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**ABSTRACTS
(Alphabetical by Author)**

Mutual Substitution and Moral Legitimacy in Restrictive Public Health Measures

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A. M. Viens's "Your Liberty or Your Life" concerns the moral legitimacy of restrictive measures, such as quarantines, in the pursuit of public health objectives. Viens argues that the attributes restrictive measures have which make them legitimate, such as effectiveness and proportionality, serve as necessary or sufficient conditions for moral legitimacy. This view entails that these attributes themselves have necessity relations amongst them, however, and upon inspection those relationships do not obtain. Furthermore, Viens' position does not admit of degrees with regard to these attributes. This is a problem for the view, as an analysis of the restrictive measures mentioned in "Ethics, Tuberculosis, and Globalization", by Michael Selgelid, demonstrates. I propose a replacement view centred on mutual substitution, in which various combinations of those attributes, in large enough degrees, can collectively provide legitimacy to a restrictive measure.

Viens is also concerned with the role reciprocity can play in morally legitimizing restrictive public health measures, arguing that reciprocity can both serve in the ethical underpinnings of legitimacy, and that it can help sway public opinion towards compliance with restrictive measures. Viens is right on both counts, as supported by analysis of reciprocity's role in John Rawls's "Veil of Ignorance" argument. The attributes which morally legitimize restrictive measures aimed at improving the public health do so in combination with one another, forming a "legitimizing cocktail", and reciprocity is one such attribute.

Key Words: Public Health, Moral Legitimacy, Mutual Substitution, A. M. Viens, Restrictive Measures, Reciprocity, John Rawls, Michael Selgelid.

When words are not enough: The role of visual narratives in palliative care

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Background: Traditional methods of teaching palliative care are incorporated into some curricula, but often words are not a powerful enough medium to convey the experiences of patients. It has become increasingly popular to incorporate humanities work into medical education. Narrative medicine training, which fosters the ability to acknowledge, absorb, interpret, and act on the stories of others, has been shown to enhance the development of clinical competencies including communication skills, collaboration, empathy, and patient-centered care. **Objective:** Using visual narratives from palliative care patients we hope to help healthcare professionals better understand and relate to patients. We aim to improve healthcare professionals' ability to care for terminally ill patients and their families. **Methods:** 1) Suitable patients were identified by palliative care specialists, 2) patients provided written, informed consent to participate in the project, 3) medical students met with the patients in their homes and conducted an informal interview directed by the patient, with prepared guided questions if needed, topics included the healthcare system, thoughts/feelings regarding prognosis, current reflections, spirituality, and views on death, 4) photographs were taken throughout and a digital recorder was used, 5) students compiled images and select quotations for presentation, and patients had the opportunity to view and approve the final product. **Results:** Through our interactions with palliative care patients, we gained a better understanding of the patient as a whole. Stories from the patients made us reflect on our own lives and our roles as future healthcare professionals. This enriching experience also made us better equipped to handle vulnerable, emotional situations with empathy and appropriate communication skills. **Future implications:** Based on our experience throughout this project, we believe that visual and narrative medicine can play an important role in helping healthcare professionals embrace a holistic view of palliative care patients.

Intimacy, Sexuality and End-Of-Life-Care: What do we know and what remains to be learned?

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Sexuality and intimacy are central aspects of human life. Yet, despite a recent movement towards approaching medical care from a holistic perspective, sexuality has often been excluded from our understanding of the individual as a whole. This is especially true within palliative care settings where a patient's sexuality and intimacy-based needs may seem less imperative than various complex physical health needs and symptom management. Discussing sex and sexuality at end of life also presents a variety of communication challenges for the care provider, the patient, and the patient's loved ones.

This session will present initial findings of a systematic review of current literature related to sex, sexuality and intimacy at end-of-life. It will present these findings within the context of a two-tiered qualitative study examining patient, partner and care provider perspectives on the topic. This study is currently in its preliminary stages and is part of the author's doctoral studies. The study identifies sexuality as a key dimension of palliative care and argues that a palliative approach that encompasses intimacy will result in a more positive care experience for patients, partners and their health care providers, leading to a healthier and more holistic experience of dying.

