

Sunday October 27, 2013

Hospital patients need an active advocate

By Jim Taylor

My wife recently started a new round of chemotherapy for leukemia. We've been exposed again to the systems that keep hospitals running. Once again, I've been impressed with the staff we've encountered. Without exception, they've been caring, compassionate, and dedicated to serving their patients.

Even so, horror stories occasionally make headlines.

In Delta, a suburb in Greater Vancouver, a hospital discharged a 90-year-old, legally blind woman, Vivian Fitzpatrick, in the middle of the night. They sent her home without shoes, dressed only in pyjamas, bleeding from a vein in her arm that failed to seal after the emergency department took a blood sample.

Her treatment seems callous, uncaring. Fitzpatrick didn't see it that way. "They were good to me," Fitzpatrick told a Vancouver *Sun* reporter. A kindly nurse wrapped her in a hospital sheet to keep warm. They called a taxi for her.

But no one called Fitzpatrick's daughter, listed as her emergency contact.

Faulty systems

I believe that anyone who goes into hospital needs to have an advocate on hand – someone who can speak up when the patient is too confused or bewildered to speak effectively for herself. Had Fitzpatrick notified her daughter she was going to the emergency department, had her daughter been there, the incident need not have happened.

The Fraser Health Authority issued an apology and said it was taking steps "to ensure this type of situation does not occur again."

Unfortunately, it will happen again. If not in Delta, then somewhere else. When I chased Fitzpatrick's story on the Internet, Google gave me dozens of similar incidents from around the world.

Each time, the hospital responded the same way – with an apology and an assurance that they would amend their systems.

But as Vivian Fitzpatrick commented, "It has something to do with the system."

This sounds brutal, but I think hospitals are actually very large machines. Thousands of cogs mesh – usually smoothly, but not always -- to take in sick patients at one end and discharge healthier patients at the other end.

Patients, however, complicate that process. Because each patient has unique needs. Therefore each patient must ride a different series of conveyor belts through to discharge.

Health care workers, I believe, genuinely do their best to facilitate that process. But the over-arching goal remains to keep patients moving towards discharge.

Even if it's in the middle of the night.

Caught on the conveyor belt

Years ago, my company published a book on medical ethics by Drs. Bob and Bruce Hatfield of Calgary. In conversation, they described how hospitals develop policies to fix problems. The fixes often create new problems. Which need more fixes. Over time, the hospital's operating policies become a hodgepodge of fixes, some no longer bearing any relationship to the patient's welfare.

That's why I maintain that anyone who goes into hospital needs an active advocate.

People go to a hospital because they cannot cope by themselves. People in a coma, delirious with fever, suffering from dementia, cannot make their voices heard as the conveyor belt bears them along.

My father – still intellectually acute -- spent his final months in one of Vancouver's best assisted-living facilities. On one visit, I noticed that he sat uncomfortably in his chair.

"Hemorrhoids," he explained.

"Have you told the nurse?" I asked.

"They don't listen to me," he sighed.

I can understand why. Most of the residents had dementia; they imagined ailments, or relived illnesses from long ago.

I could have, should have, been Dad's advocate. I let him down. Fortunately, his doctor made house calls, and rectified Dad's rectal misery with a quick call to the nursing station.

Unable to protest

As an ultimate example, Hassan Rasouli would be dead, right now, if he hadn't had an advocate – his wife, a doctor herself.

Rasouli has been in a coma – or something like it – since 2010, when he developed a meningitis infection after surgery for a benign brain tumour. Sunnybrook Hospital in Toronto wanted to unplug the equipment that keeps Rasouli alive. Ten days ago, the Supreme Court ruled that they cannot do so unilaterally.

Rasouli is considered "minimally conscious." That's one step up from "vegetative." His brain can no longer instruct his body to breathe. But he can, apparently, respond to a hand squeeze. Videos seem to show him catching a ball tossed into his lap.

Is he likely to recover? The doctors don't think so. Nor do I. His advocate may well have prolonged a life that Rasouli himself now feels intolerable – if he's capable of feeling anything.

But the point remains – without an advocate, Rasouli would already be dead.

Few patients are as incapacitated as Hassan Rasouli. But all patients are operating at less than their best – that's why they went to a hospital. I consider myself an articulate person. But when I smashed my elbow, last spring, I was so numbed by pain and painkillers that I had no more backbone than a jellyfish.

Everyone who goes to hospital needs to have an advocate at hand.

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YOUR TURN

Ron Cannan sent a rebuttal to my column last week, but he sent it to the newspaper, not to me, so I can't quote from it. But a few readers of the newspaper commented on my behalf.

For example, John Angus Richardson wrote (with a copy to me), "It looks as though Mr. Cannan has learned well at the feet of his leader. Like Stephen Harper, he manages to go on at some length without ever addressing the matter at hand.

"Mr. Cannan lists a series of foreign aid projects in which our country participates. Those good works we don't doubt. Nevertheless Jim Taylor's open letter did not dispute our many areas of positive contribution; but rather condemned your government for refusing aid to international agencies whose programs might allow war rape

victims and child brides to obtain abortions. In taking this stance the Harper government reveals itself to be narrow, rigid and doctrinaire in exercising a belief system that further victimizes the children so magnificently abused.

