics service at Humber River. Have there been any significant changes or innovations you have been part of that you would like the community to know about?

Like many others, my road to applied ethics in a hospital setting has been a long but interesting journey which has always been involved in healthcare in some way. I learned a lot from my days as both a physiotherapy and occupational therapy assistant about the link between physical well-being and psycho-social well-being. While working in this capacity I completed an undergraduate degree in history with a focus on the push-pull factors of immigration to Canada from several regions of the world. This degree has proved to be very helpful in understanding why people left their countries to settle in Canada and their immigration experience. History has been a fascinating field of study but it could not contribute directly to the well-being of people so I completed an undergraduate and a graduate degree in social work. I was very fortunate to have worked in hospitals as a social worker both at the BSW level and MSW level which proved to be a vocation which allowed me to make contributions to patients and their family’s well-being.

How did you get involved in applied ethics?

Like many social workers, my informal education in bioethics was gained from working with patients, families and staff as we worked through the ethical challenges in discharge planning and end-of-life care. When we had a particularly difficult discharge planning case and no bioethicist, the hospital consulted with a JCB bioethicist who came the hospital to assist with the case. In the process of working through the situation it was suggested to me that I apply for the MHScc Bioethics program at the JCB. The rest as they say “is history.” I graduated
Information Ethics for an Information World

As most of us realize, the world is becoming increasingly driven by data and information. Data seems to be emerging as a new form of currency. Increasingly in many contexts ethicists are being called upon to address issues of information management, data security, and health information privacy.

However the scope and magnitude of data related issues are expanding at a rate faster than many of us can conceptualize. I have long argued for attention to information ethics, particularly with a focus on the types of harms associated with different information sources and their use. I believe a taxonomy of such harms would be informative to all people involved in the ethical oversight of health information. I think the time has come for very serious mainstream attention to these issues.

A recent special report in The Economist in February 2010 called “The Data Deluge” highlights some of these challenges. It notes the exponential increase of information available for analysis. They note, for example, that in astronomy when the Sloan Digital Sky Survey commenced in 2000 it collected more data in the first few weeks than had been amassed in the entire history of astronomy. Only 10 years later, the Large Synoptic Survey Telescope, due to come on-stream in 2016, will acquire that quantity of data every five days.

In last month’s JCB Voice we highlighted some of the ethical issues associated with dementia which has to do primarily with the failure of memory in humans. However, the data revolution creates a different form of forgetfulness. A chart in The Economist report indicates that in 2007 the amount of information created exceeded the amount of available storage. By the year 2011 it is estimated that the gap will start to grow considerably, indicating a need for selective forgetfulness. We often have issues and concerns about priority setting for scarce resources. In this case we have the inverse problem of priority setting—what we need to retain from an abundance of information.

As the information explosion continues individuals in leadership positions, such as Chief Information Officers and Privacy Commissioners, will come to play a much more important role in setting policy and creating regulatory frameworks. Governments will have to make decisions on how open or restrictive data access policies should be. Issues about dual use, that have been the provenance of infectious disease as of late, may actually become an issue in the information world as well.

In The Economist report there is an intriguing section on “New Rules for Big Data”. Clearly many of the laws

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.
on free speech and information flow were created in a time well before the powerful data technology and infrastructure that exists now. Similarly sets of rules about privacy, information retention, information security, and data processing (including identifiability) will need to be responsive to a very dynamic environment. Indeed, some scholars are issuing concerns about the ethics of super crunching – that is, the power of models to do strong correlations with massive sets of data leading to identifiable information about individuals and communities.

The data revolution also has important implications for research ethics. Many of our research ethics frameworks and traditions are based around concerns for physical risks and harms to humans. Now many of us have multiple virtual identities in distributed databases. The harms may be as much to our virtual selves as to our somatic selves.

Needless to say the expansion of the digital information world also creates interesting opportunities of bioethics scholarship and research. We should strive to be as nimble and responsive and be as forward thinking as possible when we think through these important issues. The data revolution is here to stay and there is no predicting how profound the transformation will be.

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Adapted from The Economist February 2010

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.
Announcements

Natasha S. Crowcroft (Population and Public Health, University of Toronto) with S. Deeks, M. Gardam, V. Goel, G. Pasut, L. Rosella, B. Schwartz, D. Sider, R. Upshur, D. Willison, K. Wilson has received an operating grant: Health Systems Research on H1N1 (1-year, $97,656) from the Canadian Institutes of Health Research for the project “The use of evidence in developing public health policies for H1N1”.

