The JCB Voice is featuring a series of articles based on the JCB's "Evaluating excellence in bioethics: a value for investment project". In the first article, we introduced the project and identified four general features of excellence in bioethics. In this month's article, we report key findings related to evaluating excellence in bioethics practice with a focus on health institution-based ethics programs in clinical, organizational, and research ethics.

**Feature: Evaluating Excellence in Bioethics Practice**

**Part 2: Focus on Ethics Programs**

Ethics is increasingly seen as a key component of high-quality patient care, organizational decision-making, and research practice in health organizations. Health organizations in Canada and elsewhere are developing and investing resources in ethics programs to help staff, physicians, board members, patients, and families address clinical, organizational, and research ethics issues. However, there is no consensus on how ethics effectiveness should be defined or evaluated. As a result, ethics programs lack guidance about how to improve the quality and impact of their services to meet local ethics needs or to benchmark their performances against broader standards in the field. The findings of the Evaluating Excellence in Bioethics project provide some insight on a way forward to address this gap.

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**BIOETHICS PRACTICE**

Jennifer L. Gibson
Director, Partnerships & Strategy, and Senior Research Associate, Joint Centre for Bioethics; Assistant Professor, Department of Health Policy, Management & Evaluation, University of Toronto
1. Evaluating Excellence in Bioethics Practice

Formal evaluation of ethics program activity is an emerging area of practice in health institutions. At present, most ethics programs are tracking descriptive measures of discrete ethics program activities, e.g., number and origin of ethics consultations, number and topic of education sessions, and number of policies developed or reviewed. Evaluative measures of the impact of these activities are underdeveloped and rely on anecdotal information from end-users. Project participants emphasized the importance of context in defining excellence in ethics programs. In complex organizational settings, there may be any number of contextual factors that may influence the impact of ethics program activity. Thus, any standards of excellence in ethics program practice would need to be sufficiently flexible to accommodate differences in context. Participants also emphasized the importance of considering both process and outcome indicators in evaluating the excellence of ethics programs. Ethics programs were seen as playing critical roles in facilitating decision-making processes, the outcome of which might not be within the ethics program’s control. In many cases, the value of an ethics program intervention, e.g., case consultation, may lie more so in ‘how’ the intervention unfolded in the eyes of affected stakeholders than in ‘what’ outcome resulted.

2. Clinical & Organizational Ethics Programs

Ethics programs are typically involved in four core activities: case consultation, ethics education of staff, policy development and review, and quality improvement or research. We were interested to find out what distinguished an excellent ethics program from a good or adequate ethics program. Project participants identified the following features of an excellent or high-performing ethics program:

- **Strategic and operational integration** within the organization to embed a tangible and meaningful ethics presence at all levels and in “everything we do”.

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

- **Optimal responsiveness to emerging ethics needs** within the organization through efficient and timely ethics consultation services and other ethics program activities.

- **Strong emphasis on ethics capacity building** among staff to strengthen ethical decision-making through direct support or through ethics education.

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

- **Commitment to scholarly activity** to address local needs through quality improvement initiatives and application of leading practices, and to advance and disseminate knowledge in the bioethics field through research.

Participants highlighted a number of areas where indicator development would be helpful in order to demonstrate tangible evidence of ethics program impact and effectiveness:
• Organizational embedding of ethics – evidence of: organizational leadership commitment to ethics; alignment of ethics program within organizational structure; involvement of ethics team in tackling difficult organizational ethics issues (e.g., priority setting).

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

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

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

3. Research Ethics Programs

Research ethics has been commonly identified with the activities of the Research Ethics Board in health institutions. Our findings suggest that this conception is dated. Research ethics was defined broadly by participants to include ethics consultation support, research ethics education, and ethical review of research protocols. A high-performing research ethics program was described as:

• Fostering a culture of “responsible research” to promote professionalism in conduct of research (similar to professionalism in clinical care) and ethics as constitutive of the research enterprise not an afterthought.

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

• Ensuring an efficient and effective ethics review process to be facilitate the research process.

Knowledge translation was perceived as fundamental to research ethics practice. Project participants proposed a number of indicators to evaluate the quality of research ethics program activities:

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

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

• Improved ethics review process – evidence of: consistency in ethics review process; efficiency of...
Did You Know?
The JCB’s Clinical, Organizational & Research Ethics (CORE) Network is a community of practice comprised of 28 ethicists in JCB partner programs, 5 JCB and Centre for Clinical Ethics Fellows, and the JCB Management Team. The CORE Network meets weekly to tackle difficult cases/issues, share tools and resources, and collaborate on working groups addressing the needs of JCB partner programs (e.g., ethics-related accreditation standards, ethical issues in patient transitions across the care continuum).

CORE Network Fast Facts:
- Members with a graduate degree or advanced training in bioethics = 100%
- Graduates of JCB education programs = 73%
- # of disciplines or professions among members = 11
- Ethics Fellows trained/year = 3
- Publications/year by members = 30

The JCB’s Research & Education in Research Ethics (RE)² Group is a network of 50 research ethicists, REB members, and scholars from JCB partners, the University of Toronto, and other institutions. (RE)² meets monthly to develop shareable research ethics resources (e.g., web-based portal of research ethics policies and educational resources), conduct research and quality improvement projects related to research ethics, and facilitate continuous professional development of its members.

(RE)² Fast Facts:
- # of members in 2006 = 10
- Institutional affiliations of members = University of Toronto, Toronto Academic Health Sciences Network (TAH-SN) hospitals, Ontario Genomics Institute, The Michener Institute, Ryerson University
- NIH-Fogarty Fellows trained per year = 4
- Publications in the last 3 years = 55

process (e.g., quick turnaround time); researcher satisfaction with the review (e.g., timeliness, appropriateness of feedback); collegial communication between researchers and the REB.

4. What is the JCB doing to advance work in these areas?
The JCB is undertaking a number of projects to advance this work:

- The JCB’s Clinical, Organizational & Research Ethics (CORE) Network has 3 working groups addressing questions of evaluation in ethics practice. The Accreditation Working Group (chaired by Jonathan Breslin, NYGH, and Christine Harrison, SickKids) has assessed and provided feedback on Accreditation Canada’s ethics-related standards and is developing a toolkit for JCB partner programs to assist with preparation for accreditation processes. The Professionalization Working Group (chaired by Rebecca Bruni, Centre for Clinical Ethics at Providence Health, and Ann Heesters, Toronto Rehab) is investigating credentialing of ethicists, including training and competency requirements as well as standardized practices (e.g., documentation). The Ethics Core Curriculum Evaluation Working Group (chaired by Hannah Kaufman, UHN) is undertaking research to evaluate the impact of the JCB’s ethics core curriculum program, a modular ethics training...
The JCB Voice

Director’s Corner

One of the most rewarding aspects of being the Director of the University of Toronto Joint Centre for Bioethics is seeing the wide range of activities in which members of the JCB network participate. I am struck by the depth of involvement of our members in the complete spectrum of issues related to ethics and the modern health care enterprise. Another benefit of my role is the wide range of scholarship that is brought to my attention by members of our community. In this month’s JCB Voice I would like to highlight for the bioethics community a very important paper published in *PLoS Medicine* and brought to my attention by Jocalyn Clark during a recent RE2 meeting.

The paper is called “The haunting of medical journals: how ghostwriting sold “HRT””, by Adriane Fugh-Berman. This paper is essential reading for anyone involved in health care. This study documents how the pharmaceutical company Wyeth engaged a professional medical communications firm to write several papers that appeared in the peer reviewed literature for which authorship credit was given to academic physicians, many of whom made little contribution to the actual published paper. The case for ghostwriting was made by examining some 1,500 documents that have been made available to the public during litigation. This paper makes for sobering, if not shattering reading. It is particularly disturbing to see a well thought out marketing plan make its way into the literature, with the purpose of supporting unsubstantiated health benefits, mitigating a link between hormone replacement therapy and breast cancer and discrediting rival therapies. As well, the article documents the extent to which the company sought to influence practitioners through the use of continuing medical education and the use of purchased supplements with CME credits attached.

