

External Review – Joint Centre for Bioethics, Faculty of Medicine, University of Toronto

Review date: January 24, 2011

Eric M. Meslin, Kenneth Goodman, and Timothy Caulfield

Introduction

We would like to thank the Faculty of Medicine at the U of T for the opportunity to review the Joint Centre for Bioethics (JCB).

It should be noted that all of the participants have relationships with the JCB. For example, Prof. Caulfield has worked with Dr. Upshur, including co-authoring a paper, and Dr. Upshur is currently a collaborator on an NCE grant (albeit with minimal involvement). Similarly, Drs. Meslin and Goodman both direct a Fogarty International Center (NIH)-funded bioethics program and interact in this capacity with Dr. Upshur. Additionally, Drs. Upshur and Goodman direct WHO Collaborating Centres in Ethics and have collaborated on related projects.

The terms of reference for this review can be broken into three general categories: 1) the current status and achievements of the JCB; 2) current issues and challenges; and 3) future directions.

This report based on review documents provided by the JCB staff, and interviews with key JCB personnel, committee members, partners, and academic and teaching colleagues. The documentation contained extensive information about the accomplishments of and challenges faced by the JCB.

I. Current Status and Achievements

We can say without any reservation whatsoever that the JCB has an outstanding international reputation. Indeed, it is viewed as one of the leading bioethics centres in North America, if not the world. This reputation is well deserved. As evidenced by the material provided by the JCB, it is certainly the largest in Canada, in terms of partners, affiliates, and service-providers (e.g., clinical ethics fellows) and more importantly is arguably the most productive in terms of grant funding received and publications in peer-reviewed literatures.

i) JCB's Unique Structure

One of the JCB's greatest strengths is its unique structure. The centre has solid footing in both the scholarly academic environment, as expected of a university-

based centre, and in the world of applied/practical ethics, as experienced at the coalface by practitioners in hospitals and other health care institutions. No other centre in Canada can match the breadth of the JCB's engagement with its immediate community. It is also evident that there is sincere and appreciative support from all of its partners – from large research hospitals to smaller community and long-term care facilities. In our interviews with representatives of the partner institutions, all expressed the view they were “getting lots for the amount it costs” to be a JCB partner (which we understand ranges from approximately \$30,000 to \$50,000 depending on the size of the institution). We also heard the consistent message that JCB's unique structure was directly responsible for its excellence in achieving its mission. The mix between “the academy and the trenches” (as one interviewee put it) allows for both distinctive scholarship and academically informed clinical ethics. Also, many noted that each side of the equation informs the other, i.e., the research/academic work often flows from the practical issues that emerge in the context of hospital-based ethics, and issues emerging in the hospital provide a rich source of academic research ideas and activity. Few other centres have mastered this iterative paradigm.

Another feature of the JCB is its relatively small ‘*core faculty*’. This is not unique among bioethics centres in the world, since the majority who rely on soft funding tend to have a limited number of full-time research or teaching faculty housed within the centre itself and rely instead on faculty with their primary appointments in other academic departments being given some form of associate or adjunct status. This is the case with the JCB as well, as only Drs. Upshur, Secker, Gibson and a few others involved in administrative support are physically located within the JCB suite itself, while a very large and diverse group of faculty are associated with the JCB's many programs and activities. Examples include CORE, [(RE)]² and the teachers in the collaborative and MHSc programs. Moreover, they appear to be *active* participants, not simply participants in name only. While we believe this structure to be a strength, we also note below that it has its own set of challenges.

ii) Academic Output

The scholars associated with the JCB are well-respected by their peers. Dr. Upshur in particular is recognized as an international authority in bioethics, especially in health policy and public health. While the departure of former faculty, such as Peter Singer and Abdallah Daar, have understandably diminished the JCB's research portfolio, the centre still produces high quality, high-impact publications. Moreover, some of this work, for example around pandemic influenza planning, has had an international influence that is striking, especially when the size, from a fiscal perspective, of the JCB operation is considered.