Dr. Michael Gordon (Medical Program Director, Palliative Care Baycrest Geriatric Health Care System; Professor of Medicine, University of Toronto) has recently published a book titled Moments that Matter: Cases in Ethical Eldercare - A Family Guide. Go to Dr. Gordon’s website (http://www.drmichaelgordon.com) to find out more.

“Dr. Gordon has written a thoughtful and indispensable guide to aid families facing difficult choices in caring for aging family members. There is no other single resource that so deftly and expertly draws together the necessary elements to navigate this phase of the life course.” -Ross Upshur, M.D., Director, Joint Centre for Bioethics, University of Toronto

Adrian Guta (CPB student) won the Michael Enzle Annual Memorial Prize for the Best Graduate Student Peer-Reviewed Publication in the area of Research Ethics and Human Participant Protection in Research. The award includes a $5,000.00 award as well as a citation.

The Michael Enzle Award was established in Michael’s memory at the National Council on Ethics in Human Research 2008 National Conference to celebrate his life and carry on his work in fostering excellence in human research ethics. In particular, this award focuses on Dr. Enzle’s commitment to educating and mentoring excellence in the education and training of graduate students doing research in ethics and the protection of human participants in research.

Shawn Winsor has been selected by the Ontario Cancer Research Ethics Board (OCREB) as the Ethicist Alternate for Lisa Schwartz. Shawn will take Lisa’s place as a full member when Lisa’s term expires at the end of 2011. OCREB is a provincial research ethics board created in 2003 by the Ontario Cancer Research Network in collaboration with Cancer Care Ontario and local Research Ethics Boards in Ontario to streamline and enhance scientific and ethical review of multi-centre oncology trials.
from the program in 2005 and have been in the role of bioethicist since then at Humber River Regional Hospital.

**What is the biggest challenge you have faced?**
My role at the hospital has been a great journey as I have benefitted from the tremendous support throughout the organization from administration to the many dedicated people I have the privilege to work with each day. Like all healthcare settings we face many challenges related to providing care to people who are unwell and their families. My work in this context has primarily been in direct consultations with patients, families and staff.

If asked what I feel gives me the greatest sense of satisfaction in my work, I would have to answer that it has been in the depth and quality of integration I feel across the spectrum and settings of care at Humber River Regional Hospital. It has been very gratifying for me to have been consulted by care providers from a broad range of service areas all of whom are trying to provide the best care they can. One of the things I enjoy is working with service areas that do not get a lot of attention. One such area was medical imaging with which a planned 45-minute meeting was scheduled. I wondered at first how I was going to fill the time. This meeting turned into a couple of hours as staff came in and out of the meeting sharing their issues and concerns. From this first meeting several more took place from which I have gained an enormous amount of respect for what they do.

Another group of practitioners whom I have learned so much from is our respiratory therapists. These are staff members who both do and feel the outcome of orders to withdraw life support. I have also found them very helpful when we need to communicate with capable vented patients who cannot speak due to being ventilated. Their assistance has aided in insuring that we were able to respect the wishes of a person for whom we might have otherwise turned to an SDM to make their decisions.

**What achievement are you most proud of?**
One of the other areas of significant contribution I have the pleasure to have made is in education of staff about ethical issues. I am grateful to the geriatric team for being able to be a regular contributor to staff education. Each month the geriatric team has educational rounds which are open to all staff to attend. These rounds have tackled a wide range of topics from complementary and alternative medicine use, consent and capacity, pain management and dementia, elder abuse to a range of topics related to end-of-life care. The geriatric team has been a place where many positive care initiatives have been developed. One of which was the development of a guideline to help staff involved in discharge planning assess the capacity of people for whom long term care placement is being planned. This guideline was aided in its creation and completion by one of our JCB Fellows.

In the context of education another great experience which I have and which aids in ethics integration is the orientation sessions I do each month. This has a concrete payoff in staff getting to know the range of bioethics related work which we do. I am able to use this forum to remind staff that bioethics ranges from clinical ethics, organizational ethics, resources allocation ethics, public health ethics and research ethics. Participation in orientation has been a place from where many later referrals and additional teachable moments have come.

There are numerous other achievements which I could cite but it must be said that each of these achievements has come with the aid of colleagues with whom I work and from colleagues from the JCB. Having experienced...
bioethicists whom I can contact to assist me when I have particularly challenging cases has proved to be very beneficial to my contribution as a bioethicist. I have also been profoundly enriched by the Fellows, students and volunteers who have chosen to give their time to me. Each one has been a contributor to consultations, staff education, policy development and my own education. Each contribution ultimately has a positive impact on patient care. Some of the examples of this include the revision of our DNR policy, complementary and alternative medicine policy, the further integration into mental health, rehabilitation and nephrology.