“International aid organizations must do their work using as broad and complex a range of strategies and services as possible. To bar them from any funding because of this one weapon in their arsenal of assistance is contemptible. Furthermore it does squarely side us with the war rapists and child bride abusers against violated children by compounding their victimization.”

I received a total of 26 letters, considerably higher than usual. All but two supported my criticism of the federal policy of denying funding to international aid agencies that include abortion and family planning in their range of services. My thanks to Vern Ratzlaff, Christa Bedwin, Wayne Irwin, James Russell, Muriel Lush, Donna Campbell, Barbara Carroll, Ray Shaver, Adolf Manz, Dave Rattray, Hanny Kooyman, Dorothy Haug, and Peter Tassie for your expressions of support.

In addition, Bonita Garrett, Cliff Boldt, and Tom Simper requested permission to send the letter on to their own acquaintances and members of parliament.

Dawne Taylor wrote, “Very gutsy of you to send it, and even more gutsy to make it a column so the public is aware of the facts – and it puts him on the hot seat You did a super job of laying out the rationale, appealing to his compassion (and common sense), and pointing out the hypocrisy and warped ideology of this government.”

Ted Spencer asked, “It is often said - and I really do believe - that people almost always get the government they deserve. What did we do to deserve the government we have today?”

Robert Caughell expressed similar views: “The Prime Ministers ultra-religious beliefs are showing through. His right wing, pro-industry, pro-oil, anti-environmental dogma is ruining our country.”

Laurina Tallman suggested I had taken a distorted perspective: “While much of your argument is cogent, I take exception to the assumptions in this statement: ‘that you expect her to live the rest of her life raising a daily reminder of her humiliation and degradation?’

“A victim of rape or of any kind of assault should not be thought of as ‘humiliated and degraded.’ The degradation surely adheres to the person who commits the assault. The notion of ‘humiliation’ suggests that the victim has lost pride. But pride is irrelevant to the victim; the victim has been bodily harmed. The society that views the victim as humiliated, worthless, ruined, degraded, or second-rate is part of the problem.

“Abortion also is an act of violence that kills a living human being. The psychological effects of abortion on the mother are horrific and are downplayed by pro-abortionists. The living child is not only the product of the male who raped her but of the woman who has the capacity to bring it to birth. The child is innocent. The woman is innocent. You can read testimonials ... from children instinctively loved as the product of her own body however unhappily conceived and who raised her child entirely free of the supposed ‘humiliation and degradation’ you impute to her.

“And if her society takes that view, the society needs to change its values.

“How you treat the victims of rape should include a merciful attitude to those other victims of the rape, the children conceived who apparently are beneath your capacity for care, decency, principles, and compassion.”

Ted Wilson took the opposite perspective: “As long as there are unwanted pregnancies there will be a demand for abortions, no matter what the situation or the sperm source. That is a fact anti-abortionists don’t seem to understand. Yes, I endorse adoption as the preferred course of action. But the choice is not mine, yours, or anybody else except the prospective mother’s.

“Having seen the results of illegal abortions I cannot endorse the idea of not having legal ones. Given the level and availability of current contraceptive technology, combined with the social attitudes in many segments of

society, the likelihood of eliminating unwanted pregnancies is only slightly better than the prospect of eliminating sexual intercourse.

“Being opposed to both contraception and abortion is about as contradictory as one can get.”

TECHNICAL STUFF

This column comes to you using the electronic facilities of Woodlakebooks.com.

If you want to comment on something, send a message directly to me, at jimt@quixotic.ca.

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You can access several years of archived columns at <http://edges.Canadahomepage.net>.

I write a second column each Wednesday, called Soft Edges, which deals somewhat more gently with issues of life and faith. To sign up for Soft Edges, write to me directly, at the address above, or send a note to softedges-subscribe@quixotic.ca

PROMOTION STUFF...

If you know someone else who might like to receive this column regularly via e-mail, send a request to jimt@quixotic.ca. Or, if you wish, forward them a copy of this column. But please put your name on it, so they don't think I'm sending out spam.

For other sources worth pursuing, try

- Ralph Milton's HymnSight webpage, <http://www.hymnsight.ca>, with a vast gallery of photos you can use to enhance the appearance of the visual images you project for liturgical use (prayers, responses, hymn verses, etc.)
- David Keating's "SeemslkeGod" page, www.seemslkegod.org;
- Alan Reynold's weekly musings, punningly titled "Reynolds Rap" -- reynoldsrap@shaw.ca
- Isobel Gibson's thoughtful and well-written blog, www.traditionaliconoclast.com
- Wayne Irwin's "Churchweb Canada," an inexpensive service for any congregation wanting to develop a web presence, with free consultation. <http://www.churchwebcanada.ca>
- Alva Wood's satiric stories about incompetent bureaucrats and prejudiced attitudes in a small town are not particularly religious, but they are fun; write alvawood@gmail.com to get onto her mailing list.
