



# PERSPECTIVES

The deVeber Institute for Bioethics and Social Research

Fall 2021

*Research and Scholarship for an Informed Social Response to Human Life Questions*



Summer interns Adesewa Oloko (left) and Breanna Tauschek (right)

## Summer Research Report

This summer the deVeber Institute hired four summer research interns from across Canada to work on new initiatives under the supervision of deVeber board members.

Adesewa Oloko, a third-year medical student at the University of Saskatchewan, was hired to work with Dr. Deborah Zeni. Together, they researched studies on informed consent and the mental health implications of abortion. This material was used to update Dr. Zeni's earlier study on the topic, as presented at a deVeber Institute lecture available on our website at [www.deveber.org/videos](http://www.deveber.org/videos).

Breanna Tauschek, who has just completed her teaching degree at the University of Windsor, returned to the Institute for a second summer. She worked with Dr. Ian Gentles to complete their research from 2020 on updating key statistics in *Complications: Abortion's Impact on Women* to ensure this crucial publication remains up-to-date.

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Healthcare

By: Bob Parke

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## In the Spirit of Reconciliation and Cultural Safety, Our Health Laws Must Change

### By Bob Parke

*Bob is Vice-President of the deVeber Institute. He is a bioethicist with a focus on palliative care.*

As health-care staff, we grieve for the tremendous losses experienced by members of our Indigenous communities. Losses of precious lives as well as language and culture. For survivors of the residential schools, the trauma has taken a toll on their physical and emotional well-being. Trauma we need to be aware of and accommodate when Indigenous peoples require health care.

As health-care professionals, our response to the history and tragedies experienced by our Indigenous peoples may feel overwhelming. But I believe that most of us in health care want to make a difference in the healing and reconciliation that is necessary.

The best starting point is to review the recommendations of the Truth and Reconciliation Commission. In its *Call to Action*, there are recommendations that address health.

We must become familiar with those recommendations, share them with those in our spheres of influence. **If, in partnership with Indigenous people, we meaningfully begin addressing the recommendations, we will be healers who provide safe and inclusive care that is culturally safe for all involved.**

We should also view the videos and workbook recently released by the Canadian Medical Association (CMA), *The Unforgotten*.

It is in this context that we are rightfully being asked to participate in fulfilling reconciliation with our Indigenous peoples, acknowledge racism and meaningfully integrate diversity and inclusion into our health care.

To be more inclusive and address injustices, health laws that affect our practice need to adapt to current knowledge and societal changes. Specifically, Ontario's Health Care Consent Act, (HCCA) has remained stagnant since its implementation in the 1990s. A law built on the foundation of Anglo-European philosophers who placed a high value on autonomy does not reflect the reality of most people's lived experience in which decisions are made in relationship with others.

Changing laws to ensure culturally safe practices may seem like a daunting task, but involving policy-makers, teachers of health-care professionals, health-care executives, stewards of accreditation standards and members of the law profession will ensure that cultural safety is a priority.

As we seek to influence policies, curricula and laws, **we need to ensure that the right people and voices are not only present but heard.**

We need to advocate for a nuanced response to health laws and accommodate culturally safe practices even if it departs from our training in the HCCA.

**There are several areas of the HCCA that can be critiqued, beginning with the concept of who makes health-care decisions.**

The law is predicated on a view of autonomous, capable decision-makers. Yet, for many people, decision-making is a collective process taking into consideration the family and community context, especially in situations where a person may feel vulnerable due to race, power imbalances and prejudices.

Watch Bob's presentations on the philosophy of palliative care and the need to improve palliative care for individuals with intellectual disabilities at [www.deveber.org/videos](http://www.deveber.org/videos)

Another specific domain of the HCCA that is in need of a rehaul is in the hierarchy of substitute decision-makers.

As presently written, taught and practiced, it serves as a barrier to cultural safety. I had the pleasure of completing learning modules from the Canadian Virtual Hospice on the topic of cultural safety with our First Nations peoples in the context of palliative care. I highly recommend this learning opportunity.

Health-care professionals have been taught that we should work with the patient if capable and only with the substitute decision-maker indicated in the approved hierarchy when the person is incapable. For health-care practitioners who aspire to culturally sensitive practice, this can be extremely uncomfortable and unsatisfying. For persons needing care, we are putting them into vulnerable situations.

While recognizing that it is and ought to be patients who decide what is culturally safe for them, moving beyond the HCCA's hierarchy of decision-makers and engaging differently with those we care for will allow for quality care that is effective and satisfying for all.

**We use catch phrases like "patient or person-centred care" but is it patient-centred care if current health laws create barriers to providing culturally safe practices?**

In the spirit of reconciliation and to address racial injustice in health care, we need to be **advocates to amend current health laws to create culturally welcoming environments.**

And until those laws are changed, shouldn't we nuance our teaching and interpretation of health laws to be culturally safe and inclusive until they are?

*An earlier version of this article appeared in Hospital News, July 2021.*




Summer interns Philip Jakov (left) and Harry van Bommel (right)

## Summer Research Report


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Philip Jakov and Harry van Bommel worked under the supervision of Bob Parke to research the availability of palliative care across Canada. Philip, a recent Life Sciences graduate of Queen's University, investigated the accessibility of training for doctors and nurses. While Harry, an accomplished author of numerous publications on hospice palliative care and family caregiving, assessed the true availability of these services for patients.

## End Results

 Adesewa's work on informed consent was used to update Dr. Zeni's research for her presentation on the topic at the annual Physician's for Life Conference in October.

 Breanna's work on Chapters 2 and 3 of *Complications: Abortion's Impact on Women* is available as a FREE download on our website under "BOOK STORE". All who own a copy of *Complications* should acquire these updated chapters!

 Philip and Harry's research into palliative care accessibility across Canada has inspired the deVeber Institute and will shape our work for 2022. Please refer to the enclosed information sheet for further details.

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*What first drew me to the deVeber Institute was the opportunity to write honestly about difficult topics.*

*The Institute provides an accurate presentation of the relevant research in order to inform the public about issues that many people would rather not talk about, but that are vitally important to the health of both women and society at large.*

*I, quite frankly, have not seen any other institution do this with the same level of academic rigour and dedication as the deVeber Institute.*

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Breanna Tauschek

## Fall Lecture Statement

On October 5, 2021 the deVeber Institute hosted *Life Issues: The Indigenous Perspective*. There were 400 registrants for this online lecture featuring Dr. Carrie Bourassa. Dr. Bourassa has since been placed on administrative leave from her roles at the University of Saskatchewan and the Canadian Institute of Health Research amid questions regarding her Indigenous ancestry.

While the investigation is ongoing, the deVeber Institute has chosen to temporarily remove the footage of Dr. Bourassa's presentation from our website and YouTube page.