Through the constructive feedback and philosophical arguments with Fellows I have grown in my understanding of uncertainty in medicine and the challenge of communicating that uncertainty when patients and SDMs have to make difficult decisions. One of the greatest learning opportunities I have had was with an MHSc Bioethics student, a summer student and a volunteer in our experience of dealing with implantable cardioverter defibrillators (ICDs) and end of life care. It was through their contributions that we resolved a potentially difficult case and created a presentation that we have given in numerous places including the Heart Rhythm Congress in Birmingham, England.

One of the many positive projects affiliated with the JCB which I am grateful to have a part in is the research which is being done on the meaning of home for disabled young people. This project highlights issues of justice and dignity that have applicability to the larger challenge of appropriate discharge planning for all people needing support along the continuum of illness and abilities. This project also moves bioethics from the hospital to the community where most care in society is provided.

I have been very fortunate in my role as bioethicist that I have been able to contribute to patient, family and staff care, but there are challenges in which we need to be engaged. One of those areas is the quotidian ethics of discharge planning. This is not as high a profile subject as withdrawal of life support and advanced directives, yet it challenges both care recipients and providers at all levels, across care settings from home to institutional and community care settings. This is an area of ethical concern which is far more pervasive in terms of its impact across a spectrum of staff from administrators to staff involved in the direct care of people.

It could also be argued that it is an ethical domain where the principles of autonomy, beneficence, non-maleficence and justice are routinely challenged by a fractured and fissured system of care. Most of us went into healthcare because we want to use our talents and abilities “to care and to do good.” This higher level motivation when confronted by the pressures to ensure efficient “throughput” of patients results in a high degree of moral distress which goes unnamed in this domain of healthcare. Yet as with all service areas persistent and unsupported moral distress leaves staff at risk for emotional blunting, burn-out and leaving the profession. Working with staff to identify, name and suggest some responses to moral distress is an important activity we need to be involved in across the spectrum of care. However, we need to find ways of addressing some of the morally distressing problems upstream. One of the ways to improve outcomes is through critically examining how we can find ways to integrate a patchwork quilt of healthcare services.

Thank you for the opportunity to participate in this profile. Lastly, I am grateful for my role as bioethicist and for being part of the bioethics community, as we continue to make improvements to healthcare.
The emphasis on translational research and the move toward multi-site clinical trials have changed the perspective of human subject research governance from a local mission to a collaborative paradigm. For a streamlined shift to collaborative review, the institutions’ reliance on external IRBs is of paramount significance. In the final report of 2006 conference on IRB models, regulatory liability was mentioned as a barrier to this reliance. Participants called for a new policy which “ties regulatory liability to the organization responsible for the alleged problem”\textsuperscript{1}. Institutions were apprehensive about being responsible for the decisions of an external IRB. It appears that the regulating bodies in the U.S. are trying to address this concern.

Currently, institutions are responsible for any violation of regulations. All research institutions in the U.S. are required by the Department of Health and Human Services (HHS) to file a Federalwide Assurance (FWA), entailing compliance with HHS regulations. For the collaborative protocols, institutions should designate external IRBs on their FWA, indicating the IRBs will keep to the requirements of the FWA. Within this framework, when the Office of Human Research Protection (OHRP) receives any indications of regulatory non-compliance from external IRBs, it can only take action against the FWA-holding institution, and not the IRB. This action might threaten the institution’s FWA without any fault on its part, and even may jeopardize its ability to receive federal research funds.

In response to the evolving liability concern, OHRP issued a Federal Register notice in March 2009, seeking public opinion about whether OHRP should hold the IRBs directly accountable for meeting regulatory requirements of the HHS regulations at 45CFR part 46\textsuperscript{2}. The proposed regulation will alter the OHRP’s policy from enforcing compliance through institutions to holding IRBs directly accountable.

The responses to OHRP’s proposal are generally supportive, especially in terms of mitigating concerns of regulatory liability. This change has been assumed as a sign of OHRP’s encouragement of alternative IRB arrangements, and has been deemed especially favourable for the current heightened research involvement of institutions that do not have an internal IRB. However, from the respondent’s perspectives, some concerns remain.

\textbf{Effectiveness}

The regulatory change might not totally eliminate the liability concern; firstly, because liabilities are more due to the conduct of research rather than to noncompliance with regulations; and secondly, because some state statutes will hold both the IRB and the institution liable in the case of non-compliance, regardless of federal regulations.

