**Chapter 7: Becoming Policy Advocates in the Healthcare Sector**

***Policy Advocacy Learning Challenges and Exercises***

***Excerpted from the book***

**POLICY ADVOCACY LEARNING CHALLENGE 7.1**

**Connecting Micro, Mezzo, and Macro Policy Advocacy to Protect a Patient’s Ethical Rights**

Mary was in the hospital for weeks. The nurse reported that there were reports that Mary had specifically stated that she did not want dialysis or life-sustaining measures if her health worsened. Yet Mary was on dialysis. She had been transferred to institu­tions far from her home in San Diego. Her caseworker, Joanne, was still in San Diego and called me yesterday morning. She sounded flabbergasted: “She’s on dialysis?!? I’ve been her worker for over five years. I haven’t been able to get there, but I’m com­ing this week and we’ll settle this.” Mary’s wishes had been blatantly disrespected despite the voices of advocates who had attempted to bring attention to Mary’s wishes and how her current level of care contradicted those desires.

Joanne arrived. Furious, she had already put motions into action to obtain a court order to stop the heroic measures that were artificially keeping Mary alive against her will and her previously stated desires. Joanne received her court order and came directly to the hospital with it. Joanne and I stood in the room as the nurse stopped the dialysis and ventilator, which were supporting Mary’s weak last moments of exist­ence. Just then, the doctor who had been opposing Mary’s wishes and who was adamant about keeping her alive walked in, equally angry and demanding that the heroic measures continue. We observed as Joanne, Mary’s case advocate, showed the physician the court order and assured him that Mary’s wishes and needs were being met by her being allowed to pass with dignity as she had wanted. The physician was angry, but finally left as Mary died.

**Learning Exercise**

1. What preventive strategies might have averted this outcome at the micro policy level?
2. Should this case be taken to the risk manager or bioethics committee to see if it represents systemic problems in this hospital with honoring advance directives at the mezzo policy level?
3. It is not obvious how a social worker might initiate a macro policy intervention, but see if you can identify an option.

**POLICY ADVOCACY LEARNING CHALLENGE 7.2**

**Connecting Micro, Mezzo, and Macro Policy Advocacy to Advance Quality of Care**

Assume that you work in a neonatal intensive care unit (NICU) that currently lacks a protocol for deciding how to treat infants born before 23 weeks of gestation. Upon examining evidence-based research, you discover that babies born before 23 weeks rarely survive, but their survival rate increases from 29% to 65% between 23 and 25 weeks. You further discover that two thirds of infants born at 23 weeks have some form of functional disabilities when they reach two to three years of age—and one third of these assessed survivors have a severe disability. Infants born at 25 weeks have much better outcomes, with only one third possessing functional disabilities and 13% having a severe disability at two to three years of age (Singer, 2007). (No babies born before 26 weeks have survived without entering a neonatal intensive care unit). You want to be a micro policy advocate for traumatized parents with babies who were born before 23 weeks.

* At the micro advocacy level, would you refer these traumatized parents to evidence-based literature or

to Internet sites that give them these probabilities, as well as information on economic, marital, and mental health issues related to premature births?

* At the mezzo advocacy level, might you want to consult the hospital’s legal counsel to determine

whether and when it is legal to allow some infants to perish by not giving them medications and other advanced medical treatment when their parents favor this policy?

* Can you think of possible macro policy advocacy interventions at the regulatory or government level?

**POLICY ADVOCACY LEARNING CHALLENGE 7.3**

**Connecting Micro, Mezzo, and Macro Policy Advocacy for Patients’ Unresolved Problems Regarding Culturally Competent Care**

As I sat with my mother in the tiny, crowded clinic waiting room, I wondered why she had made me drive her for 45 minutes to receive medical services at a clinic that appeared dirty and required a lengthy wait. I finally asked my mother why she had dragged me down to the middle of Los Angeles for her to see a doctor when there were perfectly good clinics and hospitals in the region where we lived. She quickly reminded me that there were few Spanish-speaking doctors and nurses in the hospitals near our home and that the costs were much too high for someone with no health coverage. Although my brother and I had frequently played the role of translator when it came to my mother’s communication between her and doctors, she felt the need to speak directly to the doctor to truly convey what she was feeling. She expressed that she was tired of having to communicate her ailments through someone else and believed it was a major reason why she had not received the medical treatment that she needed.

