

Queering whole person care in a pandemic

Jane Shulman and David Kenneth Wright

Volume 9, Number 1, 2022

Congress October 2021

URI: <https://id.erudit.org/iderudit/1085667ar>

DOI: <https://doi.org/10.26443/ijwpc.v9i1.347>

[See table of contents](#)

Publisher(s)

McGill University Library

ISSN

2291-918X (digital)

[Explore this journal](#)

Cite this document

Shulman, J. & Wright, D. (2022). Queering whole person care in a pandemic.
The International Journal of Whole Person Care, 9(1), 56–57.
<https://doi.org/10.26443/ijwpc.v9i1.347>

© Jane Shulman and David Kenneth Wright, 2022



This document is protected by copyright law. Use of the services of Érudit (including reproduction) is subject to its terms and conditions, which can be viewed online.

<https://apropos.erudit.org/en/users/policy-on-use/>

érudit

This article is disseminated and preserved by Érudit.

Érudit is a non-profit inter-university consortium of the Université de Montréal, Université Laval, and the Université du Québec à Montréal. Its mission is to promote and disseminate research.

<https://www.erudit.org/en/>

QUEERING WHOLE PERSON CARE IN A PANDEMIC

Jane Shulman^{1*}, David Kenneth Wright²

1* Corresponding author: University of Winnipeg, Winnipeg, Manitoba, Canada
jane.shulman@gmail.com

2 University of Ottawa, Ottawa, Ontario, Canada

Keywords: Whole person care, 2SLGBTQ+ patients, SARS-CoV-2 pandemic

How can health care providers (HCPs) working with 2SLGBTQ+ patients enact a whole person care approach during the SARS-CoV-2 pandemic and its aftermath, and in such desperate times, is it even reasonable to expect them to?

In this presentation, a nurse/nursing educator and a health care researcher/frequent patient discuss their observations and experiences of whole person care during the SARS-CoV-2 pandemic. The conversation highlights that in the immediate chaos early on, and in the face of exhaustion, trauma, and burnout as the pandemic progressed, attending to the whole personhood of patients was/is paramount for HCPs and for the people they treat.

The presenters reflect on the amplified significance of a whole person approach for 2SLGBTQ+ people who may have had negative health care experiences in the past, and may fear that they will not receive equitable care in the chaotic context of a pandemic.

A whole person care approach is perhaps most necessary when it is also most difficult. In a period of such profound distress, a deeper sense of connectedness to patients may help HCPs manage feelings of helplessness they are likely to encounter, and surely helps the people they treat.

The goal of this presentation is to begin a discussion about the ways that whole person approaches benefit 2SLGBTQ+ patients as well as their HCPs, with the hope that it will spark ideas for attendees to develop in their own practices. ■