This is particularly important as one of the major policy initiatives tabled for health care reform is to enhance Pharmacare. If there is reason to believe that the evidence base undergirding our understanding of the effectiveness of pharmaceutical agents is somehow tainted or has been unduly influenced then we need to come up with a plan to counteract these influences before proceeding. Going forward I think this is one of the most crucial aspects to remedying this situation is to create a culture of integrity in research.

On happier topics, in this issue of the *JCB Voice* we also have the second in the series of Dr. Gibson’s articles on evaluating excellence in bioethics. We are also delighted to have a contribution from Eric Wasylenko. Dr. Wasylenko is enrolled in the MHSc in Bioethics programme but he comes with extensive background and experience in applied ethics. He writes his perspective on some initiatives in Alberta and follow up to a paper in the *JCB Voice* by Dr. Michael Gordon. Kate Rossiter describes how she worked with the CanPREP team to create research theatre dealing with pandemics. As discouraging as the ghostwriting report may be, I am encouraged by the quality of the submissions that are coming in to the *JCB Voice*. Once again I invite everyone to send narratives, short pieces, reflections, and commentaries on any aspect of the enterprise of bioethics.


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.
Announcement

Congratulations to Eric Wasylenko (a new member of our MHSc in Bioethics Program) who has just been awarded the Alberta Medical Association’s Medal for Distinguished Service.

This award recognizes “a physician who may or may not be an AMA member, and who has made an outstanding personal contribution to the medical profession and to the people of Alberta, that has contributed to the art and science of medicine and raised the standards of medical practice.”

Eric was nominated for his work leading an entirely grassroots community initiative that raised $5 million and conceived, built and opened one of the first rural, free-standing, private, non-profit, residential hospices in Canada (www.countryhospice.org). Eric was a Founder, Board Chair and its first Medical Director.

Feature: Evaluating Excellence in Bioethics Practice Part 2: Focus on Ethics Programs (cont’d from page 6)

program for ethics committees, on ethics skill and competency development among ethics committee members.

- The JCB’s Research & Education in Research Ethics (RE)² Group has recently conducted a comprehensive needs assessment of TAHSN partners to identify the role-specific needs of different research ethics stakeholders, including REB members, research ethics officers, researchers, and research coordinators. The findings will inform the development of professional development materials.

- The JCB is sponsoring a qualitative study exploring different stakeholder perspectives on what constitutes ‘ethics quality’ in research. The study findings will contribute to developing a conceptual framework to evaluate research ethics practice. The study is led by Hamid-Reza Raziee (a recent MHSc in Bioethics graduate), Jennifer Gibson (JCB), and Ross Upshur (JCB).

- A CIHR-funded study is currently underway to investigate key domains, indicators and success factors of ethics program effectiveness in hospitals. The study involves case studies of hospital-based ethics programs and a national Delphi process. The study is led by Jennifer Gibson, Andrea Frolic (Hamilton Health Sciences), Dianne Godkin (Trillium Health Centre), Barbara Secker (JCB), Ross Upshur (JCB), and Shawn Winsor (Sunnybrook Health Sciences Centre).

- The JCB Secretariat has developed a new JCB report card to track and monitor JCB network activity on an annual basis. It was recently piloted in the ‘09-10 reporting to the JCB Executive Committee.
Alumni News & Updates

Okyere Boeteng
MHSc graduate 2008
International Stream
Administrator
Office of Research, Innovation and Development
University of Ghana

A
fter completing the course, I returned home to my position as Assistant Registrar (Administration) at the Noquchi Memorial Institute for Medical Research at the University of Ghana.

My job schedule includes; a) Administering conditions of service for staff – Research Scientists and Support staff, b) Research Administration, c) Administration of the Research Ethics Board of the Institute, and d) Capacity Building in Research Ethics and Good Clinical Practice (GCP).

I have received a 50,000 Euro grant from European and Developing Countries Clinical Trials Partnership (EDCTP) to build capacity and resource REBs in Ghana.

Other activities that I have been involved include REB membership on the School of Allied Health Sciences, University of Ghana. My engagements also include serving as a programmatic abstract reviewer for Public Responsibility in Medicine and Research (PRIM&R).

I have applied for a PhD programme in Bioethics at the School of Public Health, University of Ghana, Legon. My work is going to be on “Ethical Dilemmas and TB management in Ghana”. I’d be looking at the Philosophy behind treatment decisions, empirical stud-
ies on 3rd party notification as well as priority setting in TB treatment.

The other good news is that I have been promoted to a Senior Assistant Registrar (at par with senior lecturer status) effective November, 2008. With this new development I have been transferred from my current institute to a new position as Administrator at the Office of Research, Innovation and Development (RID). RID is a new outfit with responsibility of promoting, coordinating and facilitating research activities in the University leading the development of the university’s strategic plans and will be reporting directly to the Pro Vice Chancellor (RID). Celestine Sappor of the 2010 international stream from Ghana has returned and is settling down to work. We are grateful to you all for the opportunity granted us to build capacity in ethics in Ghana.

Dr. Mark Bernstein, the neurosurgeon visited Ghana during the first two weeks in April and gave a presentation in my institute. It was a well attended programme. Dr. Ade Malomo (MHSc graduate 2008, International Stream) came all the way from Nigeria to attend the lectures and had some discussions with Mark. It was a great JCB reunion outside Canada.

This new section “Alumni News and Updates” will feature the latest news from the JCB graduates. If you are a JCB Alumnus and would like to share your story, please submit it along with your photo via email to jcb.info@utoronto.ca. Also, send along info on your recent publications and these will be included in our “Publications” section.
Article: Advance Care Planning and Goals of Care Designations - A Changing Focus and Altered Infrastructure

Dr. Michael Gordon, in his article Living Wills – A Caution, reprinted in JCB Voice (September 2010/ Vol. 16/No. 1), highlights an important issue regarding a potential pitfall from over-reliance on the express directives of patients contained in Living Wills.

Atul Gawande, writing in the New Yorker (August 2, 2010) substantially raised awareness in the popular press regarding decision-making challenges at the end of life and the conversation processes that are meaningful, with an eloquent set of narratives taken from his medical practice. His article referenced the important work of the Respecting Choices ™ program at Gundersen Lutheran in LaCrosse, Wisconsin. This program has been able to demonstrate remarkable penetrance of advance care planning within a population, together with documented outcomes regarding confluence of named choices with the actual end-of-life care delivered.

Sudore and Fried (Annals of Internal Medicine, 17 Aug 2010 Volume 153, No 4) have correctly tried to focus attention away from the documentation of fixed choices declared in advance, to more useful preparation of lay decision-makers for what the authors term ‘in-the-moment’ decision-making.

The literature is replete with criticisms of advance care planning as currently practiced, with arguments centering on the problems arising from predictability of events and conditions, adaptability of patients to new health circumstances, validity of extrapolation and the legal and emotional minefields of surrogacy in decision-making.

The current legal uncertainty in Canada regarding the question ‘who gets to decide?’ adds to complexity surrounding the practice of advance directives, decisional surrogacy, and the sometimes conflicting tests of best interests and prior expressed wishes.

In the former Calgary Health Region (now a zone of Alberta Health Services), we developed and instituted a formalized process of Advance Care Planning called “My Voice” (www.calgaryhealthregion.ca/advancecare-planning) during the years 2005-2008. The process incorporates written documentation that outlines general goals, desires, beliefs, naming of agents and sometimes specific directions, resulting in a legally sanctioned written narrative that serves as an adjunct to a Personal Directive. However the focus is primarily on the conversation and the demystifying of such interactions amongst family members and with health care professionals, in sympathy with the vigorous argument of Sudore and Fried that awareness, preparation and practice regarding ‘in-the-moment’ decision-making is the real value of such work.

When medical teams, patients, families and proxy decision-makers are faced with ethically laden choices regarding important clinical actions, the best available information is required. The confluence of medical expertise together with best available expertise about the person’s beliefs and values elevates the opportunity to make sound decisions in support of medically cont’d
appropriate and person-appropriate care. Sound decision-making is enhanced when the climate of conversation is healthy and practiced and when preparation and expectation for such conversation has been normalized.

