

Episode 107 - Dr. Allan Barsky: Ethical Issues in End-of-Life Decision Making

[00:00:08] Welcome to living proof a podcast series of the University at Buffalo School of Social Work at www.socialwork.buffalo.edu. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. I'm your host Peter Sobota. Thanks for downloading more than 300000 of our podcasts. We'd love it if you took a minute to tell us what you like or don't like about them and what you'd like to see us do next. If you're an educator and you are using our podcasts and your courses please let us know how. I know some of you are as I've seen them syllabi out there. So let us know. Go to our Web site at www.socialwork.buffalo.edu forward slash podcast and click the Contact Us button. We'd be thrilled to hear from hi from Buffalo. Although we're on the other end of the state it would seem silly not to acknowledge that all of us have been thinking and reflecting on the devastation and suffering that has taken place in our downstate region in New York City New Jersey and other nearby mid-Atlantic states are positive thoughts are with the millions of people whose lives have been impacted by Hurricane Sandy and we are all reminded of how fragile our existence really is in this podcast Dr. Allan Barsky discusses specific ethical issues in end of life decision making. He brings together his training and experience as an attorney and social worker to offer a rich perspective on engaging clients family members and other professionals in discussions and problem solving.

[00:01:56] When conflict about end of life decision making occurs Dr. Barsky discusses his framework for managing ethical decision making processes and provides an extensive example of the application of his framework. He describes what he believes social workers need to know to be helpful in these situations including the importance of worker self-awareness and concludes with insights about the impact of culture and religious beliefs in this often difficult process. Allan Barsky JD MSW Ph.D. is professor of social work at Florida Atlantic University and incoming chair of the National Ethics Committee of the National Association of Social Workers. His book author ships include ethics and values and social work conflict resolution for the helping professions and clinicians in court. Dr. Barsky uses a collaborative process oriented approach to analyzing and managing ethical dilemmas. Dr. Barsky was interviewed by phone by our own end of life expert Dr. Deborah Waldrop professor at the School of Social Work Hi Dr. Barsky. Thank you for sharing with us today. I would just like to start by asking you if you could give us a brief background of your journey how you came to be interested in the area of values and ethics for elders. I think for many of us who are interested just in ethics generally it comes from a family. We grew up in. And for myself my parents were very focused on our participation as members of the community and doing what's right and just being good people was part of our religious background and they were always very strong supporters of just community involvement and activity and just honesty integrity were very strongly promoted.

[00:03:49] So it wasn't that I chose specifically to go into epics or particularly end of life decision making because the general interest in being good. And what does it mean to be good. My professional career started out in law not social work and I think there's a big tie in between law and social work. So when I went to law school I didn't learn about professional ethics from legal perspective. And then when I went into my social work program at sieving University in New York I also was quite interested in that. So I sort of fell into it that way and my interest is in ethics generally end of life decision making and certainly one of the areas of interest but not the only interest that's really interesting. I think your brain a real depth to this coming from the merged background that the off line social work. So if you bring a really interesting helpful perspective to this topic again if you could tell us what you mean by the phrase end of life decision making or if you could describe that in some detail for sure. The first part of it is just so good. The word decision

making and these are the choices that people make in their lives. And we talked about end of life decision making which is talking about choices that people make towards the end of their life so perhaps the last few months perhaps six to nine months but it really depends on the situation and the decisions can be made by different people.

