Canadian Social Work Review
Revue canadienne de service social

EXACERBATION OF INEQUITIES DURING COVID-19: ETHICAL IMPLICATIONS FOR SOCIAL WORKERS

Merlinda Weinberg

See table of contents

Explore this journal

Cite this article

Article abstract

COVID -19 has upended the known world and the profession of social work has been on the frontlines responding to the human suffering. A global research study was conducted to survey the ethical challenges faced by social workers during the pandemic. This paper explores one theme from the Canadian data, namely the ethical implications for social workers arising from the greater risks, hardships, and inequities for those most marginalized in our society. Two populations of service users will be utilized as examples of the ethical dimensions of the problem: the elderly and those who are Indigenous.

EXACERBATION OF INEQUITIES DURING COVID-19: ETHICAL IMPLICATIONS FOR SOCIAL WORKERS

Merlinda Weinberg

Abstract: COVID -19 has upended the known world and the profession of social work has been on the frontlines responding to the human suffering. A global research study was conducted to survey the ethical challenges faced by social workers during the pandemic. This paper explores one theme from the Canadian data, namely the ethical implications for social workers arising from the greater risks, hardships, and inequities for those most marginalized in our society. Two populations of service users will be utilized as examples of the ethical dimensions of the problem: the elderly and those who are Indigenous.

Keywords: ethics, COVID-19, social work, inequity, elderly, Indigenous

Abrégé : La COVID-19 a bouleversé le monde tel que nous le connaissons et la profession du travail social s'est trouvée aux premières lignes en réponse à cette souffrance humaine. Une étude mondiale a été menée dans le but d'étudier les défis éthiques auxquels sont confrontés les travailleuses sociales et les travailleurs sociaux pendant la pandémie. Le présent article explore un thème issu des données canadiennes, soit les implications éthiques pour les travailleuses sociales et les travailleurs sociaux liées aux risques, difficultés et inégalités accrus pour les personnes les plus marginalisées de notre société. Deux groupes de personnes utilisatrices de services seront utilisés comme exemples des dimensions éthiques du problème : les personnes âgées et les Autochtones.

Mots-clés : éthique, COVID-19, travail social, iniquité, personnes âgées, Autochtones

Merlinda Weinberg is a professor in the School of Social Work at Dalhousie University. She is also an editorial board member of the Canadian Social Work Review.

ACKNOWLEDGEMENTS

COVID-19 HAS UPENDED THE KNOWN WORLD and the profession of social work has been on the frontlines responding to the human suffering. A global research study was conducted to survey the ethical challenges faced by social workers during the pandemic. This paper explores one theme from the Canadian data, namely the ethical implications for social workers arising from the greater risks, hardships, and inequities for those most marginalized in our society. Two populations of service users will be utilized as examples of the ethical dimensions of the problem: the elderly and those who are Indigenous.

The Study

The research was conducted by a group of academic researchers in partnership with the International Federation of Social Workers (IFSW). In May 2020, a questionnaire solicited descriptions of ethical challenges faced by social workers during the pandemic. It was sent through the IFSW website, national and provincial associations, and by researchers contacting people who might be interested in the study. Responses were received from 607 social workers, students and academics from 54 countries, via an online survey supplemented by several phone/video interviews and local surveys in Hong Kong and Japan. Almost 80% of respondents self-identified as female, with well over half having over 11 years of experience in social work. Canada had the largest response to the survey itself, with 41 French and 37 English-language participants.

Several themes emerged from the data (Banks et al., 2020), including the requirement to prioritize service users' needs and demands which are "greater and different due to the pandemic" (p.v.). The report stated that "new types of need have been generated by the pandemic, or underlying social problems and inequalities have been exacerbated, which current service provision or existing funding priorities may not recognise" (p. 11). For the purposes of this paper, I will focus on ethical challenges for practitioners with two populations: the elderly and Indigenous Peoples. Specific ethical challenges for these two groups are indicated in italics.

