



**IAN ANDERSON
CONTINUING EDUCATION
PROGRAM IN
END-OF-LIFE CARE**

**ANNUAL REPORT
2005-2006**

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ANNUAL REPORT 2005-2006 IAN ANDERSON CONTINUING EDUCATION PROGRAM IN END-OF-LIFE CARE UNIVERSITY OF TORONTO

The Ian Anderson Continuing Education Program in End-of-Life Care has completed its sixth year. The activities of Physician Leader Laura Hawryluck and Program Coordinator Nancy Bush have reached approximately 1,900 people this past year at events across the country.

Our major activities in the last year were:

- Teaching and program promotion
- Development of a DVD on advance care planning – collaboration with the Medico-Legal Society of Toronto, the Change Foundation, the Law Society Foundation, the Ontario Seniors' Secretariat of the Ministry of Citizenship and Immigration and the Alzheimer Society of Ontario
- Department of Surgery program initiatives
- Princess Margaret Hospital Research Initiative
- Collaboration with Educating Future Physicians in Palliative and End of Life Care (EFPPEC)
- Participation in development of an Ontario Health Pandemic Influenza Plan
- Development of relationships and links at local, provincial, national and international levels
- Website expansion
- Development of a book chapter on palliative care in the ICU
- Exploring further program funding possibilities
- Planning for future projects and educational events

While it has been a great year for developing collaborations and new resources, we continue to be fiscally conservative and funds remaining from the five-year grant will sustain the program through a seventh year.



TEACHING AND PROGRAM PROMOTION

➤ 2005-2006 Lectures and Workshops

The chart of activities at the end of this report will give a sense of the numerous speaking engagements undertaken by Program faculty to advance the cause of improved end-of-life care in this country. Some of these are discussed in greater detail on the following pages.

➤ Public Education

On May 12 and 19, 2005 the Anderson Program presented a University of Toronto Mini-Med School, “End of Life Care: Death, Dying, Grief and Bereavement”. Mini-Med School is a series of health science classes designed for a general audience of adults ranging from senior high school students to seniors and is coordinated by the Faculty of Medicine Continuing Education Office.

The course was presented by Drs. Laura Hawryluck and Larry Librach and covered such topics as advance care planning, life support and palliative care, palliative care at home, common issues such as pain, symptoms, available resources, when to call the hospital, communicating with the health care system and the last hours of living. The course was extremely well-received with the lengthy question period each evening revealing a keen interest in the subject not only from the perspective of patients and family members but also that of the healthcare provider.

Our hope is that, by educating the public, they will “demand” greater knowledge in end-of-life care from their healthcare teams and will raise the standard of care by no longer accepting poor pain and symptom control and poor communication.

➤ Media Coverage

- The Discovery Health Network Gemini-award nominated program "Medical Hotseat", hosted by Avery Haynes, invited Dr. Hawryluck to participate in a discussion on the hot-button topic of euthanasia with three other panelists: Catherine Frazee, author, teacher, human rights activist and former Chair of the Ontario Human Rights Commission; JoAnne Schachtel, member of the group Dying with Dignity and widow of artist Ray Arnatt, who chose to end his battle with ALS by starvation; and U of T Bioethicist Wayne Sumner. The program debated the ethical and legal issues surrounding the legalization of assisted death in Canada in view of two recent cases. The program aired May 29, 2005.
- Anita Manning at USA Today, in follow-up to the January 18th Pall Medical web cast “Preparing for pandemics from triage to end-of-life care—lessons from SARS”, interviewed Laura Hawryluck. The web cast generated a significant amount of media coverage with stories by Reuters, Medical News and others around the world.



➤ Conference Exhibits

- The Anderson Program again took an exhibit booth at the November 2005 Pain & Symptom Management Conference. Delegates at the conference told us how the modules continue to be well used in both teaching and self-study.
- We were invited to take an exhibit table at the November 4, 2005 Canadian Institute of Health Research Ontario Regional Seniors' Workshop on Research. This one and a half day event focused on issues affecting seniors and current research. It was an excellent networking opportunity.

DEVELOPMENT OF A DVD ON ADVANCE CARE PLANNING

The Anderson Program is very excited to announce that it has completed development of its major project to create a DVD and accompanying educational guide on advance care planning, life-sustaining and palliative interventions to facilitate informed decision-making at the end of life.

The goal of the project is to ensure advance care planning decisions by patients and their substitutes are informed by describing 1) what decisions they will/may face regarding life-sustaining and palliative care interventions, 2) what the choices and treatments entail, 3) the different contexts in which they may be needed and 4) the benefits, burdens and alternatives to such therapies.

The Advance Care Planning DVD provides an introductory look at some of the basic concepts involved in advance care planning. Using a storied-approach, the DVD highlights a number of common health care scenarios their impact on individuals and families and the role of healthcare and legal professionals in helping with the decision-making process.

Scenario I: A 37 year-old-man is seriously injured in a fall from his roof and is being cared for in a hospital's Intensive Care Unit. This story explains life sustaining therapies and the difficult decisions that his wife and mother face with hospital staff.

Scenario II: Diagnosed with Alzheimer's Disease, a woman asks her adult daughter to assume the role of Substitute Decision Maker to make certain her voice will be heard by her health care team. We follow this mother and daughter through the experience of learning the medical and legal issues involved when assuming this kind of role for a loved one.

Scenario III: An elderly man learns his cancer is incurable. This story explains some of the common concepts of palliative care. We are given the opportunity to experience the decision-making process in a palliative care setting.



The multidisciplinary working group includes representatives from the Alzheimer Society of Ontario, Centre for Research in Education at the University of Toronto, Consent and Capacity Board of Ontario, Medico-Legal Society of Toronto, Ontario Seniors' Secretariat of the Ministry of Citizenship and Immigration, Palliative Care at Princess Margaret Hospital/University Health Network, Temmy Latner Centre for Palliative Care at Mount Sinai Hospital and the University Health Network ICU team.

