

The challenges of caring: ethical dilemmas in health care

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There are occasions in our careers as nurses and midwives that we may be confronted with an ethical dilemma that will test our resolve. We may be challenged to honour the core bio-ethical principles, or our duty of care to others and our professional accountability. Today I wish to highlight the vital role we play in advocating for our ethical principles and for humanity.

Being confronted by an ethical conflict can act as a reminder of the key bioethical principles in healthcare are; Respect, for the patients autonomy to consent to treatment. Non-maleficence, to do no harm in our interactions with our patients. Beneficence, to work to benefit others. Justice, the expectation that we will give all our patients fair and equal treatment. These key principles form the foundation for our codes of conduct and ethics to guide our practice.

Our undergraduate degrees include content about professional ethics to help students prepare for the occasions when we are met with principled dilemmas in our careers. However, it is not until we are confronted with a decision or a practice that challenges our professional values that we know how we will truly react.

An ethical dilemma is a decision-making problem or paradox between two obligations, neither of which is clearly acceptable or preferable. This means that our personal values have a deep influence on our judgement and our response to a confronting dilemma. It doesn't matter if your speciality is midwifery, emergency medicine, oncology or paediatrics we can all be met with an ethical dilemma.

In mental health the obvious paradox is the treatment without the patients consent. Patients who have their rights to freedom removed and are admitted into a psychiatric facility against their will. At the beginning of my career as a mental health nurse I grappled with this situation questioning whether my discomfort was due to my personal values or was it an ethical conflict. Fortunately I was able to answer my own questioning, with an acceptance that the legislation governing and guiding my practice not only allows me to justify treatment, but my personal values also accept that the treatment is placing the patient's safety and care as the utmost priority.

I have always genuinely cared about the people I nurse, I want to provide access to treatment and recovery and I respect the mental health regulations that govern my practice. Australia has mental health legislation designed to ensure the care delivered is recovery focused and that the least restrictive interventions are utilised.

Psychiatric care has improved in leaps and bounds for people with a mental illness and my respect for the need to legislate and ensure accountability in our practice has also grown. But what if I didn't respect, value or agree with the legislation? I am going to share my personal journey when I was lead to question my response to policies and legislation that ultimately challenged my professional integrity.

In 2010 I accepted a position as a torture and trauma counsellor working with asylum seekers detained in an immigration detention centre. I took the position for a number of reasons, firstly I have a background working in foreign aid and remote area nursing with vulnerable population groups, I love to travel and I embrace opportunities to learn about other cultures and to meet people from diverse backgrounds.

Secondly, I wanted to enhance my therapeutic skills working with traumatised people and this was giving me the challenge I was looking for. But probably the main reason was because I am a naturally curious person, I was intrigued that there was so little information available about the people seeking asylum and the detention system. Why were they being detained, for how long and under what conditions, there was a high level of mystery and the job granted me the opportunity to investigate and find out first hand.

Australia has a policy of mandatory detention for people seeking asylum by boat. In May 2009 the Sri Lankan civil war came to a bloody end and at the same time there was a violent resurgence of the militant Taliban in Afghanistan. More people started seeking asylum by boat to the Australian external territory named Christmas Island. Christmas Island is geographically closer to Indonesia, 188 nautical miles from the Java Strait, boats would leave from Indonesia to make a two or three day journey, or a treacherous 26 day journey from Sri Lanka.

People were so relieved and excited to have made it safely to the island that they willingly complied with the orders given to them by immigration staff. They were allocated a number to replace their names, families were separated with any men over the age of 18 removed from family groups unless they were the father of the family unit. There was a gradual loss of dignity as people became institutionalised and conformed to the imposed rules.

When I arrived in January 2010 the conditions in the centres seemed fair and reasonable, they allowed for physical health screening, a security check and the processing of asylum claims to be granted a permanent humanitarian visa. Things changed fairly rapidly throughout the course of my first two years, with lengthy delays in the processing of claims the average length of time detained became 18 months and this kept increasing. The facilities became overcrowded, temporary tents were erected and the place started to look like an emergency field camp rather than a facility owned and operated by a wealthy nation like Australia.

Australia had a change of government and the new regime outsourced detention centres to the desolate tiny island nation of Nauru and to remote impoverished Manus Island in Papua New Guinea. Families were sent to Nauru and men to Manus Island where they are still languishing now in their seventh year locked up.

