Rural Pastoral Care and Confidentiality

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Webinar
Introduction

William Nelson, PhD Associate Professor, The Dartmouth Institute for Health Policy and Clinical Practice, Community & Family Medicine at Geisel School of Medicine at Dartmouth. Directs the Rural Ethics Initiatives Program. Teaching and scholarship of health care ethics focuses on the relation between ethics, quality and value in today’s health care organizations.

Previously was a VA Chaplain and the Ethics Education Coordinator for the VA’s National Center of Health Care Ethics.
Objectives

- Highlight the rural context influencing ethics questions
- Identify confidentiality ethical guidelines in pastoral care
- Apply guidelines to recurring situations that arise in rural settings
- Identify resources for rural clergy encountering confidentiality questions
Disclaimer

Disclaimer – In this presentation and discussion, I am not representing the VA, only my personal thinking and am not offering legal advice.

Acknowledgement – I want to express my deep appreciation to several people that contributed to this Webinar, members of the VA Chaplain Center Rural Clergy Project and Dave Numme.
Rural Health Care Ethics

• Encyclopedia of Bioethics defines the overlapping areas of health care ethics – theoretical, clinical, organizational, regulatory, and cultural

• Rural ethics focuses on how the unique rural cultural context influences:
  – The presentation of ethics challenges
  – The response to those challenges
Example – Stigma and Privacy

A patient living in a remote rural community drives an hour to University Hospital Outpatient Clinic for care related to depression. When asked about not going to the primary care clinic in her community, she replies, “My sister-in-law works at the clinic by our house, that would be bad for the whole family.”

Because of the burden of the long drive she becomes non-compliant for subsequent follow-up.
Importance of Confidentiality

• Few strengths are more important
• Parishioners and members of the community need the freedom to trust the ability of clergy to maintain confidences

• However, confidentiality is constantly being eroded:
  • Social media
  • Rural setting
Rural Demographics

• 21-25% of US population
• 60-62 million rural residents
• 3 million veterans
• ¾ quarters of US land mass
Figure 7.
Population Density by County: 2010
(For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2010/doc/pl94-171.pdf)

Note: Population density expressed as average number of people per square mile of land area.
Source: U.S. Census Bureau, 2010 Census.
US Hospitals

• Hospitals in US: 5,764

• Rural hospitals: 2,166*
  – 1,294 are Critical Access Hospitals (25 beds or less)
  – 29 are VAMCs**

* American Hospital Association
** VA designated
Restricted Accessibility

- Rural Americans have farther to travel for care

- Rural Americans have transportation and geographical barriers
Rural Health Snapshot

<table>
<thead>
<tr>
<th></th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>US population</td>
<td>22%</td>
<td>78%</td>
</tr>
<tr>
<td>US physicians</td>
<td>11%</td>
<td>89%</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>54%</td>
<td>38%</td>
</tr>
<tr>
<td>Aged 65 or older</td>
<td>18%</td>
<td>15%</td>
</tr>
<tr>
<td>Below poverty</td>
<td>14%</td>
<td>11%</td>
</tr>
<tr>
<td>Per capita income</td>
<td>19K</td>
<td>26K</td>
</tr>
</tbody>
</table>

Source: Size. Table 1 *in Commentary: Rural Health Can Help Lead the Way. Wisconsin Medical Journal.* 2002;101:10
Rural Health Snapshot

<table>
<thead>
<tr>
<th>Category</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults describing health status as fair or poor</td>
<td>28%</td>
<td>21%</td>
</tr>
<tr>
<td>Obese men</td>
<td>22%</td>
<td>18%</td>
</tr>
<tr>
<td>Adolescents who smoke</td>
<td>19%</td>
<td>11%</td>
</tr>
<tr>
<td>Male/female death rate per 100,000 (ages 1-24)</td>
<td>80/40</td>
<td>60/30</td>
</tr>
<tr>
<td>Population who are white</td>
<td>83%</td>
<td>69%</td>
</tr>
</tbody>
</table>

Source: Size. Table 1 in Commentary: Rural Health Can Help Lead the Way. Wisconsin Medical Journal. 2002;101:10
## Rural Health Snapshot