Dr. Hawryluck, with Linda Nusdorfer, Clinical Nurse Specialist, MSICU, University Health Network, Jan Oldreive, Executive Director Medico-Legal Society of Toronto, and Douglas Buller, Research/Resource Coordinator, The Wilson Centre for Research in Education, Faculty of Medicine, University of Toronto, applied for funds to help support this project from the Change Foundation. They were delighted to receive notice that their application was successful. Additional funding has also been granted by the Alzheimer Society of Ontario (\$20,000) to help with development and the Law Society Foundation (\$4,500) to aid with distribution.

Dr. Hawryluck formed a multidisciplinary committee of lawyers, bioethicists, intensivists, the public and government representatives to help develop script content and format. After several weeks of consultation, negotiating with ACTRA and auditioning, the hiring of suitable actors and a film crew took place and filming commenced in August. Dr. Hawryluck and Mr. Buller met with AXS Biomedical Animation Studio to work out what we wanted and needed, collaborating with them to develop the graphics to explain intubation, ventilation and hemodynamic support. Mr. Buller was key to the success of this project—due to his dedication, hard work, long hours and vision the filming, editing, and graphic insertion was completed and a final version of the DVD was available by the end of March.

Ms Jan Oldreive and Dr. Hawryluck worked to develop an accompanying educational guide which strives to reinforce material in existing guides on advance care planning and strives to answer commonly asked questions that to date have not been addressed by others.

The Ontario Seniors' Secretariat and the Alzheimer Society of Ontario were very pleased with the content and format and, in partnership, we will launch the DVD in the fall of 2006. In order to ensure a successful launch, the DVD and accompanying guide will be translated into French. Dr. Hawryluck has worked with the Seniors' Secretariat to hire a firm to translate and to arrange for voice-overs. This has required further negotiations with ACTRA. Future plans will see the DVD and accompanying guide being translated into Chinese.

Currently Dr. Nusdorfer and Dr. Hawryluck are in the process of completing the research aspects of this project, using focus groups of members of the general public to gauge the effectiveness of the DVD in explaining advance care planning, life-sustaining and palliative interventions. The results of this study should be available in the fall and will be prepared for publication.



The goal remains to place the DVD and educational guide in the offices of physicians and lawyers where it will serve as an innovative and powerful tool to facilitate decision-making, to ensure everyone is more informed and yet save time by providing baseline information and allowing patients and clients to generate questions and thoughts regarding advance care planning prior to meeting with their physician and/or lawyer or substitute decision-makers. As such the DVD will potentially have a very large impact on the Canadian public and ensure these difficult decisions regarding therapeutic interventions at the end of life are better informed and well reasoned.

The Anderson Program, the Law Society Foundation, the Ministry of Citizenship and Immigration, the Alzheimer Society of Ontario and the Medico-Legal Society will collaborate on the launch and distribution. The Change Foundation, University Health Network and Baycrest Centre Foundations have also expressed an interest in helping with this task.

DEPARTMENT OF SURGERY SPECIALTY INITIATIVES

➤ Development of a Surgical OSCE

To meet the objectives of the Dean's Excellence Fund research project, an initial faculty development half-day conference was held within the Department of Surgery on May 13, 2005 at the University Club. The goal of this faculty development conference was to develop OSCE stations to evaluate trainees' performances in what some consider the "softer" CanMeds 2000 roles: communicator, health advocate, collaborator, professional and manager. The University of Toronto is the first university in the country to try to systematically and rigorously evaluate its trainees' performances within these roles. The objective of this first time General Surgery OSCE was to identify strengths and weaknesses within the program in order to identify areas in need of improvement to ensure all trainees meet CanMeds standards in the humanistic aspects of clinical practice as well as in surgical knowledge and scholarship.

The half-day began with an initial series of presentations on CanMeds 2000 roles, their importance and place within the General Surgery training program, the use of standardized patients in evaluation and modes of evaluation by Dr. Lorne Rotstein, Dr. Alexandra Easson, Ms Kerry Knickle and Dr. Hawryluck. Faculty members were then invited to develop OSCE stations and draft evaluation templates. Each OSCE station uses standardized patients, families and a new innovation, standardized colleagues. Subsequent to this half-day, station development was finalized through an iterative process. Each station underwent further review as standardized patient, family and colleague training occurred to ensure consistency in performance. Trial runs led by Dr. Easson occurred with faculty and fellows over the spring months. The creation of evaluation templates for each individual station was also led by Dr.



Easson. The three-stream, one-hour, five-station Surgical CanMeds OSCE was held on June 29, 2006. Surgical trainees in PGY 1, 2 and 5 were evaluated.

On the day of the OSCE, trainees were divided into two groups after they received a general orientation session. One group proceeded directly through the OSCE stations while the second group was given an hour-long teaching session on communication skills with a particular focus on error disclosure and end-of-life decision-making. The previously developed (by Dr. Easson and Dr. Hawryluck) American College of Surgery DVD on Error Disclosure (as outlined in the 2004-2005 annual report) was used as a teaching tool. After the teaching session was completed the second group of trainees went through the OSCE stations while the first group debriefed with Dr. Hawryluck and were given the same teaching session. Subsequently a general debrief followed with Drs. Rotstein, Easson and Hawryluck as well as with the entire General Surgery faculty who had acted as examiners. Feedback was very positive from faculty and trainees alike. In the upcoming months more detailed feedback (based on pre/post OSCE questionnaires) as well as the results of formal station evaluations will become available. Already plans are underway to develop a formal working group with the participation of Dr. Bohnen, the postgraduate surgery program director, to create a formal educational program and to make the OSCE an annual event.

