



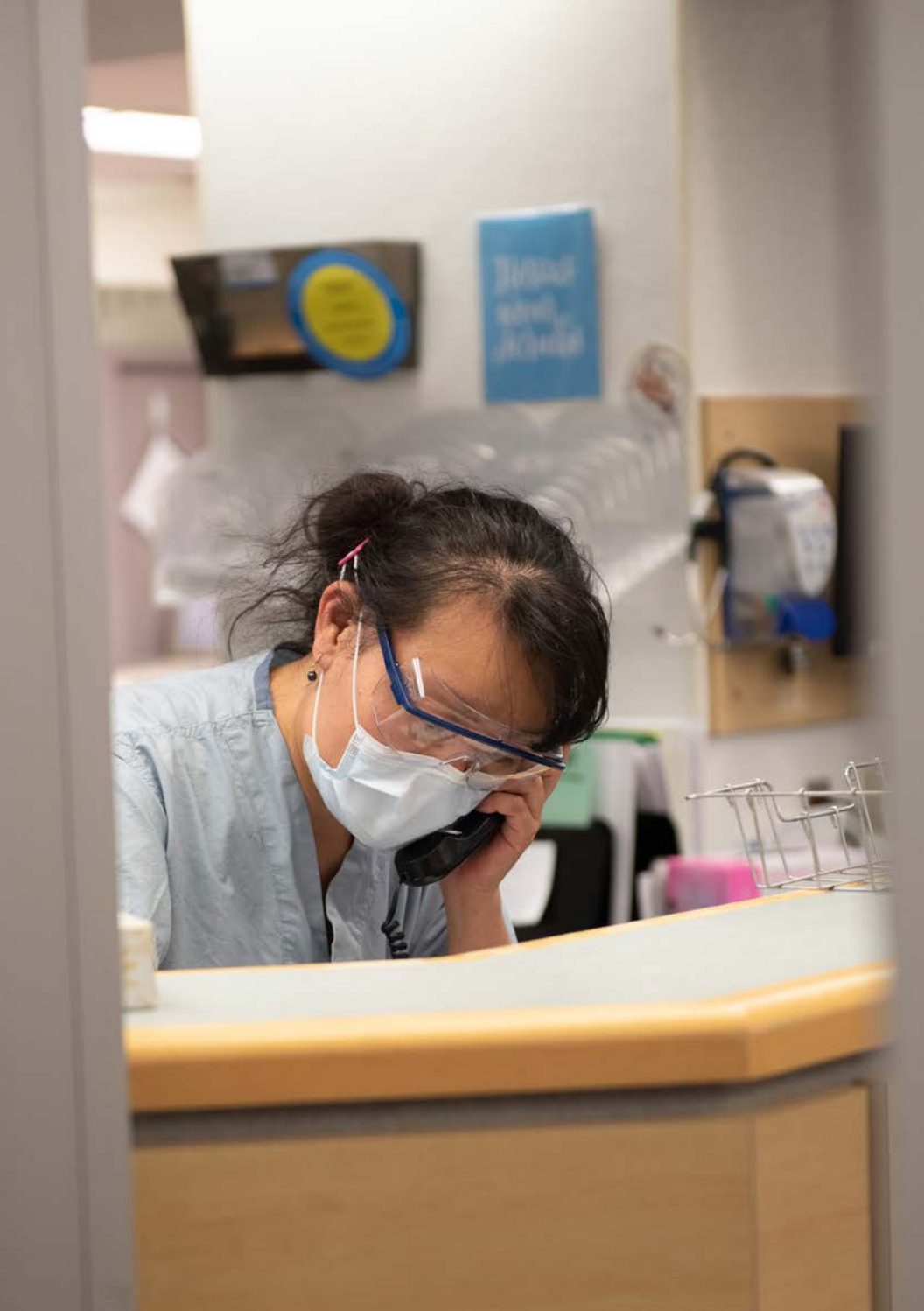
Covenant
Health

MISSION, ETHICS
AND SPIRITUALITY



COVENANT HEALTH ETHICS CENTRE
SUMMARY OF ACTIVITIES

2020-2021



From the Chief Mission and Ethics Officer

Once again, I am delighted to present our annual report on Covenant Health's ethics services for 2020-2021. Within this report you will see highlighted notable accomplishments, ethics trends and challenges, and proactive steps we are taking to deepen the ethical and discerning culture at Covenant.

I am especially proud of the March 2021 launch of the newly expanded Ethics and Discernment Centre. This is the culmination of a ten year vision to establish an outward facing service offering and consultative body to support other organizations with ethical issues they face in their context, in many instances, no different than our own.

Covenant has certainly benefited over the years through use of its Mission Discernment tool, recognized as a Leading Practice by Accreditation Canada, in discerning an organizational approach to complex issues, and has always been willing to share our learning with others. The Ethics and Discernment Centre symbolized our intention to continue working collaboratively with Catholic and other health care organizations across the country, indeed around the world, so we can all benefit and learn from one another, and to be greater service.

To profile the launch of the Ethics and Discernment Centre, we held an enormously successful virtual conference, with presentations focusing on the theme of diversity, inclusion, and equity that has been magnified during COVID-19. In this report, you will learn more about the scope of this conference and many other contributions our ethics team has made during this past fiscal year, and the vision going forward.

Thank you for your support, and commitment to deepening an ethical and discerning culture at Covenant.

Dr. Gordon Self



COVID-19 (Issues, Impact, Ongoing Recovery)

Moral Distress

Through this pandemic we are seeing more expressions of moral distress than before. Many team members are feeling exhausted, sad, angry, and struggling to stay engaged with their work. Much like burnout, the symptoms of moral distress are felt in these ways. However, moral distress uniquely arises when we know the right thing to do but either perceive we lack ability to act or are indeed prevented from acting in alignment with our core values.

In response to this ethical challenge, the Ethics and Discernment Centre along with members of the Edmonton and Area Ethics Committee formed a subcommittee to explore COVID related moral distress literature with the aim of identifying themes and mitigating actions. We learned that preventing the worst effects of moral distress can be minimized by preparing teams in advance with education on what moral distress is, how to recognize its symptoms, and what strategies to engage to build moral resilience. To this end, we have reached out to our colleagues in Organizational Health Safety & Wellness (OHS&W) to work together to identify Covenant-wide resources. Over the course

What difference has participating on the ethics committee made to your practice?

