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I. GREETINGS FROM THE DIRECTOR
Clinical Ethicist – Karen Faith

If there were a word that could convey the spirit of 2005 for the Clinical Ethics Centre (CEC) at Sunnybrook Health Sciences Centre, that word would be “consolidation”. By consolidation I mean strengthening, building and combining the different facets of ethics work into an established program. Much like the foundation of a house that is central to providing adequate support to the rest of the structure, the CEC had to be fortified or consolidated so that the ethicists, ethics education facilitators and all the various activities connected to the CEC could be sufficiently supported. As the Director of the CEC in 2005, I was happy to witness this consolidation within the diverse and dynamic nature our ethics program.

During 2005, I continued to provide consultative support as well as educational rounds to various programs within Sunnybrook. I have had the pleasure of working with teams and programs in addressing clinical and ethical challenges they faced. My three ethicist-colleagues, Scott Berry, Andrew Cooper and Philip Hébert have continued to develop their roles within the CEC Hub and Spoke model. Scott Berry’s oncology ethics rounds have become an integrated feature within cancer care, and he continues to lead a priority setting initiative regarding allocation of non-formularily drug funding. Andrew Cooper’s monthly ethics rounds in critical care have provided an ethics forum attracting residents, students and the multi-disciplinary members of the critical care areas. A highlight of 2005 was the excellent ethics rounds lead by Dr. Charles Sprung, an intensive care specialist from Israel, who shared his wisdom and interest in the ethical considerations regarding culture and religion in end of life care. Philip Hébert provided much valued ethics consultation support to the CEC as well as educational rounds in areas reflecting his broad range of interests and expertise in medical ethics.

Perhaps the most engaging project for me in 2005 was The Ethical Framework for Pandemic Influenza Planning. This framework, which was originally intended to assist the Pandemic Influenza Planning Committee here at Sunnybrook, became a joint effort involving the JCB’s public health and organizational ethics expertise, in conjunction with the ethics departments at the various member hospitals. The framework was subsequently used in Ontario’s Pandemic Plan, and has been presented both locally and internationally to health organizations and symposiums focused on pandemic planning. This initiative demonstrates how a deliberative, collaborative process can inform ethics on many different levels - a true consolidation of efforts on many different levels.

Many thanks must be extended to the continued support, guidance and council I received from Beth Johnson, Dr. Bob Lester along with my valued colleagues at the JCB. Lisa Burzillo, who helped to build this program, left to pursue her nursing career in December, leaving the CEC’s administration in the capable hands of Jason Marshall. I look forward to 2006 as a year that promises many challenges as well as additional opportunities for growth and yes…further consolidation!

Karen Faith
II. CLINICAL ETHICS GROUP

- **Clinical Ethicist and Director**

Karen Faith BSW, MEd, MSc, RSW  
Clinical Ethicist and Director of the CEC

Karen Faith BSW, MEd, MSc, RSW  
Clinical Ethicist, Sunnybrook Health Sciences Centre  
Co-Chair, Hospital Ethics Committee, Sunnybrook Health Sciences Centre  
Member, JCB Consultation Group, University of Toronto

- **Ethicists**

Scott Berry BSc, MD, MHSc, FRCPC  
Ethicist, Cancer Program, Sunnybrook Health Sciences Centre  
Assistant Professor, Department of Medicine, University of Toronto  
Medical Oncologist, Toronto-Sunnybrook Regional Cancer Centre  
Member, Hospital Ethics Committee, Sunnybrook Health Sciences Centre  
Member, JCB Consultation Group, University of Toronto

Andrew Cooper MD, FRCPC, MHSc  
Ethicist, Critical Care, Sunnybrook Health Sciences Centre  
Assistant Professor, Department of Critical Care, University of Toronto  
Member, Hospital Ethics Committee, Sunnybrook Health Sciences Centre

Philip Hébert MD, PhD, FCFPC  
Ethicist, Family Practice, Sunnybrook Health Sciences Centre  
Associate Professor, Department of Family and Community Medicine, University of Toronto  
Member, Hospital Ethics Committee  
Chair, Research Ethics Committee, Sunnybrook Health Sciences Centre  
Member, JCB Consultation Group, University of Toronto  
Member, CPR Committee, Sunnybrook Health Sciences Centre

