



CHAPTER 4  
**BECKY & LIZ**

# BECKY & LIZ



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## CHAPTER 4

## BECKY & LIZ



### CHAPTER 4: BECKY & LIZ (18:56)

#### Reflections on Practice:

- Access to Health Care (3:33)
- Ethics & Practice (4:11)
- Pregnant Users (1:54)
- Dueling Agendas (2:04)

#### + Topics:

- Hospitals & Acute Care (9:25)
- Pregnancy & Drugs (7:21)
- Street Drugs 101 (34:58)

Caroline:

“Becky, you could die.”

Becky:

“I don’t care anymore.”



### CHAPTER OVERVIEW

In Chapter 4: *Becky & Liz* the nurses, Caroline Brunt and Sarah Levine, maneuver a very ill and homeless Becky into health care, while respecting her need for drugs and the company of her pregnant daughter. This chapter will explore access to health care, difficult ethical and practice scenarios, working with pregnant women who use drugs and what happens when the nurse’s public health agenda clashes with the client’s agenda.

## SUMMARY OF LEARNING OBJECTIVES

1. To witness first-hand the complexities and challenges of outreach nursing.
2. To explore biases nurses may have towards drugs or people who use drugs.
3. To identify ethical issues nurses may face when working with people who use drugs.
4. To develop an awareness of the challenges nurses face when working with pregnant women who use drugs.
5. To compare and contrast nurses' and clients' agendas with regard to accessing health care.
6. To explore challenges that nurses and people who use drugs face when they meet in hospitals or other acute-care settings, and to look at possible solutions.
7. To develop an awareness of the challenges faced by pregnant women using drugs.
8. To describe principles to keep in mind when caring for pregnant women who use drugs.

## OVERVIEW

**This item presents one of the most compelling depictions of the challenges and strategies of outreach nursing.** Becky is clearly ill and in heroin withdrawal. Caroline tries to find a way to get medical care for Becky.

## LEARNING ACTIVITY FOR CHAPTER 4: BECKY & LIZ

### Objective

**To witness first-hand the complexities and challenges of outreach nursing.**

### Before Viewing

Ask participants to recall a time when someone needed help badly, but refused aid and advice.

Ask them to recall what efforts were made to convince the person to accept help.

Why were the efforts successful or unsuccessful?

### During Viewing

View Chapter 4: *Becky & Liz* (18:55)

Ask participants to note the challenges that Becky and Liz present to Caroline and Sarah.

Participants might find the *Outreach Nursing Challenges* handout on page 46 useful in organizing the challenges.

### After Viewing

Ask participants to list the legal, logistical, medical and psychological challenges that Caroline & Sarah encountered.

Ask participants to identify the challenges they would find most difficult to address. Why are these the most difficult challenges?

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HANDOUT 4.1

## OUTREACH NURSING CHALLENGES

CHALLENGES	BECKY	LIZ
Medical		
Logistical		
Legal		
Psychological		

## CHAPTER 4

# REFLECTIONS ON PRACTICE ACCESS TO HEALTH CARE



Many people who use drugs say that they dread the structured, rule-focused atmosphere of institutions, where they have experienced hostility, censure and judgment.

Wood, Kerr et al. 2003

### Background

Howard and Chung (2000) determined that nurses perceive a client who is labelled as a person who uses drugs far more negatively than one who is not. When compared with other health-care professionals, Howard and Chung suggested that nurses are less tolerant of drug use than other health professionals and are more likely to morally condemn a drug-using client.

The nurse/client relationship is greatly affected by the nurse's attitude towards drug use. Sometimes these attitudes enhance care provision but more often they close doors to collaborative nurse-client relationships.

(Naegle, MA, 1994)

A street-involved lifestyle presents many barriers and challenges to accessing health care. Because health care is often not the top priority for many people who use drugs, they tend to avoid tradi-

tional or institutional care, accessing emergency and acute hospital services only when extremely ill. This places a considerable burden on health care services and providers.

(Palepu, Strathdee et al. 1999)

Advocacy is a fundamental and integral part of nursing, especially when nurses are working with marginalized or street populations. Nurses can advocate in many ways, e.g., within institutions, for better care, or for policy changes within the system.

The BC College of Registered Nurses defines advocacy as "the active support of an important cause, supporting others to act for themselves, or speaking on behalf of those who cannot speak for themselves."

(CRNBC, 2006)

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## LEARNING ACTIVITY 1 FOR ACCESS TO HEALTH CARE

### Objective

To explore attitudes nurses may have towards drugs or people who use drugs.

