RURAL HEALTH CARE ETHICS

Background
Approximately 62 million people, one-quarter of the United States' overall population, live in rural communities distributed over three-quarters of our country's land mass. Rural Americans have limited access to clinicians, health facilities, and specialized services, and their care is hampered by geographical and climatic barriers as well as heightened social, cultural, and economic challenges. The burden of illness for rural populations is considerable, placing great demands on a resource-poor clinical care system. Consequently, rural people are increasingly recognized as an underserved special population. Attaining an appropriate standard of care for the rural population has emerged as a major concern in the national discussion of health disparities.

Along with the growing understanding of concerns related to rural health care is an emerging awareness of the special ethical considerations inherent to clinical practice in closely-knit, isolated, tightly interdependent, small rural community settings. This interactive session will provide a forum to discuss how common rural contextual characteristics, such as overlapping relationships, limited availability and access to services, confidentially, community values, and disease stigma shape ethical issues encountered in rural health care. Because most ethics guidelines appear more applicable to resource-enriched, less interdependent urban communities the need for culturally-attuned, evidence based practical rural ethics guidelines will be discussed.

Rural Health Care Ethics
To focus reflection on health care ethical uncertainty or conflicts occurring in the distinct context of the rural setting

Rural Characteristics Influencing Ethics Issues
- Small population and geographic isolation
- Limited economic resources
- Reduced health status
- Limited availability and accessibility of health care services
- Community values and culture in relation professional standards
- Dual and overlapping professional-patient relationships
- Caregiver stress
- Limited ethics resources

Common Rural Ethics Issues
- Confidentiality and privacy
- Shared decision-making
- Boundary issues and professional-patient relationship
- Allocation of resources
- Cultural and personal values in relationship to professional standards
- Patient's inability to pay for care
- Disease stigma
- Access to care

Case Studies

CASE 1 | Availability to health care services
A family physician in a small, remote community assesses a patient, who is school teacher, as developing a post-partum psychosis. He feels she lacks adequate training or experience to manage her care. He recommends she seek treatment at a distant large mental health center but she refuses to travel to the center because of the distance. He feels uncertain about caring for the patient when the treatment is outside his area of competency? As a health care professional and a member of the community, should he discuss the teacher's health problems to school officials, if she is unwilling to do so?

CASE 2 | Overlapping relationships
During a routine physical examine, one of your teenage patients shares that he has seen another teenage patient using cocaine at your neighbor's house. What are your ethical responsibilities as a physician? What are your ethical obligations to your neighbor, the law? What if those roles are in conflict?

CASE 3 | Confidentially and privacy
Joanne Baker, NP prescribed a partial opiate agonist to a young man, Brian, for treatment of prescription opiate dependence. Brian is talented and plays on the same soccer team as Joanne’s son. Three weeks later, Brian was found

unresponsive, requiring intubation and medical evacuation to a city three hours away. He recovered and didn’t want others in the community to discover he had attempted suicide. He began to spread rumors that Joanne was incompetent and prescribed a medication she didn’t know how to use. Another patient brought up these rumors during his own appointment with Joanne. She wished she could set the record straight; that Brain obtained opiates from a provider in a neighboring city and had taken these in large quantities in a suicide attempt. She was unsure about how to discuss the situation without breaching Brain’s patient confidentiality.

**Case 4 | Community values**

A patient you have treated for COPD for several years missed her last two appointments. When you speak with her after church, she indicated that her husband lost his job as a logger and no longer has family health insurance. She refuses to accept charity but does indicate she will do cleaning at your home and office as “payment” for your health care services. Should a physician or nurse accept bartering as payment?

**Case 5 | Disease stigma**

A patient has been followed by you, his family physician for various medical issues and is being seen for a minor work related injury. The patient is very depressed and fearful but will not acknowledge his symptoms when asked. You believe the patient is depressed and you know you can provide treatment for the patient’s depression. However, the patient is uncomfortable seeking treatment or having you document your findings in the patient’s record because of a stigmatizing effect of having a mental health disorder known in remote community. What steps should the physician take to address a stigmatizing illness?

**Case 6 | Professional role**

A rural psychiatrist, who also is a member of the town’s school board, discovers during a family counseling that one of the patients, a school teacher has missed many teaching days because of a significant alcohol problem. What is the physician’s professional responsibility to the patient, school?

**Ethical Conflict Decision-making Process**

1. What is the specific ethical question(s) or value conflict(s)?
2. What are values and perspectives of the stakeholders (decision-makers)?
3. What are the relevant ethical facts?
4. What are the relevant ethical concepts or principles?
5. What are your options?
6. What options would you select and what is the ethical basis for your thinking?
7. How would you implement your decision?
8. What strategies might you employ to anticipate or decrease the ethical conflict in the future?

**Selected Resources**


**NOTE:** Contact local Hospital Ethics Committees and State or Regional Ethics Network for additional resources and information.
RURAL HEALTH CARE SELECTED ETHICS RESOURCES

Selected Articles and Books

Selected Web sites
Rural Assistance Center (RAC)  
http://www.raconline.org/

The National Rural Bioethics Project  
http://www.umt.edu/bioethics/

American Medical Association: Medical Ethics  

Applied Ethics Resources on WWW  
http://www.ethicsweb.ca/resources/bioethics/

AMA Code of Medical Ethics  
http://www.ama-assn.org/ama/pub/category/2498.html

Handbook for Rural Health Care Ethics: A Practical Guide for Professionals  
http://dms.dartmouth.edu/cfm/resources/ruh