To be fair, scholars who have their home in another faculty produced most of the publications in the material provided. So, it is difficult to discern how many of these publications were produced *because* of the existence of the JCB. Put differently: Would these publications have occurred without the JCB? Our experiences with our own centres, and our understanding of the JCB's structure, would suggest that the

answer to this latter question is *probably not*. That said, there seems little doubt that the academic community that the JCB helps to facilitate has meaningfully contributed to the scholarly environment in which these publications are produced. Indeed, all of the academics we spoke with noted that the JCB provides an “academic home” or “intellectual centre” for ethics scholarship that they would not otherwise have at the University of Toronto.

Moreover, the JCB is associated with an impressive number of grants. Many of these grants are from leading funding agencies in Canada and the US (e.g., CIHR, NIH) attesting to the scientific quality of the JCB’s research program.

iii) Teaching and Graduate Programs

The teaching programs offered through the JCB have a long history and are now well enough established to assess. The MHSoc and the Collaborative Program were innovative at the time of their creation and are now well respected throughout North America. They have produced a very respectable number of graduates, comparable to other MA programs elsewhere, and a sizeable number of graduates have found bioethics-specific employment in hospitals and research institutions, some in very prestigious organizations. While we did not have access to detailed information about the quality of the graduate applicants (we were told that application pressure has increased over the years), our impression, after meeting several graduate students, is that they are bright, engaged, motivated and likely to succeed in bioethics careers.

We were favourably impressed with the commitment of the teaching faculty members we met, each of whom carries out his/her responsibilities gratis. Again, this is not unique to JCB, but it is still a testament to the collegial environment that the JCB fosters. That being said, and as we note below, we wonder whether this model can continue to be successful if some issues are not addressed with respect to recognition and sustainability.

iv) Public Outreach

The JCB has undertaken its responsibility to engage with the community in two distinct ways: (1) through its direct partnerships with institutions that provide funding to JCB ; (2) through communication, consultation and other dissemination activities. With respect to the former, we were impressed with the number and diversity of partners and the partners’ own valuing of their relationship with JCB. As noted above, among the partner representatives we met with, all were committed to the *principle* of partnership with JCB – believing that they were better off because of their relationship, while acknowledging that their commitment to *principal* (i.e. their annual membership fee) may waver due to environmental pressures. With respect to JCB’s outreach to the broader community, it has done quite well using a large listserv and newsletter, as well as print and other media, to expose the centre’s brand to a wider audience. We were also informed about new initiatives to consult with community partners. The JCB also hosts numerous lectures and works well with the popular press.

Conclusion: The JCB has continued to maintain its position among the top tier of bioethics centres in the world as a highly productive bioethics institution. It has done so with a unique administrative model, a committed staff and an engaged set of partners. It remains a bioethics destination of choice for students seeking graduate training and it has achieved all this with limited resources.

II. Issues and Challenges

i) Funding

One should not be surprised that the JCBs funding model was viewed as among its most important challenges going forward. Three issues arose:

Partners. First, we consider the loss of two of 15 partners as a possible ‘canary in the coal mine’: not only is this initial evidence of a tightening fiscal environment that could quickly lead to other partners making tough choices to withhold, withdraw or reduce their annual contributions (though we understand that one partner, the Ontario Genomics Institute, left due to a organizational changes); it also suggests the precarious nature of this major funding stream. Whereas the partnership model was among the most innovative of the JCB’s structures 10 years ago, this model may now be a potential impediment to the center’s long term sustainability and growth. Options include widening the scope of potential partners to include more hospitals and institutions beyond the Greater Toronto Area; seeking longer term commitments from existing partners, even if at a slightly lower amount in order to ensure some budget continuity (e.g., 5 year arrangements); and seeking new types of partners (e.g., the private sector, non-health partners). We realize that each of these options has policy implications for the JCB and U of T, but unless all options are explored for revitalizing the current partnership model, we are not optimistic about its long-term survival.