The level of government secrecy became so intense that they introduced legislation to prevent anyone like myself who has worked in the immigration detention system from speaking publicly of the experience. People seeking asylum were cleverly aligned as potential terrorists and criminals who were not worthy of humane treatment or compassion. This rhetoric continues today.

Back in 2010 and 2011 I was one of the counsellors in the little team, we had a team leader who attended the meetings to put forward our clinical recommendations for our patients and he dealt with the public servants from the department of immigration. When he left I took his job and I stayed in that position for three years. During that time the changes to government policy had such a profound impact on the lives of thousands of people seeking asylum that it remains a continued and painful legacy.

I gradually became known as an irritant to the public servants that worked for the immigration department because I refused to accept the callous treatment being offered and endorsed. For example people were punished if they self-harmed rather than being offered supportive care. This was the first time in my career that I found myself working for an administration that was not focused on the rights and care of the patient. The policies did not reflect my duty of care and the key bio-ethical principles, in particular, non-maleficence.

I was reacting to the ethical dilemma presented to me when my clinical judgment and personal values conflicted with the government legislation and directives I was receiving. I made a conscious decision to advocate in a way that utilised my professional expertise and credibility, so I used clinical formulations citing endorsed treatment that was strongly evidenced based.

I removed any emotion from the documentation to avoid jeopardizing my position and the service I worked for, but it became harder to have our clinical recommendations acted on because they were opposing government policies. Our team were determined to deliver therapeutic care to vulnerable people but it was increasingly difficult to maintain the integrity of our service without being labeled anarchists.

Over the course of five years I was privileged to meet many incredible people with amazing stories however, today I am going to share the story of just one of my patients, I have removed all the identifying features from this lady who I like to call Jamila. The name Jamila means beautiful, and that's exactly what she is. She is also feisty, magnificent and brave.

Jamila was 75 years old when we met, classified as a stateless person she had lived her life in Iran where she had been politically active for many years fighting for recognition and access to basic human rights for the Kurdish people. By the time she was in her fifties she had lost her husband and then watched as all her adult children were forced to leave the country, until she was alone and an easy target.

Her children made numerous attempts to get their mother out of the country with every application refused. Regularly harassed and deliberately targeted by the security forces, she experienced frequent arrests, interrogations, incarceration and torture on more occasions than she could recall.

It was the last incident that saw her permanently and deliberately maimed. After they shattered her wrist, medical treatment was withheld to guarantee she would be left with limited use of her favoured hand. On her release she was left feeling hopeless and considered ending her own life until a neighbour stepped in. He organised everything to get her safely to some of her children already settled on permanent visas in Australia. She was smuggled out of the country to eventually climb into a boat in Indonesia so she could make her way to Christmas Island. It was the love for her children that carried her.

When Jamila arrived on Christmas Island she had lost all her belongings, she had only the clothes she stood in, and she was oblivious to the harsh Australian government immigration policies, denying family reunification and settlement in Australia for people who arrived by boat.

Jamila was referred to our service due to severe symptoms of complex trauma, she was experiencing nightmares that were so vivid and horrific she became too frightened to sleep. She had intrusive memories in the form of flashbacks causing her to scream out, so she started to chew her clothing to muffle the sound. As a method of distraction from the terrifying memories she would suddenly jump up and walk but this increased the number of falls she had. She often arrived for a therapy session limping and bruised.

Jamila was also physically compromised, with medical conditions including diabetes and hypertension. She had bilateral cataracts causing a severe deterioration in her vision and expressed a legitimate fear that she would never see her children again.

On Christmas Island the conditions of her detainment were comparably third world. Jamila's accommodation consisted of a series of demountable temporary buildings, containing bedrooms, communal bathroom and a dining area all surrounded with barbed wire fencing. There was no grass and little shade so in the hot tropical climate the ground was either hot and dusty or a muddy quagmire.

Day and night people were forced to queue to use the leaky communal toilet, they lined up for everything, for food, for medicine or to make any simple request.

Adding to her misery Jamila was the only person of her language group, she felt powerless because she couldn't talk to anyone. She struggled to shower and dress herself and attend to simple daily chores without assistance due to her disability. When I asked how she managed she told me that a kind Arabic lady was helping her but they were unable to speak to each other and used simple gestures.

