



COMMUNITY ETHICS NETWORK

ETHICS IN ACTION

The Community Ethics Network 2008 Fall Conference

On November 18, 2008, the Community Ethics Network (CEN) held its 2008 Fall Conference at the Vaughn Estates of Sunnybrook. In line with recommendations made over the summer during the Outreach Project, the conference brought together representatives from the CEN's 35 member organizations and community health and support services sector, including managers and front-line staff for a day of sharing experiences, looking at future goals of the Network, and practical hands-on training in ethical decision-making.

Divided into two parts, the morning sessions targeted managers and leadership staff. It focused on building ethics capacity and priority-setting for the Network. Representatives of three member organizations shared what they have learned from their experiences implementing ethical decision-making processes and other initiatives.



Guest speakers (from left): Allan Chong from ProHome Health Services Inc., Trish Barbato from COTA Health and Ethel Kaiserman from Circle of Care

In the first session, Allan Chong, Director of Quality at ProHome Health Services, spoke about the success of training their supervisors in ethics and the benefit of having the CEN focus on front-line staff. He also discussed the importance

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of confidentiality and creating a safe environment for staff to raise ethical concerns. Trish Barbato, President and CEO of COTA Health, shared her organization's "journey" of building ethics infrastructure including executing ethics initiatives, adopting the CEN's Code of Ethics, implementing mandatory ethics training for all staff and having town hall meetings on organizational values. Ethel Kaiserman, Manager of Quality Improvement, Circle of Care, spoke about developing a framework for ethics in order to meet accreditation standards and overcoming barriers such as organizational restructuring and resistance to building ethics capacity. The group discussion that followed illustrated the same successes of many other CEN organizations, and also the desire and need for more opportunities to share experiences outside the conference.

Next, two researchers, Christine Houston, RN, MN and Elisa Hollenberg, MSW, from George Brown College, presented their findings on their formal evaluation of the CEN's Ethics Toolkit as part of the development of an Interprofessional Module for Ethical Decision-Making in

Long-Term Care homes. They spoke about the success of the Community Ethics Toolkit in meeting both ethics and interprofessional learning goals. However, their study revealed that the language of the Toolkit is still difficult to understand for some people with no training in ethics, and they suggested developing a common language on ethics to help exchanges between supervisors and personal support workers (PSWs). Nevertheless, their study demonstrated the strengths of the Community Ethics Toolkit and its success as a teaching tool in an academic environment.

Kimberley Ibarra, leader of the CEN Outreach Project, then presented the Project findings including key ethical issues facing Network members, the current ethics capacity including strengths and opportunities for improvement in CEN tools and resources, ethics learning needs of members, future directions for the Network, and strategic issues and recommendations for integration, accountability and sustainability. A notable finding of the Project was that the majority of members surveyed (84.6%) had not used one or more of the CEN's tools. This demonstrates a need for better awareness of and access to the Network's tools and resources, one recommendation for future directions of the CEN.

Based on the discussion and findings presented in the Outreach Project, a strategic planning session was held at the end of the morning session. Network members were asked to set goals and priorities for the Steering Committee for 2009 – 2010. Working in small groups, management and leadership

representatives identified a number of goals and priorities and, as a group, voted on the top three. The result of this session was a consensus that there needs to be: more training and opportunities for ethics education among members and front-line staff; more research on ethical issues in the community from the perspectives of front-line staff; and a focus on sustainability of the Network.

The afternoon sessions focused on interactive ethics training for more than 120 front-line staff, including PSWs, social workers and community health nurses, as well as the managers from the morning session. Kerry Bowman, Clinical Ethicist at Mount Sinai Hospital and the University of Toronto Joint Centre for Bioethics, introduced the group to community health ethics and the common ethical dilemmas faced by staff, from concerns about personal safety, inappropriate client demands and abuse, to determining clients' capacity, cultural and diversity considerations and limitations to client autonomy. He used case studies developed from real-life examples, demonstrated by PSWs in role playing exercises, to illustrate the ethical challenges faced by front-line staff on a daily basis. These case studies raised issues relating to autonomy, safety, and duty to care and conference participants were asked: what would you do in this situation? Everyone contributed to the enthusiastic dialogue that followed, examining different approaches to each scenario, and identifying a wide variety of considerations, options, and strategies.

