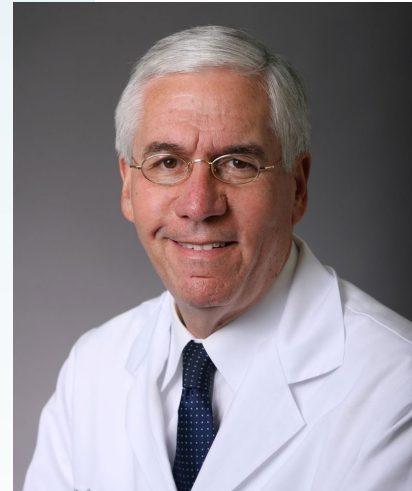




Engaging Ethics at UHN

Annual Linda Wright Lecture



On January 29, James L. Bernat, MD, delivered the Seventh Annual Linda Wright Lecture on Transplant Ethics, “Analyzing Death Determination in Normothermic Regional Perfusion.” The speaker, an Emeritus Professor of Neurology at Dartmouth University’s Geisel School of Medicine, has been a leading participant in discussions of philosophical issues related to the brain and consciousness throughout his career, including the determination of death by circulatory criteria. The author of *Ethical Issues in Neurology* (now in its third edition), he has received recognition including the International Neuroethics Society’s Steven E. Hyman Award for Distinguished Service and the American Academy of Neurology’s Presidential Award.

Dr. Bernat’s lecture examined normothermic regional perfusion (NRP), which involves mechanically re-starting circulation within a specific region of a patient’s body after the determination of death to maintain their donated organs until retrieval for transplantation. Not adequately localizing the perfusion could result in resumption of blood flow to the brain and, potentially, detectable brain activity. Different NRP protocols employ different measures, such as clamping, to prevent this result.

The global expansion of NRP, while facilitating organ donation, has raised ethical questions. These include how clinical teams can be confident that the resumption of circulation is localized, whether there is something wrong with mechanically precluding total body resuscitation, and what should be done if unexpected collateral blood flow is detected. Additionally, a question has been raised about whether the restoration of circulation invalidates the determination of death, which is governed by somewhat different legal standards in different jurisdictions. Dr. Bernat described a set of conceptual, ethical, and legal questions that, in his view, must be resolved as prerequisites for the use of NRP. Abdominal NRP is presently being studied in Ontario with neuromonitoring to ensure there are no collateral effects on the brain.

The Linda Wright Lecture, jointly sponsored by UHN’s Department of Clinical and Organizational Ethics and Ajmera Transplant Centre, is named for the former head of UHN’s Ethics program, whose academic focus was largely on transplant ethics. This year’s hybrid lecture attracted a large and engaged audience. A recording will be available online soon at <https://www.youtube.com/@ajmeratransplantcentre>, by JG.

UHN Ethics Fellow Selected

In the last issue of “Engaging Ethics,” we announced that we were ready to launch our own Ethics Fellowship Program. In the fall of 2024, we posted for a UHN Clinical & Organizational Ethics Fellow to begin in the Summer of 2025! The selection process has ended and the Fellow has been chosen. More to come in a future issue. Our sincere thanks to members of the review committee!

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- AI oversight in healthcare?
- Remaining compassionate and aligned for justice in healthcare
- RIP a giant in Bioethics

Sr. Director's Corner: RIP Tom Beauchamp 1939–2025



By design, bioethics is an interdisciplinary field that draws on the insights of its feeder disciplines which include, among others, philosophy, theology, law, and the various branches of the social sciences. In its heady early days, many of the founders marched alongside community members in support of the social protest movements of the 1960s and '70s. They were keen to use their scholarly tools to promote justice, and eager to tackle the very practical and complex issues arising in patient care and medical research. One of these young idealists was Tom Beauchamp, a philosopher with a rare background in religious studies and social science, and what turned out to be a lifelong desire to make the world a better place.