In addition, there are other important barriers to reliance on external IRBs, not addressed in the proposed regulation. First, the workload for collaborative model is substantial; tracking and coordination need a significant amount of time and effort. Second, external

\textbf{Hamid-Reza Raziee,} MD, 
MHSc (Candidate) in Bioethics, 
University of Toronto Joint Centre for Bioethics

\textsuperscript{cont’d…}
IRBs might be unfamiliar with state laws, institutional policies, and community attitudes of the institute; all deterring external review. Third, assigning some regulatory responsibilities to the institution and some to the external IRB can cause confusion and end in more duplication, rather than less. Forth, assessing the quality of external IRBs’ protocol review and its compliance with the regulation could be difficult. Some institutions might feel no necessity for outsourcing when they cannot assess the excellence.

Definitions and Guidance

The extent of IRB accountability is unclear. There are concerns about liability of IRB members, which will remove their current institutional protection, and will discourage them from accepting the extra workload of being an IRB member. In addition, it is an open question whether the IRB will be held responsible for investigator-related noncompliance.

Therefore, OHRP could now focus on issuing consistent and uniform guidance for institutions to consider when formalizing a relationship with external IRBs. Until detailed policies about how to share responsibilities are not available, shifting accountability will face difficulty in furthering collaborative relationship.

Backfiring

The regulation might cause new concerns. More severe penalties for mistakes will cause hesitancy in external IRBs for collaboration. On the other hand, institutions might be reluctant to allow their IRBs to be designated as external IRBs, in order to avoid assuming responsibility of off-site researchers, functioning out of their institutional governance.

In conclusion, the OHRP’s proposal seems to have gained a favourable response from different institutions, ranging from academia, to pharmaceutical companies, and to independent IRBs. As the research enterprise modifies the perspectives, the changes in research governance are much enthusiastically anticipated. IRB accountability could be a substantial step toward central reviews, as a part of a concerted regulatory effort.

Acknowledgement

I would like to thank Dr. Jerry Menikoff, OHRP Director, for providing the comments received to the OHPR’s public request.


Comments on articles in this Newsletter? Email your response to newseditor.jcb@utoronto.ca. We may publish your comments in the next issue.
The (RE)$^2$ Debate: “Why Don’t We Canadians Transplant Organs Into Non-nationals?”

Linda Wright and Martin McKneally will chair a panel to address this question at the August 13-15 meeting of the Canadian Transplant Society [CTS] in Vancouver. We would be grateful for readers’ opinions and advice on this interesting issue.

Practical, consequentialist arguments support the intuitive popular rejection of expansion of organ sharing. There is a long waiting list of eligible Canadian recipients, and many die waiting. Adding new recipients will inevitably exacerbate this problem. Adding potential recipients who have not paid for the healthcare system that supports the cost of transplantation may offend Canadians and deter them from donating organs. They may see broadening our present stewardship policy as an unfair or wasteful use of an absolutely scarce resource that properly belongs to members of their community.

This view reflects a widely accepted understanding of the limits of beneficence: the duty to help others is a conditional, imperfect duty. We cannot help all others, because of natural limits on our ability and resources. Those closest to us, such as our parents, children, and siblings, rank higher in a natural order of priority than our neighbors and friends. Neighbors and members of our community rank higher than unknown others.

The morally relevant allocation criteria of benefit and need may justifiably preempt or disarrange this natural order, but strangers with equal need of our beneficence do not outrank those closest to us. Enlarging the border of the transplantation community may flood it with petitioners from other countries.

On the other hand, foreign nationals who work in our economy and pay sales taxes contribute to Canadian society. Generosity and a sense of global community, equity and responsibility are important Canadian values. In contrast to Canada, the United Network for Organ Sharing (UNOS) in the US, and Euro-Transplant, a similar organization, have a policy of offering organs to non-members up to an agreed upon ceiling of 5%.

UHN Lung Transplant Program Director and CTS president Shaf Keshavjee points out that the UHN is a net importer of donor lungs from the United States. Our mentor Solly Benatar underlines this global equity argument when he asks, “Is it fair that Canada imports doctors and nurses, educated at the expense of South Africans, to provide health care in Saskatchewan?”

St. Michael’s Hospital Bioethicist Rebecca Bruni will give the opening keynote address, outline the arguments and counter-arguments, and describe the policies of other transplant communities. We will hear panel presentations from Montreal nephrologist Marie-Chantal Fortin, who will address primarily the renal situation; Toronto cardiologist Heather Ross will address the transplantation of non-renal organs; Peter Nickerson, Executive Medical Director of Organ.

