

Engaging Ethics at UHN



Andrew Courtwright, MD, PhD

Annual Linda Wright Lecture

On January 28, Andrew M. Courtwright, MD PhD, visited UHN to deliver the eighth annual Linda Wright Lecture on Transplant Ethics. Dr. Courtwright is a practicing internist at University of Utah Health specializing in pulmonology and critical care. He also holds a doctoral degree in philosophy and is an adjunct associate professor in the University of Utah's Department of Philosophy. In 2025, he was appointed to the Board of Directors of the Organ Procurement and Transplantation Network (OPTN), a public-private partnership connecting organizations and professionals involved in organ donation and transplantation in the United States.

The lecture, which was also one of the Transplant Grand Rounds series, titled "Organ Rescue or Organ Diversion?," critically examined a phenomenon called Allocation Out of Sequence, in which organs are offered to patients in the US outside the normal algorithmic matching process, for example, to expeditiously "place" perishable organs before time runs out. Although this terminology and allocation structure differ from those found in Canada, Dr. Courtwright offered insights about public accountability and trust that are broadly applicable to decisions affecting organ allocation here. The talk, presented in hybrid format, was well-attended and included a lively question-and-answer discussion. Afterward, some members of the Ethics Department and UHN's lung transplant program had an opportunity to exchange ideas with the speaker (and each other) at an interdisciplinary lunch.

The Linda Wright Lecture honours Linda Wright, MSW MHSc, the former Director of UHN's Bioethics Program (now the Department of Clinical & Organizational Ethics). Her groundbreaking work on ethical and policy challenges in transplantation was profiled in the Fall 2025 Departmental newsletter. In a similar public-minded spirit, Dr. Courtwright's contributions to the transplant and bioethics literature have advanced our understanding of controversial issues such as xenotransplantation and eligibility criteria for lung transplantation. We were delighted to welcome him to Toronto to deliver this year's Lecture. JG

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- Updates on enhanced Research Ethics Education and Consultation
- Reflections from the first UHN Ethics Fellow

Sr. Director's Corner: Advocacy and Activism in Anxious Times



It's common to describe advocacy as a fundamental responsibility for those who are members of the healthcare professions. Indeed, it's been listed as a core competency for physicians, pharmacists, social workers, nurses, and others. Consensus about how to interpret and act on those responsibilities, however, is more apparent than real. While it's uncontroversial to suggest that professionals ought to use their expertise to advocate for individual patients to help them obtain medically appropriate care that is concordant with their own values and preferences, and increasingly common to maintain that professionals ought to attend to the social determinants of health that can impede access to needed care, it is more contentious to suggest that professionals have a general duty – as *professionals* – to use their specialized knowledge and skills to engage in political activity to advocate for conditions that promote the health and well-being of the populace as a whole. For some, this may mean engaging in activism specifically designed, for example, to highlight or mitigate the effects

of racism, homophobia, ageism, sexism, economic inequality, or medical disinformation on the health and well-being of community members.

Advocacy as activism requires specialized knowledge and skills. Among them are an understanding of systems and of context, and an openness to collaborations that may be unfamiliar or humbling. The discomfort that comes with uncertainty can be hard to bear when our professional training leads us, and others, to expect us to have ready answers to difficult questions.

Although practicing healthcare ethicists do not have a professional association, many of us support that end. As part of that commitment we too are prompted to reflect on our responsibilities towards our patients, colleagues, institutions, one another, and communities at a time that is plagued with expressions of grief, anger, anxiety, and fear. We are a field dedicated to making sense of value-laden and contested questions, and we aim to be attentive to what is at stake for the various parties to the conflicts we help navigate, but we struggle with conversations about the nature of ethics advocacy and our responsibility for creating spaces where moral questions can be addressed with the seriousness and magnanimity that they deserve.

Ethicists do not speak with one voice, and we are stronger for the diversity within our field, even when, or especially when, an assumed consensus proves fragile. I was honoured to collaborate with my colleague, Jason Eberl, on a recent special issue of the [Canadian Journal of Bioethics / Revue canadienne de bioéthique](#) dedicated to exploring this topic, and I invite you review some of the perspectives of our contributors. As we admitted in our editorial, some of their views were bracing, and some will be seen as controversial, but the invitation to engage in self-reflection, and to recognize and fulfill our duties thoughtfully and with integrity, is one we ought to accept. My hope is that this conversation will continue with vigour and with generosity.