[00:05:08] Ideally we often think that the individual has to make the choice on their own behalf and that certainly fits well with the concept of client self-determination but also end of life decision making has an impact on family friends and community and we need to look at will they be involved. Certainly if their mental capacity issues are those issues where people can make decisions on their own behalf then someone has to make the decision for them. Most end of life decisions are not very controversial. So I like to encourage students to think about end of life decisions very broadly. And when you're engaging clients in these types of discussions it's helpful for people to perhaps engage in some of the easier decisions first. So a person who has been diagnosed with cancer for example it's not just a matter of they have treatment or stop getting treatment but it may be several choices of treatment. There are several different choices of where they live how they live. Who's going to help take care of them. And so there's many decisions that are not all that controversial. Prayer is having pastoral counselling important to that person who should be surrounding them what sort of activities should they be involved in. So maybe those decisions are not very controversial. We see in the newspaper the cases where there's families disputing whether or not somebody should be on life support or we hear about these death panels in the media so we sometimes assume that all end of life decision making situations are very controversial and very difficult. But for most people it's not so difficult I agree I think the 80 20 rule that 80 percent of that decisions and at the end of life are not that controversial and not that challenging but it's the 20 percent they get the most attention.

[00:06:48] I'm wondering if you could tell us a little bit about some of the more challenging ethical issues that do arise when individuals and their families are faced with end of life decision making. Sure. One of the toughest areas is when there's disagreements between individuals and end of life and family members or perhaps even the individual doesn't have mental decision making capacity such as family members who are having a tough time. So there's some types of end of life decision making that we disagree on because of our religious beliefs or ethical beliefs and sometimes it's just we have a different understanding of what the person would like so if we are in a situation where somebody is in a end of life state the quality of life is not very good. Perhaps the doctors have said that they're going to die of an illness within several days or weeks or months and the family has to make decisions about what type of treatment and support to provide. So the law gives people choices about if they're on life sustaining treatment throughout the United States. It's possible for people to withdraw life support or for family members or whoever the decision makers are to withdraw life support. And so if you've got somebody who is unconscious hasn't been able to express what their will is and the family members are uncertain about what would the person like not tends to be one of the more challenging types of situations. Could you please just share with us some of your perspective on how capacity really influences on someone's ability to consent. Absolutely. When a person has mental capacity we're saying that they have the right to express their will.

[00:08:24] And we should follow their wills that fits in with self-determination and the concept of informed consent and the way that we determine mental capacity is according to a number of different factors. Is the person able to think rationally is the person able to understand the nature of the decisions. Is the person able to understand and weigh the benefits and risks of the decisions that they might be involved in. Does the person have sufficient memory capacities. And so for many clients there's no real need to assess it. We just from talking to them know that they've got sufficient mental capacity to make such decisions. But if you've got somebody who's that end of life stage there may be a number of things that are complicating their ability to make decisions on their own

behalf. First it could be if it's a crisis situation or are they just overwhelmed by the crisis. Are there such levels of anxiety. Are they really not able to make decisions on their own behalf. And if that's the case if it's just a temporary crisis rather than asking somebody to make a permanent big decision for themselves are we able to delay the decision or do we need somebody to make a temporary decision on their behalf and when they're able to make a more permanent bases and we can come back to them.

[00:09:40] On the other hand it could be a situation where the treatment particularly medication that might be impairing their capacity again rather than saying that let's make decisions on the person's behalf because the sleeping pills or the painkillers are messing with their ability to think why don't we find a time where they're not so heavily medicated so that we can hear them and we can allow them to express their self determination. One of the myths is that if the medical advice is inconsistent with what the client is saying that they would like proceed with treatment withdraw treatment etc. that that person lacks mental capacity. And I think doctors have to be careful about that and social workers need to be aware of the possibility that sometimes there's a tendency to say that people don't have a mental capacity because they're just not making the same choice that the professionals involved in the case would make in some cases. You've got situations where a person has dementia or Alzheimer's. And again they may not be in a situation where they can make some decisions in their life but capacity is not an all or nothing type of issue. They might be able to make decisions about their general health care who they see who they don't see. Some of the medical decisions even though they might not be able to make decisions about other more complicated issues. If there's a particular type of surgery you may need to get the consent of a family member on the person's behalf as much as possible to try to honor the will of the person even if they don't have full mental capacity. There's a whole chapter in the book mental health issues and some of the myths that are involved and I think it's very is sort of easy to slip into you know let's just make decisions for this person because they've got Mansoori they've got mental illness.