The morally relevant allocation criteria of benefit and need may justifiably preempt or disarrange this natural order, but strangers with equal need of our beneficence do not outrank those closest to us. Enlarging the border of the transplantation community may flood it with petitioners from other countries.

cont’d...
The (RE)² Debate: (cont’d)

Transplantation at Canadian Blood Services, will give the national perspective. We anticipate spirited discussion from the audience in Vancouver.

Our hope is that we can bring forward a well-reasoned and practicable recommendation to the transplant community of Canada. Please send us your views at the address below. We will keep you informed.

Martin.McKneally@utoronto.ca and Linda.Wright@uhn.on.ca

Job Opportunity

Residency in Clinical Ethics
Royal Alexandra Hospital
Edmonton, Alberta

This unique residency is for individuals with significant academic training in health ethics who wish to expand their clinical experience. The resident observes and joins clinical teams throughout the hospital, works closely with physicians, patients, & families, conducts ethics consultations, provides ethics education to clinicians, and assists the ethics committee. Ongoing supervision is provided by the hospital’s clinical ethicist. Position is ideal for mid-program Ph.D. candidates or recent graduates. Experienced clinicians with academic credentials in ethics will also be considered. Strong inter-personal skills are required.

A modest salary and a benefits package are included with this position. The position is for September 2010 – August 2011.

Deadline for applications: April 30th, 2010

For additional details and application requirements, please contact Gary Goldsand, Clinical Ethicist, Royal Alexandra Hospital.
Phone: 780-735-5330
E-mail: gary.goldsand@albertahealthservices.ca
The need for professionals trained specifically in public health policy has been identified as a top priority by Canadian government agencies at all levels. The CIHR Strategic Training Program in Public Health Policy fills this niche, by providing an exciting opportunity for Fellows to become actively involved in the complex tasks demanded by public health policy-making. The primary objectives of the training program are:

1. To build capacity in public health policy research and practice;
2. To provide Fellows and Mentors with an environment and resources that support learning across disciplines and substantive areas, with value placed on ethics, knowledge translation and exchange, and the cultivation of professional skills;
3. To foster collaborative research among Mentors and with Fellows; and
4. To contribute to more effective public health policy through collaborations with government and voluntary-sector public health policy leaders and agents of change.

Fellows will acquire the necessary knowledge, skills and experience related to public health policy through the following program components:

- Fellowships
- Required courses in public health policy
- Monthly public health policy rounds
- Annual training institute
- Training and Research Pods
- Executive exchanges and interchanges
- Public health policy action teams
- Public forums and/or other knowledge exchange activities with the community

Eligibility criteria:
- Acceptance in a graduate-level program in a Department, School or Faculty at the University of Toronto, or post doctoral position at the University of Toronto or affiliated research unit/hospital
- An existing or proposed training and research focus in public health policy

Annual stipends:
- Masters level Fellows: up to $17,850, renewable for up to one additional year
- Doctoral level Fellows: up to $17,850, renewable for up to three additional years
- Post doctoral Fellows: up to $36,750, renewable for up to one additional year

Fellows already receiving funding from other sources may receive STIHR funding up to $2000.

For additional information about the program and on becoming a CIHR Fellow in Public Health Policy please visit our website at: www.publichealthpolicy.utoronto.ca OR contact us by email at: publichealthpolicy@utoronto.ca

Please note that the 2010 Application Deadline is Tuesday, April 20.
Fellowships

Call for Nominations:
2010-2011 Chancellor Jackman Graduate Student Fellowships in the Humanities

The Jackman Humanities Institute (JHI) of the University of Toronto welcomes nominations from Humanities Departments and PhD granting Centres and Institutes for three Graduate Fellows for the 2010-2011 year. Three Fellows will hold residential fellowships at the JHI. Each unit may nominate up to two candidates, selecting candidates through their graduate executive or by their graduate coordinator.

The value of a Chancellor Jackman Graduate Student Fellowship in the Humanities is normally $8500 in stipend relief (to cover the portion of the graduate funding package allotted for assignment as a Teaching Assistant) and in addition a top up of $2500 beyond the guaranteed funding package. Fellows will be in the final year of the funded cohort. Recipients who have also been awarded a CGS or a Vanier will receive only a top-up award of $2500. Fellows may be assigned to research assistantships of a value up to $500 during their Fellowship.

As residential fellows, the winners will be provided with private offices at the JHI on the 10th Floor of the Jackman Humanities Building. In addition, they will be expected to participate in activities with faculty and postdoctoral fellows, including weekly lunch seminars and occasional other workshops and lectures.