- **Clinical Ethics Fellows, Joint Centre for Bioethics, University of Toronto**

Blair Henry – Clinical Ethics Fellow

- **Administrative Assistant:**

Jason Marshall HBA
III. HOSPITAL ETHICS COMMITTEE

There have been interesting developments in the role and composition of the Hospital Ethics Committee (HEC) during 2005. Building on the Hub and Spoke model for ethics services, the HEC has continued to evolve in its role as an important advisory group to the CEC. Issues like reporting or accountability structure were raised, while the committee Chair and members collaborated on the “Committee Effectiveness Audit” (an organizational mechanism designed to maintain accountability and productivity of the various hospital committees.) In completing the audit, the HEC was faced with important questions pertaining to how the HEC fits within the organizational structure, to whom was the committee accountable, and how might conflict of interests be addressed? Furthermore as Chair, I looked closely into membership and tried to identify gaps in representation as well as attendance.

The hospital’s policy on end of life care and requests for care considered medically “futile,” was the focus of this year’s policy review. The committee chose to examine the policy through an ethics lens sensitive to cultural and religious diversity. Our new and existing members provided an environment rich in discussion and insight on issues like culture, religion and diversity. Once a list of recommendations was developed, the HEC was faced with the task of developing models for the dissemination of this information to key stakeholder groups within the hospital for reflection, discussion and feedback.

Highlights to this year’s committee discussions included the Ethical Framework for Pandemic Planning, organizational values and ethics, lessons learned from the Terri Shiavo case as well as the many projects and consultations in which the CEC has been engaged. The HEC continues to contribute as an integral part of the ethics activities at Sunnybrook providing a forum for reflection as well as valuable feedback to the ethicists affiliated with the CEC. As chair, I wish to extend my sincere thanks to all HEC committee members, both past and present for their support and dedication.

The 2005 members of the HEC:

- Michael Beerden, Nursing
- Scott Berry, Oncology
- Andrew Cooper, Critical Care Medicine
- Shirley Cooper, Community Representative
- Karen Faith (Chair), Clinical Ethicist
- Robin Grant, LLB/Community Representative
- Philip Hébert, Family Medicine
- Billie Hilborn, Nursing
- Noreen Kay, Social Worker
- Jo MacDonell, Program Director Obstetrics and Gynecology
- Klara Sibe, Chaplaincy
- Catherine McConnachie, Patient Relations, WCACC
- Lynn Taitt-Isaac, Nursing
- Anne Thomson, Quality & Patient Safety
- Frank Wagner, Community Representative
- Representative of the palliative care team
This organizational chart represents the reporting and accountability structure for the Clinical Ethics Centre, Hospital Ethics Committee and Research Ethics Board.
IV. REPORT ON 2005 DEVELOPMENTS

A. Building the Hub & Spoke Strategy

Joint Centre for Bioethics

The Joint Centre for Bioethics continues to grow in the number of member hospitals committed to developing and sustaining clinical ethics services for their staff, patients and patient families. At the time of writing this report, there are 15 member health organizations at the JCB. This capacity for clinical ethics provides an unprecedented level of support for clinical ethicists at member hospitals.

On April 21, the JCB hosted a networking lunch and interactive panel, “Effectiveness in Ethics Education.” The seminar addressed the important role of ethics education in daily clinical practice. This initiative was a joint collaboration of the ethics departments affiliated with Toronto Rehab Institute, Trillium Health Centre along with our program at Sunnybrook. Key ethics opinion leaders from these three institutions where the Hub and Spoke Strategy is being developed were invited to attend. The panel provided these attendees with a rare opportunity to hear Bill Harvey, Christine Harrison, Philip Hebert and Doreen Ouellet discuss the benefits and challenges of keeping ethics alive and well in clinical settings.

The CEC and Sunnybrook took a lead role in the development of “Ethics in a Pandemic Influenza Crisis: Framework for Decision-Making.” This ethical framework for pandemic influenza planning involved the organizational ethics expertise of Dr. Jennifer Gibson, community health ethics knowledge shared by Dr. Alison Thompson and Dr. Ross Upshur, in addition to the clinical ethics background of Karen Faith. This JCB collaborative initiative prevailed throughout most of 2005. The ethical framework has been integrated into the Province of Ontario’s plan, as well as other pandemic planning guidelines currently being developed.