<table>
<thead>
<tr>
<th>Category</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private insurance</td>
<td>64%</td>
<td>69%</td>
</tr>
<tr>
<td>Medicare beneficiaries</td>
<td>23%</td>
<td>20%</td>
</tr>
<tr>
<td>Medicare w/o drug coverage</td>
<td>45%</td>
<td>31%</td>
</tr>
<tr>
<td>Medicare expenditures per capita to US average</td>
<td>85%</td>
<td>106%</td>
</tr>
<tr>
<td>Residents covered by Medicaid</td>
<td>45%</td>
<td>49%</td>
</tr>
</tbody>
</table>

The Reality

- Rural households have higher rates of mortality, disability and chronic disease than urban households, even after taking into account the age distributions of the two populations.
- Rural households have less access to affordable, nearby, quality health care than urban households.
Rural Life Style Characteristics

- Community and individual self-reliance
- Schools and houses of worship are centers of socialization
- Small town centers of trade
- Close social and kinship relationships
- Preference to informal support systems
- Conservative values and perspectives
Common Rural Ethics Challenges

• Access to needed care
• Disease stigma
• Caregiver stress
• Conflict between community values and professional guidelines
• Limited professional resources, especially mental health
• *Professional-personal boundary conflicts*
• Privacy and confidentially
Confidentiality Ethics Guidelines

• A long rooted tradition – even longer than that of psychiatrists and therapists

• Leo I, the Bishop of Rome in the mid-fifth century ordered that confession can no longer be public...

• The Eastern Church was even more strict and carried a warning 554, “A priest who reveals the confession shall be disposed...”
Example – Confidentiality Cases

• A 31 year old member of your local community has returned from her third tour in Iraq. Several members of your parish tell you in confidence that she “is having a hard time” since returning. She is not a member of your church but you see her occasionally in town.

• A member of your parish comes to your office and informs you that her husband is scaring her; he has nightmares, drinking a great deal, only wants to hang-out with National Guard buddies, and gets extremely angry for small issues. He refuses to talk it.
Confidentiality Ethics Guidelines

• Today there are sweeping statements by faith groups about the ethical standard of maintaining confidentiality

• For example, “I shall hold as sacred all confidences shared with me” (American Baptist Churches)
Confidentiality Ethics Guidelines

• Confidentiality places a duty on clergy not to disclose information shared in private

• Clergy have an ethical responsibility to foster and maintain confidentiality and privacy of information as a key component to the clergy-community member relationship
  – Professionalism
  – Societal expectation
Example – Confidentiality

During a youth group meeting a teenager tells you, a pastor in a private conversation that she has had consensual sexual activity with her boyfriend. She feels guilty about it. She also says do not tell her parents.
Is Confidentiality Absolute?

Is there an ethical justification for breaching the mandate to maintain confidentiality?

1) It is never justifiable to breach confidentiality

2) Confidentiality can be breached when there is a clear, impending harm to the lives of others

3) Confidentiality can be breached only when permission is granted
Ethical Justification for Breaching Confidentiality

• Clergy, like others, may identify situations to morality justified breaching confidentiality
  – Clergy is obligated to a concern for safety of those she/he can protect beyond the individual

  – Potential examples can include cases of suicide or harm to others
    • Observing abuse can justify reporting to proper authorities
    • However, during confidential pastoral help it is less clear – will breaching confidentiality erode trust and discourage others from seeking help?
Growing Mandatory Reporting Laws

• Every state has statues identifying persons required to report child maltreatment – abuse and neglect
  – Approximately 26 states include clergy

• Be aware of your state’s reporting requirements regarding:
  – Elder, partner, etc. abuse
  – Criminal activity
Ethical Justification for Breaching Confidentiality

• In general, the ethical justification for breaching the ethical requirement to maintain confidentiality requires:
  – Assessing the probable amount of harm caused or avoided by the rule violating
  – Determine whether the harm one is probably preventing is so much greater than the harm one is causing
  – You would universally allow this same kind of violation in all other identical cases
Addressing Confidentiality Issues

• Be aware of your faith group statements and guidelines
• Know who to contact in your faith group when questions arise
• Seek consistency with other clergy in your community
• Use VA Chaplains
• Identify legal counsel to contact
Addressing Confidentiality Issues

• Apply a preventive ethics approach
  – Inform faith community of your position
  – Foster public understanding
Key Points

• The rural context significantly influences the presentation and the response to confidentiality issues
• Clergy have a positive moral obligation to maintain the confidentiality of information
• Clergy to have a clear understanding of their faith group’s position regarding confidentiality
• Clergy should reflect on when there may be an ethical justification to breach confidentiality and the legal requirements sharing of confidential information
• Clergy should identify resources that are available when a challenging situation arises