- Fellows are expected to be in residence and no longer need to travel for major research.
- No previous holder of a Jackman Graduate Student Fellowship is eligible.
- Fellows are not permitted to take teaching assistant assignments during the 12-month period of their Fellowship (July 1, 2010 – June 30, 2011) in order to allow for expedited research and writing.
- Fellowships will be awarded on the basis of excellence in scholarship and scholarly promise as well as the relation of the thesis topic to the annual theme. The theme for all fellows in 2010-11 is:

Image and Spectacle
Human beings make worlds appear by imagining and “imaging” them; they display worlds to others in performances. This cross-cultural theme embraces the study not only of how images relate to the reality of the world, but also of how both as individuals and as societies we generate images. The spectacle of performance, which was the origin of theory in the Ancient Greek world, leads to many kinds of reflection—from performativity to epistemology, from theories of history to literary and aesthetic theory, from cultural criticism to paleography. It extends ultimately to examining the role of reflection (speculation) and criticism of images and their worlds.

Applications Process
Up to two graduate students may be nominated from each department or EDU. The students must be registered in the 2010-11 year in the Faculty of Arts and Science, in their final funded year, and completing their PhD thesis.

If you have been nominated:
1) Register your userID on the JHI website at www.humanities.utoronto.ca
2) Complete the online application for this fellowship
3) Upload a ROSI transcript for all graduate work at the University of Toronto
4) Upload a description of the thesis (up to 500 words)
5) Upload a completed draft of one chapter of the PhD Thesis
6) Provide Name of Thesis Supervisor, whom the JHI will contact for a letter of reference
7) Provide Name of the graduate coordinator of your department or EDU, whom the JHI will contact for a letter of reference

If you have questions, please contact Professor Robert Gibbs, Director (jhi.director@utoronto.ca)

Deadline for applications: 30 April 2010. Decisions will be announced by the end of May.
Fellowships

Comparative Program on Health and Society
Call for Applications 2010/2011

We invite fellowship applications for the 2010/2011 academic year at the Comparative Program on Health and Society (CPHS), a vital and growing research institute based out of the Munk Centre for International Studies at the University of Toronto. Generously funded by the Lupina Foundation, the CPHS supports innovative, interdisciplinary, comparative research on health, broadly defined through our extensive range of fellowships. Our program builds on the scholarly strengths of the University of Toronto in the social sciences, humanities and public health.

Since 2001, the CPHS has been funding outstanding young scholars who conduct innovative research on the social dimensions of health. As the CPHS moves into its second decade, we are adopted a renewed vision of the social determinants of health which recognizes the complexity and interrelatedness of domestic, transnational, regional and global factors that may impact on health conditions and access to health-related services within any country, including Canada. We recognize similarly that emerging and entrenched health inequalities may require policy-makers, communities and researchers to grapple with challenging ethical, human rights and social justice questions. We have accordingly expanded the thematic focus of the Comparative Program to accommodate research which specifically focuses on these definitional and operational challenges.

Research Themes
In order to be eligible for a CPHS fellowship, your research project must fall within one of the three research themes listed below:

1. Social Determinants of Health: Research will explore social, economic, cultural and political determinants of health at the local, national and global levels in three primary areas:
   a) Socioeconomic Status and Health Outcomes
   b) Socioeconomic Status and Access to Health and Health-related Services
   c) Accountability mechanisms for health

2. Human Rights, Ethics and the Philosophical Dimensions of Health: Research will explore emerging or entrenched health issues from the perspective of international and/or comparative human rights law, public health ethics, bioethics and/or other philosophical approaches to achieving social justice and equity in relation to health.

3. Globalization and Health: Research will explore the impact of the processes of globalization on the social determinants of health. Globalization is understood to encompass marked increases in traded goods, services and capital, changing patterns of production and exchange, labour market integration and migration. Potential research areas may include: global health governance and diplomacy, international trade and economic laws impacting health (particularly maternal and child health), emerging infectious disease pandemics, health human resource migration, climate change and HIV/AIDS policy.

May 21, 2010 is the deadline for Lupina Doctoral, Post-Doctoral, New Faculty and Distinguished Visitor Fellowship.

For more information and an application form, go to http://www.utoronto.ca/cphs

Have Questions?
Contact CPHS Program Manager, Aliya Mawani, at Tel: 416-946-8891 Fax: 416-946-8915 or E-mail: cphs.munk@utoronto.ca
Call for Abstracts

EACME Annual Meeting 2010:
“Empirical Ethics”
September 16-18, 2010
Oslo, Norway

The Division of Ethics of Science and Technology
Sector for Social and Human Sciences, UNESCO

In 2010 the Section for Medical Ethics, University of Oslo, and the European Association of Centres of Medical Ethics (EACME) will organise the EACME annual conference. The Section for Medical Ethics will be the co-ordinator and the host of the event.

