The Legacy of the Northern Ireland Conflict in Palliative Care

Brendan O'Hara B.A., M.Phil.

All Ireland Institute of Hospice and Palliative Care | Irish School of Ecumenics, Trinity College Dublin

Contact: bohara@aiihpc.org

AIIHPC
All Ireland Institute of Hospice and Palliative Care

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Northern Ireland Context

- 1969-1998 more than 3,600 people killed
- Estimated 40,000 people injured
- 'Comparatively scant attention has been paid to those … with long-term disabilities and life-limiting conditions' (Smith, 2013: 3)
- Impact of the legacy of the conflict, focus on mental health - little, if any, palliative care research focus

Study designed to:

- investigate how the legacy of the Northern Ireland conflict may be encountered by professionals providing palliative and end of life care and;
- how the distinct context of Northern Ireland has impacted on palliative care practice.

Methodology

- Qualitative study
- Sample – representative of professionals/ service providers and geography of region
- Semi-structured interviews June/July 2016 (25 minutes to 75 minutes long)
- Nine participants: 3 nurses; 2 doctors; 1 welfare office; 1 social worker; 1 complementary practitioner; 1 chaplain
- Thematic analysis of interviews

Limitations and considerations: participants aged 40-75; focus group may have been beneficial; patient/service users' perspective not feasible in timeframe; many participants known professionally to the researcher – potentially more open with information

Findings and Discussion - Three Themes

Theme One: Narratives and Identity

Sub themes: personal and professional histories, patient histories

'It has affected us as professionals, it has affected us as carers, although hopefully we don't translate that across to the patient, or the family.'

(ID nurse 2)

Theme Two: The Cultural Context of Caring

Obstacles to people telling their story (sub themes):
- Sensitivity around the Catholic/Protestant divide
- Silencing, secrecy and denial
- It's 'just too difficult'
- Implications of disclosure
- A desire to move on

Survivors/victims and perpetrators are *'living with quite painful stories that they feel they can't talk about openly, because they might involve uncovering a reality which hasn't been officially acknowledged.'*

(ID doctor 1)

'It almost feels regressive, it's almost like we are in a new phase, why would we be going back there?' (ID doctor 2)

'What has gone on before now, is really, really relevant. And so whenever I am talking to somebody you know, for the first time particularly, the most important thing that I get them to do is to tell their story in their words.'

(ID doctor 2)

'Exploring a little bit more with me, he told me that he was involved in [a] paramilitary organisation at that time, and he was fighting for 'the cause', in inverted commas. And I said, is there anything that he felt that he needed support around that, and he says, we'll just leave it there.'

(ID complementary practitioner)

Theme Three: Humanizing Care

Sub-themes: respect for each individual's story, a place of safety

'… to feel safe with other people is really important in how people die, because you have to be able to trust. And there is sometimes a degree of pain because people find it very hard to feel safe and to trust others, and to be helpless, and to be vulnerable.'

(ID doctor 1)

Conclusions

- Research opened up a dialogue between peacebuilding and palliative care
- The impact of the Northern Ireland 'Troubles' has had an effect on the delivery of palliative care
- There is little distinction between the cultures of patients and caregivers
- Caregiver influenced by the religious divide, the silencing and the traumas – these 'cloaks' could have implications for practice
- Restricting opportunities to talk about 'Troubles'-related trauma could prevent suffering from being addressed
- The language of legacy, narrative, life story and peacebuilding is understood in palliative care
- Real risk in not considering the topic

Further research

- Perspective of patients/service users
- What care professionals understand when they refer to 'peace'
- Experience of GPs/Community Nursing
- Role of religion/spirituality/chaplaincy in other cultures in conflict situations