Award Winners

Undergraduate category

Name: Abeer Yusuf, University of Waterloo
Essay Title: Balancing Innovation and Administration: Ethical AI Implementation in Canada's Healthcare System

Abstract

Background: Canada's healthcare system is in need of innovation. Long wait times, overstretched resources, and a growing demand for services threaten to undermine the quality of care Canadians receive. Artificial intelligence (AI) offers a transformative solution, with the potential to optimize resources, streamline administrative processes, and improve patient outcomes. However, while AI holds promise, it cannot be implemented without a clear, ethical framework. Canada's public healthcare system, grounded in principles of public administration and comprehensiveness, demands that AI innovations are executed with care, transparency, and accountability. As AI technologies advance, it is critical to ensure that their deployment doesn't exacerbate inequalities or erode the values that keep Canada's healthcare system operating. Methods: This paper explores the intersection of AI technology and healthcare administration in Canada, analyzing current applications, challenges, and ethical considerations in implementation. It proposes strategies for balancing innovation with ethical governance, including a national AI oversight body, workforce planning models, and task-sharing strategies that ensure no patient is left behind. Results: Key areas where AI can improve operational efficiency, reduce administrative burden, and deliver better patient outcomes are identified—but only if safeguards are implemented to ensure fairness, accessibility, and protection of public resources. Conclusion: Canada's healthcare system is at a pivotal moment. The implementation of AI has the potential to improve efficiency and patient care, but it must align with the ethical values of public administration. This paper presents a framework for integrating AI responsibly, ensuring that innovation enhances accessibility and fairness in Canada's healthcare system.

Master's category

Name: Jessica Baptista, McGill University
Essay Title: When Moral Convictions Conflict with Universality: The Illegitimacy of Conscientious Objection to Gender-Affirming Care

Abstract

Access to gender-affirming care (GAC) is often obstructed by systemic barriers and provider refusals. I argue that conscientious objection (CO) to GAC is discriminatory, as it targets patients' identities rather than the medical intervention itself. CO allows providers to refuse services based on moral convictions, but frameworks limiting CO emphasize that it should not conflict with anti-discrimination laws or undermine liberal values of

autonomy and equality. The selective denial of hormone therapy and puberty blockers to transgender and gender-diverse (TGD) patients, while providing them to cisgender patients, reveals that CO in this context is about rejecting the patient, not the procedure. Permitting the refusal of GAC impacts the universality and accessibility of care for TGD patients by restricting access to entitled care and by posing substantial barriers, financial and otherwise, to access.

To support this claim, I will conduct a risk-benefit analysis of GAC, refuting concerns about potential harms from de-transitioning and insufficient clinical evidence. I will also highlight the substantial benefits of GAC, including self-affirmation and improved mental health outcomes.

Proponent of CO, Christopher Kaczor, contends that an individual physician's refusal does not prevent patients from accessing care overall since no single physician has a monopoly on medical treatments. I will refute this by demonstrating how systemic discrimination in healthcare creates real barriers for TGD patients, reinforcing existing inequities rather than preserving genuine medical conscience.

Doctoral category

Name: Hassan Maleki Golandouz, University of Manitoba
Essay Title: Portability of Insight: Using Synthetic Data for Cross-Provincial Health Analytics in Canada

Abstract:
Sharing health data across provincial boundaries in Canada is challenging under current privacy laws and governance structures. The Canada Health Act enshrines *portability* of health coverage, ensuring Canadians can access care across provinces, but analogous portability of health information is not yet a reality. Synthetic health data – artificially generated data that mirror real patient information without exposing individual identities – has emerged as a promising solution to enable "portability of insight" across provinces. By replicating the statistical patterns of real datasets while protecting privacy, synthetic data could allow researchers and policymakers to conduct cross-provincial health analyses without violating confidentiality. This essay examines the policy implications, technical aspects, and ethical considerations of using synthetic data for pan-Canadian health analytics, drawing on peer-reviewed studies, gray literature, and government reports from the past seven years.