There are four central topics:
- Empirical Ethics and Methodology;
- Empirical Ethics and Clinical Practice;
- Empirical Ethics, Benefit Sharing and Research;
- Empirical Ethics, Biopolitics and Human Rights.

Abstracts addressing the ethical dimensions of the following topics can be submitted:

Empirical Ethics and Methodology:
- Qualitative, quantitative and mixed methods
- Pathways and pitfalls
- Changing role of research participants

Empirical Ethics and Clinical Practice:
- Clinical ethics committees: building institutions
- Improving clinical practice through empirical ethics
- Patient role in clinical ethics

Empirical Ethics, Benefit Sharing and Research:
- The ethics of empirical ethics research
- The empirical ethics of clinical research
- Global perspectives on empirical ethics

Empirical Ethics, Biopolitics and Human Rights:
- Transnational traffic of healthcare workers (care drain)
- Contextualism, cultural diversity, and human rights
- Empirical ethics and health policy making

The program of the conference includes plenary sessions as well as parallel sessions. Persons wishing to present papers at the conference are invited to submit an abstract addressing the ethical dimensions of the conference topics (500 words maximum). Please contact the organizers at the email below immediately if you wish to submit an abstract. Papers will be selected from the abstracts by the Conference Program Committee.

Please send abstracts to:
Institute of General Practice and Community Medicine
Section for Medical Ethics
Postboks 1130 Blindern
N-0318 Oslo
Norway
Tel. +47 22 84 46 60
Fax +47 22 85 05 90
E-mail: post-sme@samfunnsmed.uio.no

Conference website: http://www.med.uio.no/iasam/sme/seminar/eacme_2010/
Call for Abstracts

The 18th International Congress on Palliative Care
October 5-8, 2010
The Palais des Congrès, Montréal

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. Healthcare professionals, therapists, volunteers and all those involved in palliative care come to renew themselves as providers of care and to obtain the inspiration that will help them shape the palliative care of the future.

This year’s Congress will offer four Concurrent Seminars (October 5), a two-day Pediatric Seminar (October 5-6), as well as plenary sessions, workshops, research forums, and poster sessions on subsequent days of the Congress. The Congress is trilingual, with interpretation offered in all three languages (English, French and Spanish) for plenaries and selected workshops and seminars.

The pre-early bird registration deadline is March 26, 2010. Abstracts deadline for poster presentations is May 31, 2010. For more information, visit www.pal2010.com or call 450-292-3456 ext. 227.

JCB SEMINAR SERIES

Same Day

New Location
(155 College St., 7th Floor, Suite 754)

Join Us on Wednesdays 3:10 to 4:30 P.M.
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.)

April 7, 2010
Pier Bryden, MPhil, MD, FRCP(C), Faculty Lead, Ethics and Professionalism, Undergraduate Medical Education, University of Toronto. “What’s the right dose? Teaching bioethics in undergraduate medical education”.

April 14, 2010
Claudia I. Emerson, PhD, Program Leader, Ethics, McLaughlin-Rotman Centre for Global Health, University Health Network and University of Toronto. “Ethical issues raised in research involving human biological specimens from developing countries”.

April 21, 2010
Bini Toms and Celestine Afi Sappor, MHSc in Bioethics International Students, Joint Centre for Bioethics. Title TBA.

April 28, 2010
TBA

April 1, 2010
Centre for International Health, Dalla Lana School of Public Health & Comparative Program on Health and Society Munk Centre for International Studies invite you to attend a forum on
Health Care Worker Migration and Transnational Justice
with Lisa Eckenwiler
Associate Professor of Philosophy, Department of Philosophy and Department of Health Administration & Policy; Director of Health Care Ethics, Center for Health Policy Research and Ethics, George Mason University
and Solomon Benatar
Professor Emeritus, Founding Director, University of Cape Town Bioethics Center; Visiting Professor, Joint Centre for Bioethics, Dalla Lana School of Public Health and McLaughlin-Rotman Centre for Global Health

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

Moderated by Lisa Forman
Lupina Assistant Professor, Dalla Lana School of Public Health; Director, Comparative Program on Health and Society

Munk Centre for International Studies
1 Devonshire Place

#1. 1pm-4pm: Student Program, Room 208N
#2. 5pm-6:30pm: Public Roundtable Discussion, Campbell Conference Facility

RSVP to: elayna.fremes@utoronto.ca  Please indicate if you will attend #1 and/or #2 planned events.

