Expecting the Unexpected

Social Work Responses to Life Events

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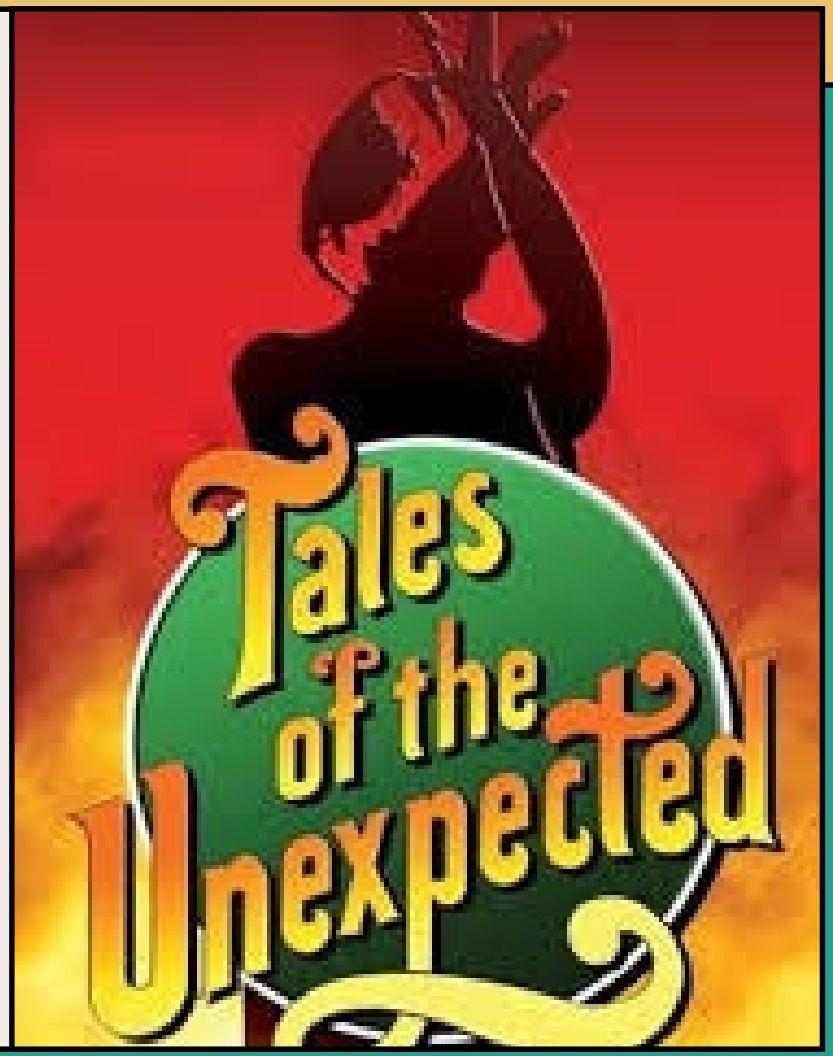

Outline

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Social Work Values & Ethics
(IFSW, 2014)

The overarching principles of social work are respect for the inherent worth and dignity of human beings, doing no harm, respect for diversity and upholding human rights and social justice.

Ethical Challenges

Confidentiality

Information on a ‘need to know basis’

Client Self Determination

Awareness of the power imbalance in patient/professional relationships.

Social Justice

- Constraints such as poverty, inequality or discrimination may constrain service user’s ability to fulfil their needs. These constraints cannot always be resolved at the level of the individual.
- Social Workers will challenge discrimination, respect diversity and advocate with and on behalf of those whom society excludes.

Medical Setting & Social Work Values

Negoitiating Hospital priorities and patient psycho social needs	· Bed shortages · Staffing · Lack of understanding re socio-economic factors and their impact on illness
Importance of building relationships	· Allowing time, a limited resource in hospital setting · Importance of establishing rapport, what is important to this person, this family · Cognisant of power dynamics in medical setting

Repatriation Case Study

- A patient from the Maldives in direct provision was diagnosed with metastatic pancreatic cancer and referred to the Medical Social Worker (MSW).
- The patient wished to stay in Ireland for long-term housing despite understanding their terminal diagnosis. The MSW liaised with the International Protection Accommodation Service (IPAS) and advocated for alternative accommodation over several months.
- The MSW also worked to manage the patient's expectations about the Irish immigration system.

Case Progress

As the patient's condition progressed, they remained determined to stay in Ireland.

A critical aspect of managing such cases is effective communication with the wider multidisciplinary team (MDT) to establish a clear prognosis.

This collaboration supports the MSW and patient in making realistic and informed decisions regarding future care and end-of-life planning.

A meeting was held with the patient, during which a prognosis of only weeks to live was communicated.

Sharing this information among the MDT and with the patient is vital in complex cases enabling the MSW to facilitate open discussions and ascertain the patient's wishes.

The patient's preferences subsequently shifted towards returning to the Maldives; however, they lacked the financial means to do so.

Challenge - No financial support is provided to patients wishing to repatriate to their home country to die.

Some individuals have accessed assistance through community groups, church organisations, or crowdfunding platforms like GoFundMe to facilitate repatriation.

MSW Liaison with International Organisation for Migration

International Organisation for Migration (IOM)

- The MSW can liaise with the International Organization for Migration (IOM) Ireland, which offers an assisted voluntary return and reintegration service.
- They are a UN Related Organisation funded via contributions from UN Member States
- It is crucial to identify the patient's interest in this service early, as the process can be administratively complex and time-consuming.

IOM provides comprehensive support throughout the patient's return and reintegration, including:

· Reintegration assistance upon arrival in the home country.

· Financial allowances to cover immediate travel expenses.

· Support during departure, transit, and arrival.

· Logistical assistance with travel preparations, including flight tickets and support at Dublin airport prior to departure.