Ethics at the Heart of Accreditation

Toronto General Hospital and Toronto Western Hospital will soon be undergoing Accreditation. Ethics is woven into the Accreditation Canada Standards and priority processes, so it's worth highlighting how UHN's Department of Clinical and Organization Ethics assists UHN to align with these.

Accreditation Canada looks to see that organizations have an ethics infrastructure, promote an ethical climate, and embed ethics in decision-making, governance, practice, and Accreditation Required Organizational Practices.

At UHN, the Department of Clinical and Organizational Ethics:

- Develops and helps to apply frameworks (including the IDEAS² framework, Accountability for Reasonableness and PERIL) to enhance ethical decision making across all areas of the hospital network.
- Reviews and develops ethics-related policy and guidelines, including our updated Patient Bias (Patient Preference) Guideline.
- Provides consultation support to patients, families, clinicians, staff, learners and volunteers through on-site and virtual ethics consultation. This includes after-hours urgent access to consultation.
- Supports the Research Ethics Boards (REBs) and Quality Improvement Review Committee at UHN, and provides research ethics consultation outside of the REB.
- Provides multimodal education across UHN, from unit in-services and Rounds, to moral distress debriefs.

Our team tracks consultation data in order to uncover and be responsive to organizational trends and thematic issues. For the teams we serve, Accreditation preparation may feel like cramming for an exam. However, we see Accreditation as an opportunity to spread awareness of the ethics services available at UHN, and to nurture connections across the organization. If you don't know us yet, we're hoping that Accreditation will provide an introduction that blossoms into a beautiful relationship. KR

Meet Our Senior Director

Ann Heesters has worked in bioethics for more than 25 years and has established ethics services in two Canadian provinces. She has served as Director of UHN's Department of Clinical and Organizational Ethics for the past ten years, and prior to its merger with UHN, was Director of Ethics and Spiritual Care at Toronto Rehab. Before her arrival at TR in 2009, Ann was Director of Bioethics at The Ottawa Hospital. Although her career has taken her across Canada, her roots are in New Brunswick, and she came to Ontario from Atlantic Health Sciences (now Horizon Health) in Saint John.

Ann has a longstanding interest in professionalizing the work of healthcare ethicists. She was a founding member of Practicing Healthcare Ethicists Exploring Professionalization and an early director of the Canadian Association of Practicing Healthcare Ethicists / Association canadienne des éthiciens en soins de santé. She also was elected to the inaugural Board of the Commission on Program Accreditation for Clinical Ethics Training Programs (COPACET), established to develop accreditation standards for the formal assessment of clinical ethics training programs.

An Assistant Professor at the Dalla Lana School of Public Health, Ann co-directs the MHS capstone course at the Joint Centre for Bioethics. She is a Clinical Investigator II at TIER, an Academy Scholar at the Wilson Centre, and a Research Adjunct Professor at the Michener Institute.

Ann is committed to promoting the inclusion of ethical considerations in organizational leadership and decision-making. To support this work, she is a member of the Association of Bioethics Program Directors, the American Society of Bioethics and Humanities Organizational Ethics Affinity Group, and the Canadian Institutes of Health Research's national Advisory Committee on Ethics (ACE). ACE's mandate is to provide guidance to the Vice-President, Research – Learning Health Systems in support of CIHR's commitment to ethics in health research and health research ethics.

Ann is energized by engagement with learners and early- to mid-career professionals and is a participant in UHN's Pilot Mentorship Program. This year also marked an important milestone with the launch of UHN Ethics Department's first independent clinical ethics fellowship program (see back page).

Ann's book, *How Legal Theory Can Save the Life of Healthcare Ethics*, explores ethics, objectivity, and conflicts of interest in a pluralistic society. A topic the book was unable to explore in depth – the role of the ethicist as advocate – was the subject of a recent issue of the *Canadian Journal of Bioethics*, which Ann co-edited with Jason Eberl, Hubert Mäder Chair in Health Care Ethics at Saint Louis University. A student of philosophy, Ann generally endorses Ronald Dworkin's view that "Absolute confidence or clarity is the privilege of fools and fanatics."