The Department of Immigration ensured vitriolic information was delivered repeatedly through an interpreter. The key message for Jamila was that having family on the mainland was irrelevant and her asylum claim would not be heard until she was processed at some time in the future on Nauru. For Jamila and her family this simply did not make sense, she had family desperately wanting to love and care for her.

The repeated threats that she would be transferred to Nauru amplified her distress increasing the frequency of her nightmares and flashbacks. The detention environment acted as a constant reminder of the many times that she had been imprisoned and tortured in Iran heightening her trauma response.

This was where I had to advocate to the immigration staff repeatedly. I presented her case week after week to the immigration officials on the island, highlighting the fact that detaining Jamila was having an adverse effect on her deteriorating mental and physical health. I felt very passionately that should Jamila be sent to Nauru she would not survive and I was determined to do everything in my power to prevent this.

I was recommending community detention on the mainland where I could hand her care over to another torture and trauma counselling service and she would gain access to her family. I discreetly spoke to lawyers and advocates seeking any legal avenue possible to prevent her transfer to Nauru.

Then one day I received a visit from Sister Dorothy a catholic nun who was providing pastoral care in the centre, she told me that a government health advisory team were currently on the island doing an inspection of the facilities and that they were due to fly out that day. I had met one of the visiting advisors in the past and knew this was a chance to get my recommendations heard.

I also understood that the immigration officials on the island had deliberately prevented my access to the advisory team. I printed off a copy of Jamila's clinical recommendations that I had been sending through each week for months. I raced to the little airport and went straight to the advisory team member, re-introduced myself, requested a private conversation and watched as the immigration official with him went a deathly shade of white.

As I spoke to this person I found myself pleading with him to get the recommendations through to the Minister for Immigration, he assured me he was scheduled to meet with the minister in three days' time and that he would discuss the case. I think if he had been already on the plane I would have run across the tarmac to get to him, I drove away feeling like I had fought a tiger and won. Not long after this Jamila was finally sent to the mainland and treated with some dignity. She is now living with her family.

Ultimately there were ramifications for this rebellious act when our invitation to present our own cases at the weekly meetings was withdrawn. The immigration department claimed their privacy policy and client confidentiality prohibited us access to such high level discussion.

Our service was effectively shut out, denied access due to a veil of secrecy surrounding the workings of a government department. This secrecy was based on intense fear that inconsistent and sometimes inhumane treatment within the detention centre would be exposed.

During my time on the island I recognised that if ever there was a time in my life to be tested this was it. I was impressed by the negative impact secrecy and fear has over decision making. I witnessed compassionate healthcare professionals follow without question policies and directives that would have made shocking headlines on the mainland.

I observed dehumanization and harm inflicted on people for political motivation, the sum of which has been the greatest ethical confrontation in my professional career. I was forced into clandestine advocacy while on the island and to become a weekly irritant to public servants and to officials in powerful positions.

I left the island and with the support of my family I made a considered decision to speak up. Knowing that I was breaching the newly legislated secrecy provisions and that I was risking my professional reputation and registration. My rationale was clear to me, I had entered my profession with the explicit intent to do no harm and I value the key bio-ethical principles that form the foundation of our codes of conduct and ethics.

I have always advocated for my patients using the clinical evidence available recognising that my personal views are not relevant when promoting best practice. Speaking up comes at a price, however I continue to speak publicly because this is a story with no happy ending, men, women and children remain locked up, some for eight years now.

Children have been born into a childhood detained behind fences, families remain separated without future safety or hope. Healthcare professionals are still being directed to ignore our guiding ethical principles to allow government policies and practices to prevail.

When I reflect on this period of my life I recognise the need to encourage and inspire others to speak out when you see injustice. To remind my colleagues we are ethically bound to be a voice for the vulnerable people in our care, to stand when others are silenced by fear. I have no doubt that Jamila would not have survived detention on Nauru however, Jamila is just one example of the many at risk people we come across in the course of our careers.

If I can leave you with just one message; please remember nurses and midwives have the power to be effective change makers when we advocate for our patients. Don't be afraid to speak up for our ethical principles, for compassion and for humanity because believe me, when you stand up and speak, you can make a difference.