This project has allowed us to assess how well the University of Toronto's General Surgery Program is currently meeting CANMEDS 2000 objectives in regards to training residents to be professionals, communicators, collaborators, health advocates and managers. The ACS DVD educational intervention was used to improve knowledge and skill in dealing with error and end of life issues.

PRINCESS MARGARET HOSPITAL INITIATIVE

Advance care planning was identified as an area in need of further attention at the University Health Network during the last round of hospital accreditation. Ms Janice Wright, Ms Susan Robinson, Dr. Mark Minden and Dr. Hawryluck undertook a hospital wide survey (including in-patient and out-patient units) of Princess Margaret Hospital staff (physicians, nurses, nurse practitioners, radiation therapists, clinical associates, social workers and others) in order to evaluate their knowledge, attitudes, experience and perceived skills in facilitating advance care planning with oncology patients and their families. The survey instrument was chosen by Ms Wright from a previously published survey performed in New York. Permission to use and adapt the survey instrument was accorded to Ms. Wright by the New York investigators. As such it required adaptation for a Canadian and specifically an Ontario context—this was performed by Dr. Hawryluck. After receiving Research Ethics Board approval, Ms Robinson was instrumental in ensuring distribution and completion of the survey on a hospital wide basis. The study received considerable support from Dr. Robert S. Bell, President and CEO of the University Health Network.



At the present time the survey has been completed and data analysis is underway. Initial results reveal significant deficits in ethical and legal knowledge as well as a level of discomfort regarding roles and responsibilities and in initiating the conversations to facilitate decision-making with patients and families. Further analysis will seek to identify key differences among various professionals.

Once completed, this research project will serve as a fundamental guide in the development of hospital wide educational programs around advance care planning—from ethical/legal issues to communication skills. The Anderson Program would be happy to support the development and roll out of such educational programs to improve the already high quality of patient centred care received at Princess Margaret Hospital and to ensure accreditation standards are met in the future.

EDUCATING FUTURE PHYSICIANS IN PALLIATIVE AND END-OF-LIFE CARE (EFPPEC)

This project is a direct result of the work of the Senate Steering Committee on End-of-Life Care, of which Dr. Larry Librach and Laura Hawryluck were members. The project is co-facilitated by the Association of Canadian Medical Colleges (ACMC) and the Canadian Hospice Palliative Care Association (CHPCA). The management committee was structured to partner those involved in end-of-life care and education with those involved in providing education in undergraduate and postgraduate medicine and includes representatives from several universities, ACMC, CHPCA and Health Canada, with Dr. Alan Neville of McMaster University as chair.

The project goal is that by the year 2008, all undergraduate medical students and clinical postgraduate trainees at Canada's seventeen medical schools will receive education in palliative and end-of-life care so they will graduate with common core competencies in these areas. In addition, the EFPPEC program seeks to ensure that postgraduate trainees in all core specialty-training programs (Medicine, Surgery, Anesthesia, Psychiatry, Pediatrics and Family Medicine) will achieve a core level of competency in caring for dying patients and their families.

In this past year, at the University of Toronto, the undergraduate EFPPEC committee met on a number of occasions and completed a survey of the existing curriculum in end-of-life care at the University of Toronto. These meetings have served to identify the content and scope of course materials/educational sessions in all four years of the curriculum at the University of Toronto that deal with palliative and end-of-life care. Dr. Albert Kirshen has taken the lead in compiling this information and in generating a report to the national EFPPEC committee. Now that these components of the curriculum have been identified, existing gaps can be identified and addressed in the next stages. Ensuring we improve the education that our students receive in end-of-life care is a pressing need: the issue was identified as one requiring attention in the last accreditation process and must be addressed before the next round of accreditation occurs in 2011.



The Postgraduate Program Committee has also had the opportunity to meet to discuss the University of Toronto specialty training programs educational content in end-of-life care. At the request of the National EFPPEC Committee the Postgraduate committee, led by Dr. Hawryluck, at the University of Toronto developed a list of core competencies and broad educational objectives in end-of-life care for all specialty programs. These core competencies and educational objectives were presented to Dr. Librach and the National EFPPEC Committee. Dr. Librach subsequently met with the Royal College of Physicians and Surgeons and has asked members of the postgraduate committee to make the broad objectives specialty specific. Dr Hawryluck adapted the objectives to the critical care medicine setting and others have been asked to adapt the objectives for Medicine, Surgery, Anesthesia and Psychiatry.

The plan is still for the Anderson Program website to serve as a core basis of educational material and to facilitate the exchange of materials, methods and techniques to ensure the EFPPEC goals are achieved at the University of Toronto.

PARTICIPATION IN DEVELOPMENT OF AN ONTARIO HEALTH PANDEMIC INFLUENZA PLAN

Dr. Michael Christian from McMaster University invited Dr. Hawryluck and the Anderson Program to join the Adult Hospital and Critical Care Admission, Discharge and Triage Working Group, a provincial committee to develop critical care admission and discharge triage guidelines in anticipation of a future flu pandemic. The committee membership is made up of experts in infectious diseases, Canadian and U.S. military procedures, public health, intensive care, and Ministry of Health and Long-Term Care guidelines. Dr. Hawryluck was specifically asked to join the committee in view of her expertise in both critical care medicine and in caring for the dying within the critical care field. The committee, led by Dr. Christian, reviewed the ethical, legal and military issues and models in triage. Dr. Randy Wax (of Toronto's Mt. Sinai Hospital ICU) and Dr. Hawryluck were made specifically responsible for developing a draft set of recommendations tying ICU survival scores to traditional military triage systems. These survival scores have never been used to triage patients before – this had not been their intended purpose when originally developed. Yet they will provide some scientific basis and some fairness and transparency in the use of critical care resources determining who is given a chance at survival and who will be treated with compassionate care only should they come to need ICU care if a pandemic ever does arise.

