

Rural Clergy Training Program



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Rural Pastoral Care and Confidentiality

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Webinar



Introduction

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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

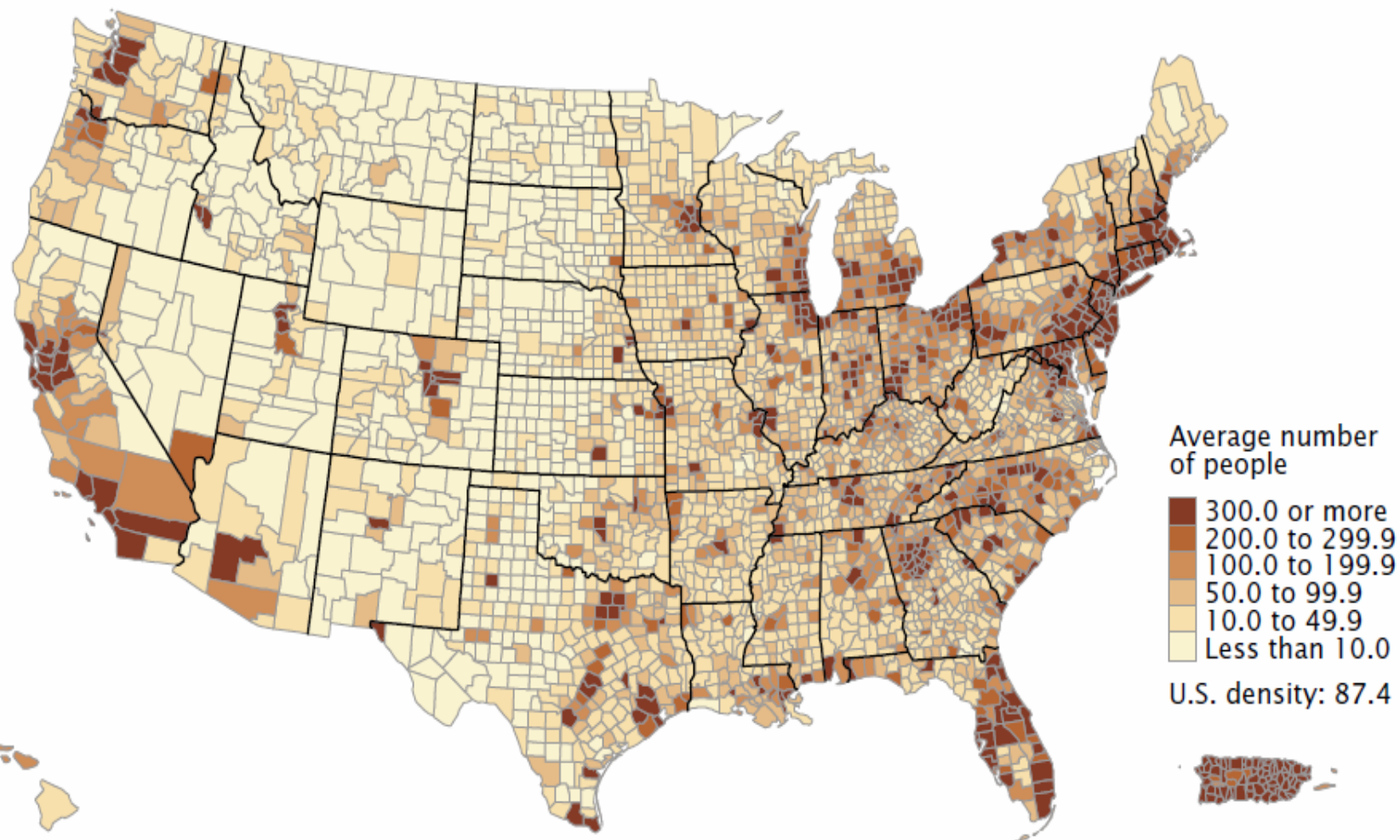
- 21-25% of US population
- 60-62 million rural residents
- 3 million veterans
- $\frac{3}{4}$ quarters of US land mass



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

	Rural	Urban
US population	22%	78%
US physicians	11%	89%
Primary care physicians	54%	38%
Aged 65 or older	18%	15%
Below poverty	14%	11%
Per capita income	19K	26K

Rural Health Snapshot

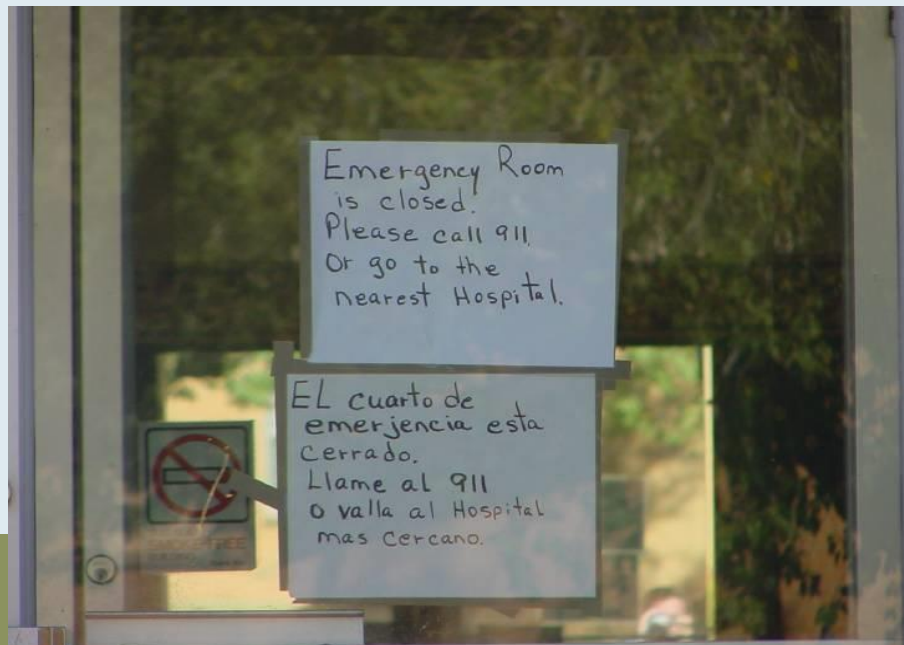
	Rural	Urban
Adults describing health status as fair or poor	28%	21%
Obese men	22%	18%
Adolescents who smoke	19%	11%
Male/female death rate per 100,000 (ages 1-24)	80/40	60/30
Population who are white	83%	69%

Rural Health Snapshot

	Rural	Urban
Private insurance	64%	69%
Medicare beneficiaries	23%	20%
Medicare w/o drug coverage	45%	31%
Medicare expenditures per capita to US average	85%	106%
Residents covered by Medicaid	45%	49%

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 confidentiality

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 statutes 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