[00:11:25] And even in my own situation when my mother wasn't able to make decisions on her own behalf we would still talk to her. So her respect and try to figure out as much as possible what she would want at that particular point in time. The legacy with the advance directive is that we don't know at the time that we signed the advance directive. What's actually the situation in a trigger. The implementation of that advanced directive and it may be different than what we were expecting. Absolutely. We don't have a crystal ball. None of us know what's around the next bend in the road. I think that decisions are made in the context of families are sharp but also in the context of agencies and in the greater social contact cell really that I guess leads to the question of what types of guidance to agency policy and the law give us about helping clients at the end of life and more specifically how might ethics and the law come into conflict. Or perhaps starting with the of a to jive for many types of decisions they do fit together. We believe social workers in a client's right to self-determination and most social agencies would also say that self-determination is one of the most important rights that we have. And so there are many laws that support certain clients right to self-determination. Personally as I said before I can decide whether or not to continue with treatments people are allowed to accept treatment to refuse treatment. And so if somebody again with cancer has been offered chemotherapy that they find for whatever reason that they don't think it would be helpful.

[00:12:56] The risks are more than the potential benefits they are allowed to deny that we do get into some situations where the law does not allow us to exercise their full right to self-determination. So in most states in the United States were not allowed to ask our professionals to help us terminate our lives to commit suicide sometimes called physician assisted suicide. So there are some states like Washington State and Oregon where there are provisions and there is a procedure to allow people to make those sorts of choices. But in many states were not allowed to have those choices. Thank you. Certainly in my own practice in my work with students I know that

social workers are key in terms of helping families and clients approach decision making. And specifically I get the question a lot back wondering if you can tell us what social workers need to know in order to approach dealing with decision making between clients and families in an ethical manner. One of the first things that I talk about with students is just the self awareness piece. What are their police. What are their feelings towards issues like passive euthanasia or active euthanasia or what are their concepts surrounding People's Choice with end of life decision making issues. So if you've got somebody who because of religious beliefs please that life is sacrosanct that it's important to honor God's will ensue not to anything that could interfere with the preservation of life that may be very good for them but it creates some problems create some challenges if they're working with other people who have different religious beliefs or perhaps even share the same religious beliefs but when they're experiencing a situation where they have to make tough choices they may want something different than what they've aspired to previously in life.

[00:14:43] We know social workers it's important not to impose our values on our clients and we have to know when our beliefs and our feelings are getting in the way of our work. So I first suggested people get in touch with their own beliefs and feelings towards these issues and make use of supervision rather support so that they don't allow these feelings and beliefs to interfere. Absolutely. You've developed a framework for managing ethical issues that I think is really very helpful I'm wondering if you could describe that class and just tell us how that might be useful in helping social workers who are supporting decision making sure the one thing that I like to stress and this is ethical issues are issues that can be ongoing and that ethical issues occur in that context so we need to be able to make decisions in the context of work with other people whether it's our co-workers or supervisors and certainly with our clients. So the framework for managing ethical issues not just an ethical decision making framework some of the frameworks that are out there really focus on if I have an ethical issue. How do I apply ethical reasoning and how will I figure out what's the best response. Now we can figure out what the best response is and that's certainly part of the process. But we also need to be able to work with others because if I can't convince my coworkers and my supervisor my agency the right thing to do then it really isn't all that helpful or in the context of working with clients.

[00:16:08] It may seem like a really tough situation if myself and my client and my agency disagree but if I have a way of managing conflict effectively we might be able to come up with solutions that aren't tearing us apart but the ones that help us build consensus. So for me the first step in the model is just identifying an ethical issue exists. Being aware when there is some sort of challenge. The second step is being able to determine who would be appropriate help reaching out to supervisors attorneys hospital ethics committees often indicate to them a life decision making and then working through the issues together with them knowing who you can trust and who can keep the issues confidential with the next stage as we do apply some critical thinking so ourselves and our supervisors and whoever's helping us need to be able to look at what are the relevant values the relevant ethics relevant laws relevant agency policies and then what are the ways that ethical principles and ethical approaches to decision making can help us think about these issues. And then once we thought about what is the best approach for dealing with these issues we look at how do we actually engage others in the process of managing the conflict around the ethical issues. It's not always the case but sometimes when we present our preferred approach with other people they disagree with us and so we can use dialogue or perhaps a mediation process or some type of conflict resolution that can help us work together towards a consensual approach to dealing with the conflict. It's better than us just trying to impose our decisions on others. The fifth step is planning and implementing the decisions. It's not sufficient just have a good decision a good plan of action.