Media Watch

Catch Jed Gross in the *American Journal of Transplantation* [Organ Procurement Organizations Should Develop Policy Regarding Surrogate Consent for NRP](#) and in the *Journal of Law, Medicine & Ethics* [The Need for Prospective Integrity Standards for the Use of Generative AI in Research](#)

Enhancing Research Ethics Education and Consultation

As was mentioned in the last newsletter, thanks to a one-time investment, our Department has embarked on a project to strengthen our research ethics education and consultation services. We are pleased to share progress on two key project initiatives: the development of an AI Research Reviewer Tool and a Consent Matrix for implied and verbal consent, particularly for minimal risk studies.



The **AI Research Reviewer Tool** is designed to support UHN REB reviewers by prompting reviewers to consider critical questions about the proposed conduct of AI research, and by helping to identify potential risks and benefits associated with its use. Ultimately, the tool aims to foster greater consistency and clarity throughout the ethics review process, thereby enhancing the quality, reliability, and efficiency of REB reviews.

The **Implied and Verbal Consent Matrix** for minimal risk studies at UHN will help research teams navigate the consent process by providing clear guidance on when and how these forms of consent are appropriate. It offers practical scenarios and decision pathways to clarify ethical and regulatory expectations, enabling researchers to confidently select the most suitable consent approach for their study while maintaining respect for participant autonomy and scientific integrity.

This work is being led by Senior Bioethicist and Bioethics Research Lead, Dr. Jennifer Bell, and our research team: Vanita Fernandes, Rhea Varguise, and Katherine Tsang. *KT & JB*

TR-West Park Ethics Journal Club *Everyone is welcome!*

An opportunity to step away from the day-to-day to reflect, question, share perspectives, and deepen our collective understanding of the ethical dimensions of healthcare.

To sign up, vote on a day / time, and suggest topics for future meetings, please use the following link:

[TR-West Park Ethics Journal Club Sign Up.](#)
Further details will follow.

Clinical & Organizational Ethics

Bioethicists help patients, families, and health-care professionals deal with difficult ethical issues in patient care. Bioethicists have special training in ethics, moral philosophy, and conflict resolution, providing confidential consultation and mediation. Bioethicists can assist with clinical, organizational, and research ethics conflicts, and provide ethics education. Our goal is to assist individuals and groups in solving complex ethical problems so they can make the right decision at the right time for the right reasons.

Reflections of an Ethics Fellow

Our first UHN Ethics Fellow, Evan Mackie, shares his thoughts at the midpoint of his year

It has now been just over seven months into my Ethics fellowship, and it is surprising how quickly it has gone by. My experience has been nothing short of amazing and that is due in no small part to the remarkable team here in the Department of Clinical and Organizational Ethics. Everyone has made great efforts to make me feel included and welcome throughout my time, especially in the early months. It is almost jarring to think back to the very beginning and to how little I knew at that time. Over a relatively short time frame I have been exposed to, and given the opportunity to engage with, so much in the world of clinical ethics. And my learning has been greatly supported by the Ethics team's strong focus on discussion and reflection before, and after, our consults, meetings, and policy reviews.

The breadth of exposure I have gotten working at UHN cannot be overstated. Being able to work across UHN's many sites and clinical departments has given me a strong overview of how clinical ethics functions in a variety of contexts. I have also been given the opportunity to lead teaching sessions for several clinical units, which is itself an amazing experience. Learning how to approach the transfer of ideas to different backgrounds (be it staff in the ICU, Rehab, or Neurovascular departments) is an invaluable experience. Given UHN's extensive role in research I have also been granted the opportunity to sit in on various REB meetings, as well as conduct my own review of a proposed protocol, an experience which was quite unique. I have also had the chance to work on several projects with the team, such as a legal and ethical inquiry on how the *Health Care Consent Act* and the *Mental Health Act* interact in various contexts. I am also working on a project with the team whereby I am reviewing COVID-19 policies to produce a "template policy" to help in the event of a future pandemic.

While I still have much to learn, I certainly feel much more prepared for a role in clinical ethics. I will be forever grateful for the opportunity to learn under such talented and thoughtful individuals, at one of the top hospitals in the world. *EM*

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