



## COMMUNITY ETHICS NETWORK

# ETHICS IN ACTION

### CEN Outreach Project

In July 2008, the Community Ethics Network (CEN) Steering Committee embarked on an outreach project to:

- 1) engage Network members;
- 2) review the mission, vision, goals, and objectives of the CEN;
- 3) evaluate and enhance the ethics activities and initiatives of the CEN; and
- 4) plan a fall conference for the general membership.

The outreach project was adapted from the University of Toronto's Joint Centre for Bioethics' Ethics Strategic Planning Process Institutional Scan. It included an on-line survey and interviews with CEN members. The outreach project gathered members' perspectives on the ethical issues they are facing, the CEN's current ethics capacity, the CEN's mission, vision, goals and objectives, and future directions of the

CEN, including plans for the fall conference. To validate the findings of the project, a member check report was circulated to project participants. Following this, an executive summary and final report were composed to inform the work plans of the fall conference working group and the CEN Steering Committee, and to act as key resource document for the Network.

For more information on the outreach project, contact Kim Ibarra at [kim.ibarra@toronto.ccac-ont.ca](mailto:kim.ibarra@toronto.ccac-ont.ca)

### A New Member

We extend a warm welcome to **Therapy Health Care Inc.**, the newest member of the Community Ethics Network. This brings our CEN membership total to 33 organizations.

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

## Narrative Ethics—What is it?

Mr. M. is a 75-year-old man who has congestive heart failure. He was referred to an outpatient cardiac rehabilitation program, and has arrived for his initial consultation and cardiopulmonary assessment (CPA). Before the test, the clinic staff person, Rob, explains the procedure. As part of the consent process, Rob reviews the program's policy of administering CPR if Mr. M. has a cardiac event on the premises. **Mr. M. states that he does not want CPR administered if he experiences any cardiac difficulties.** Rob is shocked and concerned because Mr. M. is a reasonably well man and CPR might save his life until he reaches hospital. **Rob consults me as the clinical ethics facilitator, and asks what he should do.**

As a narrative person, I believe that the answer to the question, **“what is the appropriate thing to do for this person, in this situation?”** is buried in the details of the story. By looking at the elements of voice, “who is telling the story”, character, plot, and temporality, values and beliefs emerge, helping us arrive at decisions that are consistent with a person's life story. When I am called to a clinical consultation, I bring curiosity with me and the first few questions that cross my mind are: **What is going on here? Who is this person? What is his/her story?**

The staff physician and I meet together with Mr. M. to explore his medical status, his understanding of CPR, and his capacity to make decisions for himself. Rob is feeling conflicted, he wants to respect Mr. M's autonomy and ability to make his

own choices, but at the same time, as a health care provider, he feels a duty to care for Mr. M. The physician is attending to the medical history, exploring the possibility of depression or dementia, asking about advance directives, etc. I am interested in Mr. M's story, and eventually it emerges.

Mr. M. and his wife were both hard working immigrants from Italy. They both longed to have a family, but were never blessed with children, and so their lives revolved around each other. Three years ago Mrs. M. developed metastatic breast cancer. When traditional medicine seemed to be failing, Mr. M. and his wife sold their home and attempted several expensive alternative treatments in Europe. Mrs. M. died a year ago, and Mr. M. now lives alone in a small one-bedroom apartment. The couple had no extended family in Canada and they kept to themselves and were happy that way. Three months ago Mr. M. had an acute congestive heart failure event, for which he received ICU care for weeks. At one point he almost died. His recollections of that event are ones of peace. While he is grateful that he is still alive, he in no way wants to extend his life if another medical crisis arrives.

We all create stories of our lives; it's our way of making sense of our experiences. As I listen to the details of Mr. M's story, the particulars and context of his unique life experiences, the tension between the principles of autonomy

and beneficence eases. The team acknowledges that as difficult as it might be for us not to “help” Mr. M., to do so may actually inflict “harm” and demonstrate a lack of respect for him as a person. Mr. M. will be able to co-author the final chapter of his life.

I bring a narrative ethics approach to my work with patients and families and remind myself continually that to be human is to face dilemmas. Confronting dilemmas relating to our health, the very foundation of life, as well as to those of our loved ones are among life’s most challenging. They can “bring us to our knees.” Ultimately, the decisions we make when we face a dilemma are moral ones; they reveal who we are and what our values are.