A subsequent working group was formed and further expanded the criteria that would be used for admission, discharge and triage in the event of a pandemic. Case scenarios were used to test the model and to see if there was consistency in decision-making among working group members. Subsequently the Ministry of Health and Long-Term care invited broad feedback from members of the intensive care community using a web-based questionnaire/feedback format. The Committee tabled its recommendations this spring. Currently the Committee is preparing a paper outlining its process and



suggested triage model for publication. It has also prepared abstracts and submitted to the Infectious Diseases Society of America among other conferences.

DEVELOPMENT OF RELATIONSHIPS AND LINKS AT LOCAL, PROVINCIAL AND NATIONAL LEVELS

Below are some highlights of our relationship building in the sixth year of the program. Please refer to the activities chart for a complete list of events.

LOCAL

➤ University of Toronto Faculty of Medicine Teaching

Some highlights of the University of Toronto teaching schedule were:

- Seminars with first, second and fourth-year medical students on communications skills, ethical and legal issues, breaking of bad news and quality end-of-life care
- CRISP Ethics Seminars – Topics included Capacity, Consent, and End-of-Life Decision-Making
- Critical Care Medicine Education Seminar Series for U of T Residents – workshop on ethical and legal issues at the end of life in the ICU
- Nephrology Postgraduate Trainee Education Seminar Series on Futility and end-of-life issues
- Respiriology Postgraduate Trainee Education Seminar Series session on Medico-Legal Issues in End-of-Life Care.

PROVINCIAL

➤ Critical Care Secretariat Strategy

On January 30, 2006, George Smitherman, Ontario Minister of Health and Long-Term Care, announced a \$90 million strategy to improve critical care services in Ontario. The Critical Care Strategy, designed to improve access, quality and system integration, is comprised of seven closely linked initiatives:

- Critical Care Response Teams
- Critical Care Capacity
- Health Human Resources
- System-Level Training
- Critical Care Information System
- Performance Improvement Collaborative
- Ethical Issues of Access

This innovative strategy is the result of an on-going collaboration between critical care healthcare providers, hospital administrators, ministry officials and others. The first phase of this collaborative effort is documented in the Final Report of the



Ontario Critical Care Steering Committee. This 2005 report sets out a comprehensive blueprint for improving critical care services in Ontario. Based on the 33 recommendations in this report, the Ontario Critical Care Expert Advisory Panel, chaired by Dr. Alan Hudson, shaped the current strategy, identifying the seven components as priorities for provincial investment. The Critical Care Strategy is being implemented under the direction of Hugh MacLeod, Assistant Deputy Minister, Health System Accountability and Performance Division, and Dr. Bernard Lawless, Provincial Lead, Critical Care and Trauma. The implementation process is supported by the Critical Care Secretariat.

Ethical Issues of Access to Critical Care

Due to her expertise in ethical and legal issues and the collaborations she has formed as Physician Leader of the Anderson Program, Dr. Hawryluck has been designated Medical Advisor to the Critical Care Secretariat for this component of the Strategy. The goal of the Ethical Issues of Access project consists of developing a process for addressing ethical challenges relating to the appropriate and efficient utilization of Ontario's limited critical care resources. The key deliverable for this process will be the development and province-wide adoption of patient-centred Critical Care Admission, Discharge and Triage Guidelines. To develop this part of the strategy, Dr. Hawryluck prepared a four-year business plan proposal for the Secretariat. The first part of this plan is well underway with background research projects exploring different cultural and religious perspectives on end of life and the place of life-sustaining technologies in end-of-life care, models of scarce resource allocation that can be applied to an Intensive Care Unit setting, legal aspects of withholding/withdrawing life-sustaining interventions provincially, nationally and internationally, current sources of conflicts with patients and families and means of resolving these, perspectives on what constitutes an appropriate and reasonable use of critical care resources. These research projects are being accomplished with the help of a variety of researchers from the community, from Ministry of Health and Long-Term Care Legal Services, from the University of Toronto Joint Centre for Bioethics and from other faculties at the University. All are overseen by Dr. Hawryluck. The plan is to eventually prepare each of these research projects for publication in peer reviewed journals.

Subsequent stages of the project will see the development of a green paper summarizing the background research and its implications for policy development. A working group of members within the critical care field will be formed to further develop a draft policy. A chair will then be chosen for a "blue ribbon" panel which will ensure input from the broader community. Once finalized a broad professional education campaign will be undertaken by the Secretariat to ensure fair and equitable access to critical care services is a reality for all Ontarians. It is anticipated that a public education campaign will follow.

The Anderson Program already describes ways to facilitate decision-making with families, ways to avoid and resolve conflict situations. These are among the most popular modules of the Program and it is anticipated that they can serve a key role



in the development of broad professional education and receive even wider exposure.

Performance Improvement Coaching Teams

Performance Improvement Coaching Teams are founded on the ideal of "the system helping the system." Ontario has world-leading experts in all aspects of critical care service delivery working within our own healthcare community. The Coaching Team concept leverages this talent pool of clinical knowledge and front-line expertise, making it available to all Ontario hospitals interested in improving quality and performance in critical care.

Six Performance Improvement Coaching Teams have been developed to work with Ontario hospitals:

- Critical Care Service Appraisal - Led by Claudio Martin, MD, MSc and Jocelyn Bennett, RN, MScN
- **Improving End-of-Life Decision-Making - Led by Laura Hawryluck, MD**
- Establishing an Intensivist-ICU Management Model - Led by Michael Scott, MD
- Critical Care Surge Capacity Planning - Led by Chris Mazza, MD, MBA
- Inter-unit Coordination and Improving Patient Flow - Led by Redouane Bouali, MD and Judy Kojlak, RN
- Leadership and Team-Building - Led by William Sibbald, MD, MPH

Working collaboratively with hospital critical care staff, these Coaching Teams will support the hospital in achieving defined performance and quality improvement objectives. In addition, Coaching Teams aim to build upon the hospital's quality improvement capacity, cultivating a culture that is motivated and able to continue with performance and quality improvement cycles for the future.