Exacerbation of Disparities and Ethical Challenges

The Elderly

In Canada, in approximately the first four months of the pandemic, deaths in long-term care facilities were twice the average of rates of any other developed country, accounting for 81% of all deaths (Szklarski, 2020). There was a gendered component, with the majority of deaths of both residents and workers being women (Armstrong et al., 2020). One participant contended that "the major impact experienced in … [residential and long-term care facilities] of the coronavirus is related to the abandonment of investments in the 15 years preceding the current government." Researchers have argued that nursing homes have suffered from chronic underfunding, understaffing, inadequate physical structures, poor enforcement of standards, and the profit motive undermining service in some private homes (Armstrong et al., 2020; Dyer, 2020; Mitchell, 2020). These observations support the assertion that years of globalization, neoliberalism, privatization, and marketization (Giroux, 2005; Larner, 2000) have eroded the social service system for the elderly, contributing to the ethical dilemma for practitioners of *providing solid practice in the midst of a crumbling system.*

Not just physical health but also the psychological well-being of the elderly have been impacted (Berg-Weger & Morley, 2020). Increased isolation, inability to see or touch loved ones, confusion about disruptions and losses to routines and programmes, contribute to deteriorating emotional and cognitive health of seniors. A respondent argued, "Without any reason to live, many people would prefer to catch the virus."

Prioritizing limited resources is an ethical challenge. Often multiple conflicting needs must be resolved. A manager in a health care setting with a respite programme was juggling the needs of caregivers stressed by "financial burdens, homeschooling burdens with their own children, [and] fears over health" with a "high risk" population of "frail elderly with numerous [co]-morbidities." The dilemma was that "some of these clients have a high potential for ending up in the emergency" department resulting in the utilization of hospital services that were needed for the pandemic.

The complexity of *determining whether the public good and the needs of the community as a whole eclipse the needs and rights of individuals* was another ethical challenge. A participant described a service user, living in a senior's residence, who received permission to go out for an appointment, but stayed out longer than expected, eating fast food while out, against the rules. On his return, he was "sent a formal notice and placed in mandatory quarantine." He reacted with suicidal ideation and refused to take his medications, and was then threatened with Bill P-38, an Act regarding the protection of individuals whose mental state presents a danger to themselves or others. The worker

felt "the residence's … punitive actions increased the suicidal risk for M, who was already struggling with the loss of decision-making power and autonomy." The worker "did not believe that M had exposed himself and the other residents to a high risk." That practitioner queried, "How do we balance human rights versus collective rights? … If the measure put in place to protect is harmful, what do we do?" Furthermore, the worker questioned how much "staff shortages and general chaos within the … organization" impacted on the decisions implemented, another example of the *conflict around reduced resources and the effects of neoliberalism.*

Constructing and maintaining relationships when the usual means have been reduced or eliminated is another significant challenge. A participant, dressed in personal protective equipment, went to the ward of a patient requesting medical assistance in dying: "She could not see our faces, hardly see our eyes, we could not touch her, she could hardly hear us ..." The family could not be present for the discussion, leaving the worker uncomfortable with the relationship, the bedrock of social work practice.

Indigenous Peoples

Indigenous Peoples have fared badly in Canada since colonization (TRC, 2015) and the pandemic has only intensified those discrepancies. On First Nations reserves, as of August 12, 2020, there had been 438 confirmed cases of COVID-19 and 6 deaths (Government of Canada, 2020). The statistics for Indigenous Peoples who are living off reserve is unclear since Canada has failed to keep race-based data (Bowden, 2020); although in August, Statistics Canada sent out a questionnaire about discrimination and the impacts of COVID-19 (Statistics Canada, 2020).

