Case #1: Bed bugs and Community Care[1]

Analysis using the Ethics Discussion Guide

A patient's home is infested with bedbugs and you are the community social worker expected to drive this patient to an appointment. What should you do?

1. Identify your baseline understandings and assumptions

a. What is your understanding of the "duty to provide care"? How would you explain it to someone else? How strong is this duty? Is it possible to modify care to lessen potential risk to a health care provider, e.g., risk related to infection, physical safety or personal harm, psychological harm? What sorts of harms or risks need to be considered?

- *Duty to provide care: professional obligation to address needs of a patient (and family) as they have been identified and as they fall within my scope of practice and level of competency. Personally I, as the community social worker, see this as a priority obligation, the one that defines me professionally and if I am going to err on the side of personal safety or care for the patient I would tend to choose the latter, especially when I view a particular patient as more "vulnerable" as in lacking resources or discriminated against in some way.*
- *Duty to provide a safe work environment: health care providers have a right to feel safe when they are at work and this includes the expectation of a reasonable level of protection against injury or stress (physical or psychological) due to workplace hazards, violence, discrimination, bullying (by patients, families, colleagues, staff, or management) or unreasonable workloads. I think the organization and management are primarily responsible for this although I also acknowledge I have a part to play by not placing myself in harm's way or doing what I can to minimize such risk.*

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[1] *This "demonstration" case is provided as an example of how you might work with/apply the ethics discussion guide. The analysis of issues related to the case is by no means exhaustive and will of course differ depending on the particular situation and those involved. However it is provided to illustrate for your learning purposes potential concerns/issues that may surface as the different steps are considered and worked through. All attributions of the social worker and organizational perspectives are fictional. As well, some of the questions for different parts of the discussion guide have been summarized or shortened as appropriate for the case and ease of demonstration.*

        - *Possible biases: fear of bedbugs and insects generally; tend to err on the side of patient's "right" to be cared for, especially those patients who are particularly vulnerable; sense of distrust and cynicism about the "system", i.e., feel it is unlikely my employer will "have my back" unless there are liability issues.*
    - What "story lines" are playing in your head?
        - *Gut feelings: desire to avoid this commitment; sense of vulnerability, fear that the bedbugs will be transferred to my car and from there to my home where my family will be affected or to other patients and/or colleagues I will come into contact with; fear of possibly spreading bedbugs beyond the health care setting; guilt and tension due to professional expectations–sense of altruism and duty (abandonment of the patient, loss of trust), compassion and concern for social justice; sense of powerlessness because of organizational and professional expectations of me as an employee under union contract.*
        - *Sense of isolation: who can I trust or turn to for help to figure out what I should do? If I cancel the appointment or refuse to go what are the consequences and do I have any recourse? Those in authority may play down my concerns and ignore any potential risk to me, my family, and the wider community; they will be more concerned with discharging their duty to the patient than their duty to me–do they even feel they have a duty to me (and do they have a duty to me in this regard, i.e., is this risk "big" enough to be considered a risk at all)?*
    - What is your role or position in the situation?
        - *I am directly affected by it and any decision that is made concerning what should or should not happen in regard to this visit; also wondering who I should tell about this patient's condition, i.e., concerns about privacy and confidentiality versus duty to protect/warn/inform/disclose.*

2. **Clarify the issue(s), i.e., what is the nature of the dilemma/concern as it relates to the two duties?**
    - Summarizing several sub-questions from the guide - What is the issue that needs to be addressed? Do/would others involved see the issue or question the same way? Why or why not? Is there a decision to be made? If so, what is its scope? How urgent is it?
        - *Issue to be addressed is whether it is reasonable to require any health care provider to follow through on a previously agreed upon care commitment to a patient in this situation. There is tension between my*

desire to provide the expected care (to be a good care professional) and my desire to avoid the risk of a bedbug infestation that could negatively affect me, my family, other patients and/or others beyond the patient, i.e., staff, the organization (also the cost to various "players" to address a spreading infestation if this should occur)

- Is there a decision to be made? If so, what is its scope? How urgent is it?
  - *There is a decision to be made. The scope might be very narrow in this one instance, but could have ramifications much more broadly if considered as an organizational concern rather than simply a "one off" for an individual practitioner. This raises the issue of potential differences related to differing perspectives (organizational vs. individual).*
  - *The urgency will depend on the nature of the care commitment to the patient in question, i.e., how long has s/he waited for this scheduled appointment, what is the nature of the condition for which it was made, what impact will/might missing it have on this individual, how easy is it to reschedule?*