The Experience of Life and Death in ICU

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Technology is, as Callahan (2003) asserted, a seductive entity, limitless in its creative possibilities; it is valued for its potential to enhance our lives, make the impossible plausible, and provide us with our coveted immortality. Through our creative endeavours we have quarantined death in hospitals, lauded those who battle against it, and perpetuated its censorship through cultural institutions such as media, religious organizations, justice systems, and even, in the healthcare industry itself. Healthcare providers in intensive care bear witness to prolonged states of suffering and the burden interventions incur on the critically ill person and their family.

In order to understand the complexities of the healthcare provider's experience of life and death in intensive care, the research method of critical ethnography was employed. "Critical ethnography takes seemingly mundane events, even repulsive ones and reproduces them in a way that exposes broader social processes of control, taming, power imbalance, and the symbolic mechanisms that impose one set of preferred meanings or behaviours over others" (Thomas, 1993, p. 9). The assessment of the influent social, professional, and political cultures contributed to the understanding of the intricacies of cultural behaviours and interaction to inform the research question of "what is the healthcare provider's experience of life and death in intensive care?" The critical ethnographic perspective provided tools to analyse the tensions that arise in intensive care from cultural motives. The use of critical ethnography unveiled the current societal pressures that dominate the individual's autonomy in ICU such as death denial, the research and technology imperative, futility, and perceived barriers to the integration of palliative philosophy. Critical ethnography allowed the researcher to decode social practices that create asymmetrical power relations, constraining ideology, and attitudes that obstruct the individual's participation in or understanding of the social environment of ICU.

Hands on, Hands Off - Embodied metaphors and meaning in medical practice

Martina Kelly and Lara Nixon

Touch is part of the everyday practice of the physician. From the moment the doctor shakes the patient's hand, to the intimacy of the physical examination and the performance of procedural skills, touch plays an essential role. Some of these interactions are almost unconscious – a tap of comfort on the arm of a distraught person; some are more overt such the taking of blood or even formalized as in the excision of a skin lesion. Whilst technical skills are an important focus of medication education, less attention is given to touch as a domain of non-verbal communication or indeed knowledge.

As part of an ongoing literature review across healthcare professions on touch, we have noticed the predominant use of metaphors as a means of expressing important themes within the literature. Metaphors are figures of speech which pervade our daily discourse. The form and function of metaphors is subject to attention across a number of fields, particularly linguistics and philosophy and dates as far back as Aristotle. The use of metaphors is hotly debated by a number of influential thinkers (e.g. Nietzsche, Derrida, Ricoeur, Rorty). Recently Lakoff & Johnson suggest that metaphors are a means of organizing important concepts in society.

Within this talk, we present some of the dominant metaphors of touch emerging from the healthcare literature. We invite audience participation to consider their use as interpretive tools by examining metaphors at the level of the word, sentence and wider discourse. This process requires imagination and we hope, will stimulate new thought. The work of interpretation involves 're-description' or a reconsideration and organization of the familiar, allowing us '*to see what has not been seen and to say what has not been said*' (Johnson & Erickson, 980 pg29), to generate what Ricoeur terms '*metaphorical truth*'.

Figurative Sculpture And Emotional Loss: Melancholy-Mercy-Transcendence

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Recognition and understanding of grief are important for practice of medicine. However, study of grief presents a challenging paradox. While experience of grief is universal, its emotional manifestations are often considered private. Throughout centuries, visual arts have shaped our understanding of emotional loss, and have created a way to express synonymous concepts with grief. The current paper explores if and how an aesthetic exploration of grief and its depiction in art could inform our understanding of both emotional loss and figurative sculpture.

To understand how sculptors have engaged with grief in the past and whether this mode of expression is relevant today, this paper compares the portrayal of loss through mortality in the form of funerary statues by Santo Varni (1807-1885) from Italy, to the depiction of other types of emotional loss expressed by contemporary figurative sculptor, Alicia Ponzio.