Ethics Education Facilitators/ Building a Network of Working Affiliations

This year witnessed two outstanding ethics education forums supported by ethics education facilitators, which exemplifies the growing network of working affiliations the CEC has developed. In April 2005, the CEC and the Professional Advisory Council collaborated on an event titled “Can I Go Home Now?” This film and panel discussion explored ethical challenges health care professionals face in providing care to elderly people living with chronic illnesses, at considerable risk within our communities. The panel included Ken Wong, Elaine McKee, Wendy Kingsburgh, Frank Wagner, and Dr Carol Cohen. Our growing team of dedicated ethics education facilitators further assisted promotion and planning of this event.

The second event, a multi-faith panel and book sale held in October 2005, represented different faith perspectives on illness and health care from Christian, Islamic, Buddhist, Aboriginal and Jewish points of view. Panelists Rev. Dr Joseph Chandrakanthan,
Pundit Eshwar Doobay, Bhikshu Tenzin Sherab, Anne Solomon, Amjad Syed, and Rabbi Ronald Weiss, along with hospital Chaplains from the Spiritual Care program at Sunnybrook joined forces with the CEC to plan and execute this well attended and well-received event.

The success of both forums was the result of our dedicated ethics education facilitators and the much-valued, collaborative working relationships the CEC has developed in the past two years.

Special thanks go to Catherine McConnachie and Katie Maloney our dedicated ethics education facilitators at Women’s College and the Holland Orthopaedic and Arthritic Centre, who helped coordinate monthly Brown Bag Ethics Rounds amongst all three hospital sites.

2005 Ethics Education Facilitators:
Lesley Breen
Julie Burnett
Amy Cantor
Noreen Dawe
Lisa Golec
Carmen Gosselin
Jackie-Griffin White
Noreen Kay
Katie Maloney
Catherine McConnachie
Simon Adam

Research Ethics Board
The Research Ethics Board (REB) of Sunnybrook continued to be extremely active, reviewing approximately 500 protocols this year. Protocols were extremely diverse, including everything from basic science and health policy, to clinical and Phase IV research. Plans are underway to increase the staff and ethics support for research at Sunnybrook. In particular, we envision increased vigilance regarding medical research, to ensure that the rights and safety of patients and participants remains paramount. Efforts to improve and strengthen the ethical oversight of research are underway along with other teaching hospitals for the University of Toronto. To this end, a new policy and procedures manual for the Research Ethics Board has been written. This manual, the application form, and the REB policies will be soon placed on a web site for the Sunnybrook REB.
B. Hub and Spoke Activities

Clinical Ethicist – Karen Faith

The Clinical Ethics role within the hospital has been growing along with the working relationships I have forged in a variety of service areas over the past year. In addition, I have had the opportunity to provide consultation and on-going support in projects pertaining to organizational ethics.

Our clinical ethics consultation numbers this year reveal that a total of 140 consultations were conducted, and 51 ethics rounds offered. Some of these clinical consultations were conducted over a longer timeframe, resulting in ethics education rounds or initiatives devoted to identifying preventative ethics strategies.

As my role becomes more integrated, I have encountered important opportunities to help develop frameworks for ethical decision-making, as well as strategies for improved communication and patient care. My role and all of this work is enhanced by the significant contributions being made by ethicists Scott Berry in oncology, Andrew Cooper in critical care and Philip Hebert in family practice.

Three initiatives come to mind that demonstrate the evolving nature of my role at Sunnybrook. Yvette Matyas and I are leading an initiative to develop an approach to patient care for uninsured non-residents. This project grew out of a consultation request from leadership at TSRCC, to provide ethics support to senior level decision-makers about providing care to patients who are uninsured and/or non-residents. We identified early on in this planning process that such cases are not only common throughout the organization, they impact existing decision-making processes and evoke Sunnybrook’s organizational values of excellence, collaboration, accountability, respect and empowerment. It was clear that an organization-wide response would be required.

An initiative regarding artificial reproductive technologies and perinatal care also grew out of my involvement in clinical ethics consultations. As a result of this work, I have helped develope the first ethics committee for the Artificial Reproductive Technology program at Women’s College. The purpose of my involvement was to help the committee build a model for ethical discourse and deliberation, define their mandate and build their capacity in order to address the challenging ethical issues that arise from advances in reproductive technologies.

