

Ethics for Rural Palliative Care

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Disclosure

- Receive royalties from Springer for sale of book

Disclosure – “take two”



**Interactive – two questions
and a short case study**

Learning Objectives

At the end of this presentation, participants will be able to:

1. Describe unique features of providing palliative care in rural communities.
2. Outline an ethics framework for decision making in the rural context.
3. Devise strategies for difficult decision-making.

Working assumptions

- Some exposure already to ethical theories, decision-making frameworks, and/or typical health care ethics issues
- Encounter ethics issues everyday as part of the palliative care work that you do...and you have developed strategies to address these

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- *Approach then is to supplement, question, and reflect on the above*

Getting started...

- What, if anything, would you say is different about doing palliative care in a rural setting as compared to an urban setting?
- *Chat box or comment*

Getting started...

- What are the “top two” ethics issues that arise in rural palliative care from your perspective?
- *Chat box or comment*

Start to notice...

- The importance of context for shaping what ethics issues arise and how we might address them
- Leads to questions, for rural health ethics, such as:
 - Do traditional or typical ethics theories and approaches “fit with” rural practice?
 - Are there additional values that might be relevant?
 - Are there “rural-based” strategies that have been developed to address specific ethics issues?
 - How might stereotypes or characterizations of rural settings potentially influence the design and delivery of health care services, such as palliative care?

Rural health ethics

- There is a need to contend with competing characterizations of rural settings
 - Deficit - all the negatives of rural settings and rural health care are emphasized; any positives are downplayed
 - Idyll/idyllic - all the positives of rural settings and the health benefits are emphasized; any negatives are downplayed or overlooked – “rural utopia”

Rural health ethics

- Notice that:
 - Many traditional/standard ethical theories, principles, approaches have been developed primarily –
 - In urban hospitals, in acute care settings
 - By health professionals and ethicists who are urban-based

Rural health ethics

- Notice that:
 - Much of what is discussed and taught in health care ethics is based on the (implicit) assumption that one will be “caring for strangers”

Consider...

- How assumptions such as “everybody knows everybody” (deficit?) or “rural communities take care of their own” (idyll?) may influence -
 - Decisions about patients coming back home to die
 - Allocation of health resources for community palliative care supports
 - Perceptions and expectations about confidentiality and privacy in relation to caring for those who are dying

Building on this...

- Taking a closer look at professional boundaries

Consider: Case study

- You've just finished seeing your last palliative care patient for the day and decide to arrange for take-out from a local restaurant.
- When you get to the restaurant, you notice Brian, who is standing in line to get his take-out as well. Brian's partner died last week. He is taking the death very hard and is struggling with his grief and loss.
- You are quite tired and not sure you are up to speaking with Brian again. He hasn't noticed that you are in line yet.

Consider: Case study

- You quickly contemplate what you should do...
- Suggestions, strategies?
- *Chat box or comment*

Professional boundaries

- Rural HCPs often find themselves navigating overlapping or dual relationships (personal, professional)
 - These relationships may be, perhaps often are, framed as creating problems, causing conflicts of interest and negatively affecting the therapeutic relationship
 - Setting of “norm” as no overlapping relationships is ethically best

Professional boundaries

- Alternate framing?
 - A mostly unavoidable part of rural health practice, something that can be anticipated and, as such, should be acknowledged and discussed
 - Need for a “revaluing” of relationships?
 - Focus on managing professional boundaries – developing an advanced/specialized skill set for navigating these relationships

Values & Decision-making

- Are there additional (or other) values that you and/or your patients may be utilizing to make decisions about their palliative care needs or options? About what matters most at the end of life?
- Are traditional ethical theories and approaches underplaying or missing any values?

Value of place

- Place as a value – sense of belonging, identity, connection to land
- May involve asking more about what it means –
 - To be “dislocated” or “uprooted” in order to access some forms of specialized care or to feel that one has lost their sense of place
 - To “return to one’s place” to die

Value of community

- Community as a value - for some members, this informs and shapes who they are and how they understand themselves to be
- May manifest in the 'obligations' that some members feel towards others in their community
 - Solidarity, reciprocity or both

Value of community

- May entail asking more questions about what it means...
 - To not want to be a burden on one's community
 - To want to be able to give back in some fashion as part of preparing to die
 - To lose connections to one's community if you need to leave to receive more specialized forms of health care (e.g., palliative surgery)

Putting it together

- Importance of naming, discussing and addressing ethics issues from a rural-based perspective
 - Notice impact and influence of context, including this aspect
 - Challenge stereotypes and assumptions about rural health practice and rural communities, as needed
 - Consider if other values are “in play” such as the values of place and community
 - Share and discuss with each other the strategies that you use to navigate ethics issues
 - Build into training, teaching students, preparing locums....

Thank you!

- Questions, comments?