

Crossing boundaries: Issues for hospice palliative care volunteers

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"Here's my cell phone number, call me any time." "I'm not supposed to accept gifts, but I guess it can't hurt." "I can stay a little longer if you like." As someone who volunteers in hospice palliative care, have you ever found yourself saying these kinds of things? If so, you may not be alone. It's sometimes easy to lose sight of the fine line between being a patient's or family's friend and being a member of the formal caregiving team. Of course, if you're the patient's friend, all of the things mentioned above are OK to do; if you're the patient's volunteer, however, you should probably think twice before doing these things (better still, check your program's policies for giving out personal phone numbers, etc. and/or ask your coordinator first).

Boundaries can be a real source of concern for hospice palliative care volunteers. It's not always clear when to say "Yes" and when to say "No" to a patient's or family's request. Boundary issues were the topic of a recent study by Claxton-Oldfield, Gibbon, and Schmidt-Chamberlain (in press in the *American Journal of Hospice & Palliative Medicine*[®]). Seventy-nine hospice palliative care volunteers from 2 community-based hospice programs responded to a 27-item Boundary Issues Questionnaire, developed for this study. For each item on the questionnaire (e.g., "Accept a gift from a patient or family", "Agree to sign a patient's will as a witness"), volunteers were asked to indicate: 1) whether or not they considered it to be a boundary issue (something they should not do) and; 2) whether or not they have ever done it.

Somewhat arbitrarily, the researchers created 3 categories of boundary issues based on the percentages of volunteers who agreed that a particular behaviour was something they should not do (70% or more = "definite boundary issue", 40 - 69% = "potential boundary issue", and less than 40% = "questionable boundary issue"). Included among the definite boundary issues were accepting (or lending) money to a patient/family, agreeing to be a patient's power of attorney or to sign a patient's will, lending personal belongings to a patient/family, attempting a deathbed conversion, providing medical care to a patient, gossiping about other members of the formal caregiving team, etc. Potential boundary issues included accepting a gift from (or buying a gift for) a patient/family, attending a patient's medical appointments, breaking down emotionally in front of a patient/family, etc. Finally, questionable boundary issues included giving out personal phone numbers, accepting an invitation from a patient/family to a family activity/party, continuing to visit with a family following the patient's death, providing clothes, toys or meals to a patient/family, etc. Of the 27 items (behaviours) on the questionnaire, there were only 3 that more than half of the volunteers had ever done – give out their phone number, stay with a patient/family for longer than the agreed time, share private information about previous personal experiences with the death of a loved one(s). There were also 3 behaviours that none of the volunteers had ever done – accept money from a patient/family, agree to be a patient's power of attorney, and attempt a deathbed conversion. A small percentage of volunteers indicated that they had, for example, talked about a patient/family with others in the community (6%), provided medical care to a patient (11%), attended a patient's medical appointment (23%), done jobs around the patient's home that the patient/family was unable to do (28%), accepted a gift from a patient (38%), and so on. Among the implications of these findings for hospice palliative care volunteer programs is the need for clear policies and procedures regarding what volunteers can and cannot do; these rules (and the reasons for them) should be made explicit during volunteer training, along with the consequences for breaking them (e.g., volunteer dismissal) and may need to be reinforced in annual refresher sessions. Without such policies and procedures, programs may be putting themselves at risk legally.