### Before Viewing

In the film, nursing ethicist Paddy Rodney says: “So I worry that in our anger, in society’s anger with people who have trouble with substance use, professionals are slipping into acting on their personal values in ways that make health care very difficult to access for people with substance use problems.”

Discuss this quote with participants.

### During Viewing

View *Access to Health Care* (3:33)

Ask participants to note the reasons why health care workers may feel anger towards people who use drugs.

### After Viewing

Ask participants to list reasons why people who use drugs avoid institutional health care.

Then ask the following questions:

- Where does the attitude of nurses towards people who use drugs come from?
- What aspects of our society has contributed to creating these attitudes?
- What impact might nurses’ attitudes have on their clients or patients?
- How might nurses recognize their feelings toward people who use drugs?
- How might they recognize frustration or anger in their colleagues?
- What strategies might nurses use to resolve their anger, both personally and professionally?
- Have you provided care to someone who has drugs on their person or in their belongings?
- What are the legal parameters for nurses in this situation in your area of practice?
- How might a nurse help an acutely ill person who uses drugs to access mainstream health care?

Describe the relationship between providing safe and competent care and advocacy.

## CHAPTER 4

# REFLECTIONS ON PRACTICE ETHICS & PRACTICE

## Background

Professional standards of nursing practice set the expected level of performance for nurses across Canada. These standards for nursing are regulated provincially and vary slightly from province to province.

All of them, however, address ethical concerns in nursing practice.

The Canadian Nurses Association (CNA) defines ethical dilemmas as situations arising when “equally compelling ethical reasons both for and against a particular course of action are recognized and a decision must be made ...”

(p 5, CNA, 2002)

All nurses encounter delicate ethical concerns in their practice. An ethical decision-making model is a helpful resource, as it provides a framework that outlines steps to help analyze a situation. Several ethical models exist and they all have three major categories: 1) fact gathering; 2) ethical value examination; and 3) decision-making involving ethical principles. It is helpful when nursing practice is guided by ethical values such as safety, health and well-being, choice, dignity, confidentiality, justice, accountability, and quality practice environments. (CNA, 2002)

## LEARNING ACTIVITY 1 FOR ETHICS AND PRACTICE

### Note to Facilitators

This activity assumes that there are at least 16 people in the class, or otherwise a multiple of 8. Facilitators will have to modify the activity to suit the number of participants.

## Overview

Chapter 4: *Becky & Liz* presents several outreach dilemmas. The nurses, Caroline Brunt and Sarah Levine, have found a very ill Becky under a trailer. Becky is adamant in saying she does not want to go to hospital, and that she would rather die.

## Objective

To identify ethical issues nurses may face when working with people who use drugs.

## Before Viewing

Write the eight principles of the *CNA Code of Ethics* on eight separate flip chart papers or circulate the *CNA Code of Ethics* handout on page 50.

Divide the participants into pairs.

Ask participants to list examples of the eight principles of the CNA Code of Ethics in Chapter 4: *Becky & Liz*.

Ask them to list the ethical issues Caroline and Sarah encounter.

## During Viewing

View *Ethics and Practice* (4:11)

## After Viewing

- What legal concerns may nurses face when working with people who use drugs?
- When the nurses ask Becky to get out of the van, how well do they balance 1) fact gathering; 2) ethical value examination; and 3) decision-making involving ethical principles?
- What ethical issues do you think you might face if you were working with people who use drugs?
- What strategies might you use to address ethical concerns?
- Does an outreach nurse have an ethical responsibility to address homelessness, poverty and violence?

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### + Topics:

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Street Drugs 101 (34:58)

**HANDOUT 4.2**  
**CNA CODE OF ETHICS**

CODE OF ETHICS	APPLICATION
<p><b>Safety</b> – Nurses value the ability to provide safe, competent and ethical care that allows them to fulfill their ethical and professional obligations to the people they serve.</p>	
<p><b>Health and Well-being</b> – Nurses value health promotion and well-being, and assisting persons to achieve their optimum level of health in situations of normal health, illness, injury, disability or at the end of life.</p>	
<p><b>Choice</b> – Nurses respect and promote the autonomy of persons and help them to express their health needs and values, and also to obtain desired information and services so they can make informed decisions.</p>	
<p><b>Dignity</b> – Nurses recognize and respect the inherent worth of each person and advocate for respectful treatment of all persons.</p>	
<p><b>Confidentiality</b> – Nurses safeguard information learned in the context of a professional relationship, and ensure it is shared outside the health-care team only with the person's informed consent, or as may be legally required, or where the failure to disclose would cause significant harm.</p>	
<p><b>Justice</b> – Nurses uphold principles of equity and fairness to assist persons in receiving a share of health services and resources proportionate to their needs and in promoting social justice.</p>	
<p><b>Accountability</b> – Nurses are answerable for their practice, and they act in a manner consistent with their professional responsibilities and standards of practice.</p>	
<p><b>Quality Practice Environments</b> – Nurses value and advocate for practice environments that have the organizational structures and resources necessary to ensure safety, support and respect for all persons in the work setting.</p>	



## CHAPTER 4

# REFLECTIONS ON PRACTICE **PREGNANT USERS**



“I’m all about protecting the baby. But I have to step back. In order to protect the baby I have to connect with the woman who is using drugs... and educate her and connect her to resources that may be able to help her.”

