The Justice Emmett Hall Memorial Foundation

2024 Jack Boan Student Essay Competition

Award Winners

Undergraduate category

Name: Maddy Hayes, Nursing, Dalhousie University
Essay Title: Symptom Management in Palliative Care: An Ethical Imperative

Abstract:
Background: Symptoms experienced in palliative care settings have been historically difficult to identify and treat, leading to an evident gap in care for those nearing the end of life. The Canada Health Act states that insured individuals should have unimpeded access to healthcare, but for individuals experiencing palliative symptoms, this is not always the case. Nurses are well-situated to improve symptom management through quality patient assessments and relationship building but often find themselves unable to fulfill this role. *Methods:* To gain a fuller understanding of nursing-related barriers to symptom management, this paper explores peer-reviewed literature that focuses on palliative symptom management in both primary care and hospital settings. It then goes on to suggest evidenced-based interventions that could improve palliative care at the systems level. The ethical context in which palliative symptom management lies is also mentioned, with a focus on nursing implications. *Results:* Major themes identified include lack of systematic approaches to symptom assessment, problems related to team-functioning, and lack of role clarification. Suggestions for improvement encompass implementation of assessment tools, engagement in interprofessional education, and advocacy work. *Significance:* Nurses often serve as a first point of contact for patient assessment in both primary care and hospital settings, so exploring nursing-based solutions for successful symptom identification is an important first step to improving palliative symptom management in Canada.

Master's category

Name: Akino Milligan, Public Health, University of Ottawa
Essay Title: Urgency for Resiliency: Climate Change as a Threat to Healthcare Accessibility in Canada

Abstract:
Climate change is one of the biggest challenges faced by humanity today. However, low political will for climate adaptation in healthcare has led Canada to be slow to take action. At the same time, reasonable access to healthcare is enshrined in the Canada Health Act of 1984. "Reasonable access" is not clearly defined in the legislation, but the popular interpretation tends to focus on timely access to healthcare. The discussion surrounding timely access to healthcare in Canada is extensive, and the effects of climate change on healthcare delivery are being increasingly explored. However, these have been separate conversations. In this paper, I aim to bring these discussions together, exploring 3 ways in which climate change is increasingly impeding healthcare accessibility. I argue that climate change is worsening wait times for healthcare in Canada, and that urgent action to improve climate resilience is therefore necessary to uphold the principle of healthcare accessibility for all Canadians.

Doctoral category

Name: Madeleine D. Sheppard-Perkins, Health Sciences, Carleton University

Essay Title: Making It DOULAble: Building the Case for the Promotion of Subsidized Doula Care in the Ontario Labour and Delivery Care System

Abstract:

In 1998, Dr. John Kennell asserted that if a doula were a drug, it would be unethical not to use it. Despite a substantial body of evidence supporting the positive impact of doula care on maternal and fetal outcomes, its integration into mainstream obstetrical teams in Canada remains limited. Indeed, a 2017 Cochrane review highlighted benefits such as lower caesarean rates and improved maternal satisfaction. Cost-benefit analyses suggest that doula services could reduce healthcare costs associated with growing rates of Caesarean sections. Disparities in maternity outcomes among groups experiencing marginalization prompt a discussion on the potential of doula care to address health inequities and improve the Comprehensiveness and Accessibility of Canadian Healthcare System, two key tenets upholding the Canada Health Act. However, barriers persist, including insufficient knowledge among stakeholders, resistance to collaboration, lack of standardized certification, and inadequate financial coverage. To bridge the gap between evidence and practice, interventions must address knowledge gaps and foster interprofessional collaboration. The essay concludes with a call for Ontario to leverage the shifting landscape of perinatal care to integrate doulas into primary healthcare facilities, recognizing the compelling evidence supporting their role in improving birth outcomes and addressing health inequities.