“One of the biggest things that I’ve noticed and that I think about often is the support of other staff. Even just naming things as an ethical issue and learning some language around what to say to staff who are feeling that tension I find it really, really helpful. So just an example, with the early pandemic and early visitation restrictions. We had to kick all the families out one day and everyone was in such despair. The staff were so upset about having to do this because in palliative we see the unit of care as the whole family. To go into a patient’s room and tell the wife that she has to leave her dying husband is... Everyone was really upset and caught in the tornado of it all. By simply educating staff on the concept of moral distress and why you’re feeling that way and naming it in a sorted way it really helped people say ‘yes exactly!’ It took some of the energy out of it. They weren’t feeling that for no reason but now they had language around what they were feeling. It didn’t change the fact that the families had to leave but it changed their perception of the complexity of it.”

Sandy Ayre, Co-Chair, Covenant Health Edmonton & Area Ethics Committee & Occupational Therapist, Palliative Care.

Throughout this year’s report we have included excerpts from members of our ethics service community. We are pleased and honoured to share their words with our broader ethics stakeholder community. We’d also love to hear from readers of this report. If a question or segment resonates with you, let us know. You can reach out to us at EthicsCentre@covenanthealth.ca.

of the past year, moral distress and resilience presentations have been offered to help teams identify moral distress and support each other. Additionally, we shared our knowledge with the Catholic Health Alliance of Canada (CHAC) Ethics Network in a guidance document published on the CHAC website.

While moral distress is ever present in the work of health care, we know that when it inevitably occurs, we need interventions to make the experience less devastating. For this reason, our Centre offers ethics debrief sessions for teams experiencing morally distressing events. Finally, if individuals need further support, our ethicists are available offering a safe confidential space to share experience, explore value sets and seek resolution. Most of all, our work on moral distress and resilience demonstrated that moral distress and resilience cannot be only the work of individuals but rather requires the attention, time, and resources of the entire Covenant moral community. By attending to each other with respect and compassion in these ways, we can sustain and grow our moral community within Covenant Health.

What we've heard (Ethics Debriefings Themes)

Requests for Ethics Debriefings by point-of-care staff and leaders increased significantly in the past year. The following captures several important themes from these sessions.

Working in an environment of constant uncertainty where the consequences of one's behaviours are physically threatening to oneself (and loved ones) and patients or residents is exhausting, eroding coping skills and resilience. Currently, health care, as a work environment, is largely unpredictable and frequently experiences incongruent or inexplicable change. Staff feel that the pandemic response has significantly impacted their ability to meet standards of care.

Another important theme arising from our ethics debriefings is the toll that the pandemic is taking on personal and professional relationships. Although in many cases, individual team members feel that this experience has drawn them closer to and forged stronger team bonds with their point-of-care colleagues, the 'distance' between point-of-care and higher levels of operational leadership feels larger. Trust of leadership appears to be negatively impacted.

Visitor restrictions has been a focus of great concern for all of our communities. Point-of-care staff experience significant moral and emotional distress associated with their inability to facilitate quality end-of-life care for dying patients, residents in Long Term Care and their families due to limited access. The distress is further complicated by frequent changes to restrictions and the inability to satisfactorily explain the rationale.

What staff shared and what we observed about how our health care professionals are feeling:

helplessness
fear
anger
guilt

shame
resentment
abandonment
exhaustion

determination
emotional resignation

What is one of the most difficult challenges that you have faced this year as a leader in LTC?

This issue of visitation has really been challenging to navigate on many levels. The question of 'how do we keep people safe?' is the focus. This includes our residents and staff and their families, because every time they leave the site they affect the broader community that they live in. That's huge! It's hundreds and hundreds and hundreds of people that something we do here at the sites could affect. That can be an overwhelming thought and I was asking myself 'Oh, how am I going to manage that?'

Initially with just the limited information we had about the virus and what the orders from the Medical Officer of Health were giving for guidelines for visitation it was difficult; especially when people are palliating. You weren't able to have people come into the site unless somebody was dying. And then the direction loosened up a little bit, so that if you saw that the resident needed somebody or something, you could assess the need and make exceptions. But we still needed to figure out, how to facilitate that visitation so that people can come into the site and everyone involved remains safe? What sorts of things can you do to create safety for the residents, staff and visitors?

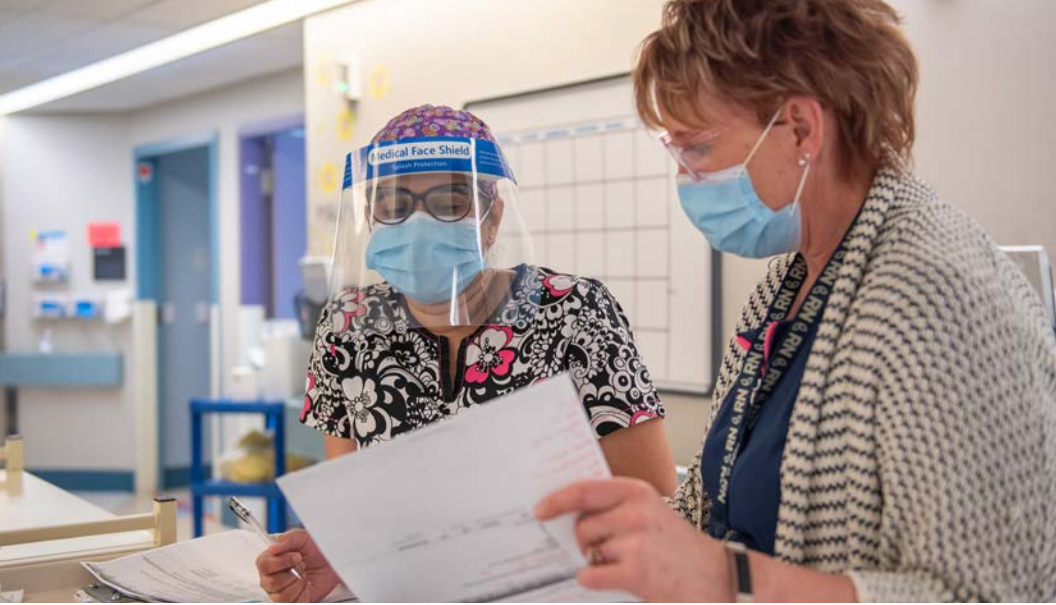
We did our first risk tolerance assessment, and the team members are on one side of the spectrum and the families are over on the other end of the spectrum. The families want to come in but the staff are feeling, 'no it's too scary'. How do you navigate that so that both parties are feeling safe and you're doing the best for everybody?