3. **Consider who needs to be involved and what their perspectives are, i.e., who are the stakeholders? (those who are most likely to be directly or indirectly impacted by and/or influential in this decision)?**
   - Who is accountable for making the decision(s), i.e., who is/are the legitimate decision-maker(s)? What are his/her/their needs and concerns?
     - *health care provider and organization - ultimately share responsibility to make the decision; there is a need for information, analysis of the situation to identify and prioritize possible alternatives*
     - *others who will/may be affected include:*
       - *patient (certainly)*
       - *provider's family, other care recipients in the facility, employees/staff, and/or public at large (any/all potentially)*
   - Who else should be part of the discussion? What are their values and interests?
     - *union representative - safety of health care providers, professional obligations, contract/reciprocal obligations*
     - *legal services - liability/risk for harm concerns (duty to provide care, duty to report/warn, privacy and confidentiality), reciprocal contractual obligations (duty to provide a safe work environment; expectations of providers), institutional reputation/trust (duty to the public), justice, uncertainty*
     - *patient representative - concern for patient well-being, social justice*

- *public rep - risk reduction/protection, duty to warn*
- *social worker - professional obligations/expectations, compassion, social justice, privacy/confidentiality, professional and care setting particularities, uncertainty*

o What key values (personal, professional, and organizational) are involved (recognizing that the same key value may be interpreted differently by different stakeholders)?

- ***health care provider*** *- vulnerability/risk for harm (personal as well as her family's due to possibility of infestation in her car and transfer to her home setting; public is also at risk when she interacts beyond her work life); duty to provide care/altruism/professionalism (care relationship already established–issue of abandonment; fiduciary/ trust; fidelity); social and formal justice (care needs greater for vulnerable individuals and populations); duty to protect/warn - duty to inform/disclose - privacy and confidentiality; autonomy/informed choice*
- ***patient*** *- vulnerability/risk for harm (personally increased if healthcare provider does not provide transportation); expectation of care (care relationship previously established); privacy and confidentiality; autonomy/informed choice (capacity in question)*
- ***organization*** *- duty to provide care (for patient, for health care provider, for other patients/families, for employees, for the public at large); safety/ healthy work environment (liability/risk for harm); duty to protect/warn/ inform/disclose - honesty/truth-telling; distributive justice (resources required to address infestation if it is introduced into the facility); vulnerability/risk for harm (liability issues; resources; ability to care)*
- ***other care recipients in the facility*** *- vulnerability/risk for harm; trust; autonomy/informed choice*
- ***employees/staff*** *- vulnerability/risk for harm; safety/healthy workplace; autonomy/informed choice*
- ***public at large*** *- also for public if patient uses public transportation, e.g., bus or taxi; autonomy/informed choice; expectation of care*

Perspective	Duty to Care	Duty to provide Safe Work Environment
healthcare provider (community social worker)	professionalism, justice, respect for autonomy; confidentiality/privacy; urgency/need for care	vulnerability/risk for harm; mutual obligation; justice; duty to protect/warn/disclose
organization	mutual obligation; justice; confidentiality; urgency/need for care; respect for autonomy	good governance; vulnerability/risk for harm; justice; duty to protect/warn/disclose
Summary	urgency/need for care; justice; respect for autonomy	vulnerability/risk for harm; justice; duty to protect/warn/disclose; mutual obligation

- Who needs support and how could they best be supported? Are there other supports or services (such as ethics consultation, legal/risk management, etc.) that would be helpful?
  - *patient(s)/families likely need support - patient advocate*
  - *health care provider - union rep could be a support*
  - *health care institution - legal services*
    - *ethics consultation could be helpful for all of these*

4. What is known about this issue/situation?

- What might help to understand it better? Are you aware of any information that might be relevant to this particular concern? i.e., policies, legislation, etc.
  - *E.g., policies on Workplace Employee Hazards and Incidents– Reporting, Investigation, and Documentation*; *union employment agreement, if unionized; otherwise, employment contracts*; *Occupational Health and Safety Act (federal and provincial), healthy workplace and safety policies, professional code of ethics…*
- Are there contextual, organizational, or interpersonal issues complicating the situation?
  - uncertainties – are there crucial unanswered questions or ambiguities?
    - *how likely is cross-contamination, i.e., to the provider's car, beyond the car to the provider's home, other patients, colleagues, etc.? Potential for physical and/or psychological harm to the provider, the patient, others indirectly affected (if*

spread does occur); liability of the organization (if spread occurs; if care/visit does not happen); duty to warn/disclose and protection of privacy and confidentiality; urgency of the care need is unknown