Tuition revenue remains a thorn in the side of all bioethics centres that develop or offer to provide teaching resources to support graduate programs. With few exceptions, it is rare that centres recover all (or even most) tuition revenue precisely because of their status within their institutions as non-academic units. So long as JCB is organized as an EDU-C, this issue will remain. That is, the JCB has emerged as a pedagogic universal donor without realizing any financial benefit from the effort.

Philanthropy. We did not meet with advancement/development officials, and so we have an incomplete understanding of the status of the JCB within the fundraising hierarchy or on the priority list of the Faculty of Medicine, U of T or other partners. Although some philanthropy has come to the JCB in the form of endowed lectures, and the Phillipa Harris Bioethics Library there are no other sizable endowments to support operations (excluding former JCB Director Singer’s Sun Life Chair). This is remarkable given the JCB’s international status and the multiple naming opportunities that surely exist (the centre itself, the director, etc.).

These three issues present a triple-whammy to the long-term survival of the JCB. All of this speaks to the need for a renewed business model that may be needed to meet the challenges of the changing environment and the needs of partners – who legitimately expect tangible evidence of benefits as a return on their investment.

ii) Faculty

While the faculty we met spoke favourably about the JCB, we also heard that their work often does not “count” in their home departments. One scholar went so far as to say that their work with the JCB, including teaching, was not recognized at all; that it was, in effect, “community service.” Others stated that they did receive recognition – but that they had to fight for it; in these instances the recognition they were referring to was both from their home department and from the JCB. We took this to mean that the JCB must ensure that so long as it relies on the benevolence and altruism of its faculty to teach in its graduate programs, it must attend to the ‘care and feeding’ of these faculty. If remuneration or teaching stipends are not available – and we believe this should be considered – then efforts should be made by the Faculty of Medicine leadership to work with academic departments and partner institutions to provide tangible means of recognition for this important work (e.g., teaching relief in the home faculties).

iii) Director

All agreed that with Dr. Upshur’s decision to step down as JCB director, an opportunity exists to creatively re-think this position. Below we provide some suggestions for how this might be accomplished. Regardless of the qualities that U of T may wish to look for in its next JCB director, we believe that certain specific challenges must be addressed. Most significantly, we believe that 0.50 support for the JCB director is insufficient. While this arrangement may have worked well when Dr. Singer was director (due to the nature of his clinical work) it appears to work less well with Dr. Upshur whose clinical commitments are different owing to his medical specialty. While we agree that 0.50 is less than ideal, this seems to be not unusual for directorships at other institutions, particularly when the director is a physician. The larger issue, to be touched on shortly, is ensuring that the other 0.50 of the JCB director’s job complements his/her work rather than competing for scarce time. As an example, a full-time JCB director, whose responsibilities are divided between research (50%), outreach (25%) administration (20%), and teaching (5%) might work very efficiently and effectively. Such an apportionment is also not unusual among bioethics centre directors.

iv) Teaching and Graduate Supervision

We were struck by the fact that several of the graduate students and faculty commented on the challenge in matching graduate students to available mentors/supervisors. We could not draw a conclusion as to whether this was merely a matter of inefficient communication and counseling among the JCB, its students and potential faculty supervisors; or whether there were legitimate institutional impediments to students working with certain faculty or certain faculty being permitted to supervise students (e.g., status within the School of Graduate

Studies). Whatever the problem, we believe it should be given immediate attention since it will take little time for students to be disinclined to apply to get involved with the JCB as graduate students if they are not convinced they will have access to some of the world's foremost scholars.