You can have rules in place but that doesn't help somebody feel like they're doing the best they can if the rules, directions, and information keep changing. It's challenging in healthcare because healthcare loves

algorithms to give guidance on how to move through an issue. COVID does not operate on an algorithm. Sometimes by the time an algorithm was developed and ready to roll out the information had changed, and we had to keep making adjustments. It was really hard for staff because they just wanted clear direction about who they can let into the sites and who they can't let in. If you want to be responsive to each situation it requires a conversation every time. Every time you assess a resident's needs for support it means you're going to have to bring the information you have at the time and the questions to your team and you're going to have to talk about what's best for each of the parties involved, while keeping an eye on everyone's risk tolerance level—whether it's the staff or the families.

We have recognized that our residents are persons with individual needs and human dignity and relationship is so important to their wellbeing. You can feed someone; you can give them hydration but if they don't have that connection to somebody their health may decline. COVID really brought that into everyone's vision. The only way we can foster a relationship is through our care for everyone in a compassionate, kind way but also by making sure that they have the people who are most important to them to provide support to them for their well-being.

Cecilia Marion, Member, Covenant Health Edmonton & Area Ethics Committee, Senior Director of Operations, St. Joseph's Auxiliary Hospital & Youville Home



Diversity and Inclusion

Covenant Health's work in diversity and inclusion has continually evolved, equipping us to respond strategically and thoughtfully to the recent global unrest around racism and injustices in our communities. Education and conversations with our teams about systemic racism has been part of our journey in ensuring all people at Covenant Health understand what our commitment to diversity and inclusion entails. This dialogue will continue as part of our responsibility to better understand and assess the prevalence of systemic racism at Covenant Health so that we can be leaders in addressing these issues. Diversity and inclusion are the heart of Catholic healthcare, which has a long tradition in providing quality, compassionate care to all individuals. This is reflected in Covenant Health's commitment to serving people of all faiths, culture, and circumstances, according to our values. This commitment to embracing diversity and promoting inclusive practices also extends to our staff, physicians and volunteers, who equally represent a rich mosaic of cultures and backgrounds.

Covenant Health continues to implement our 2020-2023 Diversity and Inclusion Work Plan. The objectives and initiatives fall under 4 main categories:

1. Supporting those we serve;
2. Supporting our teams;
3. Strengthening and expanding community partnerships;
4. Committing to Indigenous health and awareness.

We recognize that our team members are a key source of expertise in how to make Covenant Health a more inclusive workplace, and a more inclusive care environment for our Indigenous communities. Because of this, the Covenant Family Indigenous Advisory Body was established in 2020 and is comprised of Indigenous team members committed to engaging with our teams and community partners to advance Covenant Health's commitment to Indigenous health and awareness.

In 2021 the Indigenous Advisory Body coordinated Indigenous land acknowledgement signage for all Covenant Health facilities as a way to recognize treaty and traditional territory where we live and work; one small step in reconciliation and the promotion of a respectful and welcoming environment. The Indigenous Advisory Body also provides invaluable feedback and guidance regarding verbal land acknowledgments, and provides education on how the past has shaped current health issues in Indigenous Peoples. These signs are designed to help promote an inclusive and welcoming environment. The Indigenous Advisory Body also provides invaluable feedback regarding appropriate forms of conveying acknowledgments at public events hosted by Covenant Health.

Additionally, Covenant Health has successfully launched a number of educational modules that support the overall framework and work plan. We know that by continuing to foster a diverse and inclusive environment, we benefit our teams, patients, residents and the community.

What ethical challenge has weighed on your mind this year?

"One of the things that was on my mind over the summer and continues to be is an interaction that I had with one of our indigenous staff members. She shared how every day she sees how First Nations people are treated and how she has been discriminated against herself in such a way that it impacts her ability to participate in making change. She is just at the point where she feels that there is no point in helping.

"How do we as an organization support [her] voice? In our organization we want to be diverse and we want to include the experiences of others but the way we're doing it...is it fostering or silencing? There is this real gap. Are our attempts culturally appropriate?"



*Sandy Ayre, Co-Chair, Covenant Health
Edmonton & Area Ethics Committee &
Occupational Therapist, Palliative Care*



Ethisphere Report

Covenant Health was once again recognized in 2021 by the Ethisphere[®] Institute, a global leader in defining and advancing the standards of ethical business practices. This marks the sixth consecutive year that the Ethisphere Institute has designated our organization as one of the World's Most Ethical Companies[®]. This year 135 companies worldwide received this prestigious designation. Covenant Health is the only Canadian healthcare provider to ever receive this designation.

Ethisphere ranks and benchmarks participating companies from around the world against a comprehensive set of ethics standards and leading business compliance best practices. Covenant Health voluntarily participates in Ethisphere as a way of raising the bar of our ethical culture. We want to know what we are doing well and where we can improve clinical and organizational ethical practices and we deem it a value-add investment in being benchmarked against other leading organizations around the world. It is a tremendous honour to be designated by Ethisphere. It is an achievement that we celebrate, and an opportunity to drive quality improvement.

Committee Member Spotlight

Covenant's ethics committees are an important component of fostering an ethical organizational culture and supporting staff to meet the daily ethical challenges inherent to health care. The contributions offered by our ethics committees are enriched by the diversity of perspectives, experiences and ethical training of its members. In effort to resist group think bias and the familiarity that develops with years of working in health care our ethics committees periodically invite the participation of community members. We are deeply grateful to Larry MacKay for sharing his time, perspective and expertise with us as a member of the community, volunteer and participant on the Covenant Health Patient and Family Advisory Council. We are pleased to share his reflections on his experience with the Edmonton & Area Ethics Committee.



