



# ETHICS IN ACTION

## CEN Operational Committee Update

Five strategic priorities were identified by the CEN membership at the 2008 Fall Conference:

- 1) concentrate on education;
- 2) address CEN sustainability;
- 3) focus on the front line;
- 4) inventory, market, and share ethics resources; and
- 5) explore issues surrounding the Apology Act.

To operationalize these strategic priorities, the CEN Steering Committee delegated planning to the Operational Committee, which met on February 6th, 2009 to revisit the priorities and begin development of a work plan for the upcoming year.

The Operational Committee decided that developing an independent website was the first step in addressing many of the strategic priorities. While primarily addressing the priority of taking inventory, marketing, and sharing

ethics resources, the website would also be a place to house educational materials, and assist in sustaining the Network as it continues to expand regionally.

To further address education and sustainability, the Operational Committee recommended developing and piloting a 'train the trainer' education module to build ethics capacity across the CEN. This module would enable each organization to train their front-line staff in ethical decision-making, addressing the priority of focusing on front line staff. In addition, the Committee recommended that existing education activities such as workshops, etc. remain inter-professional and issue-specific (e.g., consent and capacity).

To address the strategic priority of exploring issues surrounding the Apology Act, one Operational Committee member volunteered to undertake an examination of the Apology Act and its potential impact for the CEN and its member organizations and will report back to the CEN on any developments.

The Operational Committee continues to report back

For an update on CEN activities visit our website: <http://jointcentreforbioethics.ca/partners/cen.shtml>

to the Steering Committee and both committees will jointly develop objectives, action steps and timelines, and identify necessary resources and performance indicators for each objective. Finally, recognizing that all CEN members need to be engaged in order to successfully operationalize the strategic priorities, the Operational Committee and Steering Committee are planning a Town Hall meeting with all CEN members in April 2009.

## Congratulations to...

**Renaud Boulanger** whose abstract *Building Ethics Capacity and Infrastructure in the Canadian Homecare Sector: The Development of the Community Ethics Network* was accepted by the National Undergraduate Bioethics Conference on March 13–14, 2009 at Harvard University. Renaud is a placement student at the Toronto Central CCAC and a student volunteer for the CEN.

And to...

CEN Steering Committee members **Pat Malone** (Corporate Integrity Officer, Saint Elizabeth Health Care) and **Frank Wagner** (Bioethicist, Toronto Central CCAC and University of Toronto Joint Centre for Bioethics). Their abstract *Taking Charge, Building Capacity about developing the Community Ethics Network* was accepted for presentation at the 3rd National Community Health Nurses Conference to be held in Calgary, Alberta, June 17–19th, 2009.

## Case Study: Client's home environment poses potential risk to support worker

The client is a 31-year-old male with a neurodegenerative disease. He receives services through the CCAC and relies on regular visits from his Personal Support Worker (PSW) to help him with many day-to-day tasks.

The PSW has no problems with the client himself, but does not feel safe working in his immediate environment. There have been frequent reports of gang activity and gunshots in the area and the PSW often encounters groups of people hanging out in front of the client's building using and dealing drugs openly. At times, these same people come into the client's apartment and she has seen a gun in the home. The client's younger brother was recently arrested.

There are a number of serious issues at play in this scenario. First and foremost, the client has serious health problems and requires care and support on a routine basis. The PSW does not feel safe given the gang activity, drugs, the brother's arrest and the presence of a gun in the house. The situation gives rise to a number of questions: How far does the duty of care go and what degree of risk should the worker accept? Should the gun be reported to the police?

In an effort to maintain services to the client while alleviating the worker's fear and reducing her risk several

options were explored and their strengths and weaknesses were evaluated. The action plan that was developed involved a number of steps. The field supervisor and manager arranged a meeting with the client to assess the risk. At that time the client said he had no knowledge that his brother had a gun and denied owning one himself. While the team could not establish that the worker was in immediate danger, they decided to remove her from the case due to her increasing anxiety, and replace her with someone more experienced in such situations. The new worker was briefed in advance on what to expect. If the environment continues to create apprehension and the worker is not comfortable a second PSW will be added so they can go in as a team. If they feel at risk they are instructed to leave if and call the office, or to call 911 if the threat is immediate.

