Using an ethics of Care to Decrease Harms Associated with:

The Increasing Vulnerabilities of Diabetes and Obesity

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Objectives

• Apply an ethics of care framework in the management of care for patient’s who are diagnosed with diabetes and obesity

• Explain how an ethics of care decreases stigma, decreases escalation of stress states, decreases the escalation of physiological harms

• Identify the importance of developing communities of care

• Describe how communities of care can increase individual flourishing through restorative and transformational actions

• Discuss how an ethics of care can guide relational decision making processes through the application of care elements: attentiveness, responsiveness, responsibility, competency, connectedness, empathy and collective wisdom
Hastings Report:
**Tackling Obesity Disease: The Culprit is Sugar; the Response is Legal Regulation**

Written by: Lawrence O. Gostin

- Advertising Restrictions: Commercial Speech
- Labeling and Warnings: Compelled by Speech
- Sugar Sweetened Beverages: Politics of Public Health?
- Portion Size: “Nanny Bloomberg”
Why an Ethics of Care?
Milton Mayeroff
Carol Gilligan
Virginia Held
Ruth Groenhout

On caring
In a Different Voice
The Ethics of Care: Personal, Political, and Global
Connected Lives: Human Nature and an Ethics of Care

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Comorbidities of Diabetes and Obesity
Homeostasis and Allostasis

Homeostasis Vs Allostasis

Homeostasis aims to maintain a ‘set point’ of bodily functions

Allostasis aims to maintain a ‘set point’ in changing environments

e.g. You are sitting in class quietly, not alarmed or nervous then you hear the teacher saying we have a pop quiz and all of a sudden your heart starts beating and you begin to sweat - allostasis body responding to environment
Stress

- Mental Health Comorbidities of Diabetes
  - Major depressive disorder
  - Diabetes distress
  - Anxiety disorders
- Neuroimmune/Inflammatory Complications
Taking a Closer Look at Health Disparities

- Racial and ethnic minorities are affected disproportionately
- Higher prevalence rates, decreased diabetic control, increased complications, decreased life expectancy
- Disparities in diabetic quality care received
  - IOM Report- ‘Unequal treatment: Confronting Racial and Ethic Disparities’
  - Decrease in diagnostic testing and decrease in maintenance management diagnostic testing; such as HbA1c testing, cholesterol testing, hypertension management, dilated ophthalmologic examination
  - YET……..disparate populations are at increased risk for targeted marketing strategies

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Commodification/ Market Systems

- Goods and services/profitable sales placed as a higher priority than human life
  - Increasing marketing strategies to those most vulnerable
  - Sale of alcohol, sugar sweetened beverages, tobacco, fast food
- Goods and services/profitable sales
  - Health care quality distribution by ‘those’ who can pay
  - Lowering quality of service to save costs
  - Care—as a set of ‘saleable’ treatments or interventions

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Socio-cultural Relationship with Food:
Why it matters in ‘care’
Stigma
“The land of the sick and the land of the healthy”: Disability, bureaucracy, and stigma among people living with poverty and chronic illness in the United States.

- **Stigma** - process of labeling, stereotyping, separating, and discriminating against individuals
- **Enacted Stigma** – acts of hostility or discrimination towards individuals possessing a stigmatized attribute
- **Felt/ Anticipated Stigma** – anticipated fear after being subjected to stigma
- **Internalized Stigma** – when one comes to accept the stigmatized attributes, developing negative perceptions/shame of self
- **Structural Stigma** – Societal level conditions, cultural norms, institutional policies that constrain opportunities, resources and wellbeing of the stigmatized.

Racialized Rhetoric
Welfare dependence
Underclass
‘Personal Responsibility an Work Opportunity Reconciliation Act’
Penalty and paternalistic techniques of governance
Market Oriented Economy and State

Erect, 2018
Hedonic Signaling Research, Increasing Stigma?

- Mesolimbic dopamine pathway
- Natural rewards, such as food and sex increase responses within the mesolimbic dopamine pathway
- Molecular changes are described with the exposure of highly palatable foods.
- Neurological brain functioning is altered with the alterations in evaluation of food reward, which can result in ‘aberrant motivation to consume.

- Back to homeostatic aspects of food intake…..concerned primarily with regulation of energy balance….
- Back to commodification….
- Back to Hastings Center Report…..

Eeret, 2018
Bruce Alexander

The Globalization of Addiction: A Study on Poverty of the Spirit

Rat Park

Healing Addiction Through Community: A Much Longer Road Than it Seems?
Implementing an Ethics of Care

- Connectedness
- Responsiveness
- Responsibility
- Competency
- Wisdom

- Autonomy and Frailty
- Independency and Dependency
- Relational Autonomy of Patients
- Professional Attentiveness and Treatment with Dignity
- Responsibility and Wise Action
An Ethics of Care as a Community of Care

Community: The Structure of Belonging
The Abundant Community Awakening the Power of Families and Neighborhoods
‘Peter Block’

The Nature of Order: An Essay on the Art of Building and the Nature of the Universe
Book one: The Phenomenon of Life
‘Christopher Alexander’

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Decreasing Stigma

- Disseminating a relational education paradigm shift
- Improving quality and extending quality initiatives to society
- Collaboration and shared decision making initiatives
- Implementing professional and societal prevention strategies
- Through policy change and authentic care of the ‘other’
Narrowing the Health Disparities Gap

• Inquiry is necessary in the development of culturally tailoring diabetic quality improvement initiatives for specific racial/ethnic minority populations
• Development of comparison specific interventions for various ethnic/racial minority populations
• Education specific interventions
• Provider specific interventions
• Health care organizational interventions
• Improving care coordination and care transitions

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Addressing the Issues: What are our thoughts in relation to:
Commodification
Poverty, Disability, Dependency, and Stigma
Implementing a Care Paradigm
Decreasing Influential Societal Risks

• Professional self reflection
• What we are doing well and what needs improvement?
• Implementing improvement plans
  • Identifying 1-2 goals per year: Implementing a preventative ethics strategy that brings results.
  • Implementing a Preventative Ethics Improvement Plan

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Questions?

Thank– You
References