[00:17:49] But we actually have to make sure that we put it into effect effectively. So it may be that I'm working with a client who initially doesn't want to talk about end of life decision making and I go back to my supervisor and we talk about it for a while. The supervisor says well there's no crisis

right now so why don't we just monitor things and see how things go. And it may be that later on as he develops a different relationship with the client or build trust with the client. You may be able to go back and explore some of those issues or perhaps the situation becomes more of a crisis and need to bring in family or others and you need to be able to go back to the ethical issues and look at OK what can we do at this point. Then after we've implemented our decisions the final stage is evaluation and follow up and at that stage will get more what were we trying to achieve in terms of the ethical issues. Where were we able to achieve them. Where might mean you need to go back and re-evaluate and look at what we do in this particular case and also go into more of the macro issue. How do we make sure that we prevent some of problems in this case or create policies that support us to have better ethical decision making in the future it's really very nice framework. I think it's very applicable to agency practice in many different settings. And again it's a very helpful educational tool. I think it's a great template of being an educator.

[00:19:08] I'm wondering if you could give an example of an ethical issue and how you might suggest that a social worker manages this situation. Yes let's take the case of Trina Krien is a 60 year old woman. She's been involved in a car accident and because of the accident she's in a persistent vegetative state. So she has no consciousness. There is no sense that she is going to come out of this state in any period of time we wait. And also she has signed an organ donor card. You've also got screener's husband who has a health care proxy. Her husband Freda's wants to maintain Karena on life supports and the health care proxy is not really clear on what to do because of the existence of the donor card. So in one sense Fritz is the one who has the obligation and the responsibility to make decisions on his behalf and on the other hand there's this organ donor card that says Krishna's wishes for her organs to be used to help other people. Let's say in this situation you've got two professionals who are involved a doctor and a social worker both of them would like to use Corinne's organs as soon as possible. The sooner that they can harvest and use the organs the better chance that there is to maximize the chance of saving the life of others. Perhaps there's even a particular person who could use the organs right now and it's a good match. So there's some pressure on the hospital or the doctor to try to make use of the organs as soon as possible.

[00:20:40] The problem is the longer that the person is on life supports the more difficult it is to have the organ transplants and especially if there's a particular person who could benefits right away. So the first stage of the process is recognizing that there's an ethical issue here and sometimes because we are motivated in a particular way we might not be conscious of it. The fact that it would be a good thing to make use of Corinne's organs to help others might be telling the doctor and the social worker. Well obviously here is a client who's not going to get better. There's no cure for her vegetative state. She has an organ donor card. So he's expressed her will. Why not just go ahead and do this. And so the issue for the doctor and perhaps the social worker is to recognize the threats that plays a role in this. Even if you start off with the concept that Karena is the one whose interests and wishes we should be representing we have to take Fritz's perspective into account. Absolutely. This story just really brings this issue Kali up is complex. Right and it's not that this is the most common type of situation but certainly one of the more challenging situations and I think students can work through some of these more challenging situations than the easier ones come into place as well. But these are based on real situations both here. One of the things for the social work it's do is just realize OK there is an issue. What I would like to do is different from what Fritz would like to do and I need to reach out for help.