The CEN 2008 Fall Conference provided a wide lens on the work being done by the Network and its members to build ethics capacity and raise awareness and understanding of community healthcare ethics. The Conference successfully engaged Network members and highlighted lessons learned,

areas for improvement, and goals and priorities for the upcoming year. Engaging front-line staff with the role-play scenarios in ethical decision-making was a small step in building the confidence of front-line community healthcare staff to address the complex ethical issues that arise in their work with clients in the community.

Heather Burns-Shillington
Student, University of Toronto

Kimberley Ibarra
Consultant, Toronto Central CCAC

Your Contributions are Welcome

We're always on the lookout for timely and interesting material to ensure each issue of CEN's quarterly newsletter *Ethics in Action* provides an up-to-date overview of activities and events in this fast-growing area of community health care.

News items related to community ethics, capsule reports on published articles, brief book reviews, case studies, viewpoints/opinions, reports on conferences/meetings and notices of upcoming events—these are all items we welcome for potential publication.

To submit articles for publication contact Maria Chau by email:
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Strategic Planning 2009 – 2010

As part of the morning session of 2008 Fall Conference on November 18, the Community Ethics Network held a strategic planning session based on the lessons learned presentations by member organizations and the recommendations made in the Outreach Project Report. Management and leadership staff from CEN member organizations were asked to identify three to five reasonable priorities that would enhance and improve the Network for the benefit of its members and the community at large. After a large group discussion to clarify current initiatives and brainstorm ideas for future initiatives of the Network, CEN members worked in small groups to identify and refine goals and priorities for 2009 – 2010. Each group reported back to the larger group, combining their results to create a list of priorities for the upcoming year. Each participant was then asked to vote on the top three priorities for the Steering Committee to consider. The priorities are being reported to the Steering Committee who will create an operational plan including timeframes, deliverables, and lines of accountabilities.

Kimberley Ibarra
Consultant, Toronto Central CCAC

Two New Members

We extend a warm welcome to **First Health Care Services** and **We Care Health Services**, the newest members of the Community Ethics Network. This brings our CEN membership total to 35 organizations.

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Providing Care for a Difficult Client: Case Study

I first learned about MLB during a referral call from a CCAC Manager, requesting if ParaMed could take over a “difficult” client given up by another agency. She required leg ulcer management for her lower legs. When I asked what the issues were, I was told that no nurse was willing to go back due to her “attitude” which manifested itself in frequently refusing individual nurses for one reason or another, not allowing nurses to determine what supplies to order, and being verbally abusive to service providers.

After the supervisor assigned to this client sustained a back injury providing her care, I accepted the case and visited her one late afternoon. After waiting outside for more than 10 minutes after she said “I’m coming”, MLB ushered me into her apartment with her back turned using a walker to very slowly get to her chair. She was short of breath on exertion and after responding to my greeting, she launched into a story about the inefficiency of a particular hospital and a physician that led to the death of her son three years ago. Listening to her, I sensed the anger seething within and thought that it is probably contributing to her “attitude”. She told me at the outset that she would not lay on her bed for an examination but could lower the back of her chair if needed, which is what we did for her ABPI test. I learned her wound

care routine shortly thereafter: cleanse wound with sterile water (“NS stings!”), apply Vaseline ointment on all reddened areas around the ulcer, and apply and tape abdominal pads according to specifications given by her.