A second challenge relates to the need to ensure adequate "fit" between student needs and what the JCB affiliated graduate programs require of them. We understand that the students apply to a home faculty involved with the collaborative program in bioethics and, as such, it is the home faculty that establishes course requirements. Still, these programs are, obviously, closely associated with the JCB and the JCB is seen as the "home" – at least by the students we interviewed. We heard from some students who felt that there was little flexibility on behalf of graduate programs in requiring students to take certain basic courses even when students had already completed 'equivalent' courses either in their U of T undergraduate career or at another institution. We did not see this issue as a major one, but rather a possible irritant that needed attending to with more careful guidance and mentoring.

v) University Status

Among the more enduring issues with all centres we are aware of is their status within their respective universities. The JCB is no different. Although the JCB is administratively housed within the Faculty of Medicine, it positions itself (correctly in our view) as a *university*-wide centre. And yet because it does not have academic status comparable to a university department, the JCB suffers from several consequent challenges: it cannot confer degrees, hire full time tenure track/tenured faculty, receive tuition revenue, or (to our knowledge) receive indirect costs on grants. Not everyone we spoke with saw this as a problem. Indeed, the fact that the JCB did not have the same power and responsibilities as other university departments meant that it was also not burdened by the same requirements and obligations as those departments. It is our view that this tension can no longer go unaddressed. The JCB needs to know whether it is on an institutional track to achieve department status (or its equivalent), or whether it is not on such a track. We also note that while this "big picture" governance item was mentioned by representatives of the JCB advisory committees we met with, there did not appear to be a common commitment to providing oversight and leadership on how to deal with it.

vi) Drifting Mandate

We heard from a minority of interviewees that the JCB has lost some of its early strengths. Specifically, they suggested that the centre's mandate should emphasize more practical ethics and research ethics. These are the issues – or so we heard from a few – that the JCB partners want the JCB to tackle. There has been a shift from practical/clinical toward academic research. Some believe this "mandate drift" has hurt the relationship with the partners because it has become less clear what they are getting for their money (though we heard no strong statement from the partners to support this fear). Some of the interviewees stated that the "scholarship of the JCB should be more focused on the needs of the partners."

This view was not shared by all – indeed there were others we spoke with who clearly identified with the JCB’s research leadership a strength they wanted to see enhanced. (It is interesting to note that during the last JCB review, five years ago – in which one of us, TC, participated – some complained that the research was *too practical and clinically oriented*.)

While we believe that this is an interesting issue, its significance is unclear. The pendulum from applied to theoretical work will always be swinging – and this may be evidence of a healthy, nimble and responsive organization. Indeed, with adequate support, the JCB could excel at both. Nevertheless, the JCB should keep this concern in mind as institutional leadership considers the best way forward.

III. Future Directions

After 15 years, the JCB has squarely established itself as a pre-eminent organization in the field, and the University of Toronto has much to be proud of. For a modest investment (not including space in different university buildings) the return has been sizable. However, we believe that the JCB is as a direct result of its success at something of a crossroads. We strongly urge the JCB to keep its unique structure, even as the task of doing so presents significant challenges of the type described above. Without attending to these tasks, the future of the JCB may be less rosy than it need be. There was some concern that failure to address these issues would erode the JCB’s unique structure.

i. New Director

The most important decision is to identify a dynamic, energetic, visionary director to lead the JCB for the next 5-10 years. We are agreed that such a person does not need to be a physician, but we were equally convinced that the individual should have a strong understanding of both the academic and practice-based missions of the JCB. Dr. Upshur’s successor will need to fill big shoes and ensure the JCB keeps the momentum it has established. As such, we believe this new director should be a senior scholar with a solid international reputation. This individual will need to raise funds and be a credible PI on large grant applications. This should be the kind of person who will serve as a “universal attractor,” with whom other scholars will want to come to Toronto to work, and with whom diverse partners will want to collaborate and build greater capacity.