Larry, you participate in the life of the organization (and health care) in a number of ways through the Patient/Family Partnership program and volunteering. What led you to consider joining the ethics committee? What interests you about it?

A couple of months prior to my planned retirement, realizing I had no intention of sitting around and simply observing the changing weather as the world went by I applied to volunteer at the Edmonton General. I thought I could do something like maybe call out bingo numbers or help set up bowling but that's not what happened. For some years I had known one of the chaplains at the General and I think they likely had something to do with how I ended up as a visitor under the umbrella of Spiritual Care, where I've been actively volunteering now for a little over four years.

After volunteering for some time I was asked if I'd be interested in participating in a little ad hoc group that was considering how to better represent the concerns of patients, residents, and family members as they were affected by the policies of Covenant Health. I attended that meeting which seemed sort of exploratory in nature as we reflected on a couple of presented policies. By the end of the meeting however it seemed there was at least some hope that those who participated might be favourably inclined to being more formally involved in such a regular undertaking. And so I took my place as a partner on the Patient, Resident, and Family Advisory Council.

Only a week or so after that exploratory meeting and well before the Advisory Council even had its first formal meeting, I was contacted to see if I might be interested in the work of the Ethics Committee. I had no idea what the Committee did so agreed to find out more. This led to another meeting that seemed a bit like an interview. A week or so later I was asked if I'd like to serve on that committee as a rep from the community. In the end it was kind of a domino like journey where one thing simply led to another. I should say I wasn't coerced in any way; I was simply curious, thought it could be interesting, and this is where it led me.

You have been participating on the Edmonton Area Ethics Committee for over a year now, how has participating in this ethics community impacted you?

Sitting on the committee for just over a year I can say it has been a real learning experience. Through the years of my career I spent many hours visiting in Covenant Health facilities but I never really gave much thought to the administration of such a giant undertaking, and certainly not to the ethical challenges that arise in health care both for front line workers as well as those behind the lines who must work within all the constraints of administration, the stewardship of resources, and a concern for the most good for the most people without losing sight of the individual. It's sometimes, perhaps even often a greyer world than one might realize. I have come to greatly respect the people of Covenant who struggle with the ethical decisions they must make every day across the system - some big and some smaller.

What are you pleased to be able to contribute to the work and experience of the ethics committee? From your point of view, why is it important that the ethics committee (and the organization, generally) include the voice and perspective of patient/family partners and/or community members in its work?

In my own small way I think I've been able to help others in the course of my daily life to appreciate that the folks working in Covenant Health are people who truly care about the health needs of others. I share that they are compassionate, giving people who are doing an exceptional job, but they are people who like everyone else must deal with all the usual pressures of everyday life just as much as any of us. I think I'm becoming one small voice reminding people that things are not always as black and white as they might appear from a distant armchair. Things can often be complicated and trying more than one might surmise from any coverage in the media.

Further, I hope that occasionally as a partner/community member of the committee I'm able to share the perspective of one who is outside the inner daily workings of the system. That's an important voice, even if a smaller one. I think it helps to connect a committee to the impact of their work on the lives of others on the receiving end of Covenant's care. It's important for committee members to know that what they do and how they do it affects the people they serve. It does make a difference daily.

What brings you hope from what you see through your role(s)? What are the challenges you see ahead for healthcare teams and the system?

I think my participation on the Ethics Committee has helped me to put flesh and bones on what could be simply another piece of administrative structure that just happens to meet somewhere behind closed doors. Getting to observe, and coming to know even a little bit the people that serve on the committee has given me some encouragement and increased my confidence in the system. Covenant Health is not some impersonal, sterile factory aimed at support and healing for those in need. It's a dedicated team of real people that share an ultimate goal of caring as best they can with the resources they have to the greater benefit of many.

A challenge I see to healthcare teams and the system itself, though certainly not a new one, is the fading of the human touch. With soaring advances in technology, we, the people, and the organization must never lose sight of the bond we share in our humanity– not forgetting our limits even as we strive to reach the next pinnacle of success. It can be too easy to forget the person and only see the problem. It can be too easy to think we are gifted beyond our abilities while ignoring the potential gifts we have in each other.

Larry MacKay, Community Member, Covenant Health Edmonton & Area Ethics Committee



Ethics Committee Reports

Edmonton and Area Ethics Committee

During this pandemic year, our members demonstrated remarkable commitment to the Covenant Health moral community. Despite increased workloads and additional responsibilities, our members met monthly to keep current with ethics concerns, to deliberate on difficult situations, and to continue learning together. Using a virtual format, we were able to provide flexibility for members' busy schedules.

During our meetings, we held round table discussions where members shared bravely and honestly about the impact of COVID-19 on patients, residents, colleagues and themselves. Though we missed in-person contact, the depth of discussion during meetings exemplified the values of respect, compassion, collaboration, and trust created in this committed group.

Some topics discussed this year included: visitor restrictions, moral distress and resilience, quality and standards of care during the pandemic, duty to care and reciprocity, racism and inequality, Medical Assistance in Dying (MAID) legislative changes, vaccine hesitancy, losses, and limits. Additionally, due to the recent rise in moral distress across

health care, a subcommittee was formed to review recent literature on the concept, to update strategies to mitigate moral distress, and to inform moral distress presentations that have been widely requested across Covenant.

In September, we welcomed four new Ethics Committee members from Patient Relations, Integrated Services, Spiritual Care, and Site Administration respectively. As pandemic related responsibilities increased for all members, we now have two co-chairs who share responsibilities for planning and directing the committee agenda. In November, we held our first virtual retreat where the ethics of pandemic health care was featured in talks from our member's lived experiences.

Rural Ethics Committees

In addition to supports available through the Ethics and Discernment Centre, Covenant Health's rural facilities are supported locally by several ethics committees. The Bonnyville Health Centre, St. Mary's Hospital in Camrose and the Banff Mineral Springs Hospital each have an ethics committee that supports ethical reflection, consultation and education needs at their respective site. Covenant Health's eight other rural facilities are supported by member representatives from the Rural Ethics Network.

