



SaskEthics

An Ethics Newsletter for Catholic Healthcare Organizations in Saskatchewan

What's your job?

Dear SaskEthics Readers,



any health care professionals respond to the above question with answers such as "to save lives" or "to

cure diseases." These answers only tell part of the story though. For centuries, the best medicine could offer was "to cure sometimes, to relieve often, and to comfort always," according to 19th century physician Dr. Edward Trudeau. Our shift to believing that curing is the core of healthcare is recent, and it is having profound impacts on how we provide care.

Consider a scenario that happens all too often: a patient who has been sick for months begins to show signs that death is nearing. As the care team scrambles to figure out what type of care should be provided to the patient, we suddenly realize that no one has ever discussed end-of-life care with this person. Now the patient is unresponsive with no advance care directive. How did we get here?

This February I had the priviledge of copresenting at the Ethics Exchange with Erin Barbarin, the facility manager for the Radville Marian Health Centre. Erin and I had both witnessed the above scenario many times and we wanted to know what others thought about it too. Since our presentation in February (available here: https://youtu.be/4gszt6SPz7w), I have, unfortunately, had several more opportunities to reflect on why it can be so challenging to open a conversation about end-of-life care.

It is understandable that when patients are fighting for their lives, no one wants to mention the possibility that physical healing might not be possible. However, in many cases there seems to be more going on than simply wanting to avoid the awkwardness of discussing death and dying. For many healthcare professionals and families, there is also a need to feel that we "did everything we could."

I have heard this phrase many times and have come to recognize it as another way of saying, "it wasn't my fault." Whether by nature or by nurture, so many of us (myself included) can be overwhelmed by this drive to assure ourselves that we have not done anything wrong. It becomes





problematic though when we start to make ourselves responsible for things that are actually outside of our control and neglect our fundamental responsibilities.

Death is outside of our control. We cannot stop people from dying. However, we have a responsibility at all times to offer comfort, an obligation that only intensifies when we become healthcare professionals.

How would your practice change if you started thinking of yourself as first and

foremost a provider of comfort? Do you think that your team lives by the mantra "to cure sometimes, to relieve often, and to comfort always?" When you think of times that you have not been able to do one of these three actions, which one has given you the most moral distress?

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