



Responding to Parental Requests for a Caregiver of a Different Race or Ethnicity

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Outline

- Are there circumstances under which we should honour a parental request for their child to be examined or treated by a caregiver of a particular background (e.g. racial or ethnic)?
 - » Defining caregiver
 - » Selected ethical considerations
 - » Contextual demands
 - » Recommendations from the literature
 - » Unanswered questions about process
 - » A process for answering them developed as a guideline for adult populations at University Health Network, Canada



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Defining Caregiver

- We use this terms broadly to cover:
 - » Requests received by those who have contact with patients & families but do not provide direct care
 - » E.g. support staff, volunteers and administrator



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Selected Ethical Considerations

Avoiding Harm to:

staff

Avoidance of complicity in discrimination against staff

patients & families expressing a caregiver preference

Avoid compounding past traumatizing experiences or denying well-founded beliefs
Harm following from denial of care/abandonment

other patients

Protection of other patients from discrimination or harassment

the institution

E.g. by bringing its delivery of care to particular groups into disrepute



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Selected Ethical Considerations

Respect for individual **autonomy**

- » Parents' free and informed choices about the care of their children in view of values and beliefs that help orient and constitute parental life plans, and the place of children within them.



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Contextual Demands

- **Organizational Policies**
 - » E.g. Vs. discrimination, harassment, abandonment
- **Other Organizational Initiatives**
 - » E.g. patient-centered care
- **Professional College Policies** and Guidelines
 - » E.g. Discrimination & Harassment Policies
- **Provincial/State & Federal Legislation**
 - » E.g. Human Rights Codes



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Recommendations Of Existing Literature

- **Dialogue** with patients about the reasons behind their request
 - » (Capozzi and Rhodes, 2006)
- Firmly **express any disagreement** with the patient's views if they are racist
 - » (Selby, Gough, Easmon 1999)
- **Express repugnance:** not doing so can lead to **complicity** in the patient's oppression of the affected caregiver
 - » (Gough, 1999)



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Other Questions That Need To Be Addressed In Designing A Process

- How do we **structure** our response?
- What is the **role** of managers/supervisors in responding to these requests?
- Does it matter whether fulfilling the request is **clinically feasible**?
- Should affected caregivers be **allowed/required to transfer care** to another caregiver?



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Flowchart To Address Requests For Different Caregivers

Decision-making tool that stresses:

- Dialogue with decision-makers to clarify their wishes
- Support for affected staff
- Compliance with Ontario's Human Rights legislation and hospital policies
- Documentation



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Flowchart To Address Requests For Caregivers

Key decision points:

- Is request clearly discriminatory?
- Does the decision-maker maintain his or her request?
- Is fulfilling the request clinically feasible?
- Does the staff member wish to excuse themselves from caring for this patient?



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Dialogue With The Parent To Clarify Wishes

Patient requests a change in caregiver

Caregiver clarifies the reasons for the patient's request

Caregiver communicates the results of this discussion to manager/supervisor

Manager/supervisor (accompanied by caregiver at issue if they are comfortable with attending) has a discussion with the patient that further explores the reasons for the patient's request (e.g. cultural, religious, past negative or traumatizing experiences)



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Is The Request Clearly Discriminatory?

Manager/supervisor assesses whether there appears to be discrimination or harassment based on race, ancestry, place or origin, color, ethnic origin, citizenship, creed, sex, sexual orientation, age, record of offenses, marital status, family status or disability

No

Yes

Manager/supervisor assesses if fulfilling the request is clinically feasible to a reasonable degree, and clinically indicated
e.g are staffing levels sufficient to grant the request without negatively affecting the care of other patients?
Is granting the request likely to improve patient response to care and treatment?