Improving End-of-Life Decision-Making Coaching Team

Empowering and supporting patients and families to make informed decisions in end of life situations requires specific training. When these discussions are handled well by ward staff, ICU and Critical Care Response Team (CCRT) members, the results include improved patient and family satisfaction, avoiding some ICU admissions and increasing opportunities for organ donation. This coaching team will assist hospitals to evaluate how and where they might improve their end of life consultation skills, improve their abilities to facilitate decision-making regarding life-sustaining and palliative interventions, provide the necessary training required to make improvements, and will help hospitals monitor the results of their improvement efforts.

Out of all the performance improvement teams, the End-of-Life Decision-Making team received the most applications for membership and for the position of leader. From among these applicants, Dr. Hawryluck was chosen as the team leader. The team has five other members (an Intensivist, a Clinical Nurse specialist, an ICU



nurse, and two Bioethicists). Led by Dr. Hawryluck this Coaching Team will be working with seven hospitals across Ontario in the next 10 months. Each hospital will receive a two-day site visit during which outcomes they wish to achieve will be identified, support will be garnered to achieve these changes from senior administrative staff and an action plan developed. Over the remaining ten months, the Coaching Team will work with each site to ensure they successfully meet their objectives.

The Anderson Program is a key part of the End-of-Life Decision-Making Coaching Team's toolkit. Its modules and website are shared with all participating hospitals and serve as a resource for them as they strive to improve the quality of end-of-life care they provide to patients and families.

➤ **Ontario Justice Education Network**

Laura Hawryluck was invited to participate in the Ontario Summer Law Institute held at the end of August. With Mr. Lee Akazaki, LLB (Gilbertson Davis) and Mr. Joe Colangelo, LLB they taught high school teachers legal aspects of euthanasia, assisted suicide and decision-making in the clinical setting including advance care planning. The session was very well received—participants found it was one of the best of the two-day program.

The Ontario Justice Education Network put on a high school Law Symposium this past spring at Central Technical School in Toronto. The program was presented to students enrolled in the Grade 11 Law and Civics and Grade 12 Politics courses. The full day program included a half-day session with Mr. Akazaki, Mr. Colangelo and Dr. Hawryluck, "*Medical Treatment. Who Decides? The Civil Liberties of the Individual vs. the Interests of the State*". A series of case presentations/discussions of increasing complexity explored current ethical and legal issues in end-of-life care. Again, the high school sessions were a resounding success.

The Summer Law Institute has invited Mr. Akazaki, Mr. Colangelo and Dr. Hawryluck to speak again this year—the topic this time will explore the ethical and legal issues pertaining to disaster situations—again with a focus on end-of-life decision-making and triage.

➤ **Canadian Institute of Health Research Ontario Regional Seniors' Workshop on Research**

As a direct result of our ongoing collaboration with the Seniors' Secretariat of the Ontario Ministry of Citizenship and Culture Laura Hawryluck was invited to participate in the November 2005 CIHR Ontario Regional Seniors' Workshop on Research, organized by the Institute of Aging, one of thirteen health research institutes funded federally by the Canadian Institutes of Health Research. The Institute of Aging supports research that promotes healthy aging and addresses



causes, prevention, screening, diagnosis, treatment, support systems, and palliation for a wide range of conditions associated with aging. This was the fourth in a series of five Regional Seniors Workshops across Canada. This one and a half day event drew approximately 100 people from among those working with seniors and focused on health and social issues in research on aging, the various research projects on aging in Ontario, the rights of participants in research and researchers' responsibility and how research is transformed into practice and policy.

➤ **University of Toronto/Ministry of Health and Long-Term Care End-of-Life Care Distance Education Program for Family Physicians**

The U of T/MOHLTC palliative care continuing education course is offered to family physicians in Toronto and York and Simcoe Counties, under the Ministry Palliative Care Initiative II plans. The Anderson Program collaborated with course director Dr. Anita Singh in development of a revamped program that includes two videoconferences, five online modules and a one-day communications program with standardized patients, and continues to provide administrative assistance to the course.

➤ **12TH Annual Conference: The Science & Art of Pain and Symptom Management**

Laura Hawryluck was again invited to lead a workshop at this multidisciplinary conference. This year approximately 75 registrants attended "Interventions to Facilitate Withdrawal of Life-Sustaining Treatment."

NATIONAL

- The Anderson Program's contribution to the development of specialty program Postgraduate core competencies of the Educating Future Physicians in Palliative and End-of-Life Care project has been a special interest for Dr. Hawryluck. It is through this strategy that the well-used Anderson Program website materials will continue to have a life beyond the Program.
- Laura Hawryluck served as a key informant to a Health Canada report, "Advance care planning: the Glossary project", developed by Janet Dunbrack. The intent of the report is to review experience, successes and challenges in advance care planning across the country and to clarify the concepts and terms. It will be available in the fall on the Health Canada website.



INTERNATIONAL

➤ Toronto Critical Care Medicine Symposium

Laura Hawryluck presented a workshop at the October 2005 annual international Toronto Critical Care Medicine conference on *“Triage: can it be done ethically?”* The talk outlined current models and the work of the Ontario Admission, Discharge and Triage criteria. Included in the discussion was the implication of the policy on the end-of-life care of those who do not receive critical care services and those from whom such services would be withdrawn. With current concerns about the possible effects of a pandemic on the healthcare system this is an area of particular concern to those working in acute and critical care settings.