Debbie Rolfe, Senior Ethics Fellow  
Joint Centre for Bioethics, University of Toronto

## 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:  
Maria.Chau@toronto.ccac-ont.ca

## Ethics Fellow Meets CEN: Lessons Learned

This past winter I had the opportunity to work with Frank Wagner, Bioethicist at Toronto Central CCAC, as a Fellow in Clinical and Organizational Ethics through the Joint Centre for Bioethics, University of Toronto. In that capacity I participated in meetings and half-day training sessions offered to CEN members. These activities, which involved program development, revisions of the training session content and format, and facilitating sessions, taught me important lessons about community-level organizations. What did I learn?

### We can’t ‘do ethics’ alone

Each member agency works hard to provide good client care in an ethical manner. But clients and staff are often isolated, without the luxury of a building full of colleagues to help with that care. Issues crop up every day: “The client is at high risk for falls, but refuses to apply to long-term care. What can we do, if she’s not deemed incapable of making her own decisions?” Or: “We are being accredited next year. How can our organization meet the new ethics standards?”

### CEN is greater than sum of its parts

CEN brings organizations together, so that members learn from each other’s experiences. CEN provides workshops for its members on topics such as the Ethical Decision-Making Framework and Consent and Capacity Issues in Long-Term

Care. The website newsletter spreads information and keeps its members connected. And CEN stands as an example to other regions for an innovative way to strengthen and build strong community partnerships.

### **CEN is responsive to members' needs**

New issues emerge so often, we can barely keep up. When an increasing number of member organizations faced new Accreditation standards and processes, a well-attended workshop was held to inform and train CEN members in the process as well as to offer suggestions on ways to meet the new ethics standards.

### **CEN is fun**

I love connecting, and that is what CEN does best. The CEN board and working groups were attended by lively and dedicated people who respond to their organizations' needs, come up with great ideas to address concerns and gaps, and make things happen to improve their own and other workplaces. And all this was done in an atmosphere of laughter and generosity. I was always welcomed, included, respected. I'd say that is the CEN code of ethics in action!

Hannah Kauffman, Clinical Ethics Fellow  
Joint Centre for Bioethics, University of Toronto

### **CEN Annual Meeting**

CEN's 2008 Annual Meeting will be held on **Tuesday, November 18th at the Sunnybrook Estates**. The day-long meeting, starting at 8:30 am and continuing to 4:30 pm, will be interesting and intensive. The morning session will focus on both strategic planning and organizational ethics for managers and community leaders. The afternoon session will highlight everyday issues requiring ethical decision-making and will be tailored to the needs of frontline staff.

An invitation to our Fall Conference will be sent shortly. Be sure to hold the day now.

## **Upcoming Events**

### **October 20–22, 2008**

The **Ontario Community Support Association** and the **Ontario Network for the Prevention of Elder Abuse** will hold their 2008 OCSA & ONPEA Joint Conference at the Sheraton Parkway Hotel in Richmond Hill. The Conference theme is Making Connections: New Ideas for Better Care. **Keynote speakers are:** Stephen Lewis, Professor in Global Health, Faculty of Social Sciences, McMaster University and Co-Director of AIDS-Free World; and Shirley Douglas, award-winning actress who is actively involved in the Canadian Health Coalition and is Chair of the Toronto Health Coalition.

### **October 23–25, 2008**

The **Canadian Home Care Association (CHCA)** has scheduled its 2008 Home Care Summit at the Fairmont Algonquin Hotel at St. Andrews-by-the-Sea, New Brunswick. The conference theme is The Power of People. Delegates will choose from more than 40 sessions showcasing innovative approaches to health human resource management and unique service delivery models that encourage health care providers to work collaboratively and maximize community capacity.

### **November 6, 2008**

**Practical Ethics for Home-Based Care** A conference in honour of Saint Elizabeth Health Care on its 100th anniversary.

Inquiries can be made by phone: 416-926-2335;  
by email: [bioethics.usmc@utoronto.ca](mailto:bioethics.usmc@utoronto.ca).

Brochure and registration form is available at [www.ccbi-utoronto.ca](http://www.ccbi-utoronto.ca).