Similar to a re-thinking about the processes of Advance Care Planning is the notion that our commonly used decisional, codifying and communication nomenclature is no longer adequately reflective of modern health care possibilities. We have argued that foundational issues must be addressed before systems can hope to effectively deal with fraught advance or current decision-making regarding care choices for complexly ill patients.

Thus we have developed (E. Wasylenko and P. Boucher) - and widely consulted with patients and clinicians to refine - a novel system for designating and communicating a more broad set of choices regarding health care. We recognize that current codified systems to designate contemplated medical acts in use in hospitals in Canada are increasingly unhelpful to deal with the complex chronic illnesses of our patient population and the vast array of treatment possibilities available. Therefore we have abandoned the use of Do Not Resuscitate (DNR) Orders and “Code Levels” completely in all sectors of our health system.

The new framework eliminates the unintended hierarchical message of ‘levels of care’ as applied to potential life-saving interventions. It moves away from a system that encouraged all medical interventions and foci of care to be predicated on acceptability of resuscitation for an individual. The new system, called Goals of Care Designations, uses language that is more medically intuitive and more patient-focussed regarding a broad range of care and accommodation choices. The Designations a) differentiate the types of care contemplated in an ICU regarding life-saving and life-sustaining interventions, b) indicate the choice of patients, who do not wish ICU care, to either receive available care “in place” or request transfer to more acute care focussed facilities should the need arise, and c) better differentiate encompassing palliative care well in advance of death, from terminal care. The new designation mechanism, we argue, better addresses the fundamental question: “How do we best care for you?”.

Our system was successfully implemented throughout the entire Region of 1.2 million residents in late 2008, including the sectors of Acute Care, Long Term Care, out-patient chronic care programs, Home Care and pre-hospital Emergency Medical Services. Implementation included a mechanism to transfer a person’s designation with them so that it is readily available for any care interaction. Post implementation evaluation is underway. We anticipate demonstrating that the culture change of conversations and decisions that focus on appropriate goals of care and interventions has added a key infrastructure building block to addressing the growing conundrum of conflicted, complex care decision-making for patients and providers.

Eric Wasylenko, MD
Palliative Care Physician and Executive Director of Clinical Ethics for Alberta Health Services; MHSc student, Joint Centre for Bioethics
I first became involved with the JCB in the winter of 2009 as a doctoral student and dramaturg for the Canadian Program of Research on Ethics in a Pandemic (CanPREP). My role in this project was to join the research team and to write and produce a theatrical piece based on the data collected throughout the project. While the use of theatre in research is a relatively new methodological phenomenon, it provides a very valuable way to capture data and to engage the public regarding emergent ideas and issues.

As someone who has her feet firmly planted between the worlds of public health research and theatre this was a dream project for me. Despite being in the middle of finishing my dissertation I joined the team with great enthusiasm. Blessed with rich subject matter (what could be more dramatic than a pandemic?!), and an eager, supportive team I was sure my work would be easy – that the play would write itself! Ah, the best laid plans...

Upon beginning the project, I made note of my goals: I wanted this to be a work that not only helped audiences understand some of the thorny ethical dilemmas that arise during a pandemic, but more importantly, that left these ethical dilemmas unanswered. I wanted our audiences to come away from the play grappling with a sense of moral ambiguity. And, most importantly, I did not want our play to be of the cheesy after school special variety!

As we entered into data collection my job became only more difficult. I accompanied the team to three sites across Canada (Winnipeg, Toronto and St. John) where we held facilitated forums in which both citizens and stakeholders were asked to engage in a process of moral deliberation regarding ethical issues inherent in pandemic planning and response. These events provided a wealth of qualitative data, however, this data was not terribly amenable to theatrical translation. Participants grappled with the hard ethical issues presented, but I was left without a clear sense of narrative direction. Plays, after all, are a way of telling stories, and thus I was in search of narrative kernels from which to develop a larger, more complete plot.

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I wasn’t entirely rudderless, however. Throughout the data I noticed that participants sometimes worked to make sense of the ethical issues presented through an appeal to history, personal, political or social. Stories of other outbreaks, of World Wars and other forms of social upheaval were drawn upon as way of contextualizing and personalizing these hard moral quandaries. This call to history seemed to point the way toward a solid narrative base on which we might build our play.

And with this burst of wind in our conceptual sails, fate intervened and blew me in a whole new direction. While I intended to continue my work with CanPREP as a post doctoral project, I was offered a full time job in Health Studies at Wilfrid Laurier’s new Brantford campus—a campus built around the ideals of interdisciplinary, liberal arts education. I knew very little of Laurier and even less of Brantford, but knew that this was the perfect job for me.

Happily, I could continue my work with CanPREP and start my new job at Laurier. Even more happily, within the first few weeks of moving to Brantford I became fast friends with a new colleague—medical historian Rebecca Godderis. As we became friends, I told Rebecca of my work on CanPREP and my interest in using history as a means of communicating present day ethical dilemmas. Together, we decided to explore the history of our new home in Brantford, a town that boasts a complicated and fascinating past.

Over the coming months we found a wealth of material relating to Brantford’s experience of the 1918 flu pandemic. Brantford, a bustling industrial town, was one of two Canadian cities hardest hit by the flu. Further, Brantford housed a large nursing school, and numerous tenements for foreign factory workers, all of which created the conditions for numerous social and ethical tensions to arise during the pandemic.

Armed with photos, newspaper articles, archival material, and interviews with local residents who were alive during the pandemic we had enough stories to write not one but many plays. Over the winter months, I moved back and forth between contemporary and historical data, scripting what became “Abide With Me: The Story of Two Pandemics.” “Abide With Me” received a full run over the summer at the Brantford General Hospital, and will be mounted as a staged reading on November 8th at the Hospital for Sick Children in Toronto, which is open to those affiliated with the Joint Centre for Bioethics.

Kate Rossiter, PhD
Assistant Professor
Health Studies Program
Wilfrid Laurier University
Brantford Campus;
CanPREP Team Member

Comments on articles in this Newsletter? Email your response to newseditor.jcb@utoronto.ca. We may publish your comments in the next issue.
The JCB CORE Network represents the largest multidisciplinary group of practicing health care ethicists in Canada, and is likely the largest in the world. It numbers just over 35 members, including members of the JCB management team. The CORE Network exists for the mutual support of its members, the Ethicists and Fellows who work in JCB-affiliated healthcare organizations. Jennifer Gibson’s feature article in this issue--along with the JCB Voice feature articles from September 2009--June 2010--provide some rich description of the work of the ethics programs in JCB healthcare organizations. This article provides an overview of some of the activities and achievements of the CORE Network and its members over the past 18 months.

We’ve been thrilled to welcome to the CORE Network Ann Heesters as Toronto Rehab’s new Director of Ethics and Spiritual Care, and Pat Hood MacNicol as Ethicist for Credit Valley Hospital as part of Trillium’s Regional Ethics Program. It was also a pleasure to welcome back Sue MacRae (former Deputy Director of the JCB) who joined the Centre for Clinical Ethics as a Bioethicist, and was recently appointed President-Elect of the Canadian Bioethics Society.

We’ve celebrated a number of changes and promotions including Shawn Winsor’s appointment to Director of the Ethics Centre at Sunnybrook Health Sciences Centre, and Dianne Godkin’s appointment to Senior Ethicist of Trillium’s Regional Ethics Program. Recently Maria McDonald was appointed Chief Privacy Officer at Holland Bloorview Kid’s Rehab, complementing her role as Ethicist.

We have also seen six JCB Academic Fellows in Clinical and Organizational Ethics--and one Fellow shared by the JCB and the Centre for Clinical Ethics (CCE)--successfully complete the fellowship program and take up exciting positions. Rebecca Bruni (2008-09) is now Bioethicist at the Centre for Clinical Ethics, Tom Foreman (2008-09) is Director of Ethics at the Ottawa Hospital, and Kevin Reel (2008-09) is Ethicist shared by the ethics programs at Southlake Regional Health Centre and York Central Hospital. Michael Campbell (2009-10) has taken up the position of Senior Fellow in Transplantation Ethics at University Health Network, and Nisha Wijeratne (2009-10) is Resident in Psychiatry at Queen’s University and will contribute to activities of the Office of Bioethics. Christine Jamieson and Jennifer Flynn (both 2009-10) have returned to primarily academic work in bioethics.