Finally, the largest project of 2005 was the creation of a framework for ethical decision-making in pandemic influenza planning for Sunnybrook. Although I took a lead role in bringing this project together, I owe a great debt of gratitude to my co-authors Jennifer Gibson, Ross Upshur and Alison Thompson. The success of this project is the result of an outstanding collaboration, which drew from our collective expertise and dedication.
Clinical Ethics at Sunnybrook is destined to grow with the welcomed funding for a Senior JCB Ethics Fellowship being planned for 2006-7.

**Oncology Spoke Activities – Dr Scott Berry**

This was an exciting year as the "oncology spoke" at Sunnybrook. Oncology ethics rounds were well attended and continued to be well received. We have had some excellent presentations and interactive case-based discussions with thoughtful and vigorous input from all who came. We have discussed many interesting topics this year including ethical issues in cancer research, patient privacy and confidentiality and some interesting but difficult cases that involved patients making informed decisions about their care. These rounds continue to foster awareness and discussion on ethical issues surrounding patient care in the cancer program.

Last year a working group was formed to develop and implement a fair and legitimate process for funding expensive cancer drugs for oncology patients. As chair of this group, I am able to help share my experience as a member of the Canadian Priority Setting Research Network and bioethics advisor to the Cancer Care Ontario / Drug Quality and Therapeutics Committee drug funding committee with my colleagues at Sunnybrook and Women's. This year the group made significant progress. Many new cancer therapies have been introduced which are effective but also very expensive. Our group was able to consider many of these new therapies and, using our ethical framework, provide advice to the systemic therapy steering committee on prioritizing funding for these therapies.

The coming year will be equally exciting. I am looking forward to continuing the development of the Hub and Spoke Strategy along with the other CEC ethicists, as well as offer oncology ethics rounds as a forum for vibrant discussion of ethical issues of concern to members of the cancer program. The work of the drug funding committee is running smoothly, but will face ongoing challenges as new therapies emerge in the face of constrained resources. There will be a continued effort to share the lessons we learn in the cancer program with others at Sunnybrook who face similar resource allocation problems.
Family Practice Activities – Dr Philip Hébert

Dr. Hébert has continued to provide clinical ethics consultation support to staff, patients and their families at Sunnybrook. He continues to collaborate on projects led by the Clinical Ethics Centre. As the Chair of the Research Ethics Board (REB), Dr. Hébert has advanced the development of a working collaboration between the REB and CEC while providing excellent research ethics learning opportunities for JCB clinical ethics fellows. This year Dr Hebert has also played a key role in the Hospital Ethics Committee’s endeavour to update Sunnybrook’s CPR policy. His long affiliation with the Joint Centre for Bioethics at the University of Toronto continues, where he lectures frequently and offers clinical ethics expertise.

Critical Care Activities – Dr Andrew Cooper

In 2005 Dr. Cooper continued to build a moral community in the critical care areas at Sunnybrook and beyond. He co-ordinates monthly Critical Care Ethics Rounds, this year hosting Dr. Charles Sprung (Hadassah University) in a session “Values And Conflict At The End Of Life” whose dialogue was covered in the Toronto Star “Situation Critical” series. These rounds consistently receive excellent reviews, and are now attended by members from the larger Sunnybrook community thanks to SWIFTNEWS. He has also represented Sunnybrook on CTV News Net in a discussion of ethical controversy during the world’s first face transplant. Dr. Cooper has continued to develop a program of clinical research for the Clinical Ethics Centre, and he presented proposals to the CIHR affiliated CARENET Researchers this fall. This year he published his own qualitative investigation of the process of communication during bed allocation decision-making in the intensive care unit, making recommendations to the reviewers of Sunnybrook’s Patient Flow services. In dialogue with Barbara Secker and Sue MacCrae of the Joint Centre for Bioethics, Andrew started work on a Buddhist framework for bioethical deliberation, and presented this to the first year students in the MHSC program.
V. CONSULTATIONS

The goal of the Clinical Ethics Centre is to assist our staff with the development of knowledge, skills and confidence to recognize and address ethical issues that may arise within their own departments. Additionally, we are also called upon to provide ethical consultations to patients, families, members of the hospital community, as well as health professionals and others outside of Sunnybrook.

The clinical ethics consultations completed during 2005 ranged from a variety of topics (see below). The consultations that the CEC provides are included in the areas of In-hospital, organizational ethics, and external, or those outside of the Sunnybrook community. This year there were a total of 140 consultations, including 52 in-hospital, 32 organizational and 56 external.

