



SaskEthics

An Ethics Newsletter for Catholic Healthcare Organizations in Saskatchewan

Ethical care understands health as well as illness

Dear *SaskEthics* Readers,



In my brief time as a bioethicist, I have had several opportunities to speak to students. Whether it is a group of nursing students, social work students,

or any other healthcare professionals, my presentation usually goes the same way. I start off with a rousing speech about the benefits of ethics and all the things that the Catholic Health Ethics Guide calls us to be and to do, and when I pause, the first question I am asked is some variation on, “so you make sure that nobody does anything bad?”

The last time this happened, it brought me back to the University of Saskatchewan’s “Gathering for *miyo mahcihowin*,” a conference on Indigenous health that I attended this winter. At the conference, Dr. James Makokis, a family physician and member of the Saddle Lake First Nation, pointed out that too often when we talk about Indigenous health, the conversation quickly refocuses on Indigenous illness instead. He challenged his audience to think instead about what

‘health’ looks like, a challenge that I think needs to be extended to conversations about bioethics as well.

Just as healthcare becomes meaningless if it is only focused on describing illness and pathology, ethics also becomes useless if it’s only goal is to describe what is unethical. Policing the behaviors of others may sound like fun, but at its root faith-based bioethics is actually about how to foster positive ethical awareness in individuals and groups of people.

Consider for a moment our foundational principle of respect for the dignity of every human person. This principle is phrased as a positive obligation. It is not telling us, “Thou shalt not disrespect people.” It is going much further to demand that we find ways to ensure that the world sees the people in our care as dignified human beings.

For example, imagine a person with a disability who is brought into a long-term care home. The man is withdrawn, and does not speak. Staff quickly realize that they could conceivably leave him alone in a corner and he would make no protest. How do we respect the dignity of this man when it would be so easy to leave him isolated?



We may feel tempted to do the bare minimum, but our ethics demand that we do more than just attend to this man's physical needs. Respecting his dignity means that we need to find ways to make it easier for others to recognize his value as a human being. This is easier said than done and may require a lot of creativity, but our commitment is what sets us apart. In similar situations, I have watched in awe as staff have repeatedly involved residents in group activities, made efforts to engage them with alternate therapies (such as music), and accepted them without trying to change who they are.

Have you ever gone the extra mile to make sure a patient was appreciated? When have you felt compelled to do more than "just your job" for someone in your care? How does a commitment to ethics shape the care offered by your team?

A healthy commitment to ethics is more about what we do than about what we do not do.

Dr. Mary Deutscher,
CHAS Bioethicist
(306)-655-5197
mary@chassk.ca

National Health Ethics Week

April 2-6 is National Health Ethics Week. This year's week of awareness overlaps with the Easter Holiday, which makes it difficult to plan events in our facilities. However, you are still encouraged to use this week as an opportunity to raise ethical awareness in your work environment. Resources are available at: <https://www.bioethics.ca/national-health-ethics-week>