Our new JCB Fellows--Rosanna Macri, Kelley Ross, and Michael Szego--began in July 2010; and our JCB/CCE Fellows--Jean Daou and Kevin Rodrigues--began in August. Already these five Fellows are an essential part of our CORE Network community of practice. (See the September issue of the JCB Voice for Fellows’ bios.)

Member of the CORE Network have been put this network to extraordinarily good use to respond to the needs of their healthcare organizations, thereby furthering the JCB mission “to improve healthcare through leadership in bioethics research, education, practice, and public engagement.” In addition to the three working groups--on accreditation, professionalization, and curriculum--described in Jennifer Gibson’s feature article, Shawn Winsor (Sunnybrook) and Jonathan Breslin (NYGH) chaired and co-chaired, respectively, the JCB Pan Flu Supplementary Triage Criteria Taskforce in drafting a policy framework with supplementary ICU triage criteria for use in combination with clinical

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prioritization criteria to provide guidance on managing critical care demand in a pandemic. This task force included CORE Network members, ethicists and critical care physicians from TAHSN and other hospitals in southern Ontario, and was conducted with support from researchers affiliated with the Canadian Program of Research on Ethics in Pandemic (CanPREP), which is based at the JCB.

CORE Network members have also responded to national calls for input. For example, the CORE Network Advance Care Planning Taskforce, chaired by Linda Wright (UHN) and Marcia Sokolowski (Baycrest) provided excellent feedback on the Canadian Hospice Palliative Care Association’s report Advance Care Planning in Canada: National Framework for Consultation. CORE Network members—led by Ann Heesters (Toronto Rehab) and Rebecca Bruni (CCE)—submitted individual and group input into the American Society for Bioethics and Humanities.

In addition to the working groups and task forces, the CORE Network meets regularly as a full sessions to discuss and provide feedback on cases and projects, and to share learning and resources. In addition to confidential case conferences, some examples of recent topics discussed in CORE Network sessions include: ethics framework development and implementation; a global vision for health care and bioethics practice; regional ethics strategies and model development; the concept of human flourishing; transplantation ethics; “The Unbearable Whiteness of Bioethics;” palliative sedation; the Canadian Personal Genome Project; discharge planning; and recent research on intrinsic brain activity in disorders of consciousness.

To be part of the tremendous community of practice that is the CORE Network is both exciting and a great privilege. I’m particularly grateful to the CORE Network Advisory Committee, which provides invaluable advice to me as Director of the CORE Network: Kyle Anstey (UHN), Jonathan Breslin (NYGH), Brenda, Knowles (JCB), Hazel Markwell (CCE), Marcia Sokolowski (Baycrest) and Randi Zlotnik-Shaul (SickKids). Among many other things, this Advisory Committee has helped plan the upcoming CORE Network annual retreat on October 13, 2010. In addition to a day spent engaged with important business, scholarly and continuing education agenda items, we’re looking forward to our luncheon speakers, Chris MacDonald and Nancy Walton, on “Ethics Blogs: Pedagogy, Public Outreach, and Professional Discourse.”

In closing, our new Fellows asked at their orientation what bioethics book suggestions I might have for them. I put the question to our CORE Network members and would like to share with you their list (See page 14).

Barbara Secker
Director
Education and Practice
Joint Centre for Bioethics
### Books Recommended by Core Network Members

**A Sense of Urgency**  
(JP Kotter, 2008)

**Attending Children: A Doctor’s Education**  
(ME Mohrmann, 2005)

**Being Human: Core Readings in the Humanities**  
(L Kass ed., 2004)

**Bioethics as Practice**  
(J Andre, 2002)

**Blackwell’s A Companion to Bioethics**, 2nd ed.  
(H Kuhse and P Singer, eds., 2009)

**Blackwell’s Bioethics: An Anthology**  
(H Kuhse and P Singer, eds., 2006)

**Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine**, 7th ed.  
(Jonsen, Siegler and Winslade, 2010)

**Complex Ethics Consultations: Cases That Haunt Us**  
(PJ Ford and DM Dudznski, eds., 2008)

**Doing Right: A Practical Guide to Ethics for Medical Trainees and Physicians**, 2nd ed.  
(PC Hébert, 2009)

**Ethics, Prevention and Public Health**  
(MF Verweij and A Dawson, eds., 2007)

**Experiments in Ethics**  
(KA Appiah, 2008)

**In Two Minds: A Case Book of Psychiatry Ethics**  
(D Dickenson and B Fulford, 2000)

**Law and Ethics in Biomedical Research: Regulation, Conflict of Interest and Liability**  
(T Lemmens and DR Waring, eds., 2006)

**Leading Change**  
(JP Kotter, 1996)

**Linking Visions: Feminist Bioethics, Human Rights and the Developing World**  
(R Tong, A Donchin and S Dodds, eds., 2004)

**Aristotle The Nichomachean Ethics**  
(Aristotle; JL Ackrill and JO Urmson, eds.; WD Ross, D Ross, and JO Urmson, trans., OUP 1998)

**Observing Bioethics**  
(RC Fox and JP Swazey, 2008)

**Pediatric Bioethics**  
(G Miller, ed., 2009)

**The Cambridge Textbook of Bioethics**  
(PA Singer and AM Viens, eds., 2008)

**The Essential Hospital Handbook: How to Be an Effective Partner in a Loved One’s Care**  
(P Conlon, 2009)

**The Ethics of Bioethics: Mapping the Moral Landscape**  
(LA Eckenwiler and FG Cohn, eds., 2007)

**The Future of Bioethics**  
(H Brody, 2009)

**The Oxford Handbook of Bioethics**  
(B Steinbock, ed., 2007)

**The Principles of Morals and Legislation**  
(J Bentham, 1789)

**The Right and the Good**  
(WD Ross, 1930)

**The Spirit Catches You and You Fall Down**  
(A Fadiman, 1997)
Confession: I am always getting lost. Like a lot of academic types, I tend to get caught up in my own thoughts. While in a thoughtful reverie, however, I often fail to notice important things around me like, oh, say, street signs, subway stops and major landmarks. And so it was that I came to find myself hopelessly turned about in the labyrinth of winding cobblestone streets that cut across the medieval city of Durham, England on my way to the British Sociological Association Medical Sociology conference, better known as Med Soc.

In one hand, I held a map of the city and Durham University (prudently—mercifully—provided by the conference organizers), in the other a GPS. Yet my jet-lagged and directionally challenged mind could not reconcile their two images. A long story short, with the help of some obliging locals I managed to slide into my seat in time for the first session with mere seconds to spare.

After a full day of presentations, back in my hotel room—I decided not to tempt fate and opted for a taxi on the way home—my husband produced an array of photographs he’d taken that day of the city and university campus from the dizzying heights of Durham Cathedral. I eagerly surveyed the pictures hoping that maybe the perspective of 218 feet above would give me a better sense of where I’d been that day. No such luck. How is it that from three different standpoints, one place can look so different?

I’ve related this tale because my experience of trying to navigate a city with multiple and seemingly divergent representations of the same location was rather like my experience at Med Soc. For social science and health scholars, Med Soc is a “must do” event which draws crowds from across the UK, Europe and North America. This year, over 150 presenters spoke on a staggering assortment of topics. The conference format reflects this variety: delegates could choose to attend sessions in topic “streams” ranging from...
Report: Reflections on the 42nd annual British Sociological Association Medical Sociology Conference (cont’d)

“Aging, Death and the Life course”, “Embodiment and Emotion”, “Lived Experience of Health and Illness” to “Methods”, “Health Technologies” and “Health Service Organisation and Delivery”. Within the “Ethics” stream, presenters addressed the need for a sociology of neuroethics, end of life decisions in the British mass media, social-ethical issues surrounding the procurement of human reproductive tissue for stem cell research, and an ethical framework for dealing with day-to-day dementia care1.