Given this reality, we believe considerable attention should be focused on making this position attractive to potential applicants. In light of a brief environmental scan of other centres and institutions facing similar decisions, the following items are often mentioned as part of a package of resources to attract and retain a leader of prominence:

- Full-time funding of the director’s position *with tenure* in a relevant university department. A 0.50 funding position should be complemented with, for example, a 0.50 research position in an appropriate faculty;

- An endowed chair for the director. We are aware that in just the past 5 years 10 new centres have been established in the US and among the benefits offered were endowed chairs to substantially cover the salary or operational responsibilities of the director;
- A stable base budget apportionment (perhaps a 5 year commitment), either as a subvention from the Faculty of Medicine or from other U of T resources, to provide the director with assurance that he/she can grow the JCB to a point of sustainability. The amount of the subvention should be a matter of negotiation, but 300-400K is not unreasonable;
- Consideration of “budget tenure.” That is, if professional/academic tenure is in part a protection of free speech, then programs that deal with (potentially) controversial issues and topics – which clearly bioethics centres do – then it would be very attractive to a prospective new leader if s/he could be assured budget stability;
- An assurance that further development/advancement funds will be available to the JCB or specific opportunities given to the JCB director to target specific initiatives (e.g., naming the centre, endowing other faculty positions, etc.); and
- Consideration of some way of ensuring a reasonable return on centre investment *qua* contributions to degree programs such that proceeds from these and other revenue-generating initiatives are shared with the centre.

ii. Other Ways Forward:

Several opportunities may exist to “grow the pie” rather than simply reallocating existing resources. Some of these are mentioned earlier in this report but we offer them here to emphasize their importance.

- Fundraising/Development – Place greater emphasis on a establishing a visionary development/advancement plan, the goal of which is to grow an endowment at the JCB. Development should not be haphazard but should involve considerable coordination with U of T. A goal of attracting at least \$10M in endowment funds is reasonable and has been achieved by other centres in the JCB peer group.
- More partners – Adding partners is a logical extension of the current structure at JCB. Options include widening the scope of potential partners to include more hospitals and institutions beyond the GTA; seeking new types of partners (e.g., the private sector, non-health partners). Both strategies have strengths and weaknesses. But we are convinced that the status quo cannot remain successful. Therefore, seeking longer term commitments from existing partners, even if at a slightly lower amount in order to ensure some budget continuity (e.g., 3-5 year arrangements, rather than annual negotiations), may be appropriate.
- Seeking U of T approval to change the JCB status from EDU “C” to EDU “A” – while attractive in that it would resolve issues associated with faculty and graduate students, this strategy also raises some issues/questions. We heard

from several people that it is doubtful that the JCB could attract enough students to make this approach worthwhile. Still, a clear decision should be made about the viability of this option.

- Affiliate with an existing Faculty/Department, or fold the JCB into an existing Faculty/Department. The Dalla Lana School of Public Health was mentioned by several people as a potential home, but we take no position on this since we are not familiar with its overall structure, mission or strategic plan. We simply note that affiliating more directly with a Faculty has certain advantages (creates a home for JCB faculty and graduate students and may stabilize funding) and disadvantages (many feared that the JCB would cease to exist as a unique entity, and such a move might alienate partners).
- Obtain more core funding from University. We noted this above, but emphasize it again and close with this point here: The JCB is one of the university's internationally best-known units; augmented support would be a reasonable investment given the tremendous profile of the JCB and all that it brings to the U of T; and an increase in core funding such as would be adequate to the task would require an amount arguably trivial in the operations of an institution as large as the University of Toronto.

We thank you for the opportunity to visit Toronto and the JCB. Please let us know if this report elicits any questions or if additional information about any of the points here is required.

Respectfully submitted,

Eric M. Meslin, Ph.D
Director, Indiana University Center for Bioethics
Associate Dean (Bioethics) IU School of Medicine

Kenneth W. Goodman, Ph.D.
Professor of Medicine
Director, Bioethics Program
University of Miami

Timothy Caulfield
Canada Research Chair in Health Law and Policy
Senior Health Scholar, Alberta Heritage Foundation for Medical Research
Professor, Faculty of Law and School of Public Health
Research Director, Health Law Institute, University of Alberta