

SaskEthics

An Ethics Newsletter for Catholic Healthcare Organizations in Saskatchewan

We all need to be 'cloaked'

Dear *SaskEthics* Readers,



When you hear the word 'palliative'

what do you think of? Although many people often think only of the end-of-life, the word itself stems from the Latin word *palliare* which means 'to cloak.' As fun as this fact is, it doesn't tell us who we are cloaking or why we are cloaking them. To answer this, we need to take a closer look at what it means to be human.

This Fall I was blessed with the opportunity to hear Cory Labrecque speak at Covenant Health's online Palliative Care Conference. In his keynote address, he reminded us of what it means to be vulnerable. The word vulnerable comes from another Latin word, *vulnerare*, which means 'to wound.' To be vulnerable is to be capable of being wounded. This woundability is more self-evident in some of us than others, for example in children, in people who do not have a community, and in people who are ill or dying. However, the reality of being vulnerable is one that we all share. We all

have a need for our vulnerability to be shielded, or 'cloaked,' from the dangers, heartaches, and pains of this world.

This understanding of the human condition is critical for faith-based healthcare. Rather than seeing ourselves as experts who are here to save the patients in our care, we understand that we are actually in the same boat as our patients. While we may be the ones 'cloaking' them physically, they are often the ones who are 'cloaking' us in a myriad of other ways.

For example, consider a resident, Jim, who has gotten to know his care team over a number of years. While they have washed him, clothed him, and fed him, he has taken great care to get to know them. He has listened to them share stories about their families and their career plans. On day shifts, he has provided encouragement to his nurses, and on night shifts, he has shared stories about his life. In his final days he tells his team that he is not afraid of being dead, but the dying part sure isn't any fun.




While some healthcare professionals may want to believe that their relationship with Jim is a one-way street, this doesn't seem to fit with the relationship that has

developed between Jim and the care team. While they provided him with Palliative Care, he palliated them in ways they will be unpacking for the rest of their lives.

Do you feel comfortable acknowledging your own vulnerabilities? Does your team provide space for the people in your care to fulfill their roles as caregivers? How do

you maintain your professional boundaries when connecting with your patients or residents?

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<p>MONDAY NOVEMBER 03</p> <p>Pylypchuk Hall Part of SHA's 12:00pm Ethics Week</p>	 <p>St. Paul's Hospital</p>
<p>2025 W.F. Mitchell Bioethics Seminar</p>	
<p>Navigating End-of-Life Conversations</p> <p>High quality care includes the ability to respond to the concerns and needs of patients and families at the end of life. However, most professional training programs do not adequately prepare clinicians for these conversations. This talk will explore how we can become more "death literate" as we accompany those we serve during the times when care does not include the possibility of cure.</p>	<p>FREE LUNCH</p> <p>Available for the first 80 participants in-person in Pylypchuk Hall</p> <p>No registration required!</p>
	<p>Darcy Harris, RN, RSW, MEd(couns), PhD, FT is Professor Emeritus of Thanatology at King's University College/ Western University in London, Canada. She is also a faculty member of the Portland Institute for Loss and Transition, offering certification in meaning-oriented grief therapy. She is a co-editor for Routledge Publishing Company's <i>Death, Dying, and Bereavement Series</i>, and an internationally recognized author, speaker, and leader in the field.</p>
	<p>Contact: bonnie.hope@saskhealthauthority.ca</p> <p>Click here to Join Webex</p> <p>Annual conference funding supported by William F. Mitchell Endowment Fund</p>