I went to Med Soc to present from my own graduate work concerning pandemic flu, specifically messaging and education for the public during H1N1, and met others working in this area. Yet, each time I attended a presentation about H1N1 communication, each time I chatted with a fellow attendee and explained my research, or someone posed a challenge to my argument, the topic that I felt I knew so well was cast in a new light, reframed, rendered strange. And this one of the many strengths of this long-respected and internationally beloved conference; Med Soc provides a forum in which scholars from a range of disciplinary traditions, drawing from numerous theoretical positions and taking up diverse methodological approaches can come together, challenge and learn from one another. Like a diverse collection of maps to a territory too complex to be fully captured by any one representation, the multiple, layered perspectives on health and illness characteristic of Med Soc ignite a renewed sense of curiosity, foster collegiality and demand intellectual humility.

1. Med Soc conference program: http://www.britsoc.co.uk/events/medsocprog.htm

CORRECTION
The September issue of The JCB Voice should include the following.

2010 Incoming Students: MHSc in Bioethics Domestic Students - Class of 2012

Lindsay Bryson is a Pediatric Nurse who is currently on maternity leave. She has spent the last 5 years working for the Medical Humanitarian NGO, Médecins Sans Frontières in various settings throughout central Africa. Her last position was a Medical Coordinator and member of the country management team in the Central African Republic. She holds a BSc in Nursing from the University of Ottawa (2001).
Fellowships at JCB

Academic Fellowships in Clinical and Organizational Ethics 2011-2012

The University of Toronto Joint Centre for Bioethics (JCB) www.utoronto.ca/jcb is a partnership between the University of Toronto and its affiliated healthcare organizations. The JCB studies important ethical, health-related topics through research and clinical activities. The JCB is a network of over 180 multidisciplinary professionals seeking to improve health care standards at both national and international levels. At the JCB, theory is put into practice. Our mission is to provide leadership in bioethics research, education, practice and public engagement. To date 35 Fellows have completed the JCB Fellowship Program since it began in 2000 and the vast majority are now working in the field of bioethics.

The Joint Centre for Bioethics invites applications for paid Academic Fellowships in Clinical and Organizational Ethics starting in July 2011. The Fellows will spend one year supporting ethics programs in JCB healthcare partner organizations, contributing to the intellectual/scholarly activities of the JCB, and thereby enhancing skills in clinical and organizational ethics activities (consultation, policy development, teaching, research ethics, research, and other organizational/clinical ethics program initiatives). There will be an emphasis on developing leadership capacity in these areas. Through the JCB, Fellows will have numerous opportunities for multi-disciplinary ethics networking, continuing education, and access to a wide range of clinical ethics and organizational ethics expertise in a variety of health care settings. The Academic Fellowships provide a unique opportunity for Fellows to make significant contributions to the ethics programs at the JCB healthcare partner organizations, and to broaden and deepen their own scholarly and clinical/organizational expertise. The stipend for this fellowship is CAD $38,000/year plus 4% vacation pay.

The ideal candidates will hold a graduate degree in bioethics or have a professional degree with significant bioethics training, and will have had some previous experience in applied clinical and/or organizational ethics, including consultation and teaching. Applicants will be ranked based on five criteria: 1) previous training in bioethics, 2) experience in an applied clinical and/or organizational setting (preferably in clinical and/or organizational ethics), 3) commitment to a future in clinical and/or organizational ethics, 4) potential to make intellectual/scholarly contributions to bioethics, and 5) interpersonal skills.

If currently enrolled in a degree program, graduate students must have completed their degree or have formally submitted their thesis for defense before start of the Fellowship. Graduate students must have their supervisor send a letter confirming their graduation or formal submission of the thesis before the start of the fellowship.

Kindly email the following application documents to brenda.knowles@utoronto.ca: a) your curriculum vitae, b) a letter of intent describing your interest in clinical/organizational ethics and in this Fellowship, and explaining how your experience prepares you for the Fellowship.

Please also arrange to have three original letters of reference sent by your referees via email directly to brenda.knowles@utoronto.ca. Please ask your referees to address the selection criteria in paragraph 2 above.

For questions, please contact Brenda Knowles at brenda.knowles@utoronto.ca, or leave a voice message at (416) 978-1898 or fax (416) 978-1911.

The selection committee will accept applications until January 10, 2011.

While we appreciate all applications received, only those invited for an interview will be contacted.
Fellowships at JCB

Shared Academic Fellowship in Clinical and Organizational Ethics 2011-2012

The University of Toronto Joint Centre for Bioethics (JCB) www.utoronto.ca/jcb and the Centre for Clinical Ethics (CCE) http://www.jointcentreforbioethics.ca/partners/cce.shtml invite applications for a shared paid Academic Fellowship in Clinical and Organizational Ethics starting in July 2011.

The JCB is a partnership between the University of Toronto and 13 affiliated healthcare organizations. The JCB studies important ethical, health-related topics through research and clinical activities. The JCB is a network of over 180 multidisciplinary professionals seeking to improve health care standards at both national and international levels. At the JCB, we put theory into practice. Its mission is to provide leadership in bioethics research, education, practice and public engagement. To date 35 Fellows have completed the JCB Fellowship Program since it began in 2000, the vast majority of whom currently work in the field of bioethics.

The CCE is a joint venture of Providence Healthcare, St. Joseph’s Health Centre, and St. Michael’s Hospital. Our mission is to enable members of the health care community to identify and resolve ethical issues that arise in the clinical setting. We do this through education, case consultations, policy development, and research. As a faith based Centre we are committed to broadening the understanding of the role that faith plays in the questions that people confront in their search for healing.

The Academic Fellow will spend one year supporting ethics programs in and contributing to the intellectual/scholarly activities of both the JCB and CCE, thereby enhancing his/her skills in clinical and organizational ethics activities (consultation, policy development, teaching, research ethics, research, and other ethics program initiatives). There will be an emphasis on developing leadership capacity in these areas. Through the JCB and CCE, the Fellow will have numerous opportunities for multi-disciplinary ethics networking, continuing education, and access to a wide range of clinical ethics and organizational ethics expertise in a variety of health care settings. This Academic Fellowship provides a unique opportunity for the Fellow to make significant contributions to the ethics programs at the JCB and CCE, and to broaden and deepen their scholarly and clinical/organizational ethical expertise. The stipend for this fellowship is CAD $38,000/year plus 4% vacation pay.

The ideal candidate will hold a graduate degree in religion, e.g. from a divinity school or a faculty of theology, or a graduate degree in religious studies. This candidate should also have undertaken significant course work in ethics, including, but not limited to bioethics, and have some previous experience in applied clinical or organizational ethics. Each applicant is expected to propose a research project that involves an application of theological ethics and that can be completed within one year. This requires submitting with one's application a description of the project, along with an explanation of why the applicant is interested in the project, why the applicant believes it will be meaningful to others in the field, and why the applicant needs access to a clinical setting in order to accomplish this project. Applicants will be ranked based on (1) their previous training in ethics, including bioethics, (2) their experience in applied clinical or organizational ethics, (3) their commitment to continuing to work in the field of clinical or organizational ethics, (4) their potential to contribute to the field of bioethics, (5) their interpersonal skills, and (6) the suitability and feasibility of their proposed research project.

If currently enrolled in a degree program, graduate students must have completed their degree or have formally submitted their thesis for defense before start of the Fellowship. Graduate students must have their supervisor send a letter confirming their graduation or formal submission of the thesis before the start of the fellowship. Application documents are to be emailed to brenda.knowles@utoronto.ca. Please send: a) your curriculum vitae, b) a letter of intent describing your interest in clinical/organizational ethics and in this Fellowship, and explaining how your experience prepares you for the Fellowship. Please also arrange to have three original letters of reference sent by your referees via email directly to the JCB, to brenda.knowles@utoronto.ca. Please ask your referees to address the selection criteria discussed above.

If you have any questions or require further information, please contact Brenda Knowles via e-mail brenda.knowles@utoronto.ca or by telephone at 416-978-1907, or by fax at 416-978-1911 or Giles Scofield via e-mail giles.scofield@utoronto.ca or by telephone at 905-522-1155, ext. 3-3866.