Beauchamp passed away on February 19th and, as befits a giant of the field, a number of tributes have been written to celebrate his many accomplishments and contributions to the discipline. Appropriately, the Kennedy Institute of Ethics highlighted a critical milestone for the field and for Tom:

"In 1974, the philosopher Stephen Toulmin invited Tom to write about justice for the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (National Commission), the first US bioethics commission and the first such entity in the world. The Commission was brought into existence as a result of the National Research Act in 1974 after the discovery of the US Public Health Service's unethical research on untreated syphilis in African American men in Tuskegee, Alabama. At the same time, a Yale religious studies graduate, James Childress, had also been contacted to write a paper on another topic (maybe ethical theory, Tom

recalls) for the Commission. Beauchamp and Childress were recruited to write papers for the Commission because the Commissioners were experts from many different fields and spoke in different disciplinary languages; both Tom and Jim were supposed "to provide them with *something that everyone could understand*." [Emphasis added]. Ref.: [Remembering Tom Beauchamp \(1939-2025\) | Kennedy Institute of Ethics | Georgetown University](#)

It's impossible to overstate the significance of this collaboration. What is now familiar to all of us as the four principles of biomedical ethics — autonomy, beneficence, non-maleficence, and justice — can be traced back to the work undertaken by Beauchamp (a philosopher) and Childress (a theologian) who sought to find common ground, and a shared language, for describing and addressing the value-laden dimensions of research and clinical practice. Even those who are not bioethicists, and bioethicists who do not describe themselves as "principlists," cannot fail to be influenced by this deceptively simple and elegant way of describing the tensions and trade-offs that are frequently necessary to find a way forward in the hardest of hard cases. These principles continue to pervade our thinking and conversations, challenge us to interpret and weigh our commitments to what are often unstated assumptions, and remind us of our obligations to one another.

Principles of Biomedical Ethics by Beauchamp and Childress, now in its eighth edition, remains an essential text for every student of bioethics, but it is far from his only contribution. Tom Lamar Beauchamp III was an esteemed Hume scholar and author and editor of significant works on informed consent, animal ethics, research ethics, and general ethical theory. Those who had the privilege of working or studying with him were fortunate indeed, but even those of us who knew him only from his many articles, books, and presentations cannot help but be struck by his insightfulness, decency, and extraordinary capacity for scholarly work on topics of enduring significance. We offer our sincere condolences to his family and friends.

Evidence and Oversight in Healthcare AI

In her article, "Taking the Right to Notice and Explanation Seriously: The Critical Importance of Evidence and Oversight for Healthcare AI," published recently in *The American Journal of Bioethics*, Senior Bioethicist Dr. Jennifer Bell and her co-authors argue that ethical AI deployment should undergo robust safety and efficacy assessments before clinical use that directly impacts patient care. They note that many clinical AI models are approved based on retrospective validation rather than prospective evaluation. Furthermore, regulatory gaps contribute to concerns related to transparency, trust, and patient safety. Dr. Bell and colleagues argue for a balanced oversight approach that will ensure accountability and trust in AI while avoiding unnecessary barriers to progress. A risk-stratified framework can help institutions focus their oversight efforts where it matters most. Not all AI systems pose the same level of risk. High-risk, patient-facing, AI should undergo stricter evaluation, while low-risk applications should have proportionate oversight to avoid stifling innovation. Many institutions struggle to determine which AI projects warrant oversight. Dr. Bell and colleagues see an opportunity to collaborate on guiding principles, criteria, and use cases to streamline review efforts to ensure responsible use of AI in healthcare. To discuss your thoughts on risk-based AI oversight in healthcare or on how to improve transparency while enabling responsible innovation in service of compassionate and high-quality care, contact Jen at Jennifer.Bell2@uhn.ca

Knowledge Mobilization

Jennifer Bell, Senior Bioethicist, Research (and holder of an AMS Fellowship in AI), recently participated in a panel at the “AI in Healthcare Forum: Practical Strategies for Empowering People, Processes, and Technology.” This forum explored the critical success factors for AI in healthcare. Jennifer highlighted the importance of addressing systemic bias in AI and ensuring that AI tools are equitable and accurate across diverse patient populations. This panel was a pre-event to the Healthcare Information and Management Systems Society Global Health Conference and Exhibition, held in Las Vegas in early March. On April 25, Jennifer will be an invited speaker at the Canadian Cancer Trials Group annual spring meeting, where the theme of the meeting is bridging the gaps in clinical trials through innovation and inclusivity. She will be speaking about ethical issues in using generative AI to support patient decision-making about cancer clinical trial options, at a session on AI topics in clinical trials. The event will be hosted in Toronto.

Jed Gross, our transplant lead, has been participating in MSICU Professional Development days, presenting an overview of the institutional architecture shaping transplant decision-making in Ontario. He will also be speaking about ethical issues surrounding the preservation and perfusion of organs on March 18, at a forum on machine perfusion organized by the Organ Donation and Transplantation Alliance in Nashville, Tennessee.

Ann Heesters, Senior Director, will be in Houston, Texas, in early April as a member of the inaugural board of the Council on Program Accreditation for Clinical Ethicist Training (COPACET). COPACET is a public charity established under the Commission on Accreditation for Allied Health Education Programs. One of COPACET’s main tasks this year is to develop accreditation standards for Ethics training programs.