· Help with obtaining travel documents if required.

· Information and counselling about voluntary return in the patient's native language, with no obligation.

Accessing this service necessitates a coordinated multidisciplinary effort, involving:

- Medical clearance from the treating consultant confirming the patient's fitness to travel.
- Discussions between the IOM healthcare professional accompanying the patient and the hospital's medical and nursing staff.
- Completion of necessary airline documentation by the medical team.
- Arrangement of care upon the patient's return, whether at a hospital, hospice, or with family members.
- While the procedure can be time-consuming, it remains entirely feasible.

Repatriation of Remains

- In the event of a patient's death in Ireland and the desire to repatriate remains or ashes:
- · A funeral director in Ireland can assist with formalities and arrangements for repatriation (e.g., Pat McGill).
- · A funeral director from the deceased's home country may also organise repatriation.
- · Support is available from the relevant embassy representing the deceased's country in Ireland.
- · Repatriation costs can be significant, depending on the distance and method of transport. It is advisable to check if the deceased had travel insurance or private medical coverage to help cover expenses and contact the insurer promptly if applicable.
- · The Irish Government **does not** provide financial assistance for repatriation of deceased person

Commissioner for Oaths

- Necessary part of the court exemption process in order to get married at short notice

End of Life Weddings

St Clares Ward – Eastern European Gentleman

Stage IV Lung Cancer diagnosis

Private gentleman, family unaware of diagnosis

Poor socio economic supports – housing issues

Significant language barrier & cultural differences

Strong belief that faith would cure illness

Expressed a wish to get married before dying – cognitive dissonance

Barriers to Court access

Administrative burden, proof of address,

Advocacy

Religious and cultural considerations when planning ceremony

Religious assumptions vs reality

Environmental challenges

Hospice Wedding

Young woman with metastatic breast cancer admitted to Beaumont under surgeons

Long term relationship with partner

Recent losses and bereavements

Socio economic challenges

Difficulty accessing Court support, transport etc

Lack of identification – PSC not accepted

Time constraints

Affadavits done twice

Emergency passports

Flexibility of Civil Registration Office

The lasting impact of supporting someone at end of life and how it affects bereavement

MDT/ Medical/Ward Staff Input
Family Member Wedding

Coercive Control Case

Patient in her 80s received a new cancer diagnosis. Would start treatment immediately.

Family member disclosed serious concerns regarding ongoing coercive control between patient and spouse

Patient spouse had no insight into impact of behabiour on patient

Isolation from family causing distress

Community services involved and considering legal route

Establishing a relationship with patient to explore her wishes and feelings of safety

Acknowlege complexity of relationship

Care plan devised to both reduce distress and ensure patient care needs met in safe environment.

Difficuly to mitigate all risks of harm to patient

CLIMB

CLIMB

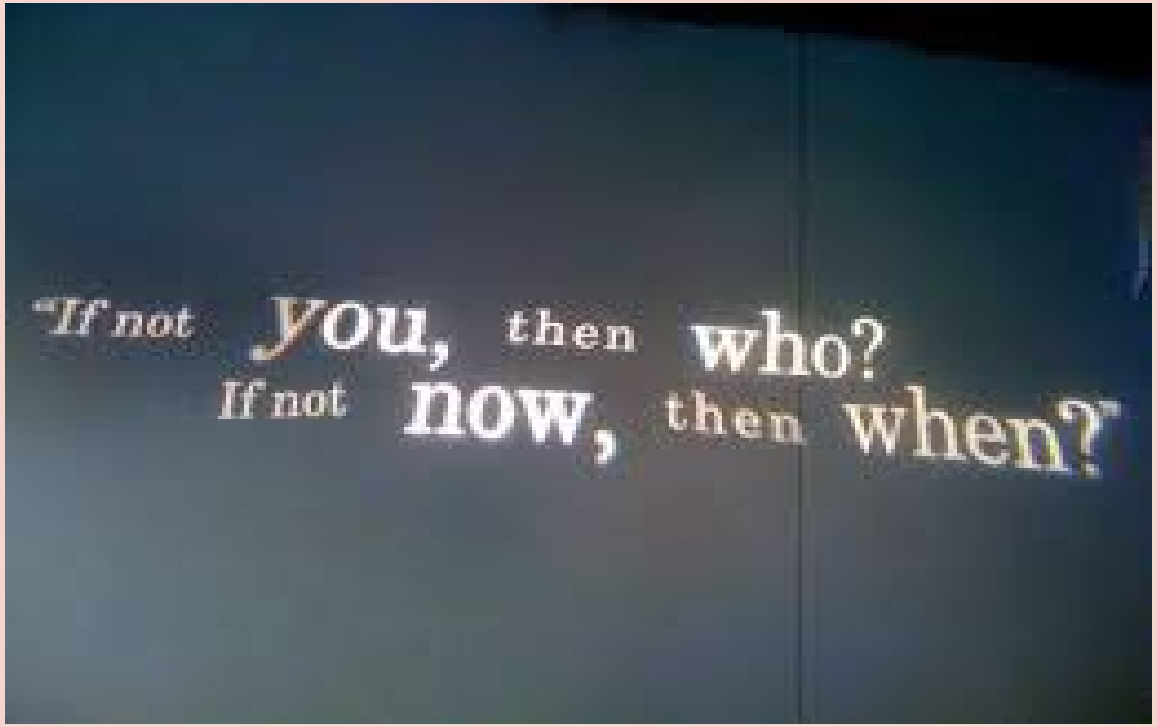
Child's father passed away between 5th and final week

Conversation with child's mother

Child attended final week

Anxiety on behalf of Social Workers, how to manage the fallout

Discussion with other parents of attendees


"If not you, then who?
If not now, then when?"

Thank you