Similar to the themes, topics and issues experienced in the urban facilities, Covenant's rural sites and ethics committees were challenged by the pandemic's wide-ranging complexity and uncertainty. The themes of moral distress, vaccine sequencing and hesitancy, and visitor restrictions required significant examination and consultation this year. Concerns regarding patient/resident and family member privacy, COVID stigma and fair/timely access to critical resources are issues that, in important ways, distinguished the pandemic experience for rural sites and health professionals.

How has participating on the ethics committee impacted you? What has changed for you?

"My thoughtfulness has changed. Hearing the different perspectives on an issue has been so enlightening. It has encouraged me to slow down and break apart an issue in order to understand all the options.

We all have our biases, so we very easily move toward seeing situations one way or another. Even in the example of the case that was presented at our last meeting I listened to the change in members' tone as different information was presented about this case. It was fascinating to see how different perspectives shifted as we were given more information about the situation. The different thoughts about: What 'should' be offered to someone? How much harm we are doing? How much investment the other parties had in the resolution. It was just fascinating to me.

I've learned to slow down more and do more self-reflecting before I speak. To stop and think "okay, where is that reaction coming from? What is that triggering?" Our responses are so ingrained in us based on the theories we've learned or the experiences we've had in our lives. It's helped me to really slow down and check in before I go with something: "Is that where you really want to go with something?" "Does this action match the values I want to be an example of?" "Is that really the most helpful thing for this situation?"



*Cecilia Marion, Senior Director of Operations,
St. Joseph's Auxiliary Hospital and Youville
Home*

MAID Reporting

On March 17, 2021, the government of Canada passed into law Bill C-7, “An Act to amend the Criminal Code (medical assistance in dying).” This followed a 2019 Quebec Superior Court decision that removed the eligibility provision requiring that a person’s natural death be reasonably foreseeable; a decision that the federal government did not appeal.

The ruling was automatically suspended until March 26, 2020, but due COVID and proroguing of parliament, involving multiple extensions and amendments by the Senate, Bill C-7 came into effect immediately upon its passage.

For Covenant Health and other faith based providers, nothing substantively changes regarding our position towards MAID, and we will continue to work with Alberta Health Services Care Coordination Service who have the responsibility for the MAID program, aligning their procedures to the new legislative framework. We will continue to work with AHS to determine what, if anything, may be different for Covenant in how patients and residents seek access to the Care Coordination Service under the two new streams now available under the legislation, depending if a person’s natural death is reasonably foreseeable or not.

As part of this process, Covenant will be updating its policy later this year once we have a better understanding of the changes to the legislation and our own clinical experience. In the meantime, Covenant will continue to provide the same quality, compassionate care to all patients and residents verbalizing a request for Medical Assistance in Dying, supporting them until such time discharge to home or to another AHS setting for the procedure can take place.

As a case in point, Multidisciplinary Grand Rounds held in March 2021 (“Patient on Tertiary Palliative Care Unit who Chose MAID: A Nursing and EMS Perspective”), underscored the compassionate care provided to those in Covenant facilities, respecting both the rights of patients requesting MAID, as well as Covenant’s own institutional identity and policy.



Capacity Building

Ethics and Diversity in the Pursuit of Belonging Conference

The launch of the new Covenant Health Ethics & Discernment Centre was introduced by a four-day Virtual Ethics Conference held from March 22-25, 2021 with the title: "Ethics & Diversity in the Pursuit of Belonging". The conference examined a variety of societal challenges through the lens of Catholic teachings. With presenters drawn from within Covenant Health and outside of the organization, topics discussed ranged from Human Dignity in Catholic health care to Racism, Solidarity and Belonging.

The conference was well attended by about 45 organizations across Canada, notably among them were health care organizations and Catholic institutions. With over 1000 registrations and more than 80 hours of planning, feedback from participants showed a very positive reception to the conference as well as a need for such future events.

Provincial On-call Ethics Team

In April 2020 the Centre reconfigured the daytime ethics on-call ethics consultation service and created Covenant Health's Provincial On-call Ethics Team. Due to COVID-19 capacity challenges, and the interest expressed by committee members across the province, we moved up plans to pilot a provincial, member-supported consultation structure.

The team is comprised of volunteer ethics committee members from both urban and rural committees. These members—coming from diverse practice contexts and leadership experiences—are supervised by the Ethics and Discernment Centre's clinical ethicists. They receive education, case debriefing and mentoring during biweekly development sessions to enhance their capacity to support ethical reasoning, decision-making and leadership across the organization.

Aligned with the organization's strategic objective to deepen capacity for ethical reflection and discernment, this provincial on-call ethics team provides a valued service for colleagues within the organization and facilitates leadership development to the Provincial On-call Ethics Team members.

