

URBAN MISTAKES ABOUT RURAL CARE: RETHINKING RURAL HEALTH ETHICS

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Overview

- Getting started...
- Ethics - context makes a difference
- Myths and mistakes
- Relationships, place and community

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Getting started...



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Ethics involves...

- Questions of how we should treat each other - individually and within the health system
- Determining what is the right, best or “most right” thing to do is based on values, and includes the facts (medical, context)
- Ethical questions and challenges arise when values are in tension or conflict

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Ethics involves...

- Attentiveness to context - where we are makes a difference



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From a rural perspective, 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

- How does this implicitly or explicitly influence the identification, characterization and/or resolution of ethics issues in rural health care?

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Myths and mistakes

- Setting it up...
 - Rural as a category
 - Two stereotypes
 - Deficit
 - Idyll/idyllic

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Myths and mistakes

- Deficit
 - All the negatives of rural health and 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”

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Myths and mistakes

- Caution about how both the deficit and idyll perspectives shape some rural health ethics discussions
 - For example -
 - “Everyone knows everyone; it’s impossible to keep anything confidential...”
 - “Rural communities always take care of their own...”

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Myths and mistakes

- Professional boundaries
 - Overlapping, dual and multiple relationships
 - 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

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Consider...

- Alternate framing?
 - A mostly unavoidable part of rural health practice, something that can be anticipated and, as such, should be acknowledged and discussed
 - A “revaluing” of these relationships? E.g., may be helpful for gaining additional insight into what matters for your patients
 - Entails an attentiveness to managing and navigating professional boundaries
 - Development of advanced/specialized skill set for navigating these relationships

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What strategies do you use to navigate overlapping or dual relationships?

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Consider...

- Connection between “being known” and trust
 - Higher visibility
 - Word gets around...



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Consider...

- How your patients make decisions about their health and health care...what matters to them?
 - Are traditional ethical theories and approaches underplaying or missing any values?

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What informs how your patients make decisions about their health care?

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Consider...

- Role of “place” and “community” in rural settings

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Focus on: Place

- Geographical sense of a location that one holds onto
 - May inform -
 - Emotional connection to land or landscapes
 - Sense of belonging
 - Sense of identity

- For some, may be a strong part of one's identity
 - Morally relevant

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Focus on: Place

- Place as a value

- For example, may raise further questions about what it means...
 - To be “dislocated” or “uprooted” in order to access some forms of care?
 - To “return to one's place” (well, with ongoing care needs, to die)?

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Focus on: Community

- Many assumptions often made about rural communities and the notion of “community”
 - E.g., tend to be more cohesive, care for their members, and have a common set of shared values
 - And, these assumptions often inform policy decisions

- And yet...

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Focus on: Community

- Are all communities cohesive?
- Are all communities able (and willing) to care for their members?
- Do all communities have a set of shared common values?

- And yet...

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Focus on: Community

- For some members of a community, this informs and shapes who they are and how they understand themselves to be
 - Morally relevant
- May manifest in the 'obligations' that some members feel towards others in their community
 - Solidarity
 - Reciprocity
 - Or both

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Focus on: Community

- Community as a value
- For example, it may mean 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

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Wrapping up...

- Importance of “rethinking rural health ethics”
 - Value in naming, discussing and addressing ethics issues in these settings
 - Education and training
 - Help reshape and inform traditional approaches to ethics
 - Expand range of what’s considered and utilized

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Wrapping up...



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