➤ Research Partnership with France

Laura Hawryluck traveled to Paris in December for initial discussions to set up a research collaboration in end-of-life care and conflict mediation among the ICU groups at Cochin-Port Royal, St. Louis and Mondor Hospitals. The trip was arranged with the help of Dr. Fabrice Brunet, head of Critical Care at St. Michael’ s Hospital in Toronto. It was sponsored in part by the French Embassy.

During this visit Dr. Hawryluck took part in rounds in the ICUs and gained invaluable insight into the critical care setting in Paris. She established several collaborative relationships and is in the process of participating in the Conflicus study (PI: Dr. E Azoulay, St Louis Hospital) and of developing other joint research projects and papers in end-of-life care.

- Laura Hawryluck again addressed the International Interdisciplinary Wound Care Course, a 10-month continuing education program run by Dr. Gary Sibbald, a professor in the Department of Medicine at the University of Toronto and head of the Women’s College Hospital Wound Care Clinic. Approximately 100 physicians and nurses from several countries enroll in this annual course covering all aspects of wound management, attending two residential weekends and working on nine self-study modules and a selective project. Dr. Hawryluck presented on wound care at the end of life and the ethics and law of pain management.

WEBSITE EXPANSION

The web site continues to be a very well used resource. We continue to receive numerous e-mail messages commending the program and its materials and explaining how they have been or will be used. Between May 1, 2005 and April 30, 2006 there were more than 43,000 visits to the pages of the Anderson Program site.



DEVELOPMENT OF A BOOK CHAPTER ON PALLIATIVE CARE IN THE INTENSIVE CARE UNIT

Dr. Hawryluck was invited by Dr. Linda Emmanuel, Principal, Education in Palliative and End-of-Life Care (EPEC) Project, and Dr. Larry Librach (editors) to write a chapter on Palliative Care in the ICU as part of a new book on palliative care. The chapter addresses the unique features in decision-making, pain and symptom management and psychological, spiritual and emotional support of patients and families in the ICU setting. The book is currently in press and is expected to be published by Elsevier this fall.

EXPLORING FURTHER PROGRAM FUNDING POSSIBILITIES

In this sixth year of the Anderson Program, Dr Hawryluck invested considerable amount of time and effort exploring options for future funding to try and ensure the continuation of the Anderson Program for years to come. She reviewed funding criteria for a variety of different agencies, research grants and foundations. She submitted funding requests to several including a proposal for substantial funding from the Petro-Canada Foundation. In addition she developed proposals for Ms. Joanne Cole, Director of Development for the Faculty of Medicine, to submit to potentially interested donors. She also spoke with Dr. Wendy Levinson to see if there would be a way to obtain financial support from the Department of Medicine to continue to support the post-graduate educational endeavours supported by the Anderson Program at the University of Toronto. In addition she met with Dr. Michael Baker, Physician-in-Chief of the University Health Network, to see if there would be a way to obtain financial support from the University Health Network in return for which the Anderson program would assist in the hospital's mandate to improve the quality of its end-of-life care—a need identified in its last accreditation process.

Sadly, despite all of these efforts, no sources of future funding have been identified to date. The Program has enough funds to continue for a final year and we will use this time to ensure its materials are updated and that its modules, slides, website and educational tools will continue to be made available in the upcoming years.

PLANNING FOR FUTURE PROJECTS AND EDUCATIONAL EVENTS

- In the next year Dr. Hawryluck plans to finalize the research component of the Advance Care Planning DVD, oversee its translation into French—and possibly Chinese—and see its launch and distribution across Ontario.
- She will work with Drs. Easson, Lornstein, Bohnen (Department of Surgery) and Dr. Brian Hodges, Director of The Wilson Centre for Research in Education, to develop an educational curriculum to teach communication skills, professionalism and collaboration for all surgical trainees within the University of Toronto Surgery Program. Their work with standardized patients, families and now colleagues as she



helps to turn the general surgery OSCE into an annual event we hope will be a model for other centres across the country and internationally.

- Dr. Hawryluck will continue her extensive work with the Critical Care Secretariat to improve the quality of end-of-life care in the ICU setting and to ensure fair access to critical care services for all Ontarians. The Anderson Program will be used as a keystone in the development of all educational programs and become part of the toolkit for change in hospitals across the province.
- As the EFPPEC initiative moves forward to its goal in 2008, the Anderson Program will continue to provide strategic planning support both locally and nationally. We are working to integrate and adapt existing and upcoming Anderson Program materials so that they have a life beyond their current audiences. Our ultimate hope is that the Anderson Program will one day be like other University continuing education divisions in that our endeavours will be building on a strong base of knowledge obtained at the undergraduate and postgraduate levels.
- The Anderson Program will support the development of an online educational program for University of Toronto family medicine residents by Dr. Anita Singh at the Temmy Latner Centre for Palliative Care.
- To ensure an even greater lasting legacy, the Anderson Program will explore yet another innovative direction in its final year. We will seek to provide financial support for proposals from other physicians and healthcare providers who are in the process of devising educational programs for their settings and communities. In the upcoming months, we will devise a call for proposals outlining our goals in our final year and invite submissions for funding. Selections will be made by Dr. Hawryluck and the Executive Board of the Anderson Program.



CONCLUSION

The sixth year of the Ian Anderson Continuing Education Program in End-of-Life Care has been as exciting and challenging as the first five. The year has been busy and this report reflects some of the most interesting highlights and innovations. Somewhat differently from the last two years, with a view to establishing a lasting legacy, we returned our focus to the development of new educational materials, program development and increased our work with specialty programs.

More details are in the table of activities at the end of this report.