Although the PSWs don't appear to be at any immediate risk, the situation is recognized as unpredictable. For the present, the action plan is working and the client continues to receive the regular care he requires.

*This Case Study prepared by: Caroline Hunter, Client Service Manager, VHA Home Health Care.*

### Upcoming Conferences

**April 8** Home Health Care Expo, Metro Toronto Convention Centre

**April 30–May 1** Ontario Gerontology Association Conference, Crowne Plaza Hotel, Toronto

**June 3–5** OACCAC Conference, Westin Harbour Castle, Toronto

**June 11–14** Canadian Bioethics Society Conference, Hamilton

**June 17–19** Community Health Nurses Conference, Calgary AB

## Wait a minute, we have rights too!

*By Mark Handelman*

On June 10, 1215, some of England's most powerful barons went to London and forced King John to recognize their rights as barons. It might have been more of a brawl than a gentrified constitutional debate, but what the barons said to the king was, "Wait a minute, we have rights too!" Five days later, in a meadow at Runnymede, King John affixed his Great Seal to the document now known as the Magna Carta and in exchange, four days after that, the barons swore their fealty to him.

Of course, the barons were only concerned about their own rights, not those of the common people. And, they were concerned about their property rights and the extent to which the King could make demands on them. Nonetheless, the Magna Carta influenced—and continues to influence—the development of constitutional rights and the extension of those rights to everyone living in a democracy. In 1957 the American Bar Association acknowledged the debt American law and constitutionalism had to Magna Carta by erecting a monument at Runnymede. Canada adopted a British style of constitution (we did not have a written one until 1982) and court system and the evolution of respect for individual rights continues here.

While the concept of individual rights continues to evolve, the attention no longer needs to be directed at

recognition, but at implementation: everyone has the same rights in our democracy, but how do they assert them, how are they respected?

Healthcare ethics continues to evolve. The Hippocratic Oath, as originally written, said nothing about a patient's dignity and autonomy, concepts that began to evolve only about 60 years ago but are now (at least in Canada and United States) recognized as the linchpins of the relationship between healthcare providers and their patients.

There are two special aspects to the relationship between healthcare providers and their patients and clients. The first is that this is a fiduciary obligation, in law the highest category of duty. Your patients trust you with themselves in a very literal sense! The second is that patients are very frequently unable to assert their own rights without your help.

Patients are a vulnerable population. They may have the same rights as everyone else but they may need help asserting them. That's your job: how can you say you respect your patient's dignity and autonomy if you don't know his or her rights around treatment decisions; if you don't advocate on behalf of patients to assure equal treatment?

The answer is—you can't. How you might have to advocate on behalf of your patients and clients will be an ongoing topic.

*Mark Handelman is a health care lawyer and a member of The Ontario Human Rights Tribunal. © 2009, printed with his permission.*

### Save this Date!

**April 23, 2009**—keep it free! There will be a Town Hall meeting for all CEN members. Stay tuned for more information via e-mail.

## Welcome

The Community Ethics Network extends a warm welcome to its newest member **Canadian Red Cross – Ontario Zone**. This brings our CEN membership total to 36 organizations.

We also welcome three new members to the CEN Steering Committee: **Christine Houston** from George Brown College; **Allan Chong** from ProHome Health Services; and **Julia Sommers** from We care Health Services.

They join current Steering Committee members including: **David Gibson**, Bellwoods Centres for Community Living; **Carolyn MacLeod**, Central CCAC; **Gregory Kolesar**, City of Toronto, Long-Term Care Homes and Services; **Susan Burns**, COTA Health; **Julia St. Jean**, Hamilton Niagara Haldimand Brant CCAC; **Faith Madden**, Mississauga Halton CCAC; **Magarie Speid-Smith**, Nightingale Health Care Inc.; **Estrella Mercurio**, ParaMed Home Health Care; **Lynn Raskin**, South Riverdale Community Health Centre; **Ruth Cartwright**, Spectrum Health Care; **Lynn Tugan**, SRT Med-Staff International Inc.; **Kay McGarvey** and **Pat Malone**, Saint Elizabeth Health Care; **Frank Wagner** and **Anne Wojtak**, Toronto Central CCAC; and **Caroline Hunter**, VHA Home Health Care