RURAL HEALTH ETHICS: RECONSIDERING OUR ASSUMPTIONS?

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Acknowledgment

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After this talk, participants will be able to:

- Identify urban-based assumptions that influence health care ethics
- Describe key values that are highlighted from a rural perspective
- Discuss how rural practice challenges traditional framings of ethics and professional boundaries
Variety of contributing factors that lead to focus on rural health ethics –

- Training in ethics, health policy, and governance
- Interested in impact and influence of context
- Personal and professional experiences that contrasted rural/urban perspectives, application of ethical principles
Rural health ethics

Key questions include:

- Does where (geographically) you practice in health care make a difference, ethically speaking?
- What types of ethical issues arise in a rural health setting? Are there additional values that might be relevant?
- How might stereotypes or characterizations of rural settings and/or those who practice in these settings influence the design and delivery of health care services? Training for HCPs? Guidance for those in practice?
Rural health ethics

- Notice that:
  - There is a need to contend with competing characterizations
    - **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
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”
How do these factors implicitly or explicitly influence the identification, descriptions, and/or resolution of ethics issues in rural (mental) health care?
Rural health ethics

- Consider…
  - How assumptions such as “everybody knows everybody” (deficit?) or “rural communities take care of their own” (idyll?) may influence:
    - Decisions about clients coming back home – stigma, understanding…
    - Allocation of health resources for community mental health supports
    - Perceptions and expectations about confidentiality and privacy
Rural health ethics

- The types of ethics issues and situations that rural HCPs encounter and must navigate tend not to “show up” as often in teaching and training.

- The approaches, strategies and values used by rural HCPs (and clients/families) are also less often described and highlighted, e.g., in standards of practice.
Moving into…

- Focus on values
  - Place
  - Community

- Focus on professional boundaries
Rural health ethics: Decision-making

- Are there additional (or other) values that you and/or your clients may be utilizing to make decisions about health care? About what matters most?

- Are traditional ethical theories and approaches underplaying or missing any values?
Place as a value – sense of belonging, identity, connection to land…

May raise further questions about what it means –

- To be “dislocated” or “uprooted” in order to access some forms of specialized care?
- To “return to one’s place” (well, to recover, to die)?
Rural health ethics: 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.
Rural health ethics: Value of community

- May entail asking more questions about what it means…
  - To not want to be a burden on one’s community
  - To feel that one “owes” others some form of caregiving
  - To want to be able to give back in some fashion
  - To lose connections to one’s community if you have to leave for health care, work…
Current context

- How might the increased use of virtual technologies for providing mental health support, counselling, etc. be considered from the perspective of the values of place and community?

- Also leads into thinking more about professional boundaries…
Professional boundaries

- Professional boundaries distinguish between behaviours in a health care professional-client relationship which are therapeutically-oriented and those that are not (which may harm the client and/or reduce the potential benefits of care).

- Therapeutic relationships are aimed towards care-related goals and are grounded in the values of respect and trust.
Professional boundaries

- ‘Edge’ of appropriate behaviour

- “…the expected and accepted psychological, social and physical distances between a professional and their client”

(Paraphrase from Linklater & MacDougall, 1993)
How to maintain appropriate relationships/boundaries when...

- Dan is a current client and you run into him at the local school board meeting. He is advocating for a change in school policy that you strongly disagree with.

- Frieda welcomed you to the community when you moved there a few years ago and the two of you have remained in touch. She recently approached you to see whether you had time available for a counselling appointment.

- A past client comes to fix your heating system and says, “You really helped me out when I needed you. Now that you need me, I’m happy to return the favour with a 20% discount on your bill.”
Rural health ethics: 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
Rural health ethics: Professional boundaries

- Notice how this feeds into a ‘deficit’ perspective of rural health care
  - A sense of being less than? Or less able to practice ethically?

- Need to recognize – and challenge – the (implicit, urban) “norm” of no overlapping relationships is ethically best
Rural health ethics: 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?
  - E.g., may be helpful for gaining additional insight into what matters for your clients
Rural health ethics: Professional boundaries

- Alternate framing?
  - Focus on being attentive to and managing professional boundaries – developing an advanced/specialized skill set for navigating these relationships
Professional boundaries: Place and community

- Extending this further…how might the values of place and community relate to, and shape, how we think about professional boundaries?

- Role(s) in community – opportunities for advocacy?
- Connection between visibility, involvement and trust (being of this ‘place’)
- Managing expectations of accessibility and availability
- Holder or keeper of ‘secrets’?
Consider…

Leonard is a new family physician in town. He meets with you as he is keen to develop a good working relationship. Over time, however, you start to have some concerns about how ‘integrated’ Leonard is becoming in the community. He regularly has a beer at the local bar and is often overheard commenting on local politics.

Wilma has been providing nursing care in the community for a long time. She is well-known for visiting patients at home, providing care that would otherwise require coming into town, and doing other things, such as bringing groceries if needed. You have some concerns about this, especially as a client of yours recently called to ask whether you would be willing to get her something at the corner store on your way home (she lives the next concession over from you).
Boundaries? Interprofessional practice in rural settings

- Influencing factors
  - Local expectations shaped by previous and current practitioners
  - Understanding of different types and forms of care (physical/mental) – between professionals and with community
  - Degree of similarity and difference, cooperation or lack thereof may be very visible
    - Influence on reputations? On ability to provide coordinated care?
    - Reasonableness of ‘variations’ in practice?
  - Degree of support/understanding of other colleagues locally and at a distance
  - Training and expectations of own profession and of interprofessional practice
Consider…

- Building discussions about professional boundaries into your work
  - Discuss the “likely to happen” or “if this happens, we’ll…” scenarios with your clients and colleagues
  - Share how you understand professional boundaries and how this relates to possible overlapping or dual relationships
  - Seek informed consent, as appropriate, re: sharing of any information
  - Be attentive to the possible role of the values of place, community and influences of deficit/idyll stereotypes as they relate to expectations about professional boundaries and the work you do
“When boundaries are clearly articulated, fully explained, and wisely and compassionately tended, the professional relationship stands a strong chance of being healthy and helpful.”

Wrapping up

- Importance of “rethinking rural health ethics”
  - Emphasizes the ways in which context matters
  - Value in naming, discussing and addressing ethics issues in these settings
  - Help reshape and inform traditional approaches to ethics
    - Expand range of what’s considered and utilized as well as taught
Questions, comments?