[00:22:16] So who can I talk to maybe talking to the doctor to really gain a better understanding of Kremer's medical situation. She's not sure what does persistent vegetative state mean what are the medical issues that are involved with transplants. What are the medical issues in terms of Krien as expected lifespan and what that would do if they don't take actions at an early stage but not to just rely on the doctor that's the primary physician for this situation. But there may be other doctors. There's a hospital situation so there should also be an ethics committee. And so some of these cases

the best thing to do is to actually consult those whose specific role is to review cases and to gather information and to give some guidance on what's the best approach. Presumably the social worker also has a supervisor. So it would be very helpful to talk to the supervisor about this. They may or may not be any specific legal issues involved here. So you would perhaps consider consulting with an attorney or perhaps as an attorney that's on the ethics committee. So those would be probably the main people that you would consult in terms of the second stage of the process. The third stage of the process is critical thinking and sometimes students and social workers will ask me Well how do you know where to start or what to do and there isn't a new cookbook that tells you this is the first step. This is the second step. This is the third step. You may need to make use of a range of different steps so I would like students to look at what is the more clear black letter guidance and then look at it.

[00:23:59] There isn't clear guidance or there's conflicts between those directives that we have and then how do we resolve them. And so here the areas where you may look for the clear in the black letter guidance are what is the NSW code of ethics say. What does the law say and what does the agency or hospital policy say. So we look to our code of ethics. You would look to areas like self-determination and 1.01 our primary commitment is towards our client. So in this situation you have to look at will who is our client as clients. Karena is our client Fritz. Or is it the couple in this situation. In terms of defining clients I would say that there's a potential conflict between Karina's wishes and Fritz's wishes. So it may actually be helpful for there to be separate social workers who might be advancing each of their interests. So if I'm a social worker and I say that I'm really representing Karena Fritz doesn't have somebody who's providing support and it may be helpful for the social worker to link Fritz up with some sort of advocate perhaps an attorney perhaps a patient advocate or a social work advocate who can help them through it. If you have different interests you don't want to be in a situation where you have to choose one over the other. Each person whether they have mental capacity not has an interest in having their separate advocate for them. So in terms of the issue around sporting donation our code of ethics is generally silent when we talk about primary commitment is towards our client.

[00:25:39] We shouldn't look at the interests of greater society so that could include the interests of potential recipients of organ donations. Our code of ethics is not so clear on what our obligations are to family members. So again if is open to how do we define what are our responsibilities to Fretz as opposed to our responsibilities to Karena. Then it's important to look at what the law is in terms of organ donation and in terms of healthcare proxies. So if somebody does sign an organ donor card does that mean that the organs need to be harvested and donated at the earliest possible time. Who makes the decision if the decision is based on the concept of when the person is dead from a legal perspective. Then again who is making that decision and how do we inform Fretz or other family members about when that actually takes place. So there's the legal aspect as well in terms of hospital policy. Want to look at how they define the same types of issues as defined in law. Hopefully the hospital's policies and practices are consistent with what the law says on those issues. But again you're going to have situations where the patient may be a good candidate for organ donation but if the family isn't ready for that. Does the hospital really want to engage in a procedure that goes against the husband's declared wishes. So in this situation you might look at the next stages and the conflict resolution perspective may maybe what we need to do is just bring the different people together to have a dialogue so that Fritz can be informed about the current state of his wife. Maybe he doesn't really understand what the nature of persistent vegetative state is.

[00:27:32] Likewise perhaps Fritz really needs to inform the doctor the social worker in the hospital about his wife's wishes and that perhaps if he informs them that she did believe that it was important to be able to remain on life support as long as possible perhaps he did believe in the sanctity of life so doing anything that might risk the sanctity of her own life might be something that the hospital needs to prioritize as well. And by bringing them together perhaps by gaining

understanding with each other they might come up with some sort of solution. It's not true that every single organ is going to become less viable over time. It may be that if Carina is maintained on life support for a period of time then perhaps the patient that they're currently considering for organ donation may not get the organ that they're looking at. But perhaps there will be other people who can benefit from the organs in the future. So rather than looking at it as a win lose or my way or no way they can look at well there may be some other options that are involved here. So it can get very complicated I can't tell you exactly how the situation would be resolved here but it may be that through the use of a social worker mediator who guides the discussion and just listen carefully to Fretz we might be able to get a solution that all the involved in the process can agree upon.