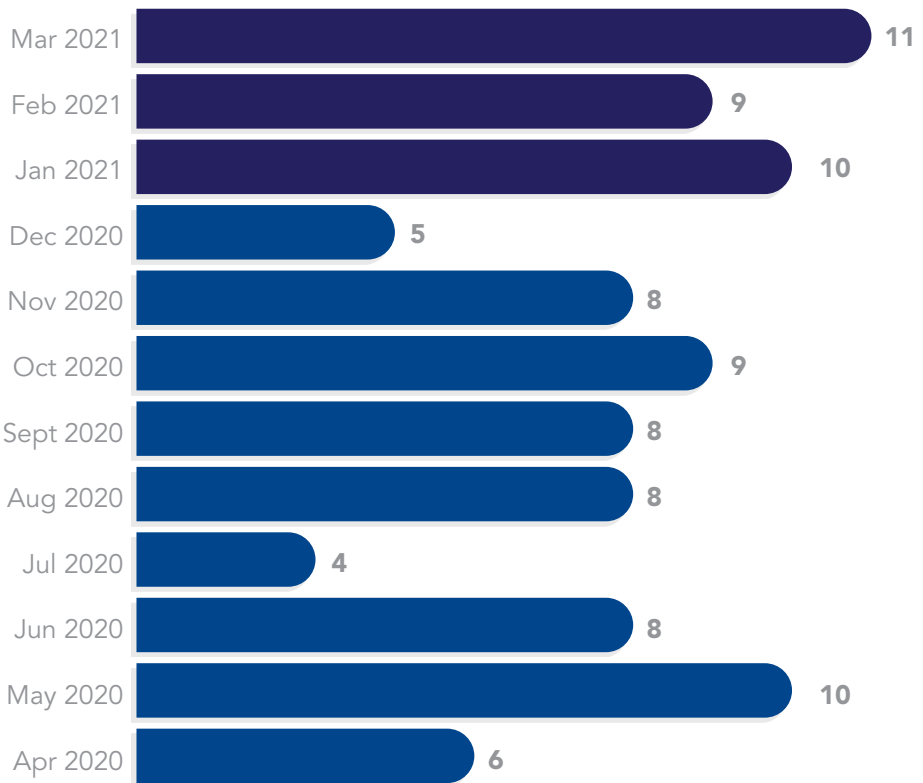
St. Paul's University Bioethics Program

In a bid to build capacity with our Ethics Committee members, we are proud of our committee members, Bonnie Tejada, Director, Mission and Spirituality, and Cecilia Marion, Senior Director of Operations St. Joseph's Auxiliary Hospital and Youville Home, who have completed courses in the Graduate Diploma in Catholic Bioethics at St. Paul University, Ottawa. Their learnings are evidenced in their ethical reflections and in handling ethical issues especially in these present times.

Ethics Consultation Reporting

The core business of the Ethics & Discernment Centre continues to be our 24-hour, province-wide ethics consultation service. Clinical ethics consultations contain structured discussions led by a member of the ethics team. Consultations are guided by Covenant Health’s ethical decision-making framework, and the Catholic Health Ethics Guide. The data below reflects consultation services undertaken by the Ethics & Discernment Centre from April 1, 2020 to March 31, 2021.

Consultation requests by month



96 requests were made in the last year

Consultation requests by theme



Professional Ethics **18**

Resource Allocation **1**

Privacy and Confidentiality **1**

Health Care Provider Communication **2**

Difficult Family **8**

Difficult/Non-Compliant/ Abusive Patient **4**

Withholding/Withdrawing/ Refusing Interventions **3**

Complex discharge/transfer/ placement **9**

Capacity/Consent/Informed Decision-Making **5**

Living at Risk/Unsafe Behaviours **1**

Alternative/Complementary Interventions **1**

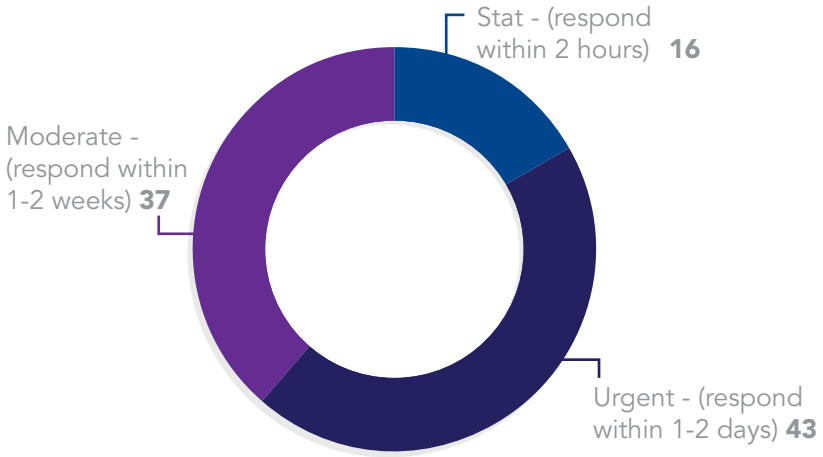
Policy/Process/Organizational issues **32**

MAID Medical Assistance in Dying **4**

Early Induction **2**

Conflict between Advocate/ Patient/Care Team **5**

Consultation request by urgency



Consultation requests by location



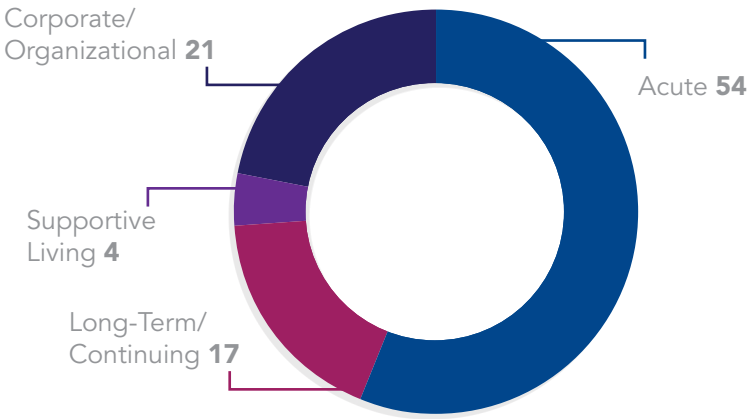
Consultation Requests by Facility



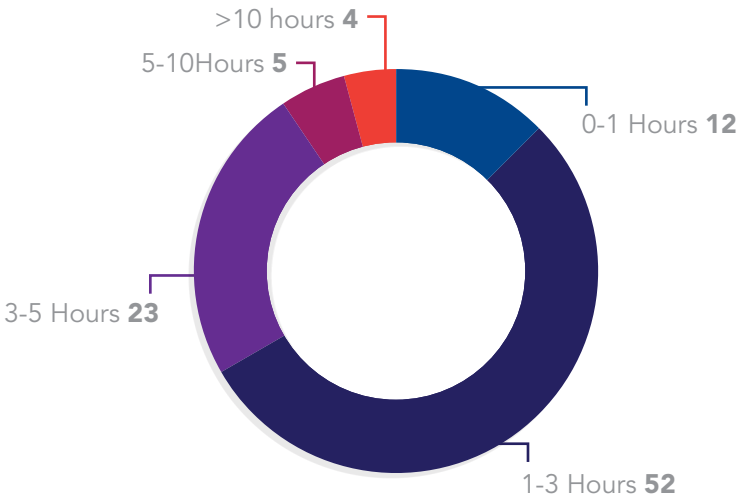
- Grey Nuns Community Hospital **26**
- Corporate **13**
- St. Mary's Hospital (Camrose) **11**
- Edmonton General Continuing Care Centre **12**
- Villa Caritas **5**
- Misericordia Community Hospital **14**
- Bonnyville Health Centre **3**
- St. Joseph's General Hospital (Vegreville) **1**
- Covenant Care **2**
- Mary Immaculate Hospital (Mundare) **2**
- St. Michael's Health Centre (Lethbridge) **1**
- St. Therese Villa (Lethbridge) **1**