No

Yes

Deny request, communicate Clinical rationale to patient and document discussions

Grant request and document discussions

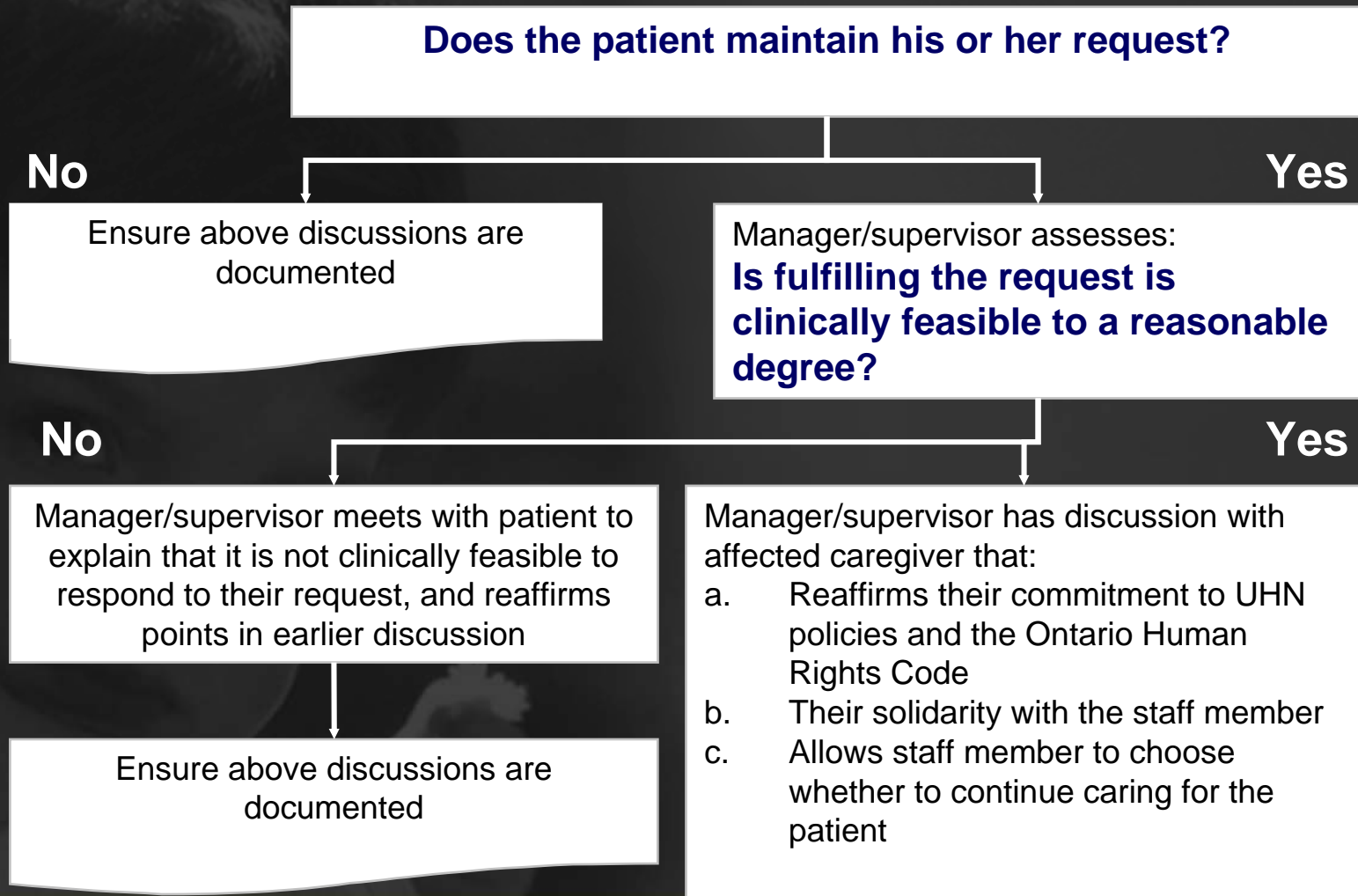
Manager/supervisor advises patient that UHN policy prohibits discrimination and harassment against staff

Manager/supervisor advises patient that fulfilling his or her request could deny staff equal treatment in their employment by requiring collusion in behaviour prohibited by Ontario's Human Rights Code

