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*Sask*Ethics

An Ethics Newsletter for Catholic Healthcare Organizations in Saskatchewan

Faith-based healthcare plays vital role in Sask

Dear *Sask*Ethics Readers,

As we move into the great unknown of the new Saskatchewan Health Authority, I am sure we are all wondering what Catholic healthcare will look like moving forward. I know we don't have all the details yet, but I can confidently say that our commitment to meet the needs of our communities will continue to guide us on the road ahead.

This commitment is a great strength and will help us to add to the diversity of our provincial healthcare system. Whether it is on the individual or the facility level, people of faith contribute a valuable perspective and a different way of doing things that can lead to creative ways of ensuring patients receive compassionate care.

Collaboration between public and faith-based partners can yield great benefits, but that does not mean that it is always easy. The 2017 W.F. Mitchell Bioethics seminar highlighted the importance of dialogue when values or perspectives do not align among team members, a lesson that can be extended to our organizations as well. Our presenter, Dr. Jeff Blackmer, provided encouragement that the conversations we have when we disagree may be hard, but they are beneficial in the long run.

"We struggle with what's right and what's wrong – how to reconcile the different views that we have – and we're all doing the best that we can in a very complex situation," Dr. Blackmer said. "If you're dealing with someone on your team who has a different view than you have and you're really struggling, they're probably really struggling as well. This idea of open and compassionate dialogue and communication is always very important."

This advice rings true on both an organizational level and on a team level. In my brief time as a bioethicist, I have witnessed many moments where a team member who did not feel comfortable with a healthcare decision provided the rest of his or her team with the opportunity to reflect on their delivery of patient care.

For example, consider the challenges of discharging patients who chose to live at

St.Paul's Hospital

Catholic Health
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risk. These patients have the right to return to their homes, even if it is against medical advice. However, it is not uncommon for staff to feel a tug at their consciences in these situations, particularly if they are directly involved in the discharge process. A staff member who speaks up to express his or her discomfort often gives the healthcare team a chance to reassess the situation and ensure that the patient has been presented with and understands all available options. Although the patient may still choose to return home, this chance for reflection may provide an opportunity to reduce risk factors, for example by encouraging the patient to install fall prevention devices.

Can you think of a situation in which one of your team members spoke up to provide a different perspective? Did they add a new dimension to the care your team provided for a patient, resident or family? Do you think Catholic facilities have a similar effect in their relationship with the public system?

A video of the W.F. Mitchell Seminar can be found at: http://www.stpaulshospital.org/news/wfmitchell2017

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Substitute Decision-Making Bookmarks

Bookmark provides an easy reference for the criteria for capacity and the order of decision-makers found in *The Health Care Directives and Substitute Decision Makers Act* of Saskatchewan.

To order contact
the Catholic Health Association of Saskatchewan at

306-955-CHAS(2427)
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Who Can Make Decisions For You?

The Health Care Directives and Substitute Health Care Decision Makers Act
(Chapter H 0.001 of the Statutes of Saskatchewan 1997, Amended 2000, 2004)

Capacity: ability to
- understand info relevant to health care decision re: proposed treatment
- appreciate reasonable consequence of decision
- communicate a health care decision on a proposed treatment

Legal order of making health care decisions is as follows:

1. Individual with capacity

2. Directive:
- Can be made by a person 16 or older who has capacity
- Takes effect when person who made the directive does not have capacity to make a health care decision
- To be valid must be written, dated, signed

3. Proxy:
- A person/s appointed by the person in a directive to make health care decisions
- A proxy cannot delegate his/her authority as proxy

If no proxy or clear directive is available, the nearest relative will become the substitute decision-maker:

4. Nearest relative
- The person first described in the following list who is willing, able and has capacity to make a health care decision
- Spouse or person with whom the person requiring treatment cohabits and has cohabited as a spouse in a relationship of some permanence
- Adult son or daughter
- Parent or legal custodian
- Adult brother or sister
- Grandparent
- Adult grandchild
- Adult uncle or aunt
- Adult nephew or niece

***The elder or eldest of two or more relatives listed in the clause is preferred.**

5. If no relative can be found, the **treatment provider** may provide treatment in a manner deemed necessary and in the best interests of the patient.

The substitute decision-maker is expected to make decisions they believe are according to the patient's wishes.

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