Many Indigenous communities in Canada are at significant disadvantage for fighting the coronavirus. Lack of water, food insecurity, and overcrowding plague First Nations reserves (Thompson et al., 2020). In more than one hundred communities, boil water advisories have existed for years, even decades (Suzuki Foundation, 2020) making hand washing and sanitation extremely problematic. Living remotely or in poverty constricts the access to telehealth or basic necessities. A worker identified that "many Indigenous youth and families lack phone or internet services to access care virtually" *reducing the opportunities for adequate care and presenting challenges for practitioners.*

Covering the huge geographic areas and resolving jurisdictional issues contribute to dilemmas for workers brought on by COVID-19. One participant was contracted as a clinical therapist to fly in and out of the North, between Canada and Europe. While in Europe, due to travel restrictions, the worker could not get clarity about whether the job was an essential service, ultimately leaving vulnerable youth without needed support. Encompassing vast territories, another participant expressed concerns about "the conditions on board the planes" for service users and/or providers.

Resources that were curtailed included normative customs and spiritual practices, an example of *providing service without the necessary cultural resources.* An Indigenous worker identified, "One of my clients' bab[ies] died and it was difficult due to social distancing. [T]he family did not have a cultural gathering to honour and support the family with the loss. The baby was cremated which is not normal practice for our culture and there [were] no prayers …no sweat lodge or sacred fire."

The history of Indigenous Peoples in Canada includes long-standing legacies of multi-generational trauma. *This past has been replicated for some Indigenous practitioners and service users during the pandemic, reactivating and amplifying historical trauma.* An Indigenous worker discussed a lockdown and curfew in their community implemented by their chief. The worker assessed that "This was unethical because as a culture we were treated like this in the past by Indian agents…People had no freedom and there [were] a lot of mental health issues arising from this."

Social work's unenviable history has contributed to the colonization, assimilation and at times death of Indigenous service users (Chapman & Withers, 2019). Massing (2017, p. 45) wrote, "in many … situations, the social work profession neither protested nor raised ethical issues. In fact, social workers were often enlisted to participate in oppressive practices." *Not wanting to repeat this traumatic history* was an ethical struggle for a white manager in a child welfare agency that serves First Nations and Inuit people. That worker was involved in evaluating the safety of a child whose mother was struggling with suicidal ideation and addictions issues. The manager was well aware of "the cultural considerations that needed to [be] made" due to the "history of colonialism and First Nations people's history with government offices" but decided that despite those very real concerns, one child had to be removed based on "the risks to the children." *Balancing the potential conflicting needs of a mother and her child is an on-going ethical challenge in child welfare but amplified within the cultural and pandemic contexts.*

Crisis as Opportunity

From an ethical standpoint, crisis offers the possibility of opportunity. COVID-19 has exposed the cracks in the system. Leonard Cohen sang, "There's a crack in everything. That's how the light gets in." The taken-for-granted ways of operating that seemed immutable suddenly are open to question (O'Leary & Tsui, 2020). Consequently, *deciding whether or not to follow agency or provincial policies and procedures or utilize professional discretion* was one of the ethical challenges for practitioners, heightened due to the coronavirus. Participants demonstrated many instances of creativity, rule-bending and disobedience. One worker stated, "sometimes [it is] more important to listen to one's own feelings … than to the instructions given by a superior."

"Viruses don't discriminate, societies and systems do" (Schalatek, 2020, n.p.). This is a moment in our history when Canadian society and the profession of social work must work to repair our egregious past. Ethical practice is political practice. Social workers need to be on the vanguard of a response that recognizes the huge societal disparities between the haves and have-nots. Political pressure must be placed on policy makers to undo the harms of the neoliberal context with its erosion of the social safety net, particularly for those populations that have borne an unequal part of the burden. "In these days of rending, of loss, of violence, of grief, of convulsant change, may we find a beautiful, grateful reimagining" (Hillenbrand, 2020, n.p.).

REFERENCES

Armstrong, P., Armstrong, H., Choiniere, J., Lowndes, R., & Struthers, J. (2020). Re-imagining long-term residential care in the COVID-19 crisis. *Canadian Centre for Policy Alternatives, 27*(2), 12-15.

