Ethics for Rural Palliative Care

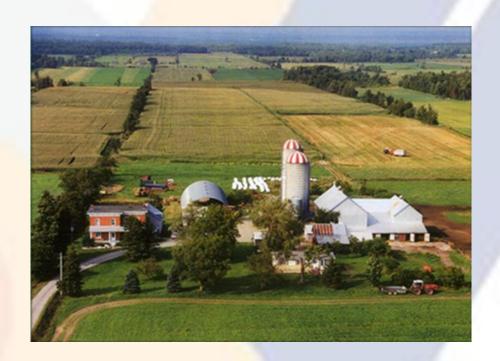
Christy Simpson
Department of Bioethics



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 <u>context</u> 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
 - <u>Deficit</u> all the negatives of rural settings and rural health care are emphasized; any positives are downplayed
 - <u>Idyll/idyllic</u> 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 <u>value</u> 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 <u>value</u> - 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 heath 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?