[00:28:59] Now we might go back to some of the critical thinking approaches like looking at this from a utilitarian perspective and utilitarian perspective as well let's try to do what's for the greatest good of the greatest number and someone whose analysis of the greatest good for the greatest number may be saying that it's important to make use of the organs to save the lives or to provide the best quality of life for as many people as possible. Other people might take that calculation and say well how can you put a value on Karina's life even if she is in a persistent vegetative state. There is value to her life regardless. Other people might come from a more Telia logical approach and that approach says we really need to look at what are the universal duties and what are the universal obligations. And if someone understands that are we have a universal obligation to maintain lives. They may say well regardless of whether organs from carrying it can be used to save other people we have to save her life as a father or as a husband as a daughter as a social worker working with Karena. We can't sacrifice her life just for the benefit of other people. Other people might say that was really the primary duty that we have to look at is the duty to honor the client's right to self-determination. And here we've got a little bit of a mix. Kareem has expressed her self-determination in two different ways. On the one hand she says that if I do die I would like my organs to be used for the benefit of others. She also says in her self-determination that if I'm not able to make decisions on my own behalf I'd like Fritz to be able to make those decisions for me. No.

[00:30:45] For me in this situation I would probably look at it as saying that well Karena is in a persistent vegetative state that does not mean that her death is imminent and so if she has a health care proxy Fritz's following the health care proxy we really shouldn't be putting pressure on him to do anything that cuts her life shorter. If she specifically said that she wants to be maintained on life support indefinitely then to withdraw those life supports in order to harvest her organs seems to go against what Fritz wants and what Karena wants. And so the doctor and social worker really should not be putting pressure on Fritz to withdraw those life support surly. And I also like to encourage people to look at well if this case is decided this way. What sort of precedent is it set in other cases. So would we feel in the future that it's OK for medical professionals to put pressure on family members so the organs from a particular patient can be harvested to benefit somebody else. If we go down that path we might not like all of the results. Thank you for that it's a really really helpful explanation and a really rich case example that I think people can't get their heads around trying to understand that complexity and that's really helpful. I'm also thinking that so many of the factors that you describe in this case scenario the same decision scenario could be very different when you think about different cultural and religious factors that are the social context can really shape how decisions are made. To wondering if you could just talk a little bit about how culture and religion factor into ethical issues and into end of life decision making.

[00:32:27] When we talk about end of life decision making culture religious beliefs spirituality or political affiliations all of those things have a huge bearing on the way that people view those end of life decision making and also the way that they view their family and their families involvement in that type of decision making. There are many cultures where it's important not to interfere with the other the natural flow of things or with God's will. And so if you believe that life is sacrosanct and

only God or whatever your higher power is whoever your higher powers should have those decisions than people from that perspective would not want to remove life sustaining treatment perhaps they wouldn't want to certainly become involved in physician assisted suicide or termination of life. Also with some traditional backgrounds Native American in some ways and other backgrounds there's the concept of faith and not interfering with the state. And so talking about end of life decision making can be very difficult for some people. It may be a taboo area for cultural or religious reasons. We would like to see those workers honor people's self-determination and extend their self-determination so social workers and hospice and some health care settings might like to encourage people to sign advanced health care directive to let people know what should happen if they are in end of life state. And what decisions should be made on their behalf for who should make those decisions. Some people don't even want to entertain those. We are social workers may think well why wouldn't a person want their wishes known.