April 15, 2010
Bioethics Grand Rounds “The ethics of biobanks: challenges and proposed solutions” Christine Czoli, H.B.Sc., Research Assistant, Department of Bioethics, The Hospital for Sick Children. David Malkin, MD, FRCP(C), Professor of Pediatrics and Medical Biophysics, University of Toronto, Senior Scientist, Genetics and Genome Biology Program, Research Institute, Staff Physician, Division of Haematology/Oncology. The Hospital for Sick Children, 4132 Elm Wing (CDIU Multi Media Room), 4th Floor, Elm Wing. 12:00 Noon to 1:00 p.m.

April 16, 2010
Biomedical Ethics Unit, Faculty of Medicine, McGill University “On beyond clinical practice guidelines: Do we need a neo-Oslerian revolution in medicine?” Ross Upshur, BA(Hons), MA, MD, MSc; Director, Joint Centre for Bioethics; Director, Primary Care Research Unit Canada Research Chair in Primary Care Research Professor, Department of Family and Community Medicine University of Toronto. 12:30 p.m.-2:00 p.m. 3647 Peel Street, Room 101. Closed Bioethics Students “meet the speaker session” 2 p.m.-3 p.m.

April 28, 2010
The Centre for Addiction and Mental Health Brown Bag Research Ethics Discussion Groups “Ethical issues in gambling research” Dr. Martin Zack, Scientist, CAMH. Room 2029, RS – 33 Russell Street, 12:00 pm–1:00 pm. Bring your own lunch. For more information, contact: Susan_Pilon@camh.net

May 4, 2010
Centre for International Health, Dalla Lana School of Public Health, Faculty of Medicine, University of Toronto with University of Toronto Joint Centre for Bioethics and Wilson Centre, University Health Network University of Toronto present the
8th Annual Global Health Conference
SOCIAL RESPONSIBILITY: GLOBAL HEALTH PERSPECTIVES
8:30AM-5:30PM
McLeod Auditorium, Medical Sciences Building
1 King’s College Circle, University of Toronto
Registration $40 & Students $15 from 416-978-8849 / uofttix.ca
Information from j.kopelow@utoronto.ca

Annual John R. Evans Global Health Lecture by ROSS UPSHUR, Director, University of Toronto Joint Centre for Bioethics; Professor, Department of Family and Community Medicine and Dalla Lana School of Public Health, Faculty of Medicine, University of Toronto

Introduction by JOHN EVANS, Chair Emeritus, MaRS Discovery District
Seminars, Events & Conferences

Presenters will discuss themes related to ‘social responsibility; global impact on health and wellbeing.’

Themes include:

- Conscientious objection and professionalism
- Social responsibility and dismantling stereotypes on women’s health
- North and South Social responsibility; building partnerships
- Canada’s response to global health responsibility
- International agencies’ responsibilities and responses to global health challenges
- Communication innovation, social responsibility; global health perspectives (i.e., building social networks, advancing technology)
- Humanitarian emergency response as social responsibility with Médecins Sans Frontières, Canada
- Responsibilities of academic institutions via education, research and service related to global health
- Creative social responsibility responses with local communities and international populations with National Film Board and St. Michael’s Hospital’s Filmmakers-in-Residence
- Knowledge translation; social responsibility via global health science and science centres

July 5-16, 2010
Summer School on Health Law and Ethics
The Erasmus Observatory on Health Law

The Erasmus Observatory on Health Law (Erasmus University Rotterdam) announces the first Annual Summer School programme on Health Law, providing health professionals and practitioners, with an opportunity for intensive training in various aspects of health law and ethics over a two-weeks period, while absorbing the sights, sounds and culture unique to Rotterdam and The Netherlands. The Summer School offers a custom-developed course taught by leading academics in their field.

The course is designed to enhance the preparation of health professionals confronted with legal and ethical issues. The course focuses on both theoretical and practical aspects of health law and ethics.

A Certificate of Attendance will be presented to participants who wish to take the course for academic credit.

Course Topics

- Human Rights and Health
- Sexual and Reproductive Health
- Public Health
- Bioethics and the Law
- Health Economics

For more information, go to:
http://www.erasmusobservatoryonhealthlaw.nl/summerschool2010/
or
http://www.erasmusobservatoryonhealthlaw.nl/Uploads/ErasmusObservatory-folder.pdf
Recent Publications


Hussein GMA. When Ethics Survive Where People Do Not. Public Health Ethics 2010; First published online March 18, 2010.


Ratnapalan M, Cooper AB, Scales DC, Pinto R. Documentation of best interest by intensivists: a retrospective study in an Ontario critical care unit. BMC Medical Ethics 2010; 11(1).


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; 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 Rehabilitation Institute; Trillium Health Centre; and University Health Network.