As our wait continued on, we suddenly heard my mother’s name being called by the nurse who was admitting clients. We quickly gathered our belongings and made our way toward the nurse. While we maneuvered through the crowd toward her, she began to verify the symptoms that had brought my mother into the clinic—out loud, in front of the other patients in the waiting room.

Upon hearing the information being disclosed, I could see my mother nodding her head, with a look of embarrassment, to confirm the reasons that had brought her to the clinic. She looked around to scan the crowd to see if the other patients had heard. It was clear that everyone had heard what was ailing my mother. Upon approaching the nurse, I asked her if she was aware of her responsibility to maintain client confidentially, and I openly verbalized my anger at the manner in which she had just violated my mother’s privacy. My mother pulled me aside and asked that I stop challenging the nurse’s authority, as she did not want to upset her. I explained to my mother that I had every intention of filing a formal complaint against the woman so that this would never happen to any other individual again. My mother asked that I do no such thing, as she felt it would make it impossible for her to return to this clinic again, which allowed her to pay a fee that was afford­able while having access to Spanish-speaking doctors. I respected my mother’s wishes and never filed a formal complaint. Upon leaving the clinic that afternoon, I left with a sense of helplessness and frustration at my inability to protect my mother’s right to adequate, affordable, and culturally competent health services.

**Learning Exercise**

1. How does this vignette demonstrate that case advocates have to begin with the wishes of the consumer rather than proceeding without heeding their wishes?
2. How might the social worker consider mezzo policy advocacy at the organiza­tional level? *Hint:* Recall that actual policies, such as HIPAA, are not actualized until they are implemented, so policy advocates can focus on strategies for bring­ing about this result.
3. Can you think of a macro policy advocacy intervention you could initiate?

**POLICY ADVOCACY LEARNING CHALLENGE 7.4**

**Connecting Micro, Mezzo, and Macro Policy Advocacy With Respect to Prevention**

This case is drawn from: Gawande, A. (2010, April 5). Now what? *New Yorker,* p. 22.

Clinicians at Children’s Hospital, Boston, were concerned about the sheer number of asthma attacks among low-income youth in Boston’s inner city. They developed an innovative prevention strategy that included:

* Having nurses visit parents after their children’s discharge to educate them about adherence to
  1. medications and follow-up visits to their pediatricians
* Home inspections for mold and pests
* Provision of free vacuum cleaners to parents who lacked them
* Funding of these interventions from the hospital’s budget, since insurance cov­ered only the cost of a
  1. prescribed inhaler

This strategy was so successful that hospital readmissions of these children dropped by more than 80%—and costs of treatment dropped precipitously. This intervention threatened to bankrupt the hospital, however, because it had depended on revenues from public and private insurances and programs for the many beds that had been occupied by these children.

**Learning Exercise**

1. If you worked in this hospital and wanted to be an advocate for this creative pro­gram, what conflict of interest would you confront—and what ethical issues might you face?
2. How might you have to shift from micro policy advocacy to mezzo policy advocacy?
3. What macro policy advocacy might you consider launching?

**POLICY ADVOCACY LEARNING CHALLENGE 7.5**

**Connecting Micro, Mezzo, and Macro Policy Advocacy to Help Fugitive Patients Obtain Needed Services**

*A Good Samaritan Nurse*

A nurse in a health clinic used primarily by low-income consumers in the Bronx decided to follow up on consumers who had received biopsies that indicated they had cancer at relatively advanced stages, but who had failed to keep appointments to receive their biopsy results. She often assumed the role of a detective because many of them lacked telephones and frequently changed addresses. She was not asked to undertake this assignment by clinic staff, but felt ethically impelled to locate these fugitive consumers in after-work hours. She was able to locate many of them and to convince them to come to the clinic so that they could begin treatments.

**Learning Exercise**

1. How does this vignette illustrate a tendency to define medical practice as confined to the four walls of specific clinics and hospitals?
2. Why does this clinic rely on a Good Samaritan nurse to perform this life-preserving function—and what are some disadvantages of this informal practice?
3. Could a social worker in this clinic have engaged in mezzo policy advocacy to persuade clinic administrators to hire an outreach worker with this assignment?
4. Can you think of a possible macro policy intervention at the state or federal level?