I tried to explain that compression is the gold standard for leg ulcer management and would be best for her. She had a variety of reasons why she would not accept compression therapy, including that her physician told her she is allergic to foam and leaving the compression on when wet would aggravate her ulcers. She suggested I talk to her physician if I doubted her. I intentionally did my next visit at the same time the physician did his home visit and repeated my suggestion for compression therapy within the physician’s earshot. He then said to the client: “We’ve been dealing with this wound for over three years now and are not getting anywhere; it’s about time we listen to this lady as she knows what she’s talking about”. She agreed to try it the next time I visit as I did not have the supplies with me. The rest of the visit was uneventful, although I was frustrated with her use of ABD pads for dressing instead of compression: a total of 19 pads were being used on her legs! Other nurses who saw her said a home service worker (HSW), rather than an RN, could tape the ADB pads for her. I agreed and reported this to the CCAC Manager who did not quite agree at that time. However, she did support my intention to pursue compression therapy.

I “discovered” on my next visit why MLB antagonized everyone. While applying her compression bandage, I witnessed her yelling and being verbally abusive on the phone to someone at the Ministry, at her doctor’s clinic, and to her son, and later in person to the HSW who came in with her groceries. I told her that if that was how she talks to

everyone, she’ll soon be left with no one willing to help her. Her response was: “If I don’t yell, nothing gets done”. I said I didn’t think that was the only way to get things done and got no response from her.

After the dressing was completed, she brought up the issue of a provider delivering NS instead of the sterile water she has been using “and CCAC knows that”. I inspected the bottle and read the label aloud that said “sterile water” and not NS as she was claiming. She then yelled, saying I don’t tell her that because she’s the one who knows what is in the bottle. I told her to tone down her voice, that I was only reading what was on the label and if she continued, I would leave and she’d be left without any nurse as no one wanted to go back to her. She apologized and the visit ended well. (I was told by the nurse the next day that MLB took off the compression dressing at night as it was “uncomfortable”)

MLB was rotated every three months among the four nursing service providers. When the fourth agency’s turn came, they flatly refused to take her. I was called to see if we could help.

In the interim, she was hospitalized for some complications. After two weeks, I was called as the hospital wanted desperately to send her home as “she was getting on everyone’s nerves”. I went to see her on the day she was discharged home and found her breathing more difficult and laboured than before. I had to prop her up when she needed to use the bathroom and later get a glass of water for her

as she could not even get out of her chair. After assessing her, I did the dressing according to her “previous routine”. Throughout the procedure, she was moaning and groaning and when asked if she was in pain she said she didn’t know. I brought the son into the discussion as he dropped by before going to his night shift. I told her that I didn’t think she could continue to live safely on her own based on what I saw that afternoon and that she would be better off in a nursing home where she could help around the clock. The son agreed but MLB insisted she did not want to go anywhere else but her apartment. I told her that I was going to call CCAC with my concern.

There were only two options for MLB at this point:
 1). Respect her desire to continue living in her apartment despite needing assistance with her activities of daily living 24/7 which she did not have; (in addition, the agency was running out of nurses who were willing to continue to provide her services) or 2). Go to a nursing home where she could get both personal support and the nursing help she needed. These options were discussed with CCAC. I later got a message from CCAC that MLB had been sent to a Long-Term Care home for crisis admission the day after I saw her.

Estrella Mercurio
 ParaMed Home Health Care

Conference of the Canadian Catholic Bioethics Institute



Kim Ibarra answers questions for a visitor to the CEN booth at the recent Conference of the Canadian Catholic Bioethics Institute, held in honour of Saint Elizabeth Health Care on its 100th Anniversary. Caroline Hunter, Co-Chair of the CEN and Kay McGarvey were panelists at the conference.

Thank you from Caroline Hunter and Frank Wagner, Co-chairs of the CEN

On behalf of the CEN Steering Committee, we want to express our heartfelt thanks to all who attended our 2008 Fall Conference on November 18, 2008. Your participation made the Conference a big success!

A special thanks to our three guest speakers, the presenters, the Acting Troupe from VHA Home Health Care, our University of Toronto student note-takers, and lastly a big thanks to Kerry Bowman who used case studies developed from real-life examples to illustrate the ethical challenges faced by front-line staff on a daily basis.

We look forward to your continued support and hope to see you all again at our 2009 Conference.