Kevin Rodrigues, Senior Bioethicist, Fellows and Learners, will also be exploring training for future bioethicists at the “Charting the Future for Clinical Ethics: A Working UnConference,” in San Francisco. Kevin will be engaging participants to respond to the question: “How do we train ethics fellows to be responsive to the needs and realities of the field, while creating a safe and effective learning environment?”

Claudia Barsed, TW Ethicist, will be giving two oral presentations at the 19th Annual International Conference on Clinical Ethics and Consultation: “Plurality, Power, and Patient Care: The Socio-Political Dimensions of Clinical Ethics” in Lausanne, Switzerland this coming June. She will be presenting findings from the QI project associated with UHN’s recently launched *Patient Bias & Preferences Guideline* as well as the preliminary findings from her exciting project on the role/scope of clinical ethicists in Canada. Both presentations are reflective of the role of the ethicist, and explore themes of social justice, discrimination, and advocacy.

In Media/Journals

Ann Heesters profiled in “McMaster Daily News”: [Don’t call her Fluffy - Daily News](#)

Ann Heesters in Interview with Stacey Kusterbeck in *Medical Ethics Advisor*: [Recommendations for Bioethics Programs on Racial Equity, Diversity, Inclusion](#)

Claudia Barsed in *The American Journal of Bioethics*: [Centering More than Trauma Experiences: Reflections from Launching a Graduate Course on Bioethics & Racial Justice in Canada](#)

Jennifer Bell in *The American Journal of Bioethics*: [Taking the Right to Notice and Explanation Seriously: The Critical Importance of Evidence and Oversight for Healthcare AI](#)

Meet Our Team: Claudia Barsed

Claudia Barsed is the Clinical and Organizational Ethicist for Toronto Western Hospital (TW). In this capacity, she provides clinical and organizational ethics support to TW’s programs including Krembil Brain Institute, Medicine Program, Schroeder Arthritis Institute, and Surgery & Critical Care.

Prior to joining UHN, Claudia completed two ethics fellowships—the first, a neuroethics post-doctoral fellowship at the Pragmatic Health Ethics Research Unit – Institut de recherches cliniques de Montreal, and the second, a clinical ethics fellowship at the Centre for Clinical Ethics – Unity Health Toronto. Claudia’s advanced training in ethics is uniquely paired with her graduate training in psychology. She earned a PhD in Applied Social Psychology from the University of Guelph, where her research examined Jamaican women’s constructions of health, beauty, and femininity.

Claudia’s research to-date reflects her academic training and attends to issues at the intersection of psychology and bioethics. Her work has examined topics such as cultural constructions of health, lived experiences of illness, children’s participation in long-term biomedical research, voluntary decision-making in addiction, and discrimination in healthcare. Her current work focuses on racial justice in healthcare and healthcare ethics more broadly. Beyond research, Claudia is deeply committed to advancing health equity and racial justice through educational efforts. In her role as Assistant Professor at the University of Toronto, she designed and directs *Bioethics and Racial Justice*, a novel course offered to graduate students in the MHSc Bioethics program. Through both scholarship and teaching, she remains dedicated to fostering a more socially just form of bioethics. *by CB*



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.

Navigating Moral Injury, Affirming Reproductive Justice

Global events are moving us at a rapid pace to consider what it means to remain compassionate and aligned for justice within healthcare. In this climate, the newly formed Canadian Abortion Hospitals Network (CAHN) organized a meeting in February for clinicians and hospital administrators from across Ontario and Nunavut, seeking to establish/expand abortion care services. This event, hosted by Women's College Hospital, invited Ruby Shanker, Clinical & Organizational Ethicist for Toronto Rehab and Women's College Hospital (pictured at right), to engage the gathered delegates to consider what conscientious abortion care ought to look like.



Given how moral distress can accumulate over time to inflict deep moral injuries when working in conditions perceived by others as morally contentious, a starting focus was to acknowledge that even among those committed to upholding reproductive justice, conscientious care may fall upon a spectrum of moral acceptability. Composite cases ranging from those that welcome obvious shared understanding to those that query how dis/ability justice, sexual freedom, and professional identity show up were featured. Participants engaged in passionate dialogue, and the session ended with a resolute promise to always include, clinically and organizationally, opportunities to pause, reflect, and take stock of the grounding ethical principles that allow us to navigate moral injury and affirm reproductive justice in balance. *by RS*

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