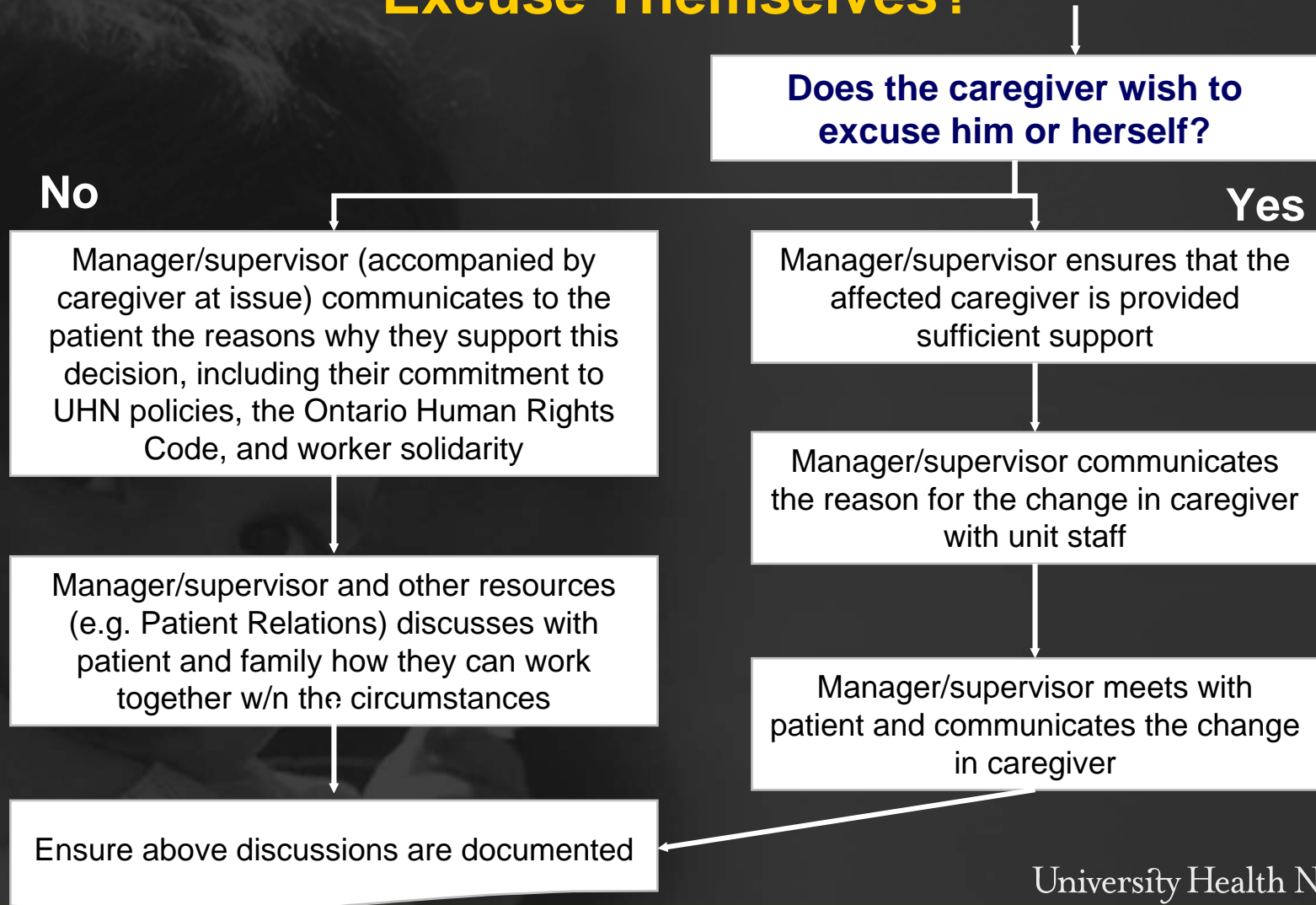
Manager/supervisor communicates to both the patient and caregiver that:

- i. All UHN staff members are fully capable and qualified to deliver excellent care
- ii. Fulfilling the patient's request may demonstrate a lack of solidarity to caregivers, harming relationships important to the delivery of care

Does The Parent Maintain Their Request? Is Fulfilling The Request Clinically Feasible?



Does The Staff Member Wish To Excuse Themselves?



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Conclusions

- Legislation and organizational & professional policy often impose reasonable limits on the extent to which we can honour patients' preferences for care including those for certain caregivers.
- Requests for caregivers must be assessed on a per case basis.



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Conclusions

- **A process** for responding to these requests should stress
 - » Dialogue with decision-makers to clarify their wishes
 - » Support for affected staff
 - » Compliance with legislation and alignment with organizational and professional policy
 - » Documentation



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Conclusions

- **Key decisions** that need to be made by managers/supervisors include:
 - » Is request clearly discriminatory?
 - » Does the patient maintain his or her request?
 - » Is fulfilling the request clinically feasible?
 - » Does the staff member wish to excuse themselves from caring for this patient?



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