Caroline Brunt, Street Nurse

### Background

“Anything that is done to improve the health of the pregnant woman will, in turn, improve the health outcomes of the fetus/newborn. The social determinants of health affect pregnancy more than the drugs.”

(Payne, 2006)

### LEARNING ACTIVITY 1 FOR **PREGNANT USERS**

#### Objective

To develop an awareness of the challenges nurses face when working with pregnant women who use drugs.

#### Before Viewing

Ask participants to brainstorm a list of society’s attitudes towards pregnant women using drugs.

How likely are nurses to share these attitudes?

#### During Viewing

View *Pregnant Users* (1:54)

#### After Viewing

Ask participants to discuss the following:

- How does Caroline rationalize her health care approach?
- How well does Caroline’s thought process fit with your own?

Reflect on your own attitudes towards pregnant women who use drugs, and whether changing those attitudes might improve your delivery of health care for them.

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Ethics & Practice (4:11)

**Pregnant Users** (1:54)

Dueling Agendas (2:04)

#### + Topics:

Hospitals & Acute Care (9:25)

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## CHAPTER 4

# REFLECTIONS ON PRACTICE DUELING AGENDAS

### CHAPTER 4: BECKY & LIZ (18:56)

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- Pregnant Users (1:54)

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#### + Topics:

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### HINTS FOR FACILITATORS

- Becky's top priorities: shelter, fluids, heroin, accompaniment.
- Becky's barriers to meeting needs: poverty, dislike of acute care, difficulty walking.
- Nurses' top priorities: getting Becky to hospital, maintaining the relationship.
- Nurses' barriers: Becky's refusal to go to hospital, appropriate and available alternative resources.

### Overview

In Chapter 4, the street nurse Caroline Brunt and Becky have an exchange that illustrates the competing dynamics that can arise when a public health agenda clashes with a client's agenda. In order to engage Becky in health care, Caroline goes to where Becky is "at." She lets go of the hospital option and moves on to an option Becky will consider.

### Background

Outreach nurses may encounter individuals who do not want to access health care. This can be frustrating. Traditionally, nurses and other health care workers view the non-compliance of prescribed treatments as a formidable barrier to effective health care. Playle and Keeley (1998) explain that this attitude on the part of health care workers stems from the view that patients are passive recipients of health care. Non-compliance contravenes professional beliefs, norms and expectations regarding the 'proper' roles of patients and professionals.

(Playle and Keeley .1998)

### LEARNING ACTIVITY 1 FOR DUELING AGENDAS

#### Objective

To compare and contrast nurses' and clients' agendas with regard to accessing health care.

#### Before Viewing

Participants break into pairs and consider the following questions pertaining to Chapter 4:

*Becky & Liz:*

- What are Becky's top priorities right now?
- What barriers prevent Becky from meeting her needs?
- What are the nurses' top priorities in providing care for Becky?
- What two barriers prevent the nurses from meeting their goals?

#### During Viewing

View *Dueling Agendas* (2:04)

#### After Viewing

Ask participants:

- Do you agree or disagree with Caroline's description of the public health agenda interfacing with the client's agenda? Why or why not?
- How does Caroline negotiate a successful compromise between Becky's needs and her health care goals?
- Describe a situation where you have had to negotiate health care with a client.
- Did you use the principles of harm reduction?
- What are a nurse's ethical considerations when looking at harms vs. benefits?

CHAPTER 4

+TOPICS HOSPITALS & ACUTE CARE

“People have a perception that harm reduction is something that happens out there on the street. But the fact is, every time you take the time to build a positive relationship with a patient, you are practicing harm reduction.”

Jane McCall, Emergency Room RN

Overview

Although BEVEL UP primarily depicts nurses working in an outreach setting, substance use poses challenges for nurses in every health care setting.

LEARNING ACTIVITY 1 FOR HOSPITALS AND ACUTE CARE

Objective

To explore challenges that nurses and people who use drugs face when they meet in hospitals or other acute-care settings, and to look at possible solutions.

Before Viewing

Create two flip charts, or two columns on a page, one titled “Nurse’s Challenges” and the other called “Client’s Challenges.”

