



Engaging Ethics at UHN

Introducing Evan Mackie Our New Fellow

Evan has been captivated by the disciplines of philosophy and ethics since first being exposed to them in high school. He decided to pursue philosophy in post-secondary education and undertook a Bachelor of Arts in Philosophy at Wilfrid Laurier University. It was here that he met a professor who introduced him to the world of clinical ethics, and he remains fascinated. With the goal of becoming a Clinical Ethicist, Evan completed his Bachelor, and a subsequent Master of Arts in Philosophy also at Wilfrid Laurier University. He is currently a PhD candidate at Carleton University in the Ethics and Public Affairs program.

Evan's research focuses on public health ethics, with his thesis specifically attempting to answer the question of how to mediate between the competing principles of public health and bodily autonomy in the face of public health policy, as in the case of vaccine mandates. While this is his current research focus, he has a broad interest in the many facets of clinical ethics, from autonomy to vulnerability. Evan is extremely excited and grateful to begin his work at UHN and is looking forward to learning all he can and doing his best to provide value to the broader organization.

Outside of his work and academic interests, Evan is a cyclist, a (newly) avid runner, and he loves to travel and cook. *by EM*



Charting the Future of Clinical Ethics

At the end of April, Senior Bioethicist Kevin Rodrigues traveled to San Francisco to attend the Clinical Ethics UnConference: "Charting the Future for Clinical Ethics." The UnConference, hosted by Sutter Health, was the fourth of its kind. The goal of these events is to bring together practicing clinical ethicists to work together and to provide feedback on pressing issues within their practice. The format includes peer-to-peer workshop sessions and highly interactive short talks.

Kevin presented a peer-to-peer workshop that explored building a reflective practice component into Ethics Fellowship learning. The aim was to gather feedback and develop tools that could support the development of a fellow's professional identity within a fellowship program. Kevin is grateful to have been able to work with and learn from colleagues. He is currently in the process of implementing the UnConference learnings into a reflective practice component of the UHN Fellowship in Clinical and Organizational Ethics, and he hopes to evaluate and publish this work in the near future. *by KR*

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Of interest

- Ethical issues in organ perfusion technology
- Large-language models and informed consent to clinical research
- Bioethics support at West Park has changed

Sr. Director's Corner: *Complex Ethics Consultations*



Recently, I had the pleasure of reviewing an advance copy of the second edition of *Complex Ethics Consultations, Volume 1: The Cases that Haunt Us*, edited by Paul Ford and Denise Dudzinski (Cambridge University Press, June 2025, ISBN:9781009400954). Like a great many practicing healthcare ethicists (PHEs), I was familiar with the first edition of this much-referenced text and have dipped into the cases on occasion to remind myself (and others) that emotionally and conceptually challenging cases can inhabit the dreams of the most confident and competent practitioners.

What is particularly valuable about this volume is the contributors' willingness to show their vulnerability in the context of their most evocative cases. On display are moments when they lacked organizational acumen, or moral courage, or failed to appreciate gaps in their awareness or understanding. Although it's not typical for ethicists to have their own Morbidity & Mortality (or Morality?) Rounds, like physicians do, this book serves a similar and salutary function. Ethical missteps are retraced, both by the original contributors and by others, and the openness of the authors enables us all to improve our practice through reflection on what went well, what went badly, and by acknowledging what lay outside of the participants' control.

The newest iteration of the book retains the original cases and some marvelous framing essays, but adds to its richness by posing additional questions and offering fresh observations that reflect an embrace of more diverse practitioner perspectives. The newest headings are Enduring Lessons; What Would be Different Today? Appraise Equity, Diversity, and Inclusion; and Future Practice. This makes me optimistic about the prospects for the sort of generous and rigorous engagement that is needed to move the field forward in a time of unprecedented societal division and dis-ease.

Finally, I note that an entirely new publication, *Complex Ethics Consultations: Cases That Haunt Us in a New Era, Volume 2*, by Denise M. Dudzinski, Kaarkuzhali Babu Krishnamurthy, and Paul J. Ford is slated for release by Cambridge University Press in December of this year. Anticipating that this volume will be as valuable as the last, I'm eagerly awaiting the hauntings of a new thoughtful and unstinting group of editors and contributors. As an aside, I do wonder, what *is* the collective noun for a collection of healthcare ethicists: a worry, a council/counsel, or a reflection? I don't *think* it's a haunting, although some spirited discussion can be good for the practice!

Ethics, AI, and Informed Consent to Clinical Research

Senior Bioethicist Jennifer Bell was invited to speak at the Canadian Cancer Trials Group Annual Spring Meeting on April 25, where she presented on Ethics, AI, and Gaining Informed Consent to Clinical Research. In her presentation, she explored the ethical issues of using generative AI, specifically large language models (LLMs), such as ChatGPT, to support the clinical research informed consent process. There are many possible benefits of LLM-enabled clinical research consent. LLMs can aid prospective participant understanding through the provision of personalized and easily digestible information, enhance equity in clinical research by making information accessible to diverse populations, and mitigate against the potential for therapeutic misconception and power imbalances within the patient and clinician-researcher relationship by being an "objective" interlocutor. Other potential benefits include increased researcher efficiency in gaining participant consent and the ability to recruit a more diverse and larger sample of research participants with LLMs.