Sites not listed did not request consultations

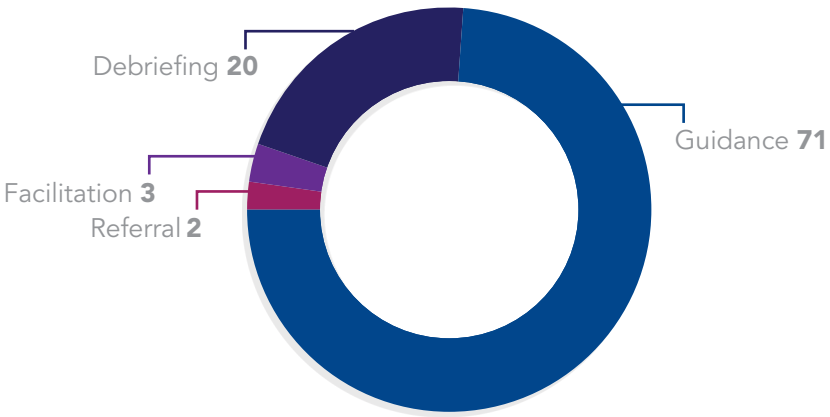
Consultation requests by category



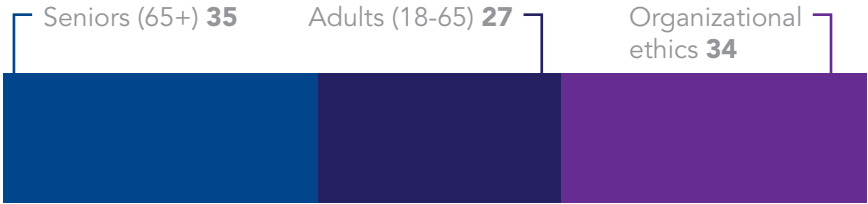
Consultation requests by total time spent



Consultation request by type of support provided



Consultation request by population



No requests came in from Neonatal (<28 days) or Pediatric (up to 18)



Personal Reflections from our Ethicists

Dr. Eleanor Stewart

Only a few years ago, pandemic planning seemed to be a theoretical exercise. Now I am struggling to keep up with all the intricacies and intendant ethics concerns. As of this writing, I am bracing myself for the difficult decisions that triage evokes. I hope that my colleagues in medicine and elsewhere know that our ethics service will stand with them in that difficult space. There, in that space, I know that the best I can do is to offer to bear witness and share responsibility.

Overall, the pandemic triggers in me a heightened awareness of my most cherished values. In my head I see the puzzles but in my heart I feel the painful inequities that the pandemic has glaringly exposed. But I am part of a larger community that is inspired by the Catholic legacy and mission and grounded in deep understanding of what social justice requires. For that, I am grateful. I know that I am not alone as I seek a just world where all people are worthy of time, attention, and loving care.



Jon Gilchrist

Periodically, there comes a moment during an ethics consultation where a participant is confronted with one or two very personal, very uncomfortable questions: 'Am I willing to compromise my core values in this moment?' 'Which deeply held value(s) am I absolutely unwilling to compromise, consequences be damned?' This is what I sometimes describe as the line-in-the-sand moment. It signals the place beyond which one cannot go without great cost to personal integrity and sense of self.

If there is such a thing as 'ethical suffering' it is happening here, at this line. I wonder how many staff and how often they have found themselves confronted with 'the line' during this pandemic, asking themselves "How can I make this decision, again?" Our staff, physicians and leaders are truly remarkable and I marvel at their relentless commitment to the wellbeing of others and preserving their integrity in these moments. I am grateful for the examples they both leave and inspire in others as they strive to find a way through our current challenges. Along with everyone else I long for the pandemic to be a distant memory and look forward, with hope, to that time.

List of Contributions to Covenant Health and beyond

In the last year, the Ethics and Discernment Centre contributed to education, policy development, advisory bodies, and projects across the Covenant family and to communities provincially and nationally. A list of some of the contributions made is shown below:

Pandemic

Topic / Focus Area	Group Supported - Collaboration	Contributions
Vaccines	Covenant Health Vaccine and Immunization Working Group	Document review, development, ethics analysis
Staff Wellness	People Oversight Committee	Participation in discussions on staff well-being and care during the pandemic
Staff Wellness	Organizational Development	Preparation for Post-COVID PTSD and Moral Distress

Policy

Topic / Focus Area	Group Supported - Collaboration	Contributions
Sexuality and Intimacy in Institutional Care	Covenant Health Policy, Ethics Committees, Long Term Care	Research, Document development and review, ethical analysis

Provincial and National Stakeholders

Topic / Focus Area	Group Supported - Collaboration	Contributions
Moral Distress	Catholic Health Alliance of Canada Catholic Health Alliance of Canada Ethicist Network	Moral distress and resilience guidance paper
Human Trafficking	Human Trafficking Health Alliance of Canada	Member participation
Wandering Patients Patient Safety	Task Force on wandering COVID patients with AHS-Edmonton Zone	Ethical Analysis, guidance document development
Resource Allocation	Covenant Health Palliative Institute & Alberta Health Services	Ethical Analysis, Stakeholder consultation, Organizational Discernment