Ethics Education Evaluations:
Of the clinical ethics education seminars, there were 97 completed evaluation forms. Evaluations were sent to individuals who attended the various ethics education seminars. The evaluations demonstrated the effectiveness of the CEC’s ethics education process. Of the 97 completed evaluations, 95% felt that the overall presentations were above average to outstanding, while 98% felt that the presenter stimulated enthusiasm about the topic presented.

A. Clinical Ethics (In-hospital) Consultations – 52

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<tr>
<th>Moral Distress of Staff</th>
<th>Patients with disabilities</th>
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<tr>
<td>Substitute decision- makers</td>
<td>Uninsured non-residents</td>
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<td>Informed consent</td>
<td>Informed consent</td>
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<td>No CPR policy</td>
<td>Organ donation</td>
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<tr>
<td>Perinatal care</td>
<td>Nursing ethics</td>
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<td>Patient privacy / decision making</td>
<td>Medically appropriate treatment</td>
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<td>Abuse of staff</td>
<td>Conflict of interest</td>
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<td>Practice ideals and conflicting orders</td>
<td>Moral residue of staff</td>
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<td>Patient/physician conflict</td>
<td>End of life conflict</td>
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<tr>
<td>Uninsured non-residents</td>
<td>Communication and management of patient care</td>
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<td>Do not resuscitate orders</td>
<td>Recreational therapy</td>
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<tr>
<td>Dementia patient</td>
<td>Baycrest patient transfers</td>
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<td>Palliative care consultation</td>
<td>Clinical standards of care</td>
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<td>Truth telling – wishes of the family</td>
<td>Patient care goals</td>
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<tr>
<td>End of life/decision making</td>
<td>Aggressive patient</td>
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<td>Dialysis patient</td>
<td>Long stay patient</td>
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<td>Patient autonomy</td>
<td>Sexual assault exam</td>
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<tr>
<td>Level of risk</td>
<td>End of life/ care goals</td>
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<td>End of life decision-making</td>
<td>Discharge planning</td>
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<td>End of life / futility</td>
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B. Organizational Ethics – 32
Clinical Education review committee
End of life care policies and cultural sensitivity
ICU pandemic planning
Staff-manager relations
Staff supervisor conflict
Search of patients policy
Staff spouse inquiry
Patient focused care
Appropriate use of life support Stress reduction resources
Clinical data for teaching- ethical issues
Sunnybrook business development

Patient safety
Privacy legislation
Pandemic pan- antiviral to family members
Staff administration of chemotherapy-
Standardized forms for the withdrawal of life support
Ethical framework for organized decision making
Conflict of interest
Palliative care- hydration
Organ donation
Ethical decision-making

C. External Consultations – 56
Pandemic plan- ethical framework
Elder abuse
Publication restrictions on research
Extent of duty to vulnerable patient
Ethical duties of REB
Organ donation
Quality improvement studies and REB
Pandemic Plan
Website and ethical services
Hub and Spoke model inquiry
Ethical decision making workshop
Ethical concerns regarding addicted patient
REB - consent in case review
Smoking policy
JCB policy project request
Specialty care management staff
Hub and spoke model
Appropriate use of life support

Private genetic testing clinic
Professional ethics and health care
Organizational ethics project
Advanced care directives
Research ethics for vulnerable populations
Reference issues
Pandemic plan
Dialysis admission- priority setting
Futility policy
Ethics and end of life care- book
Pandemic influenza
HEC membership and role of members with legal background
Triage residents
Community ethics network
Science and Theology
Ministry of Health
Some of the themes found in evaluation feedback

Consultation Evaluations:
• The teams had a better understanding of the ethical issues because of the ethics consultation.
• The Teams felt that they would benefit from additional support from the Clinical Ethics Centre.

Education Evaluations:
• The presenter demonstrated thorough knowledge of his or her topic.
• The presenter stimulated enthusiasm about the topic presented.
• The presenter used an effective style/ method of presentation.