The following monuments were included: Bracelli Spinola (1864), Giuditta Varni (1875) and Asarta (1879). In each work, commissioned by private families, Varni connects with the viewer through emotions, portraying by gesture or facial expression sadness and loss, providing a sense of mercy through the gentleness of the countenance. These sculptures share similar aesthetic with Ponzio's works "Letting Go" (2010) and "Lingering Shadows" (2012). To express the psychology of emotional pain, both artists operate through constructed metaphors ranging from a solitary figure with averted gaze to a group of women where one is isolated from the others by space and gesture.

Emotional loss can be difficult to describe, but through figurative sculpture each artist offers non-verbal ways of expressing and understanding psychological pain. Even though the artists are separated by more than a century, they both generate in the viewer a similar poignant connection on an abstract level. The aesthetic beauty of the sculptures offers solace and transcends the experience of pain.

Living Histories: Empowering Canadian Seniors Through Story

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“Stories are how we explain, how we teach, how we entertain ourselves, and how we often do all three at once. They are the juncture where facts and feelings meet” (Robert Fulford, *The Triumph of Narrative* 9).

Background

The three of us interviewed seniors in our community for healthy populations and we were struck by their sense of isolation and how their stories were a unique means of historicizing the social determinants of health while bringing them into a contemporary context. Epidemiological research suggests that high-quality social relationships produce healthier populations. Indeed, current research identifies social support as a significant determinant of senior health, yet patterns of isolation and depression suggest that social support may not be widely accessible within this population. Our project has two goals: (1) to assess how current literature demonstrates that storytelling can be a useful tool for establishing social relationships and support; (2) proposes a mentorship model linking youth and seniors in the community to illustrate how the simple act of storytelling provides a connecting contextual framework to express and explore the determinants of health experienced by the elderly on a population level.

Hypothesis

Storytelling proves a useful tool for the expression and examination of the role of social determinants of health in defining successful aging. We argue that social support is *the* key determinant of health in successful aging, providing an authentic rather than institutional approach to health promotion.

Methodology

- (a) a literature review of storytelling as building social relationships, creating social support, and empowering those silenced or marginalized in the community.
- (b) put theory into practice with a project that brings seniors together to express and present their “Living Histories” at monthly meetings, culminating in an exhibit called: “Capitalize on Calgary: Living Histories of Calgary’s Seniors” at the Glenbow Museum.

Conclusion

Storytelling can revitalize the senior community by creating social support, empowering them through a program that provides leadership and space for personal expression, and by giving credibility to their experiences.

Understanding Caesarean Deliveries: A choice for new mothers

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The phenomenon of Caesarean Deliveries on Maternal Request (CDMRs) is complex and can be confusing to health care providers. There is no consensus among clinicians as to whether maternal choice is an appropriate reason to perform a caesarean delivery. The idea of choice itself is complicated by ethical questions of how much maternal autonomy overrides considerations such as safety, economics, and by debate over how 'choice' is framed within cultural, political, and social influences.

In my planned research study, I will use an interpretive approach grounded in Gadamer's hermeneutic philosophy. Hermeneutic research begins with close attention to a phenomenon and its context. In the case of CDMRs, there is a need for interpretation within the clinical and social contexts in which it occurs given the differences among how women and health care providers understand the choice for caesarean deliveries. Similar to a conversation between two individuals attempting to communicate in different languages, the reasons underpinning the choices of these women are at times foreign sounding to health care providers. There is a need for an interpretation to create understanding between the two.

I aim to explore how women understand their choice for caesarean delivery in a contemporary cultural context and offer an interpretation that can be shared and debated with care providers. Humanities-based research of this kind enables close study of a complex topic like CDMR through the lens of individuals' experience and through exploration of how people arrive at meanings rather than the search for an objective, measurable standard.

Women's choice for caesarean delivery is increasingly present yet is poorly understood in contemporary healthcare. Interpretive research offers a way to improve our understanding, as health care providers, as women enter into conversations with us about their choice.