However, the use of LLMs also poses ethical risks and challenges, such as the potential for the LLM to generate inaccurate information or manipulate prospective participants. There is also a need for substantial regulatory reform to keep pace with the advancement of this AI technology. Various models for implementing LLM-based consent processes are discussed in the literature, from supplementing existing methods to fully replacing traditional consent approaches. Recommendations for researchers and research ethics boards (REBs) include pre-approval of LLM scripts, auditing consent transcripts, and ensuring proper oversight to maintain ethical standards and support for prospective participant autonomy. To ensure accountability, research ethics regulators can develop regulatory guidance to address ethical concerns to ensure that the benefits of LLM in the clinical research consent process are realized, while the risk of harm is minimized.

Jennifer has just received certification as a Data Ethics Professional from the Open Data Institute, a UK-based non-profit company that aims to build a world where data works for everyone, and focuses on creating a trustworthy data ecosystem. She is looking forward to contributing her skills to her work on ethics and trustworthy data practices at UHN. *by JB*

From Perfusion Machines to Bedside Conversations



Jed Gross, our transplant ethics lead, has been sharing his insights relating to organ donation and transplantation in various settings around North America.

On March 18, he spoke at a gathering of practitioners, policymakers, and industry representatives in the field of “Organ Machine Perfusion and Preservation,” in Nashville, Tennessee, organized by The Organ Donation and Transplantation Alliance. Jed’s remarks focused on unresolved ethical and policy questions arising around possible uses of innovative organ perfusion techniques. For example, maintaining organs on “ex vivo” perfusion machines (outside the human body) potentially can increase access to transplantation by improving organ utilization and

lessening time constraints on surgery, but this will depend on how the technology is funded and integrated into organ allocation systems.

Then, in April, Jed participated in a simulation workshop at the Canadian Surgical Technologies and Advanced Robotics (CSTAR) facility in London, Ontario, a collaboration between the London Health Sciences Centre Research Institute and the University of Western Ontario. The workshop gave medical fellows an opportunity to hone their diagnostic and communication skills in a simulated critical care setting, with actors playing family members at the bedside. Observers with expertise in critical care and biomedical ethics provided individualized feedback as the learners practiced discussing topics such as end-of-life options, clinical findings including the determination of death by neurological criteria, and organ donation. In this way, Jed’s input helped equip the next generation of clinicians to engage in these difficult conversations with clarity and compassion. *by JG*

Media Watch

Ann Heesters profiled in Pragmatic Health Ethics Research Unit, Institut de recherches cliniques de Montréal’s newsletter: [Brainstorm Newsletter](#)

Claudia Barned in the Canadian Journal of Bioethics: [The Hidden Realities of Discrimination from Patients: A Scoping Review of Healthcare Workers’ Experiences](#)

Ann Heesters in Healthcare Management Forum: [A Balanced Approach to Using Organizational Patient Safety Incident Data for Research](#)

Ann Heesters quoted in Medical Ethics Advisor: [Ethicists Can Counter Clinicians’ Perceptions of Consults as Unhelpful](#)

Meet Our Team: Kevin Rodrigues

Kevin Rodrigues is a Senior Bioethicist within the Department of Clinical and Organizational Ethics. He provides ethics consultation support for Toronto General Hospital. In addition, Kevin manages the Fellowship and Learner placements for the Department.

Kevin is an Adjunct Lecturer with the Dalla Lana School of Public Health, and an Education Investigator 2 with The Institute for Education Research at the Michener Institute. He has a master’s degree in Theological Studies, and a fellowship in Clinical, Organizational and Research Ethics through the Joint Centre for Bioethics and Centre for Clinical Ethics.

Kevin came to bioethics after training and employment in spiritual care at St. Michael’s Hospital, The Scarborough Hospital, and Kingston General Hospital. He feels most at home when working directly with clinicians, patients and families. Kevin has 15 years of experience working in acute and post-acute care settings, and community and academic hospitals. Kevin is passionate about social justice, health equity, the development and mentorship of new bioethicists, and creating equitable pathways towards careers and education in bioethics. He also has an interest in addressing moral distress and its impact on healthcare providers.

In addition to his consultation responsibilities, Kevin is currently working with the UHN Ethics team to launch the UHN Clinical Ethics Fellowship.

What you may not know about Kevin is that he used to be a musician, and while he hasn’t performed in years, his current life outside work still involves playing music (to his unreceptive family), as well as bird watching, hiking, baking, and fly fishing. *by KR*



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.

Ethics at West Park

At the end of March, our Toronto Rehab ethicists, Jess du Toit and Ruby Shanker, officially assumed responsibility for all ethics-related matters at West Park Healthcare Centre, with Jess serving as the primary ethicist for the site. Jess and Ruby take over from Maria McDonald who, in collaboration with the Health Ethics Alliance at Sunnybrook Health Sciences, has been providing ethics support to West Park patients, families, staff, and healthcare professionals since 2017.

To mark and facilitate this transition, Maria, Jess, and Ruby organized an “Ethics Meet and Greet” event at West Park on Wednesday, 26 March 2025. This event provided a wonderful opportunity for West Park staff and healthcare professionals to begin to get to know Jess and Ruby, and for Jess and Ruby to gain insights into the ethics-related priorities and concerns of those most familiar with West Park’s patients and operations.



L to R: Ruby Shanker and Jess du Toit

The event also highlighted the warm and collaborative relationship between Maria and our colleagues at West Park. Jess and Ruby feel extremely lucky to be succeeding Maria, who has ensured that, despite Ethics’ tending to be consulted during challenging times, our West Park colleagues maintain a positive view of the role that clinical ethicists can play. UHN’s Department of Clinical and Organizational Ethics extends its gratitude to Maria for fostering these relationships and helping to ensure a seamless transition. *by JdT*

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