The selection committee will accept applications until January 10, 2011.

While we appreciate all applications received, only those invited for an interview will be contacted.
Graduate Study in Bioethics
University of Toronto Joint Centre for Bioethics

We invite you to consider graduate studies in bioethics at the University of Toronto Joint Centre for Bioethics. Be part of the unparalleled network of academic disciplines, affiliated healthcare organizations, and over 180 interdisciplinary professionals committed to improving health care through innovative bioethics research, education, practice and public engagement. At the Joint Centre for Bioethics, theory is put into practice.

MHSc in Bioethics

This professional Master’s program is designed for mid-career professionals who are interested in learning more about clinical, organizational and research bioethics with the aim of better integrating ethics into the work they do as health professionals. Some of our graduates have gone on to work primarily in the area of Bioethics. The MHSc program is course-/project-based and does not require a thesis. It is delivered in a modular format in 20 two-day sessions over a two-year period, and includes a practicum.

For further information, please visit http://www.jointcentreforbioethics.ca/education/mhsc.shtml or contact Carmen Alfred, carmen.alfred@utoronto.ca.

Recruiting now for September 2011. Application due date is February 1, 2011.

Collaborative Program in Bioethics

Master’s and doctoral research-stream programs are offered in collaboration with nine graduate units at the University of Toronto: Health Policy, Management & Evaluation; Law; Medical Science; Nursing Science; Philosophy; Public Health Sciences; Rehabilitation Science; Religion; and Social Work.

For further information, please visit http://www.jointcentreforbioethics.ca/education/cpb.shtml or contact Carmen Alfred, carmen.alfred@utoronto.ca.

Recruiting now for September 2011. Application due dates vary by graduate unit (please see website, or ask us).
Philosophy Job Opening at UTSC
University of Toronto

The Department of Philosophy at the University of Toronto Scarborough (UTSC) invites applications for a tenure-track position at the rank of Assistant Professor, to begin July 1, 2011.

Area of Specialization: Ethics. Area of Concentration: Open. An interest in and ability to teach bioethics is a high priority. Ph.D. (or near completion) required. Applicants must demonstrate excellence in both research and teaching. Salary will be commensurate with qualifications and experience.

The University of Toronto has three campuses, Scarborough (UTSC), Mississauga and St. George, each with its own Department of Philosophy. UTSC is strongly committed to maintaining a research-intensive home for its faculty and students. Competitive research funding is available both internally and through Canada’s SSHRC and other research funding organizations. (See [http://www.sshrc-crsh.gc.ca/](http://www.sshrc-crsh.gc.ca/).) Members of the three U of T Philosophy departments are also members of the tricampus graduate Department of Philosophy. The Philosophy teaching load at UTSC is normally two-two with three undergraduate courses and one graduate course. UTSC has an interdisciplinary commitment, and a multicultural student body speaking a wide range of languages. The University of Toronto offers the opportunity to teach, conduct research, and live in one of the most diverse cities in the world. The following links provide additional information:

- Philosophy at UTSC: [www.philosophy.utoronto.ca/undergraduate/utsc](http://www.philosophy.utoronto.ca/undergraduate/utsc)
- The University of Toronto Scarborough: [www.utsc.utoronto.ca](http://www.utsc.utoronto.ca)

Applications received by **November 14, 2010**, are guaranteed to receive full consideration.

Each candidate should arrange for the submission of a CV, a writing sample, teaching materials, and at least three letters of reference. Applicants should apply online at [http://www.jobs.utoronto.ca/faculty.htm](http://www.jobs.utoronto.ca/faculty.htm) (Job Number 1000777). We encourage applicants to combine PDF or MS Word documents in one or two files. Those applicants who are unable to submit materials online may submit hard copy applications to the address below, or may email material to PhilSearch@utsc.utoronto.ca

Philip Kremer
Associate Professor and Chair
Department of Philosophy
University of Toronto Scarborough
1265 Military Trail
Toronto ON, M1C 1A4
Canada

Applicants should also ask three referees to mail letters directly to the address above or to email letters to PhilSearch@utsc.utoronto.ca

The University of Toronto is strongly committed to diversity within its community and especially welcomes applications from members of visible minority groups, women, aboriginal persons, persons with disabilities, members of sexual minority groups, and others who may contribute to the further diversification of ideas. All qualified candidates are encouraged to apply; Canadians and permanent residents of Canada will be given priority.
Job Opportunities

Advisor, Bioethics and Health
Pan American Health Organization - WHO

- Vacancy Notice No: PAHO/10/FT457
- Title: Advisor, Bioethics and Health
- Grade: P4
- Contract type: Fixed-term appointment
- Duration of contract: Two years, first year probationary period.
- Date: 22 September 2010

- Application Deadline: 4 November 2010
- Duty Station: Washington, D.C. United States of America
- Organization unit: AM Americas (AM)
- Gender, Diversity and Human Rights Office (GDR)

For objectives of the programme and required qualifications, go to: https://erecruit.who.int/public/hrd-cl-vac-view.asp?o_c=1000&jobinfo_uid_c=23564&vadlng=en

JCB SEMINAR SERIES

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

The Joint Centre for Bioethics
155 College St., 7th Floor,
Suite 754
Banting Postdoctoral Fellowships Program

Program Objective
- Attract and retain top-tier postdoctoral talent, both nationally and internationally;
- Develop their leadership potential; and
- Position them for success as research leaders of tomorrow, positively contributing to Canada’s economic, social and research-based growth through a research-intensive career.

Unique Application Requirements
The Banting Postdoctoral Fellowships Program will be distinguished from existing postdoctoral fellowships programs by its emphasis on:
- the synergy between an applicant’s individual merit and potential to launch a successful research-intensive career; and
- the host institution’s commitment to the research program and environment with which the applicant is to be affiliated.

An applicant’s application to the Banting Postdoctoral Fellowships Program must be completed in full collaboration with the proposed host institution.

Program Scope
- 70 new two-year awards annually with a total of 140 awards active at any one time at full program implementation (at program maturity).

The fellowships will be distributed equally across Canada’s three federal granting agencies: the Canadian Institutes of Health Research (CIHR), the Natural Science and Engineering Research Council (NSERC) and the Social Sciences and Humanities Research Council (SSHRC).

Value and Duration
- $70,000 per year (taxable) for two years.

Competition Timelines
July – October: Applicants seek endorsement from host institution to apply, prepare and submit application
November 3: Deadline for complete application submission
November - March: Evaluation of applications
March: Results announced late March
April - October: Payment begins

Location and Timing of Award Tenure
- A limited number of candidates who are Canadian citizens or permanent residents and who obtained their PhD or health professional degree from a Canadian university may hold their award at a Canadian institution or at an institution outside of Canada (5 per federal granting agency, or 15 in total of the 70 annual awards).
- Candidates who are not Canadian citizens or permanent residents may only hold their award at a Canadian institution.
- Canadian citizens and permanent residents who obtained their PhD or health professional degree from a foreign university may only hold their award at a Canadian institution.

Without exception, Banting Postdoctoral Fellowships:
- are tenable only at the institution which supported the original application for the program;
- must be taken up no earlier than April 1 and no later than October 1; and
- are for two years from the date of up-take.

For more information, go to: [http://banting.fellowships-bourses.gc.ca/](http://banting.fellowships-bourses.gc.ca/)
Call for Abstracts

Sixth International Conference on Ethical Issues in Biomedical Engineering

April 1 - 3, 2011
Polytechnic Institute of NYU, 5 Metrotech Center, Brooklyn, NY, 11201

Following five successful international conferences, The SUNY Downstate Medical Center, the Polytechnic Institute of New York University, and The New York Academy of Sciences are co-hosting a 3-day conference that aims to examine the ethical issues associated with the development of new implants, devices, and treatments to improve the quality of life of patients with devastating diseases. Biomedical engineers, philosophers, research scientists, lawyers, students, clinicians and representatives from industry and federal agencies will convene to explore ethical guidelines to address the controversial nature of many of these new exciting developments in biomedical engineering.