[00:34:15] But if the person's religious beliefs go against that then again we shouldn't impose our beliefs even if it's something that we think is going to prevent complications down the line. I know that in my own family I lost my mother this past year and my partner and I our families had very different ideas about end of life decision making. My parents talked about the end of their life and the last probably 20 years of their life and they were very well prepared. My partner's family doesn't have wills doesn't have the end of life decision making directors and it's going to make things perhaps more complicated. But again you have to start with the clients and the people that you have not the clients and people that you wish you have with all that description you gave that so clear that these are very personal situations and that for each of us bringing our own personal views and perspectives and life experiences I think does shape our practice. I'm wondering if you could tell us how do you think a social worker should respond to a situation when his or her personal beliefs tell him or her to proceed in a particular way. But professionally beliefs really indicate that another path should be followed. One of the main things is just recognizing that there is that conflict between what your personal beliefs are telling you and what your professional beliefs and professional obligations are. Some people would say well we've just got one set of values and one set of haptics regardless of whether you look at it as separate professional and personal ethics. We do have to look at ethics in terms of the in terms of the social context.

[00:35:47] So what I do for myself and my whole family isn't necessarily what I would do in the context of working with clients. And I think if we can sometimes put ourselves in the other person's position. So if I were coming from a belief system that said it's inappropriate to terminate people's lives early it's not appropriate to withdraw life support when we can extend someone's life support. And I don't think that my clients would do that. I like to do the role reversal with clients and have the student play the clients role with somebody who might be imposing their wishes on them. So just as the student might not like to be told that life is not sacrosanct. How would they like it if they were in the other person's position and they were being told that they should make use of these religious beliefs and what they're doing is offending God what they're doing is sinful what they're doing is bad. And so I think sometimes through the process of rollover so people can see that you know what they do for themselves really isn't necessarily appropriate with how they would work with clients in a professional context. I think that this is probably the most important part of it. I know that whenever I teach end of life decision making and I begin talking about end of life care I really think it's critical for all of us students and professionals alike to think about what it is we believe and really understand our own attitudes because it can shape your interactions when you're not even realizing it or not recognizing what you're bringing into the picture.

[00:37:23] So I think that's a really key piece of it and I really appreciate I appreciate that and I appreciate the framework that you've provided and I'm just thinking that that's a really useful thing and hopefully we can publicize that to this for you because I think it's really useful in practice. Thank you. I think also when we're looking at issues that are related to religion we have to make

sure that we're talking about a broad range of religions and also people within its rulers and may have different points of view. And I've talked to some ethicists and social work and they say why do you even bother talking about religion. You know this is ethics. This is not religion that we're talking about social work practice and ethics as part of it. And religion is part of it. And so when the student says that they need to prayer embrace it. You need to make use of what works for you but you can't impose it on your clients. So you might just take a few moments alone before meeting with the clients or after meeting with the client and have your prayer to consult with your religious teachings. But we also need to look up what are our professional teachings or legal obligations in our agency obligations. And whereas in personal life people always say well religion always triumphs. We have to be really careful about it in the context of social work practice. Absolutely. Back in the day when I was in graduate school religion was not something we talked of very long ago. We didn't talk about religion or spirituality or people's personal beliefs at all. It was outside the box.

[00:38:47] I'm really glad to see that it's made its way into the mainstream and that is really promoted as part of the ethical decision making and I think that's so important for all of us to recognize. From where we've come people draw strength from religion and spirituality generally and especially in end of life care. We don't want to say you know ignore that. Put that aside it may be a very soothing and comforting or gives people the right type of guidance. But we still have to be careful with how social workers use it. So I really appreciate your expertise and your willingness to share that with us. I think this is going to be really excellent I've always think about this as a learning tool for my students but you know it gets such wide usage. I think we've been in multiple countries and so many downloads so I think you can expect to hear from people when they listen to this after a while. So thank you for your work and thank you for sharing with us. I really appreciate the chance to get to know you a little bit today. You have been listening to Dr. Allan Barsky discuss ethical decision making in end of life care and living proof. Hi I'm Nancy Smyth Professor and Dean at the University at Buffalo School of Social Work. Thanks for listening to our podcast. For more information about who we are our history our programs and what we do we invite you to visit our website at www.socialwork.buffalo.edu. At UB we're living proof that social work makes a difference in people's lives.