- setting of care (risk for harm, safety, vulnerability, etc., associated with the particular care setting in this situation)
  - *community setting (how far can the organization go to reduce risk when the setting is the patient's home, the provider's care?) and risk to wider environment, i.e., patients and providers in hospital setting, public-at-large*
- applicable **constraints and facilitators**, e.g., economic, legal, organizational/policy, clinical, personal/professional
  - *possible constraints: vulnerable population - justice concerns - no transportation; lack of personal resources; system financial limitations*
  - *possible facilitators: Occupational Health and Safety requirements and possibly union contract; current media attention to this issue (could be constraint also); organizational policies with respect to duty to provide care and duty to provide safe working environment*

- Who has "power" in this situation? Is this a relevant consideration in this case?
  - *health care system (administration/management)*
  - *health care provider (to a lesser extent–has final option of refusing the work assignment)*
  - *a relevant consideration particularly in this situation which centres most directly on a patient from what would be considered a vulnerable population (few personal resources, less capacity to access other options)*
- What resources, if any, are needed or might help? What resources are available to ease the situation?
  - *Would need to explore – e.g., is there a fund for transportation for patients/clients that could be accessed?*

5. **Reflect and contemplate**
   - Consider potential similarities and differences between the perspectives of on these two duties and the associated values for those involved in the situation?

What might account for these differences? How do these perspectives influence and shape what you think?

Similarities in perspectives:

Duty to provide care *– important for all in some way*

Healthcare providers understand their obligation to respond to patients' needs from within their professional scope of practice and competencies as their profession's raison d'etre

HC organization also sees its obligation to the public as its raison d'etre

Staff to a lesser extent, but employment indirectly supports these first two

Patient and other care recipients (in- or out-patient) view it from the perspective of their "right" or reasonable expectation

Risk for harm/vulnerability

healthcare providers - part of their professional stance is to assess patient's need(s) from this perspective (idea of urgency and type of need) and also potential health impact on other care recipients; from personal perspective also (potential harm to personal health status or that of family members, colleagues, public-at-large)

Patient - views it from personal perspective as potential for harm to her/himself if care not provided adequately, accessibly, and in a timely way

Organization - see their responsibility on multiple levels to minimize risk and vulnerability for patients/families, healthcare providers, staff, public it serves; connected to liability concerns which impact costs and thus have justice implications (occupational health and safety issues and legalities)

Justice

Healthcare provider - aware of need for social and formal justice in how and to whom they provide care, i.e., trying to be responsive to individual patient's vulnerability and the effect this has in deciding "urgency" of need and how best to respond to this need (who, what, when, where)

Patient - feeling of being worthy of care, having an equal call on the resources of the health care organization to respond to their need for care that is in line with their particular need(s)

Staff - recognize need to support values of organization that employs them (self-interest in safeguarding their jobs); self-interest in the sense of wanting to know employer will watch out for their safety and minimizing risks on the job

Organization - need to balance varying interests and minimize liability concerns; attention to the most vulnerable; attention to good governance (employment contracts, procedural justice)

Differences in perspectives:

Duty to provide care and risk for harm/vulnerability

Healthcare providers - actual providers of the care on face-to-face basis so most direct experience of personal risk on an individual level for self and for patient/family; may feel more at risk in an organization that is viewed as lacking good governance or a sense of "caring" about sources or levels of risk/vulnerability for staff; sense of reciprocal obligation regarding choice re: unnecessary risk or vulnerability

Organization has the broadest perspective in its efforts to balance the greatest number of potentially varying interests (patient/family, healthcare providers, all care recipients, staff, public at large), less tangible and more conceptual, potentially more legal tones, concern to maximize best outcomes for most people and especially to safeguard the interests of the most vulnerable (often patients); ***duty to provide a safe work environment*** *- more of a concern for the organization as the primary agent involved; expectation of healthcare providers to not take unreasonable risks, which is a way of attending to reciprocal obligations in this regard; expectation of patients/family in the sense of interacting with healthcare providers in a non-threatening way insofar as they are able, i.e., may depend on capacity, vulnerability, urgency of need, etc.*

Patient - viewing it on personal level, i.e., feeling vulnerable and in need of particular care that they expect to be available and provided based on previous experience or as advertised (by the organization or its employees/healthcare providers), which brings in the trust perspective; viewed as a right (a justice perspective in a way)

Why? 1. healthcare providers viewing it from a professional (contingent expectations by professional certification/licensing bodies, colleagues, employers, public being served), personal (self-understanding as "caring" professional, and parent/family member (protecting one's family)), and organizational perspective (member of an effective organization dedicated to the public good). 2. Patient/family - viewing it from a personal perspective as someone in need of care and therefore ***vulnerable/ at risk for harm****, but expecting the HC org and its healthcare providers to respond to their need in a timely, effective way respectful of patient's needs (****autonomy****)*

Potential impact of these similarities and differences: organization's broader (multi-interest), less direct and concrete perspective requires balancing and prioritizing of key values in a different way than does the more individual focus of healthcare providers, which seeks to balance professional and personal interests, or the focus of patient whose interests are intensely personal and immediate.

