Ethics and Harm Reduction: Nursing Values and Practice

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HIV and Injection Drug Use

- 14% of new infections in Canada
- 30% of new HIV infections are due to injection drug use worldwide.
Ends in View

- Discuss inequities experienced by those who are street involved
- Discuss harm reduction as a context for addressing inequities
- Highlight ethical, legal and social context of harm reduction practice
- Explore a social justice framework for HIV/AIDS nursing practice.
“The term “harm reduction” refers to policies, programmes and projects which aim to reduce the health, social and economic harms associated with the use of psychoactive substances. It is an evidence-based and cost-effective approach – bringing benefits to the individual, community and society.”

International Harm Reduction Association (2006)
Principles of Harm Reduction

- Pragmatism
- Humanistic Values
- Focus on Harms
- Balancing Costs and Benefits
- Priority of Immediate Goals

Canadian Center on Substance Use (1996)
Evidence for Harm Reduction

Scientific evidence and effectiveness of Harm Reduction strategies such as needle exchange have been well established.
Law Enforcement and Drug Policy

“War on Drugs”

National Anti-Drug Strategy: The Missing Pillar

- Prevention
- Treatment
- Law Enforcement

Remember prohibition?
It still doesn’t work.
“Our attitudes towards public policy involve more than simple judgments about effectiveness and outcomes. They are symbolic expressions of our core values. Unfortunately, most difficult social problems bring core values into conflict…. Contemplating harm reduction brings these conflicts into strong relief.” (MacCoun, 1998, 1208).
Inequities in Health and Access to Health Care

Inequity “refers to differences which are unnecessary and avoidable, but in addition are considered unjust and unfair”

(Whitehead, 1992)
Inequities in Health Status

- HIV
- Hepatitis C
- Bacterial infections
- Respiratory problems
- Overdoses
- Addiction
- Mental health problems

(Hunt, 2003)
Underlying Social Conditions
Inequities in Access to Health Care

The Inverse Care Law

Those with significant health problems often have the least access to health care.

(Hart, 1971)
Inequities in Access to Health Care

- Financial Challenges
- Multiple Stigma and Discrimination
- Lack of integrated Services
- The process of ‘Othering’
- Rationing on the basis of social worth
Climate of Distrust

- Reluctance to Access Healthcare
- Surviving the Streets
- Loss of Faith in the System
Harm Reduction as a Context for Developing Trust and Enhancing Access

- Shifts focus from ‘fixing’ to accepting that they ‘fix’
- Provides Relational space
- Fosters Knowledge Development

Pauly (2007)
Harm Reduction as a Context

- Reducing Harm As a Guiding Ethical Principle in Practice
- Balancing Autonomy with Reducing Harm
Benefits and Challenges

- Counters Stress and Burnout
  - “It takes the Pressure Off”
  - Focus on ‘Baby Steps’
- Navigating
  - Situations of Difficulty
  - Team Differences
  - Conflicting Systems
Value Tensions

Stigma ↔ Moral Worth of Persons

Personal Responsibility ↔ Social response(ability)

Undeserving ↔ Deserving

Fixing ↔ Reducing Harm

(Pauly, 2005)
Harm reduction is congruent and consistent with professional nursing values of safe, competent and ethical care, health and well-being, choice, dignity and justice.
Perspectives on Distributive Justice

- Utilitarian
  - Greatest good for the greatest number
- Libertarian
  - Individual rights and freedoms
- Egalitarian
  - Distribution based on needs
- Communitarian
  - Involvement of the community
Social Justice Framework

- Embedded in the CNA Code of Ethics
- Seeks to improve situation of those most disadvantaged in society
- Considers not only distribution but unfair differences between groups
- Seeks to address inequities through changing social structures and practices
Implications for Action: Micro Level

● Attention to value-laden language
  ◆ How are ‘others’ being referred to?
  ◆ Is substance use viewed as a matter of choice or personal responsibility?

● Attention to relationships
  ◆ How am I responding to others?
  ◆ Who is seen as deserving of care?
  ◆ What are the shared values of the team?
  ◆ What would reduce harm for this person and in this situation?
  ◆ Is this person hungry and homeless? Do they have an income?

● Attention to Policy
  ◆ What is our position on harm reduction? How are peers involved?
  ◆ Will I support an “end to prohibition?”
  ◆ What can I do to advocate for housing and supports?
Implications for Action: Meso-Level

- Health Care Organizations
  - Is harm reduction part of the organizational philosophy of care? Does it need to be?
  - What policies are in place to support harm reduction? What policies are needed?
  - What opportunities exist for education in harm reduction?
  - How are services integrated and linked?
  - How are peers involved in the development and delivery of health services?
Implications for Organizations

- What is the current ethical climate?
  - a workplace where ethical values are made clear and shared, where ethical values direct action, and where individuals feel safe to be heard (Rodney & Street, 2004).

Moral distress has been linked to the ethical climate as well as recruitment and retention.
Implications for Nursing Organizations (Provincial and National)

- Discussion papers and positions on harm reduction
- Development of a Strategic Plan
- Coalitions with Public Health Groups and Organizations