In order to effect change within the healthcare communities and improve knowledge, attitudes and skills in the provision of end-of-life care, the Anderson Program, drawing on the research of Dr. Dave Davis, finalized its development of a DVD and educational guide on advance care planning, life-sustaining and palliative interventions in order to better inform the general public and ensure quality decision-making at the end of life. This major project has been very exciting and we are pleased at the success of its initial reception. We are thrilled over the plans to translate it into both our national languages and by the plans to translate it into Chinese. The plans to highlight its creation and facilitate its distribution through an anticipated launch with the Ministry of Citizenship and Immigration Ontario Seniors' Secretariat in the fall of this year are also very exciting and we hope it will prove to be a useful tool for all Ontarians.

The ongoing work with Drs. Easson and Rotstein also continues to be a source of great excitement for us as we develop innovative programs and ensure the University of Toronto continues to be recognized as a world leader in education. Buoyed by the success of the first CanMeds OSCE in General Surgery in Canada, we look forward with great anticipation to helping with the further development of a formal education program for all postgraduate surgery programs and to turning this OSCE into an annual event.

The work with the Critical Care Secretariat promises to be interesting and rewarding in the years to come. Already the experiences of the End-of-Life Decision-Making Coaching Team have been invigorating and the prospect on working with individual hospitals, of using the Anderson Program materials as well as others to assist them improve their quality of care over the next year will serve to vitalize the Program and provide it with a lasting legacy across Ontario in its final year.

The Anderson Program has been very fortunate to have been able to work with inspiring clinicians and researchers throughout its existence. We look forward to supporting Dr. Anita Singh, yet another leader in the field of end-of-life care, in the development of her online educational program for family physicians.

We continue to be recognized for excellence, quality, practicality and adaptability locally, provincially, nationally and internationally. In the next year, we hope to ensure a lasting legacy by supporting some well-chosen projects across the country that will



promote our goal to improve, through education, the quality of end-of-life care provided to Canadians.

We have enjoyed the expansion of the Anderson Program over the last year and are extremely pleased to report on such a very successful sixth year. While we are very saddened that this Program seems destined to come to an end after all its successes, we eagerly anticipate this last year and the next challenges as we continue our efforts to improve the quality of end-of life care across the country.

Finally, we are deeply indebted to Mrs. Margaret Anderson for her vision, her generosity and for her ongoing encouragement and enthusiasm. Without her none of this would have been possible.

August 2006



Appendices:

Module Authors
Executive and Advisory Boards
Chart of 2005-2006 Activities



MODULE AUTHORS

Collaboration

Laura Hawryluck, MSc, MD, FRCPC (co-author)
Physician Leader, Ian Anderson Program, University of Toronto
Assistant Professor, Critical Care Medicine, University Health Network

David Ryan, PhD, C Psych (co-author)
Director of Education, Regional Geriatric Program of Toronto
Assistant Professor, Faculty of Medicine, University of Toronto

Communications with Patients and Families

Laura Hawryluck, MSc, MD, FRCPC
Physician Leader, Ian Anderson Program, University of Toronto
Assistant Professor, Critical Care Medicine, University Health Network

Conflict Resolution

Kerry Bowman, MSW, PHD
University of Toronto Joint Centre for Bioethics
Clinical Bioethicist, Mount Sinai Hospital
Assistant Professor, Family and Community Medicine, University of Toronto

Culture

Kerry Bowman, MSW, PHD

Decision-Making in Pediatric Palliative Care

Gerri Frager, MD, FRCPC (co-author)
Medical Director, Pediatric Palliative Care Service
IWK Health Centre, Halifax, Nova Scotia

Yarrow McConnell (co-author)
Class of 2005, Faculty of Medicine
Dalhousie University, Halifax, Nova Scotia

End-of-Life Decision-Making

Laura Hawryluck, MSc, MD, FRCPC

End-of-Life Decision-Making Appendix II – The Law in Ontario

Judith Wahl, Advocacy Centre for the Elderly

Grief and Bereavement

Larry Librach, MD, CCFP, FPFC (co-author)
W. Gifford-Jones Professor in Pain Control and Palliative Care, University of Toronto
Director, Temmy Latner Centre for Palliative Care, Mount Sinai Hospital



Pauline Abrahams, BSc, MBChB, CCFP (co-author)
Staff Physician, Temmy Latner Centre for Palliative Care Psychosocial Spiritual
Program
Lecturer, Dept. of Family & Community Medicine, University of Toronto

Indigenous Perspectives on Death and Dying

Dianne M. Longboat
Traditional Teacher and Healer
Mohawk Nation

The Last Hours

Larry Librach, MD, CCFP, FPFC

Pain Management

Larry Librach, MD, CCFP, FPFC

Palliative Care – Standards and Models

Russell Goldman, MD, CCFP
Assistant Director, The Temmy Latner Centre for Palliative Care, Mount Sinai Hospital,
Toronto

Psychological Symptoms

Larry Librach, MD, CCFP, FPFC

Symptom Management

Laura Hawryluck, MSc, MD, FRCPC



IAN ANDERSON PROGRAM BOARD MEMBERS

EXECUTIVE BOARD

- Chair: **Laura Hawryluck**, MSc, MD, FRCPC
Physician Leader, Ian Anderson Program, University of Toronto
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Professor, Psychiatry
Faculty of Medicine, University of Toronto

ADVISORY BOARD

- Chair: **Laura Hawryluck**, MSc, MD, FRCPC
Physician Leader, Ian Anderson Program, University of Toronto
Assistant Professor, Critical Care Medicine, University Health Network

With representatives from:

- The College of Family Physicians of Canada
- The Royal College of Physicians & Surgeons of Canada
- The Canadian Hospice Palliative Care Association
- The Canadian Society of Palliative Care Physicians
- The Canadian Medical Association
- La Fédération des médecins omnipraticiens du Québec
- Health Care Strategies and Policy Directorate, Health Canada





