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REFLECTIONS

Caring for Kathy: Where to Draw the Line

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I was young when I began my career as a hospice social worker. I was one month shy of receiving my Masters in Social Work and fairly green in the world of working with the dying. I often say the lessons I learned in hospice changed me forever. I am changed in the way I hope to approach my own death and the death of loved ones around me. Many of my patients taught me lessons about love, about life, and about loss. One particular patient reminded me of the difficult lesson of boundaries, not just for us as social workers, but for our interdisciplinary colleagues as well. I wonder, what is the role of the agency in protecting our clients and employees from the turmoil that can occur from overstepping our bounds? This is Kathy's challenging story (name and some details changed to protect the confidentiality of this patient).

First, I will tell you a bit about Kathy and her circumstances. When I first met Kathy, she was living alone in a small house and had just started hospice services. She was 64 years old and morbidly obese. She was able to get around on her motorized wheelchair and was just strong enough to transfer herself from her chair to her bed or her toilet. Sitting on her couch, I was careful not to move too much, in order to minimize the transfer of dust and dirt from the couch to my clothing. Fruit flies buzzed around me, generally landing on one of the fast food bags that littered the floor. Kathy loved to talk about her collections. Today she bought a new porcelain doll and told me of her plans to mount them all in boxes along the wall. It was a difficult vision to picture, as the walls were yellowed from smoke and blocked by clutter. There were only paths through the center of rooms and the hallway that was cleared to make room for Kathy's motorized chair.

I asked Kathy to tell me about the things she worried most about. The bugs (there were more than just the flies) were near the top of her list. We talked also about how well she was managing at home by herself. We discussed her support system, which was small, consisting of no relatives

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nearby, a friend, and her landlord. She said she felt safe at home and the clutter did not seem to be any concern to her. She had lived that way for a long time. She wanted more than anything to remain at her home until she died. I briefly talked with her about other options and we also discussed resources that could help her at home for now: a lifeline button in case she fell, a bedside commode for her bedroom, our Certified Nursing Assistant (CNA) who could help her with her hygiene needs, and a homemaker service that could help her with laundry and errands 4 hours each week. Kathy was grateful.

In our team meeting that week, we discussed Kathy's situation alongside all of our other patients. It is helpful to walk through how our team approached some of the difficult decisions which faced us in Kathy's care. Several staff members were concerned about safety, both for our patient and for our own as we visited her. Someone wondered aloud if we could "take care of the bug situation." I shared that this was a big concern for Kathy. There was some discussion about how we might approach this and ultimately it was decided that we could have Kathy go to our inpatient unit overnight and exterminate the home killing the bugs. Kathy agreed this was a good plan.

Beyond the treatment for bugs, one team member suggested that we have a "work day" within the small home. Maybe if we just got all of the visible trash out of the house it would help create better conditions for Kathy. It might also be less overwhelming for the homemaker service that was contributing 4 hours/week to assist her. I recall some discussion about this and commented that we would need to be mindful about Kathy's feelings. Of course it was also important to question the ethical dilemma of offering services that fell outside of our usual scope in hospice care. We were not offering to clean out other patients' homes, yet there we were: a nurse, CNA, social worker, chaplain, and volunteer coordinator hands and knee deep in Kathy's trash. As I attempted to clean out the sink in the kitchen, I nearly vomited when I realized that it had also become the home to maggots. It is one of my all-time least favorite hospice memories.

Kathy was humbled and grateful and glad to be in a house without bugs (and maggots). Her homemaker services were going well and she had more food that she could eat at home since going out had become more difficult for her. Our team had a special affinity for Kathy, but our CNA went especially above and beyond. Kathy became her last stop of the day so that she would have a little extra time to help take her trash out or make her a sandwich, both tasks which fell outside of her "regular" CNA duties.

It is here in Kathy's story that I pause. Boundaries and ethical practice are important topics within social work. As a social worker within a medical field, I have often been struck by how little it seems that others understand this important topic. What role do social workers have next to our colleagues of differing disciplines who may not understand the repercussions of poor boundaries? And what is the role of agencies in protecting both our clients and our employees in such scenarios? This particular story had an unfortunate ending.

One day Kathy called me requesting a visit, quite distraught that she believed our agency CNA was stealing money from her. Though as a team we were aware that our CNA had been doing a bit extra for Kathy, we were unaware that Kathy had entrusted her to withdraw cash for her from her bank account in order to have the homemaker run errands for her. After a short investigation, it was apparent that yes, our hospice CNA had taken money from Kathy's account in growing amounts over a short period of time. The agency took immediate action both rectifying the situation with the patient (by paying back the money) and by taking disciplinary action against the CNA.

However, when I reflect upon this case I wonder, was it just the CNA who failed this patient? The CNA deserved the repercussions for her actions, yet from a social work perspective I also find empathy for her. She made an illegal and unethical decision, yet she initially went above and beyond for a patient who had little support elsewhere. As a team, had we enabled Kathy to remain at home by allowing our team to provide extra services? As an agency, had we left our CNA susceptible to inappropriate interactions by crossing multiple boundaries? Likely there were agency policies that prohibited our initial behavior. Clearly there are values and ethical principles from the Social Work Code of Ethics (National Association of Social Workers, 2008) that provide context for how to evaluate courses of action in ethically challenging situations. How quickly this situation escalated from one where we were providing supportive care to a patient, to one where a patient had been taken advantage of and an agency employee lost both her job and her license. Mattison (2000) provides a useful guide in ethical decision making that calls us to examine these situations in a more critical and useful manner. As social workers in interdisciplinary fields with professionals not bound by our ethical code, recognizing and intervening in ethically gray areas must be within our scope of practice.

When I teach about boundaries I talk about the "grayness" of sometimes not knowing where the line exists. Yet, we must have ongoing conversations about these boundaries as well as create environments within agencies where evaluations and discussions occur. And though it may not be written into our agency job descriptions, educating others about the importance of ethical behavior and professional boundaries is certainly understood as one of our professional obligations.

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