- What are possible approaches/options to consider in this situation? Describe each approach and consider what values and principles support and/or conflict for each one (see Appendix B for a list of potentially relevant values). What are the potential benefits (who is helped and how) and burdens (who is harmed and how) of each approach? How are these distributed? (Remember to include "doing nothing or maintaining the status quo" as one of the approaches to assess.)

Considering possible options (NB: not an exhaustive list; categories can be modified as appropriate to the discussion, who is involved, etc. too…)

Option	Values/Principles	Benefits	Burdens	+/-
visit as usual (change clothing, shower after visit)	duty to provide care, professionalism, trust, justice, autonomy	timely, accessible care for patient; healthcare provider integrity; org reputation	risk to healthcare provider (and family), other care recipients, colleagues, staff, public, org	small risk for all, greater benefit for patient
use public transit (seats not fabric so less risk of spread)	same	same	Same – depending on patient context, accessibility, impact of cost?	lesser risk for all same benefit for patient
rental vehicle (fabric seats, impossible to eradicate bedbugs)	same	same	increased risks as outlined, also increased cost potentially	less risk for healthcare provider's family, more financial burden for org, same benefit for patient
postpone visit, arrange to have bedbugs treated **depends on urgency of the need	risk for harm, duty to provide safe work environment	healthcare provider (and family) safer; less risk for other care recipients, colleagues, public	lack of timely care, decreased trust, justice concerns, decreased prof integrity	least risk for all, but least benefit for patient

- How does this situation compare to others you have experienced or heard of? What gaps still exist in your understanding of the situation? Is there any relevant ethics, health care, labour-related, or other literature that would enhance your understanding or consideration of the situation?

Other situations with similarities: [this would be an opportunity for persons involved to "compare and contrast", this may also be a place in the discussion where a need for an organizational policy, for example, may be identified]

6. Make a decision

- Choose an option – why is this the best or most appropriate one? Can you explain it to others? Is it something you "can live with," all things considered?
- Is this decision setting a precedent or establishing a change in practice? If so, what are the implications?

Based on the table summary above, the second option (use public transit) appears to be the "best" of the options presented based on the burden-to-benefit ratio presented as well as how the burdens and benefits are distributed (no one group overly penalized or rewarded). Because of the relatively low risk (from the perspective as healthcare provider as well as others around the table) it seems more reasonable to go ahead with the visit modified in the sense of using public transit rather than my car. Also recognize that depending on the patient context (for example, the patient may have mobility issues that affect taking public transit if long walks are involved), the analysis of the benefits and burdens of the different options could shift. It may be precedent setting–have to check with organization to see. There might be liability issues with this choice, ie., is the organization's liability different in this case (what about if the patient has a slip and fall boarding or disembarking from the bus versus an injury getting in or out of your car). If liability issues are different option 3 may be best but cost has to be figured in, option 1 mitigates cost but requires attention to putting in place ways to protect your car as far as possible.

7. Move forward

- Describe your plan for implementing your decision(s). Who needs to hear the decision(s)? Who will communicate it and how?

Depending on the scope of the decision/discussion – as an individual healthcare provider, I should let my manager know. At a broader level, if a policy gap was identified, this may also need to be raised with the quality and patient safety persons, the director of your program and/or VP, etc. if one or more of these persons is not already involved in the discussion or aware of the issue(s).

- Is there a plan for evaluating and following up on the outcome(s) of the decision(s)?

Plan is to meet in a month's time to follow-up on this visit (whether it took place, how it was handled, outcome of it in terms of patient, healthcare provider, any others involved), the viability of the solution, and the need to address this type of issue on a less "urgent" basis.

- Is there any "residue" from the situation that needs to be considered or acted upon?

Assess healthcare provider's distress concerning the chosen option to see if further support/debriefing is required before the visit takes place and/or afterwards. This might also include attention to issues of mis/trust in the organization related to the duty to provide a safe work environment identified through the discussion.

- Were there any broad policy or organizational issues raised that warrant further investigation or need to be shared or followed up with others in the health care organization?

As in "c"; possible need for policy development to reflect use of public transit for escorted patient visits (if this is the selected approach)

- Is there anything you want to retain or change based on this process for next time?

E.g., duty to provide care – need to explore the feasibility of the use of "work" rather than personal vehicles (recognizing this is a larger organizational discussion)

Recent related reading:

Laliberté, Maude; Hunt, Matthew; Williams-Jones, Bryn; Feldman, Debbie Ehrmann. 2013. Health care professionals and bedbugs: An ethical analysis of a resurgent scourge. HEC Forum 25: 245-255.