

# Caregiver Preference Guidelines

## Purpose

The purpose of this guideline is to provide caregivers\* with recommendations on if, or how, to comply with a patient's request that seems to contravene UHN's anti-discrimination policy.

## Principles

The patient-centred care (PCC) approach is about caring for patients by first finding out what their needs/concerns and values are and working with them to plan care to meet those expectations and enhance their experience while in our care at UHN. UHN's commitments to its patients are outlined in "**Working Together: University Health Network's Commitment to Patients.**" Relevant promises to patients include listening to what is important to them, responding to their concerns, and respecting their health care choices.

UHN also abides by the **Fostering Respect in the Workplace** policy, which prohibits discrimination or harassment of any kind.

UHN's **Code of Workplace Ethics** requires that all who work at UHN abide by principles, which require that we work together to build an ethical workplace.

At times, satisfying a patient's request may appear to put these principles at odds with each other.

## Case Examples

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A man refuses to be treated by a nurse because of her perceived Jewish background, and requests a change in caregiver.

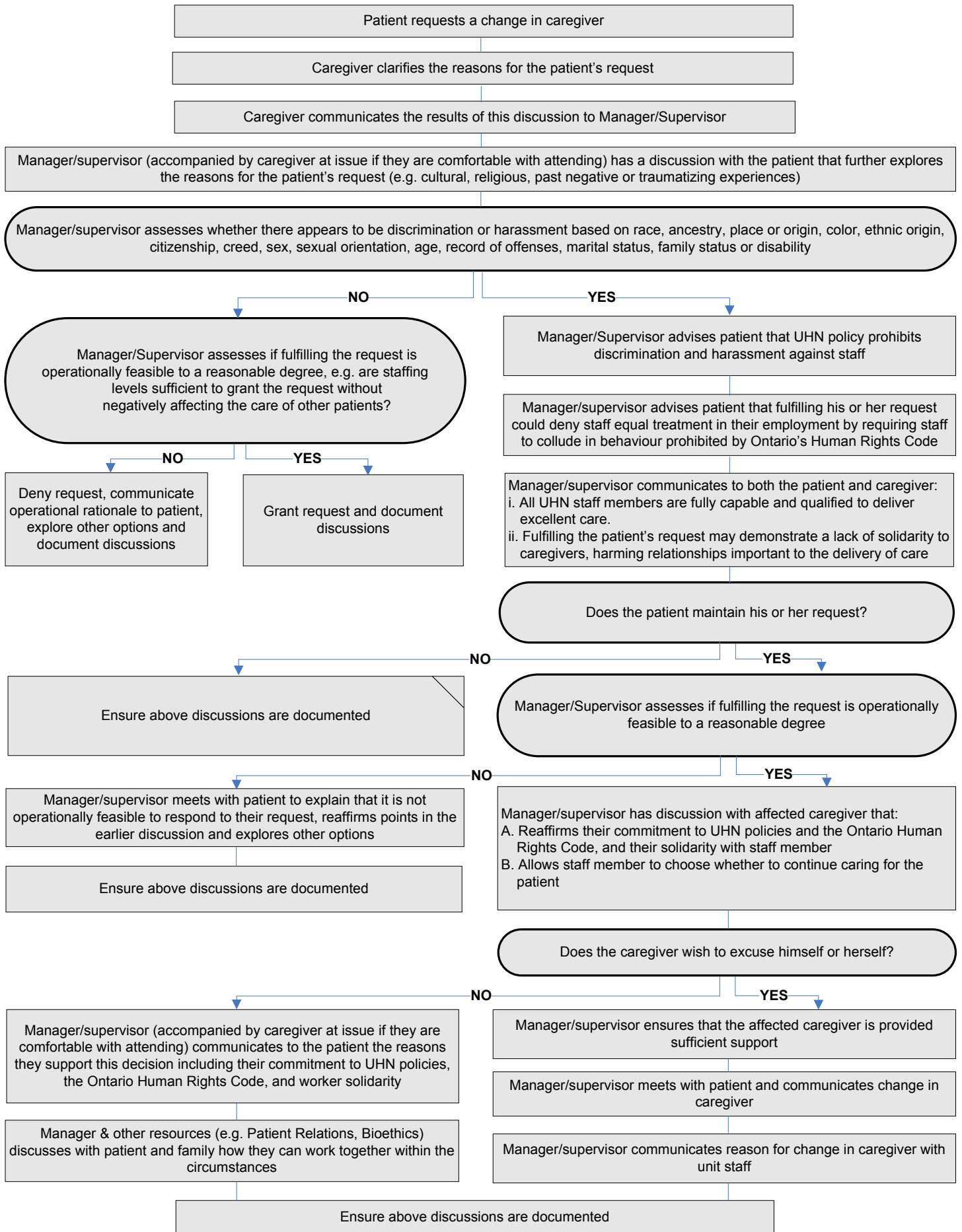
A 66-year-old man requests that an older and more experienced physician replace the junior physician assigned to him.

A woman enters the emergency room, and before a care provider is assigned to her, requests a care provider of a particular skin colour.

A man requests that a heterosexual caregiver replace his current caregiver, who he believes is homosexual.

\* Most patients' requests for caregivers are for particular nurses or physicians (i.e. those who deliver medical care directly to patients). Patients may also make similar requests for particular managers, support staff, student volunteers, etc. (i.e. those who have contact with patients, but not necessarily to provide medical care). *For the purposes of this document we extend the definition of "caregiver" to include not only nurses and physicians, but also, managers, support staff, student volunteers, and any other staff who have contact with patients.*

## Addressing Caregiver Preference Requests



## **Rationale**

Guided in their approach by the values and principles of patient-centred care, healthcare providers endeavour to respect patient preferences. However, UHN policies and Ontario's Human Rights Code place reasonable limits on respecting preferences for caregivers.

When a patient requests a caregiver based on race, ancestry, place of origin, color, ethnic origin, citizenship, creed, sex, sexual orientation, age, record of offences, marital status, same-sex partner status, family status or disability, a conflict may arise between our duty to care for the patient and our duty to respect staff. In general, healthcare professionals' beneficence and duty to care for their patients prevail over the interests of staff.

However, in some cases these requests require staff to balance respect for the patient's autonomous decisions with the rights and interests of hospital staff to work in an environment where they are not discriminated against.

In all cases, efforts need to be made to clarify the reasons behind the patient's request. These discussions may reveal motivations for requests that are important to respect. Examples include cases of gender preference where patients may feel uncomfortable being treated by a person of a particular sex due to modesty, cultural practices related to gender roles, or to past negative or traumatizing experiences, rather than disrespect for people of a certain gender. There are other instances, however, when the intent and effect of the request is unacceptable.

In all cases, fulfilling a patient request is conditional on it being operationally feasible to do so. For example, staffing levels and/or scheduling must permit the change in caregiver.

Regardless of operational feasibility, managers and supervisors should show solidarity with caregivers subject to patient requests by affirming their clinical competence to the patient, outlining the relevant policy and legislative requirements, and allowing the caregiver to make the decision as to whether or not to continue caring for the patient, subject to the availability of other staff to take over. Staff who wish to excuse themselves should be offered appropriate support.

## **Emergencies:**

In emergencies where a patient or family requests a caregiver on the basis of the above factors, and where urgency of medical care does not permit enough time to proceed with the above suggested response, UHN has a moral obligation to take whatever means necessary to provide care.

Caregivers should use judgment in responding to such requests in an emergency situation.