Encourage the group to brainstorm the challenges they see for nurses and clients in acute care settings.



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Nurse’s Challenges	Client’s Challenges

# 4



## During Viewing

View *Hospitals and Acute Care* (9:25)

## After Viewing

Ask participants to highlight what they have learned from the two nurses' interviews.

Ask the participants:

- How well do health care services in your community meet the acute care needs of people who use drugs?  
  
Consider the diversity of people who use drugs (age, sex, class, race and sexual orientation).
- What, if any, changes would you like to see? Why?

## HINTS FOR FACILITATORS

Nurse's Challenges	Client's Challenges
Fear	Fear of judgment
Frustration, annoyance	A strange place
Inability to meet client's needs	Rules
Anger	Time investment
Fatigue	Lack of control
"Oh, not another one!"	No access to personal drugs
Uncooperative client behaviour	Being treated badly
Tying up the health care system	Lack of respect
Taking time	Not listened to
Needing patience	Not believed
Unsupportive system	Being perceived as drug-seeking
Communication challenges	
Drug-seeking clients	

## CHAPTER 4

# +TOPICS PREGNANCY & DRUGS

### Background

Pregnant women using substances may be susceptible to health complications resulting from drug use, such as the transmission of blood-borne pathogens, HIV, hepatitis, endocarditis, abscesses, sexually transmitted infections (STIs) and urinary tract infections (UTIs). Pregnant women using substances (particularly injection drug users) experience higher rates of obstetrical and medical complications. (Payne & Seymour, 2005)

Many factors influence women's lives beyond substance use in pregnancy:

- Poverty
- Unstable housing
- Unstable or unsafe food supply, malnutrition
- History of trauma
- Abusive partners, relatives, "dates," johns
- Mental health problems
- Family disruption, child custody issues
- Unemployment
- Issues with the law, incarceration
- Social isolation
- Medical care absent or disrupted
- Fear of authority figures

(Payne & Seymour, 2005)

### LEARNING ACTIVITY 1 FOR PREGNANCY & DRUGS

#### Objective

To develop an awareness of the challenges faced by pregnant women using drugs.

#### Before Viewing

Ask participants:

- What are some challenges faced by pregnant women using drugs?

#### During Viewing

View Chapter 4: *Becky & Liz* (18:55)

#### After Viewing

Ask participants to reflect on the comment made by Liz about her conflict between "the love of rock" and being pregnant.

Invite them to describe the situation from Liz's point of view.

Ask participants the following questions:

- Where is Liz in the theory of change model? (See teaching guide Chapter 1, *Street Drugs 101* on page 21.)
- What are her priorities right now?
- What is she worried about?
- What other pressures are in her life? (think of Social Determinants of Health in Chapter 2)
- Why does Liz like the Fir Square Unit at BC Women's Hospital?
- What do the Fir Square Unit and outreach nursing strategies have in common?

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## HINTS FOR FACILITATORS

Health care principles for pregnant women using drugs:

- Improve the health of the mother to affect the health of the fetus/newborn.
- Think of the people in THEIR context.
- Employ outreach nursing strategies (safety, relationship building).
- Respect boundaries (professional relationships).
- Use therapeutic communication.
- Employ the variety of access to health care.
- Balance dueling agendas.
- The cycle of addiction and the theory of change (see *Street Drugs 101* on page 21).
- Build trust.
- Be non-judgmental.
- Implement harm reduction.
- Implement client-centred care.
- Keep mother and baby together (dyad).
- Teach mother how to advocate for herself AND her baby.
- Role-model sensitivity to both mother and baby.

## LEARNING ACTIVITY 2 FOR PREGNANCY & DRUGS

### Objective

To describe principles to keep in mind when caring for pregnant women who use drugs.

### Before Viewing

Give the following instructions to the participants:

1. Write your name on the top-right of a sheet of paper (min. 8.5" X 11").
2. Write at the top of the piece of paper one nursing-care principle that pertains to a pregnant woman using drugs.
3. When you have described a principle, pass the sheet of paper to the person on your right.
4. Add a new principle to the list and then pass it to your right.

Repeat passing until the original sheet of paper returns to its owner, or until participants have run out of ideas.

Circulate around to support participants.

### During Viewing

View *Pregnancy & Drugs* (7:21)

Ask participants to add to the list while viewing the footage.

### After Viewing

End the exercise by asking each participant to read out one item.

As a group, discuss whether the item would have a positive or negative outcome for Liz and why.

### Street Drugs 101

+Topics: *Street Drugs 101* is included in the Chapter 2 DVD menu.

The +Topics: *Street Drugs 101* Learning Activity is on page 21.