The conference will include keynote lectures, panel discussions, and presentations by invited speakers and individuals selected from submitted abstracts. In addition, the program will feature special sessions devoted to address: (i) ethical issues in Dentistry; (ii) the ethical challenges associated with Rehabilitation Engineering & Medicine; and (iii) Regulation and Reimbursement for Medical Devices.

Call for Poster Abstracts
The Local Program Committee is seeking abstract submissions relevant to this conference. Abstracts will be evaluated by the conference Chair and select individuals invited to give oral presentations at the conference. The deadline for abstract submission is Wednesday, November 24, 2010. For complete abstract instructions, please send an e-mail to: biomed@nyas.org. Type the words “Abstract Information” in the subject line — there is no need to type a message. Instructions will be forwarded automatically. Any questions, please call 212.298.8681.

Abstracts of all presentations from the conference will be published in a special issue of Ethics in Biology, Engineering & Medicine, An International Journal, which will be distributed at the conference.

Topical Areas of Interest:
- Animal testing for medical devices
- Clinical trials of biomedical devices and implants
- Code of ethics for bioengineers
- Ethical issues in biomedical research
- Ethical issues in clinical engineering
- Ethics issues in dentistry
- Ethical issues in tissue engineering
- Ethics of genetic engineering and cloning
- Ethics of nanobiotechnology
- Ethics of stem cell use and research
- Marketing and regulation of impacts and devices
- Medical liability reform
- Privacy and Bioinformatics

For more details, go to http://www.nyas.org/Events/Detail.aspx?cid=6a4fb53f-9b09-41c0-b787-42cb-c242d14c

International Neuroethics Conference
BRAIN MATTERS II

May 26-27 2011
Ethics in the Translation of Neuroscience Research to Psychiatric and Neurological Care
Montréal, Québec, Canada

Call for abstracts forthcoming. For more information, please contact: neuroethics@ircm.qc.ca
Call for Papers

The 5th Postgraduate Bioethics Conference
Social Scientific Approaches to Bioethics:
Methods and Methodologies

January 5-7, 2011
Wellcome Conference Centre, Euston Road, London.

Website: http://www.postgradbioethics.org.uk/
Email: postgrad.bioethics@gmail.com

Topics for papers may include but are not limited to:
- Contemporary history/ researching publics/ sociology/ empirical ethics/political economy.
- Quantitative methods and methodology.
- Cultural and Political Dimensions of Approaches to Bioethics.
- The methodological challenge of interdisciplinarity.
- Social Science in the Humanities.
- Anthropological Approaches to Bioethics.
- Bioethical Education and Educating Bioethics.
- Communicating new approaches to Bioethics.

Proposals for papers not more than 400 words are invited which should be submitted on the conference application form available from our website. The deadline for applications is the 31st of October 2010. Submission is by email to postgrad.bioethics@gmail.com. We are exploring options for the publication of papers given at the conference. In previous years papers have been published in Clinical Ethics, Bioethics, JME etc.

Call for Proposals

Grand Challenges Canada:
Canadian Rising Stars in Global Health

At the McLaughlin-Rotman Centre for Global Health, our mission is to develop and evaluate new models of global health innovation and facilitate their adoption where they are most urgently needed. Grand Challenges Canada, a not-for-profit hosted at the McLaughlin-Rotman Centre, is dedicated to discovering new global health solutions through innovation.

On September 20, 2010 in Vancouver, Dr. Peter A. Singer announced a new program Canadian Rising Stars in Global Health, a call to action for emerging Canadian scientists to make their contribution to global health. Grand Challenges Canada’s goal is to tap into the creativity, knowledge and skills of young Canadian scientists to solve some of the most persistent health challenges in developing countries through innovation. Up to $20 million Canadian is available for this program.

Grand Challenges Canada is funded by the Government of Canada through the Development Innovation Fund; it works closely with the International Development Research Centre and the Canadian Institutes of Health Research.


For further information, please contact: info@grandchallenges.ca
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.)

For more information on upcoming JCB seminars, go to http://www.jointcentreforbioethics.ca/tools/seminars.shtml.

October 6, 2010
Gardar Arnason, PhD, Researcher, Dept. of Social and Moral Philosophy, University of Helsinki - with additional commentary. “Neuroscience, Free Will and Moral Responsibility”

October 13, 2010
Debora Diniz, PhD, Professor, Dept. of Social Services and Researcher, Institute of Bioethics, Human Rights and Gender, University of Brasilia, Brazil. “Abortion at the Brazilian Supreme Court: A Bioethical Challenge”

October 20, 2010
Viviana Molaschi, PhD (Universities of Turin-Milan), Researcher in Administrative Law (University of Bergamo), Professor of Administrative Law (University of East Piedmont) and Social Welfare Legislation (University of Bergamo), lawyer and legal consultant. “Withdrawal of Artificial Hydration & Nutrition from a Patient in a Permanent Vegetative State in Italy: Some Considerations on the Englaro Case”

October 27, 2010
TBA

October 03, 2010
Ethics of Invasive Brain Testing: Limits and Responsibilities Cleveland, Ohio. The Symposium will have four main sessions. Each session will have a broad topic related to surgically invasive brain testing with two speakers followed by a facilitated audience participation on a related topic. For more information, see: http://my.clevelandclinic.org/bioethics/neuroethics/neuroethics-symposia.aspx

October 21, 2010
Bioethics Grand Rounds “Pain in Non-Communicative Children: Breaking the
Seminars, Events & Conferences

Silence”

Presenters: Kelly Cooper, Developmental Service Worker/Residential Supervisor, Stewart Homes, Pickering; Hillary McRobb, Early Childhood Education Senior Direct Care Worker, Stewart Homes, Pickering; Melanie Penner, Resident, Department of Pediatrics; Jennifer Tyrrell, Clinical Nurse Specialist, Department of Anesthesia and Pain Medicine. Co-Presenter: Margaret Keatings, Chief, Interprofessional Practice and Chief Nurse Executive

12:00-1:00pm, The Hospital for Sick Children, Room 1527 Hill Wing

October 21, 2010
Health Law, Ethics and Policy Seminar Series
Faculty of Law, University of Toronto. “Could Giving Away Prescription Medications for Free Save Ontario Money?: Empirical Lessons from South of the Border” Niteesh K. Choudhry, Harvard Medical School. 12:30–2:00pm. Falconer Hall, 84 Queen’s Park, Room: FA2-Solarium. For more information please contact: m.casco@utoronto.ca

October 27, 2010
The Centre for Addiction and Mental Health Brown Bag Research Ethics Discussion Groups
“Professional Oversight of Clinical Innovation”. Dr. Martin McKneally, UHN and Joint Centre for Bioethics and Dr. Padraig Darby, Chair, Research Ethics Board, CAMH. Room Room ELCLC – 222, RS Site, 33 Russell Street, 2rd Floor. 12:00pm-1:00pm. Bring your own lunch. Contact susan_pilon@camh.net for questions.

October 27th, 2010
2010 Gairdner Global Health Symposium “Eliminating malaria: Prospects and perils” MaRS Discovery District Auditorium, 101 College St, Toronto. 12:30-5:00pm. For more details, go to http://www.gairdner.org/Calendar/gairdnerglobalhealthsymposium

October 31 - November 3, 2010

November 4, 2010
Keith Davey Forum on Public Affairs
“Faith and Politics: Religion and the Secular State”

Speakers include: Jean Bethke Elshtain, Laura Spelman Rockefeller Professor of Social and Political Ethics in the Divinity School; Department of Political Science and the Committee on International Relations, University of Chicago; Ahmet Kuru, Department of Political Science, San Diego State University; Patrick Weil, Centre d’Histoire Sociale du XXe siècle / Université Paris I - Panthéon-Sorbonne; Daniel Weinstock, Centre de Recherche en Éthique, Université de Montréal.

Moderator: Simone Chambers, Department of Political Science, University of Toronto

5-7pm at Isabel Bader Theatre (93 Charles Street West), Victoria University, University of Toronto

November 2-3, 2010
University of Ottawa Frontiers in Research “Horizons of Aging” Online registration required (free): www.uottawa.ca/frontiers
Seminars, Events & Conferences

**November 19, 2010**

*Ethics Programs of the Central LHIN Ethics Conference* “Morale, Stress and Moral Distress: Exploring Sources and Solutions” North York General Hospital (Academic Centre), 4001 Leslie St. Toronto, ON 08:00am-16:30pm.