IAN ANDERSON PROGRAM ACTIVITIES 2005-2006



DATE/ LOCATION	EVENT	AUDIENCE	TITLE	SPEAKER(S)	ESTIMATED ATTENDANCE
			LOCAL EVENTS		
May 9 Toronto	International Interdisciplinary Wound Care Course May 6-9, 2005	Physician and nurse wound care professionals	The ethics and law of pain management	Laura Hawryluck	100
May 12 & 19 Toronto	Mini-Med School, End of Life Care: Death Dying Grief & Bereavement	General Public	Presentations on various aspects of end-of-life	Laura Hawryluck Larry Librach	60
May 13 Toronto	Humanism, Ethics and End of Life Care in Surgery Workshop	Surgery Faculty	Evaluation of OSCE Stations	Laura Hawryluck	50
May 17 Toronto	Core Medicine Clerkship Lectures in End-of-Life Care	University of Toronto Third Year Core Medicine Clerks	Quality End-of-Life Care	Laura Hawryluck	35
May 18 Toronto	Mt. Sinai Hospital Respirology Rounds	Respirology Fellows	Medico-legal issues in end-of-life care	Laura Hawryluck	6
August 31 Toronto	Medico-Legal Society of Toronto Summer Law Institute	Members of Medico- Legal Society of Toronto	Euthanasia and Assisted Suicide	Laura Hawryluck	100
September 19 Toronto	Core Medicine Clerkship Lectures in End-of-Life Care	University of Toronto Third Year Core Medicine Clerks	Communication Skills	Laura Hawryluck	35
September 20 Toronto	Core Medicine Clerkship Lectures in End-of-Life Care	University of Toronto Third Year Core Medicine Clerks	Medical-Legal Professional Issues	Laura Hawryluck	35
September 23 Toronto	CRISP sessions for GIM - City Wide	University of Toronto R1-2 GIM residents	Capacity determinations in serious illness	Laura Hawryluck	50
October 19 Toronto	Core Medicine Clerkship Lectures in End-of-Life Care	University of Toronto Third Year Core Medicine Clerks	Ethical Dilemmas of Medical Students	Laura Hawryluck	35
October 21 Toronto	CRISP sessions for GIM - City Wide	University of Toronto R1-2 GIM residents	Ethics around end of life care	Laura Hawryluck	50
October 21 Toronto	Toronto Neurology Update	Neurology Healthcare Providers	End-of-Life Care, Ethics and the Neurologist	Laura Hawryluck	12



IAN ANDERSON PROGRAM ACTIVITIES 2005-2006



October 28 Toronto	Toronto Critical Care Medicine Meeting	Critical Care Healthcare Providers	Ethics of Triage	Laura Hawryluck	30
November 16 Toronto	Nephrology Trainee Lectures	University of Toronto Nephrology Trainees	Futility and Withdrawal of Care	Laura Hawryluck	30
November 18 Toronto	The Science & Art of Pain and Symptom Management Conference	Multidisciplinary health care providers in palliative care	Interventions to facilitate withdrawal of life- sustaining treatments	Laura Hawryluck	75
November 18 Toronto	The Science & Art of Pain and Symptom Management Conference	Multidisciplinary health care providers in palliative care	Display booth	Nancy Bush	260
February 14 Toronto	Core Medicine Clerkship Lectures in End-of-Life Care	University of Toronto Third Year Core Medicine Clerks	Breaking Bad News	Laura Hawrluck	35
February 16 Toronto	Core Medicine Clerkship Lectures in End-of-Life Care	University of Toronto Third Year Core Medicine Clerks	Palliative Care	Laura Hawrluck	35
February 27 Toronto	Toronto Sunnybrook Regional Cancer Centre Radiation Oncology/Palliative Care Rounds	Multidisciplinary	Communication skills near the end of life: Lessons from the ICU	Laura Hawrluck	60
April 3 Toronto	Ontario Justice Education Network High School Law Symposium	Students at Central Technical School Grade 11 Law and Civics, Grade 12 Politics	Medical Treatment Who Decides? The Civil Liberties of the Individual vs. the Interests of the State	Laura Hawrluck	45
April 18 Toronto	Toronto General Hospital Noon Rounds	Multidisciplinary	End of Life Discussions	Laura Hawrluck	25
				SUBTOTAL	1,163
			PROVINCIAL EVENTS		
October 28 Toronto	Ontario Consent and Capacity Board Annual Meeting	Member of Consent and Capacity Board	End-of-Life Decision-Making in the ICU - the challenges of technology	Laura Hawryluck	150
November 5- 6 Toronto	CIHR Ontario Regional Seniors' Workshop on Research	Multidisciplinary	Exhibit Table	Nancy Bush	150



IAN ANDERSON PROGRAM ACTIVITIES 2005-2006



November 17 Toronto	Ontario College of Family Physicians 43rd Annual Scientific Assembly	Members of the Ontario College of Family Physicians	End of Life Issues	Laura Hawryluck	60
December 12 Toronto	Law Society of Upper Canada: Medicine for Lawyers	Lawyers	Post-Operative Care and Sudden Death	Laura Hawryluck	160
January 18 Toronto	Ontario Medical Association Meeting	Members of the OMA	A Day in the Life of an Intensivist	Laura Hawryluck	50
				SUBTOTAL	570
			NATIONAL EVENTS		
November 5 Toronto	Canadian Society of Internal Medicine Meeting	Members of the Canadian Society of Internal Medicine	End-of-Life Discussion in the ICU	Laura Hawryluck	95
				SUBTOTAL	95
			INTERNATIONAL		
January 18 Internet Webcast	Pall Medical Webcast	Multidisciplinary	Pandemic Preparedness - A Global Webinar	Laura Hawryluck	100
				SUBTOTAL	100
			TOTAL ESTIMATED ATTENDANCE		1,928