Banks, S., Cai, T., de Jonge, E., Shears, J., Shum, M. Sobocan, A. M., Strom, K., Truell, R., Úriz, M. J., & Weinberg, M. (2020). *Ethical challenges for social workers during Covid-19: A global perspective.* International Federation of Social Workers.

Berg-Weger, M., & Morley, J. (2020). Loneliness and social isolation in older adults during the COVID-19 pandemic: Implications for gerontological social work. *The Journal of Nutrition, Health & Aging, 24*(5), 456-458.

Bowden, O. (2020, May 2). Canada's lack of race-based COVID-19 data hurting Black Canadians: experts. *Global News.* https://globalnews.ca/news/6892178/black-canadians-coronavirus-risk/

Chapman, C., & Withers, A. J. (2019). *A violent history of benevolence.* University of Toronto Press.

Dyer, E. (2020, June 30). There's no quick post-pandemic fix for Canada's long-term care facilities, say experts. *CBC.* https://www.cbc.ca/news/politics/covid19-long-term-care-facilities-2020-1.5631060

Hillenbrand, L. (2020, June 27). I was in love with a tree that swallowed the sky. *New York Times.* https://www.nytimes.com/2020/06/27/opinion/laura-hillenbrand.html?campaign_id=2&emc=edit_th_20200628&instance_id=19822&nl=todaysheadlines&regi_id=75969588&segment_id=32060&user_id=af54e5efe9dc0fbfdc4cc947619da727

David Suzuki Foundation. (2020). *Drinking water advisories.* https://davidsuzuki.org/project/drinking-water-advisories/

Giroux, H. A. (2005). The terror of neoliberalism: Rethinking the significance of cultural politics. *College Literature, 32*(1), 1-19.

Government of Canada. (2020). *Coronavirus (COVID-19) and Indigenous Communities.* https://www.sac-isc.gc.ca/eng/1581964230816/1581964277298

Larner, W. (2000). Neo-liberalism: Policy, ideology, governmentality. *Studies in Political Economy, 63*(1), 5-25.

Massing, D. (2017). Snapshots of social work's ethical history. In E. Spencer, D. Massing & J. Gough (Eds.), *Social work ethics. Progressive, practical, and relational approaches* (pp. 35-55). Oxford University Press.

Mitchell, P. (Summer, 2020). Time to overhaul care of the elderly. *Herizons*, 7-8.

O'Leary, P & Tsui, M-S. (2020). Social work's role during and after the pandemic: Keeping vigilant and hopeful on human rights. *International Social Work, 63*, 417-418.

Schalatek, L., (2020). *The invisible coronavirus makes systemic gender inequalities and injustices visible.* Heinrich-Böll-Stiftung. https://us.boell.org/en/2020/04/30/invisible-coronavirus-makes-systemic-gender-inequalities-and-injustices-visible?utm_source=website

Statistics Canada. (2020). *Impacts of COVID-19 on Canadians-Experiences of Discrimination.* https://www.statcan.gc.ca/eng/survey/household/5323-covid-series

Szklarski, C. (2020, June 25). Canada's proportion of coronavirus deaths in nursing homes top 16 other nations: Study. *Canadian Press.* https://globalnews.ca/news/7106098/canada-coronavirus-seniors-homes-report/

Thompson, S., Bonnycastle, M., & Hill, S. (2020). *COVID-19, First Nations and poor housing. "Wash hands frequently" and "self-isolate" akin to "let them eat cake" in First Nations with overcrowded homes lacking piped water.* Canadian Centre for Policy Alternatives. www.policyalternatives.ca

Truth and Reconciliation Commission of Canada. (TRC). (2015). *Honouring the truth, reconciling for the future. Summary of the final report of the truth and reconciliation commission.* http://www.trc.ca/assets/pdf/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf