

Ethics FAQ   
**Juggling multiple roles in a small community**

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This **Ethics Frequently Asked Question (FAQ)** guide has been prepared in collaboratione between **Regional Ethics Network** and Hamilton Health Sciences’ **Office of Clinical & Organizational Ethics** for the purpose of educating staff, physicians and learners. *It does not constitute legal advice.* For more information about the Regional Ethics Network, and other FAQs please visit our [website](http://regionalethicsnetwork.com/wp/). If you have questions about this topic as it applies to a specific case, you may contact **Regional Ethicsit** for support (Monday-Friday, 8am-5pm) or email [regionalethics@HHSC.CA](https://hhssharepoint.hhsc.ca/teams/ocoe/Shared%20Documents/Ethics%20FAQ%20Project/regionalethics@HHSC.CA).

**Overview**

Occasionally, healthcare providers run into their patients in public. They both may volunteer for the same organization, their children may play soccer on the same team or the patient may be a cashier in your neighbourhood grocery store. Healthcare professionals who live and work in smaller urban and rural communities are more likely to interact with their patients in a variety of social settings. They often live and work in the same community. In such contexts, healthcare professionals may be their patient’s customers, friends, colleagues, neighbors, employees, employers or fellow parishioners.

**Ethical considerations**

Approximately 15% of the Canadian population lives in rural and remote areas, and a significant amount of their healthcare is delivered in their own communities. Individual choices of whether or not to continue to live in smaller communities is affected by whether or not people have reasonable access to health care (Association des régions du Québec 2002). This is echoed by Canadian rural physicians who believe that “geography is a determinant of health” (Society of Rural Physicians of Canada 2002).

There are special ethical considerations inherent in practicing healthcare within tightly-knit, interdependent, rural communities, including:

* ***Patient-provider relationships***

Healthcare providers in rural settings wear “multiple hats” in their own communities. Not only do they ensure the wellness of the community by performing their professional roles, they also interact with their patients in variety of social settings. Whether the professional relationship should be acknowledged should be left to the patient to decide. Some may feel comfortable enough to publicly declare they receive the care from the provider, others may not.

* ***Issues surrounding privacy and confidentiality***

It is difficult to maintain patient privacy in a clinic where her neighbours, friends or relatives work. Even when safeguards are in place to minimize patient contact with the people she knows, the very act of going to the clinic will be probably observed by someone who is familiar with the patient. Healthcare providers are often approached with the question: “I saw Mrs. Jones today in your clinic. Is everything ok?” Healthcare providers are professionally obligated not to share private information with others, unless they have the patient’s permission.

* ***Maintaining standard of care***

It may not always be possible to provide the best evidence-informed care in smaller rural and remote areas given the scarcity of healthcare providers (such as specialists), or healthcare resources (for example, imagining machines) in rural communities. Because of the distinct pressures experienced by healthcare providers in close-knit communities, rural practitioners develop solutions to complex ethical situations that may be somewhat different from their urban peers. It has been reported that rural/remote healthcare professionals:

* have more difficulty maintaining boundaries due to the complex web of overlapping personal and professional relationships
* are more affected by secondary trauma through deep interconnections with patients
* lack of privacy / anonymity in their communities adds to job stress and the feeling that they can “never get away from their work”
* experience significant stress related to limited access to resources
* practice self-reliance and creative problem-solving

**Practical Strategies for Addressing and Preventing Ethical Issues in Smaller Communities**

To ensure ethical, high quality care for people who live outside of major urban areas, healthcare professionals working in rural/remote communities should strive to:

* **Understand community and personal values and how they impact the delivery of healthcare in their specific geographical setting.** This includes examining one’s own personal values and beliefs as a rural healthcare professional, and how these values and belief influence their clinical and/or administrative decisions. In addition, healthcare professionals should also examine and explore how communal values influence patient-provider relationships.
* **Identify and use existing ethics resources in their community and beyond.** Because of professional isolation, rural healthcare professionals often suffer from additional stress. Rural healthcare providers should identify resources that can support them in addressing ethical issues. This could include consultation with colleagues, participation on a local hospital ethics committee, connecting with a professional healthcare ethicist or ethics program, or becoming a member of professional associations or societies focused on healthcare ethics. Participating in a **community of practice** with healthcare professionals who share similar challenges, but live in different places, can enhance one’s knowledge about the issues, as well as develop skills to address ethical challenges.
* **Develop ethical standards specific for rural healthcare settings.** This could be achieved by creating a specific educational curriculum that would focus on unique professional challenges encountered by rural healthcare professionals.
* **Develop a regional ethics committee.** Ethics committees can support educational, consultation and policy initiatives related to clinical or organizational ethics in healthcare institutions/regions.
* **Engage in public outreach in communities.** Such initiatives provide opportunities to empower community members to be more engaged in their healthcare to proactively address common ethical issues, such as sharing information about the advance care planning. This can be done in public libraries, community centres or any other spaces that a community congregates.
* **Connect with the HNHB LHIN Regional Ethics Network**, developed in partnership with Hamilton Health Sciences’ Office of Clinical & Organizational Ethics and affiliated with McMaster University. The Network’s *Mission, Vision* and *Strategic Objectives* can be accessed on the HHS Ethics [website](http://www.hamiltonhealthsciences.ca/body.cfm?id=247).

**For more information:**

Nelson, W.A. (Ed). (2009) *Handbook for Rural Health Care Ethics: A Practical Guide For Professionals.* University of New England Press, New England

[“Building on Values: The Future of Health Care in Canada” (2002)](http://www.cbc.ca/healthcare/final_report.pdf)

[Society of Rural Physicians of Canada (2002)](https://www.srpc.ca/PDF/RomanowSudbury.pdf)