2004 Consultations by type: n = 120

In house consultations: 73%
Organizational ethics: 13%
Outside consultations: 14%

2005 Consultations by type: n = 140

In house consultations: 37%
Organizational ethics: 22%
Outside consultations: 41%

Increases in the organizational and outside consultations reflect organizational ethics initiatives that have stemmed from in-house consultations. Outside consultation increases are attributed to the Clinical Ethics Centre’s role in developing an ethical framework for pandemic planning.
VI. BIOETHICS EDUCATION

A. Sunnybrook Health Sciences Centre

Moral Distress “why I feel so bad” May 12, 2005 Karen faith

Cultural Diversity at the bedside. May 26, 2005 Alison Thompson, Karen Faith


Introduction to Clinical Ethics –Orientation for new nursing staff. June 9, 2005 KarenFaith

Values and Conflict at the end of Life. July 2005. Andrew Cooper


Critical/ Palliative Care. CRCU lunch rounds. October 3rd. 2005 Andrew Cooper.

Orientation –Introduction to Clinical Ethics. October 11, 2005 Karen Faith

Innovative Therapies: Progress and Protection. CRCU Lunch Rounds. November 7, 2005 Andrew Cooper

Challenges in Assessing Capacity- A case based discussion. December 19, 2005 Scott Berry

Case Conference. Oncology Patients in Critical Care. CRCU Lunch Rounds February 6th, 2006. Andrew Cooper

B. Brown Bag Ethics Rounds

Caring for those who live “at risk” Brown Bag Ethics Lunch. April 1st, 2006 Alison Thompson


Learning from SARS: Ethical Considerations in Pandemic Planning. October 7, 2005 Karen Faith


Narrative Ethics. Brown Bag Ethics Lunch. December 5th, 2005 Andrew Cooper

Ethical Issues in Funding Expensive Therapies – Lessons from the Cancer Program. Brown Bag Ethics Lunch. February 3, 2006 Scott Berry

Disclosure of Adverse Events- Ethical Considerations. Brown Bag Ethics Lunch. March 03, 2006 Philip Hebert
B. Other Education/Presentations/Activities


Multi-faith Considerations for Health Care Providers: A panel discussion. October 27, 2005 Trauma Team and Clinical Ethics Centre

Coordinator and Teacher – Medical / Oncology and Haematology Training Program Ethics Curriculum. Scott Berry.

Coordinator and Teacher – Surgical Oncology Training Program Ethics Curriculum. Scott Berry.


University of Toronto Joint Centre for Bioethics Organizational Ethics and the Terry Schiavo – case discussion. August 2005 Karen Faith.

University of Toronto Joint Centre for Bioethics – Trials, Tribulations and Triumphs: The Transition From Fellow To Clinical Ethicist 2005. Karen Faith

University of Toronto Joint Centre for Bioethics – Staff Manager Difficulties: Is there a role for the Clinical Ethicist? 2005. Karen Faith


"Fundamental Principles of Clinical Ethics", whole class lectures, Structure and Function Year 01, October, 1994-2005 P. Hébert.

Medical Error DOHC various dates 2005 P. Hébert

Consent FMP April 14 2005. P Hébert

Medical Error and Pathology. Pathology Grand Rounds. S&W, April 6, 200. CME. P Hébert

Error Disclosure. Chiefs and Presidents Day. CPSO,April 8, 2005.CME. P Hébert
End of Life Care and Ethics. Regional Geriatric Programme of Durham Annual Conference, April 20, 2005 CME  P Hébert

Effectiveness of Ethics Education. JCB U of T April 21, 2005  P Hébert

Medical Error: A Dialogue with with DR Hebert. Calgary Health Region Alberta Conference. April 20, 2005 CME P Hébert

Ethics for Gynecology Fellows. SWCHSC September 7, 2005. P Hébert

Truth- telling: why clinicians and patients don’t see eye to eye. Montreal’s Children’s Hospital Ethics Day. Montreal Nov 30 2005 CME  P Hébert

Error for ID residents. Mt Sinai Nov 14, 2005  P Hébert

Canadian Researchers at the end of Life Network (CARENET): Creating a Critical Pathway for Communications about Appropriate Use of Life Support. Kingston Ontario. September 21, 2005 Andrew Cooper

VII. PROFESSIONAL ACTIVITIES

A. Publications & Abstracts


B. Research


VIII. THE MEDIA

Toronto Star “Situation Critical “ Series -Tanya Talaga November 26, 2005 B4-5 Donor Cyclists. Andrew Cooper

Toronto Star “Situation Critical” Series – Tanya Talaga November 27, 2005 A8 A time to live a time to Die. Andrew Cooper

Toronto Star “Situation Critical” Series – Tanya Talaga November 27, 2005 A8 A time to live a time to Die. Karen Faith