



An Ethics Newsletter for Catholic Healthcare Organizations in Saskatchewan

What's in a name?

Dear SaskEthics Readers,



Ethicists don't often get to share good news, so you will have to excuse the unbridled (pun intended) enthusiasm with which I

announce: I am getting married on November 10th! This also comes with the news that I will be changing my last name.

I spent a long time debating about what to do with my last name until one day I attended a session on Cultural Safety. At the session, the speaker, Erin Beckwell, asked each participant to introduce themselves by telling the room their name and where they are from. This First Nation's practice was one that I could relate to because it doesn't seem to matter where I go in Saskatchewan, to big cities or small towns, everyone wants to hear my last name to try to figure out if they know my family. For better or worse, knowing someone's name is the first step to knowing who they are, a phenomenon that is true across cultures.

This realization gave me a chance to think dignity as well. Part of helping them regard about my name in a new light. When people their sense of dignity is giving them back

ask me who I am, what are the things that I want them to know when I name myself? First and foremost, I want them to know my baptismal name: I am Mary, beloved and chosen by God for a specific mission here on Earth.

Second, I belong to a family. I want my last name to signal to people that I am putting the family that I will create with my husband first. (Why it was up to me to change my name and not him is the subject of a completely conversation... it's unfortunate that Deutscher-Heilman sounds a little too German...)

Third, I want people to know that I am committed to and passionate about my work as an ethicist, so I include my job title in my introduction where appropriate. I hope this will let people know that my passion for my work is intertwined with my passion for my faith and family.

These reflections got me thinking even further about how we communicate the value of our patients to them by the names we call them. When someone enters our hospitals, they can be stripped of their clothes, their names, and in many cases it can feel like they are stripped of their dignity as well. Part of helping them regain their sense of dignity is giving them back



their names. Rather than calling a patient the "bowel obstruction in Bed 2," we can acknowledge him or her as a person who is part of a community. I hope that if I am ever admitted to one of our hospitals, I will be known the way I want to be known: as a daughter, a wife, and a person with a mission to fulfill. people in your care feel valued as persons and connected to the people around them? Are names important? What other ways do you communicate your respect to them? What makes you feel respected?

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What does your team do to make the