



We are privileged to provide care on lands that Indigenous peoples have called home for thousands of years.



Webinar Housekeeping

- Everyone will be muted except the host, moderator and panelists
- Ask questions through the Teams chat box
- All webinars will be recorded and posted on the internal PEaCE Hub page and on the Regional Ethics Network Website
- Please take a moment to scan the QR code to complete the evaluation
- Next month's speaker

HHS Ethics Rounds & Community
Education Sessions



Beyond the Body:

A Holistic Approach to Harm in Healthcare



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Disclosures

- No conflicts of interest to declare

Acknowledgements

- Non-physical Harm Working Group - University Health Network

Objectives

- Understand the concept and implications of non-physical harm (NPH)
- Examine the ethical issues surrounding NPH
- Recognize examples of non-physical harm in your workplace
- Explore strategies to prevent and minimize the effects of NPH

Case Study

Name: Alex Taylor

Age: 62

Gender Identity: Transgender man

Primary Language: English

Medical History: Type 2 diabetes, mild osteoarthritis,
post-stroke mobility issues

Care Setting: Home healthcare services provided three
times a week by a community nursing agency



Background

Alex Taylor is a 62-year-old transgender man who suffered a mild stroke nine months ago. He now receives home healthcare support to manage his medications, monitor his diabetes, and assist with mobility and physiotherapy exercises. Alex has been living openly as a transgender man for over 20 years and has legally changed all identification to reflect his name and gender.

At the start of services, Alex disclosed his gender identity to the intake nurse and emphasized the importance of being addressed with the correct name and pronouns (he/him). This information was recorded in his chart.



Incident

Over the course of several weeks, a new rotating staff member, Nurse Joan, began providing care to Alex. Despite the information clearly noted in his chart, she repeatedly referred to him using feminine honorifics (“Ms. Taylor”) and she/her pronouns. Initially, Alex gently corrected Nurse Joan, assuming it was a mistake.

However, the misgendering continued. At one point, Nurse Joan commented, “I just go with what I see,” and laughed. She also began referring to Alex’s gender identity as “a personal choice” and made comments such as, “It must be so hard to keep up appearances at your age.”



Impact

Alex began to dread the days Nurse Joan was scheduled. He reported feeling humiliated, anxious, and dismissed. He started canceling appointments and eventually stopped sessions altogether. His blood sugar readings began to fluctuate, and he developed a pressure sore due to decreased mobility. Friends who visited noted that Alex appeared withdrawn and depressed.

He eventually reached out to his primary care physician, who referred him to a social worker and helped file a formal complaint with the home care agency.



Harm in Healthcare

- Conventionally understood as physical harm resulting from an adverse medical event: negligence or error
- Critical incidents require disclosure to patient/family under Ontario's Public Hospitals Act (Reg. 965)
- May result in secondary non-physical harm: emotional, psychological, economical.

What is Non-physical Harm?

- “The outcome of an event(s) causing damaging effects to an individual’s dignity and/or their emotional, psychological, social, or spiritual health.”
- Violation of dignity
- Characterized by harmful behaviours
- Emotional, psychological, epistemic impacts
- May result in secondary physical and non-physical harms

(University Health Network, 2023; Jacobson, 2009; Freeman & Stewart, 2018)

Ethical Considerations

- **Autonomy**
- **Beneficence & Nonmaleficence**
- **Dignity & Respect**
- **Equity**
- **Justice**
- **Transparency & Accountability**

Key Challenges

- Few frameworks or processes
- Complex & subjective nature
- Person-centred model
- Discomfort

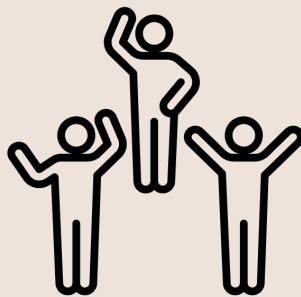
Reflection Questions

- How do you conceptualize harm?
- How would you respond?
- How does your organization conceptualize harm?
- What processes exist for reporting and responding to harm?
- Where are the gaps?

What can I do?



Check In



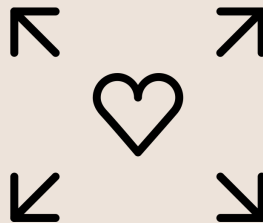
Body Language



Stop-Wait-Listen



Explain



Acknowledge
Empathize~Inform



Trauma-informed Care

How can ethics help?

- Facilitate a neutral process
- Clarify ethical principles
- Support reflection on systemic and relational dynamics
- Support fair and compassionate decision-making
- Promote accountability
- Help develop recommendations



Questions & Discussion

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