The Day will provide participants with opportunities to: Gain awareness of the presence of moral distress in healthcare and its impact upon those it affects; Learn to identify the sources of moral distress in healthcare; Learn about the role of the Consent and Capacity Board in specific cases; Develop strategies for addressing moral distress in your setting; Network with others to share resources and experiences

- **Moral Distress - What it is and Why it’s a Problem** - Dr. Jonathan Breslin
- **Common Sources of Moral Distress 1: End-of-life issues (futility, feeding tubes, dialysis)** - Mr. Kevin Reel
- **Common Sources of Moral Distress 2: Other sources of moral distress (ALC/discharge, non-cooperative patients)** - Mr. Bob Parke
- **Issues related to consent, capacity and substitute decision making - Which battles to pick and how?** - Keynote Speaker: Ms. Susan Opler
- **Panel Discussion: Strategies for addressing moral distress** - Mr. Blair Henry, Dr. Dianne Godkin & Ms. Doreen Ouellet
- **Facilitated Group Work: Developing strategies for addressing moral distress in your setting**

Conference Fee: $195 + HST (includes lunch and refreshments). For registration form and information, please contact: Conference Services (416) 756-6443 or conferences@nygh.on.ca

**November 26 - 27, 2010**

*Points of Intersection: Ethics, rights, health care & public health in humanitarian assistance* McMaster Innovation Park 175 Longwood Road South, Hamilton, ON

The two day symposium will include invited talks from international speakers with a range of interests in human rights and global health ethics. There will also be several opportunities for networking and discussion. Many of the invited speakers and guests are relatively new scholars advancing fresh ideas in global health ethics. Topics will include human rights, international humanitarian principles, local and international policy, priority setting, military intervention, law, and the universal or particular nature of professional norms of practice.

Limited spaces are available, so please reply as soon as possible. Send the registration fee of $25 (cheque payable to McMaster University), which includes all meals, along with positive R.S.V.P. by October 8, to: Terry Martens, marten@mcmaster.ca, CRL-Room 200, 1280 Main Street West, Hamilton, Ontario, Canada, L8S 4K1.

For more information please visit: [http://www.fhs.mcmaster.ca/ethics](http://www.fhs.mcmaster.ca/ethics)

**January 17 - May 16, 2011**

*Provincial Health Ethics Network Distance Education: Introduction to Bioethics* This course has been designed to bridge the gap between academic bioethics and clinical practice. It does so by integrating instruction from prominent North American Bioethicists with the application of practical skills and case studies in each learning module. For more information, go to: [http://www.phen.ab.ca/disted/](http://www.phen.ab.ca/disted/) To apply, go to: [http://www.phen.ab.ca/disted/toapply.asp](http://www.phen.ab.ca/disted/toapply.asp)
30th Annual Philippa Harris Lecture
on Bioethical Issues in Cancer

presented by
Princess Margaret Hospital and
University of Toronto Joint Centre for Bioethics

Can Hope Ever Be a Bad Thing?

Robert Buckman, MD, FRCPC
Medical Oncologist,
Princess Margaret Hospital/University Health Network
Professor, University of Toronto
Adjunct Professor, M.D. Anderson Cancer Centre, University of Texas

Wednesday, November 24th, 2010, 12:30 – 1:30 p.m.
Princess Margaret Hospital, 610 University Avenue
6th Floor Auditorium (Room 604)

All are welcome, admission is free, and no registration is required.
Light lunch will be provided from 12 noon.

The Harris Lecture was established at Princess Margaret Hospital in 1981 by the friends and family of Pippa Harris, a caring, bright and enthusiastic student who died from cancer.
Seminars, Events & Conferences

2010 – 2011
HEALTH LAW, ETHICS AND POLICY SEMINAR SERIES
FACULTY OF LAW, UNIVERSITY OF TORONTO

Thursday September 23, 2010
12:30 pm – 2:00 pm
Well, What About the Children?: Best Interests Reasoning, The New Eugenics, and the Regulation of Reproduction
I. GLENN COHEN, Harvard Law School
Falconer Hall, 84 Queen’s Park, Room: FA2-Solarium

Thursday, October 21, 2010
12:30 pm – 2:00 pm
Could Giving Away Prescription Medications for Free Save Ontario Money?: Empirical Lessons from South of the Border
NITEESH K. CHOUDHRY, Harvard Medical School
Falconer Hall, 84 Queen’s Park, Room: FA2-Solarium

Thursday, November 18, 2010
12:30 pm – 2:00 pm
Health Care Reform in the United States: Legal Issues
TIMOTHY STOLTZFUS JOST, Washington and Lee School of Law
Falconer Hall, 84 Queen’s Park, Room: FA2-Solarium

Thursday, November 25, 2010
12:30 pm – 2:00 pm
Healthcare-Associated Infections, Modern Medicine and the Changing Paradigms of Negligence
LARA KHOURY, Faculty of Law, McGill University
Flavelle House, 78 Queen’s Park, Room: Classroom A

Thursday, January 13, 2011
12:30 pm – 2:00 pm
Intellectual Property, Prizes, and Marginal-Cost Pricing
BENJAMIN ROIN, Harvard University
Falconer Hall, 84 Queen’s Park, Room: FA2-Solarium

Thursday, January 27, 2011
12:30 pm – 2:00 pm
Is Drug Treatment Court Juridogenic? Harm, Care and Judicial Cures
DAWN MOORE, Department of Law, Carleton University
Falconer Hall, 84 Queen’s Park, Room: FA2-Solarium

Thursday, February 17, 2011
12:30 pm – 2:00 pm
Ethical Issues in Pharmacogenics Research
MARK ROTHSTEIN, University of Louisville
Flavelle House, 78 Queen’s Park, Room: Classroom A

Thursday, March 10, 2011
12:30 pm – 2:00 pm
TBD
JENNIFER PRAH RUGER, Yale University
Falconer Hall, 84 Queen’s Park, Room: FA2-Solarium

Thursday, March 24, 2011
12:30 pm – 2:00 pm
Reducing Global Health Disparities through Vaccines: The Rhetorics and Realities of Advanced Market Commitments
DONALD W. LIGHT, Stanford University
Flavelle House, 78 Queen’s Park, Room: Classroom A

Everyone is welcome to attend; registration is not required.

Seminars take place at the Faculty of Law, University of Toronto: 78/84 Queen’s Park, located just south of the Royal Ontario Museum, across from the Museum Subway Station. For more information please contact: m.casco@utoronto.ca or call 416.978.3724

The Health Law Ethics and Policy Workshop series is organized and sponsored by the CIHR Training Program in Health Law, Ethics and Policy. The program funds graduate students in the unique multi-disciplinary field of Health Law, Ethics and Policy based at four top universities in Canada. For more information or to apply to the program, please visit our website: www.healthlawtraining.ca
Recent Publications


Russell B. From Treatment Refusals to Stories and Hope. Crosscurrents: the journal of addiction and mental health 2010; 14 (1): 5


Recent Presentations

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

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Submissions to the newsletter must be made by the 20th of the preceding month. Previous issues of the newsletter are posted on our website at:
http://www.jointcentreforbioethics.ca/enewsletter/enewsletter.shtml

The University of Toronto Joint Centre for Bioethics

The Joint Centre for Bioethics (JCB) is a partnership among the University of Toronto; Baycrest Centre for Geriatric Care; Centre for Addiction and Mental Health; Centre for Clinical Ethics, a joint venture of Providence Centre, St. Joseph’s Health Centre, and St. Michael’s Hospital; Holland Bloorview Kids Rehabilitation Hospital; The Hospital for Sick Children; Humber River Regional Hospital; Mount Sinai Hospital; North York General Hospital; Sunnybrook Health Sciences Centre; Toronto Community Care Access Centre; Toronto Rehabilitation Institute; Trillium Health Centre; and University Health Network.