Education

Topic / Focus Area	Group Supported - Collaboration	Contributions
Stewardship and Accountability	Covenant Health Spiritual Care	Facilitated discussion, ethics analysis
Racism and Micro-aggressions	Covenant Health Operations Leadership Team Banff Ethics Committee Spiritual Care	Presentations
Diversity and Inclusion	Covenant Health Spiritual Carer	How to Be An Ally presentation
Ethical decision-making	Palliative Medicine Residents	Presentation, Seminar discussion
Health Ethics Guide App	Covenant Health President's Office Catholic Health Alliance of Canada	Survey
Moral Distress Staff Wellness	Covenant Health Board Banff Mineral Springs Hospital Community Board Organizational Development Operating and Recovery Teams Multidisciplinary Rounds	Presentations

Topic / Focus Area	Group Supported - Collaboration	Contributions
Human Trafficking	Canadian Association of Medical Students Against Human Trafficking	Education session with RCMP
Community Outreach Community Wellness Human trafficking	Preventing Alcohol Related Trauma in Youth program	Video creation, production

Organizational Support

Topic / Focus Area	Group Supported - Collaboration	Contributions
Moral Distress Human Trafficking	Covenant Health community Covenant Health Communications	Vital Beat interviews
Diversity and Inclusion	Covenant Health Library Services Covenant Health Organizational Development	Anti-racism resources
Leadership Development	Organizational Development Human Resources	Re-design team member

Ethics and Discernment Centre Expansion Strategy

In the opening to this report, Dr. Self recognized the many years of visioning and effort that preceded this year's Ethics and Discernment Centre expansion. We are excited to be at this point—another new beginning.

The behind-the-scenes work includes a refreshed ethics strategy and implementation plan that seeks opportunities to directly serve our external stakeholders by sharing our common challenges and institutional learnings for the benefit of all our communities.

The focus of the Ethics and Discernment Centre's work is to ensure that those we serve are treated with respect, their values and stories are honoured, and that in their living or in their dying, their human dignity is upheld.

In an effort to better pursue this work we are focusing on three key initiatives over the next 5 years. This work includes:

- Website development and enhanced accessibility to ethics services for internal and external audiences
- Deepening capacity for ethical discernment through staff education, ethics curriculum development, ethics committee member competency training and leadership development
- Inter-organization collaboration on community education and supports. (e.g. Annual Conference and Seminar Series)

Acknowledgements And Thanks

Ethics & Discernment Centre Staff Members:

Dr. Gordon Self, Dr. Eleanor Stewart, Jon Gilchrist, Ogechukwu Ezeh

Covenant Health Rural Ethics Network:

Anita Layh, Jim Wilson, Kim Weinkauff D., Krista Bilyk, Laurel Wyllie, Nicholas Wasylowich, Reno Guimond, Shawn Huculak, Sherry Lucas, William Patterson

Bonnyville Ethics Committee:

Alena Thompson, Anita Layh, Elizabeth Moon, Leah Synowec J., Sherry Lucas, William Patterson, Derrick Lee, Ellen Buchanan, Christina Dietrich, Amanda Sogge

Banff Mineral Springs Hospital Ethics Committee:

Dr. Dino Smiljic, Margie Smith, Nancy Barnes, Nancy Cowtun, Paula Storie, Dr. Peter Baylis, Sandy Penrose, Tamara Wewetzer, Richard Kline, Margarete Moar-Bel, Max Marlow

Camrose Ethics Committee:

Cathy Turn, Cherylyn Antymniuk, Glenda Shiell, Jim Wilson, Joann Reinhart, Joyce Pring, Karen Burton, Kathy Henderson, Kendra Ferguson, Kim Roberts A., Kyla Joyce, Melissa Berg, Peggy Grundberg, Shelly Dalueg, Sherry Schneider, Warren Lindberg

Edmonton Area Clinical Ethics Committee Members:

Barbara Roemer, Bonne Tejada, Cecilia Marion, Deborah Kirkpatrick, Donna Brown, Dr. Eleanor Stewart, Dr. Gordon Self, Jane Christensen, Jon Gilchrist, Josh Stachniak, Katrina Damer, Kris Gray, Larry Mackay, Lora Maygard, Mark Vigrass, Manju Seeger, Meg Hagerty, Ogechukwu Ezeh, Sandy Ayre, Scott Stewart, Sheri Mckenzie, Karen Hansen, Jacqueline Hills, Jacqueline Thompson

Moral Distress And Resilience Subcommittee Members:

Karen Hansen, Meg Hagerty, Scott Stewart, Dr. Eleanor Stewart And Ogechukwu Ezeh

Mission, Ethics And Spirituality Portfolio

Special Thanks To Ebelina Werter, Sairah Jacob-Scaria, Gretel Pepper, Meaghan Ellis, Salima Mohamed, Bonnie Tejada, Ralph Magnus, Karen Hansen, Teresa Lucier, Brenda Shim, Jane Christensen, Vera Atkinson And Dr. Gordon Self

Provincial On-Call Ethics Team

Anita Layh, Bonnie Tejada, Dr. Dino Smiljic, Dr. Eleanor Stewart, Jon Gilchrist, Nicholas Wasylowich, Ogechukwu Ezeh, Dr. Peter Baylis, Scott Stewart, Karen Hansen, Jane Christensen

The Steering Committee & Presenters At The 2020 June Retreat

Edmonton Area Ethics Committee Members, Kris Gray, Cecilia Marion, Sandy Ayre, Joy Hurst, Katrina Damer, Nick Wasylowich, Kelly Dunn, Dr. Gordon Self, Dr. Eleanor Stewart, Jon Gilchrist, Ogechukwu Ezeh

The Steering Committee & Presenters At The 2020 Fall Retreat

Dr. Gordon Self, Dr. Hazel Markwell, Dr. Mark Miller, Dr. Eleanor Stewart, Jon Gilchrist, Ogechukwu Ezeh

The Steering Committee & Presenters At The Virtual Ethics Conference 2021

Patrick Dumelie, Dr. Julien Hammond, Dr. Gordon Self, Jon Popowich, Brenda Shim, Meaghan Ellis, Remi Bolarinwa, Deb Kirkpatrick, Dr. Eleanor Stewart, Fr. Susai Jesu, Dr. Theresa Zolner, Scott Stewart, Bonnie Tejada, Joy Hurst, Jon Gilchrist, Ogechukwu Ezeh

Communications And Community Engagement

The Communications And Community Engagement Team





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