“ This Abuse and Neglect Case is Giving me an Ethical Headache!”

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The Team

* Seniors Outreach Team(s) (SORT)
  * Social Workers, Registered Nurses as primary clinicians
  * Occupational Therapy by consultation
  * Family physicians (Care of the Elderly Physicians)
  * Geriatric Psychiatrist by consultation
  * Coordinator
  * Office Assistant

"Basic" Principles of Abuse/Neglect Investigation

* MANDATORY that we investigate
* Involve the vulnerable adult as much as possible
* Investigate and propose solutions using the principles of **Least Intrusive and Most Effective**

Pretty straightforward, right?

Not so fast…

Some cases are “straightforward”

* Couple reports concern over their elderly neighbour - seems increasingly confused and letting ++ people into her home – worried for her safety

OR

* Travel agency calls as a man has come into the office with thousands of dollars in cash – requesting a plane ticket so he can fly to Costa Rica to “sign some papers” from someone he met online

Many cases are complex… some are downright baffling

Why?

* Trying to be least intrusive, when someone wants you to GO AWAY!
* Multiple players and multiple opinions- person, family, near-family, caregivers, health care professionals…
* Legislation, Risk…
* Ethics and Morals…
* Etc…

First…let's start with something personal…

* Dad- Lewy Body Dementia. Residential care in November.
* Mom- living in the family home (4 levels). Medically well, cognitively well, but with declining mobility.
* Sister- middle child. Mother, professional teacher, lives closest to parents…kinda dramatic!
* Brother- eldest, no kids, accountant, lives 1 hour away…kinda hands off.
* Me- youngest, only one in medical field, ferry ride away…feels like I am Switzerland!

MOM NEEDS TO MOVE!
(or… don't let them boss you around *Mom!*)

- Sister- "MOM NEEDS TO MOVE NOW! Doesn't she know her decisions affect me and my family? She could fall. She should have moved ages ago!"
- Brother- "Mom, I support whatever you decide. You don't have to move. Your decision."
- Me- "Moving is a really good idea… a house isn't supposed to be your exercise plan. Simplify!" "How about you call a realtor. *Maybe brother* can help?"

Result

* Frustrated phone calls
* “Hands-off” brother
* Falls at home…more stress
* “I know you care, but…change is hard.”

What is happening?

* Family dynamics- I'll leave that to the social workers to analyze!
* Moral distress – guilt, worry, frustration- from siblings AND mom!
* Fear of the future… What If???

Moral Distress or Ethical Distress

"Ethical or moral distress arises when one is unable to act on one's ethical choices, when constraints interfere with acting in the way one believes to be right."

Canadian Nurses' Association, 2003

Crash course in Bioethics

* Morals- personal beliefs about what is right and wrong. Don't defend them, they just "are".

* Ethics- framework of principles to provide rules or standards to govern conduct in a group/organization.
  * i.e. Island Health Vison and Values, or COTBC Code of Ethics

VIHA Clinical Ethics web page

Crash course in Bioethics cont…

* Principles of Island Health's Ethical Framework
  * Respect for Autonomy
    * A person should be allowed to make his own decision(s) or someone makes decisions based on that person's wishes.
  * Beneficence and Nonmaleficence
    * Do Good & Do No Harm
  * Justice
    * Respect rights and dignity of human beings.
    * Treat people fairly and equitably.

How do you recognize moral distress?

* Early
  * Frustration
  * Disenchantment with work/relationships
* Later
  * “burnout”
  * Negativity/pessimism “It never changes, why try?”
  * Leaving caregiving work.

My family

* Among many things… I believe we were experiencing moral/ethical distress.
  * Can’t “quit” my family!

* I used some of the tools available through my work to discuss these issues with my siblings and mother.

Now…moving away from the personal…

Meet Mary

* Family physician loses contact with 87 year old female patient, Mary Jones.
* Mary has signs of mild dementia and is on medication to manage high blood pressure and diabetes.
* Niece was bringing Mary to appointments, but not for over 3 months.
* Physician concerned that niece may be misusing Mary's money and not providing adequate care.

Mary continued…

SORT clinician receives referral to check on Mary's well-being and to investigate allegations of abuse/neglect/self-neglect.

Scenario A

- Scenario A- Mary and niece engage with clinician and assessment completed. Niece engages with clinician for caregiver education- specifically about dementia care.
  - Mary gets better care
  - Niece is less stressed, resumes physician visits
  - Advance Care Planning is clarified- Mary can understand and assign Power of Attorney etc.
  - Positive outcome!

Scenario B

* Clinician’s calls go unanswered. Letters ignored.
* Unannounced visit. Niece answers door. “We’re fine!”
* No sign of Mary, but house and yard very rundown, all curtains closed… and niece was “gruff” and dismissive.
* Further review
  * No medications filled in 2 months
  * No other physician visits

Scenario B continued…

* History reveals previous concerns about niece's ability or desire to care for Mary after a hospitalization 10 months ago
* 2 more attempted visits- no answer and "We're fine!!!"
* Wellness check by police- concern, but not enough to bring Mary to hospital- get agreement for clinician and physician to visit in home.

Scenario B continues…

* A visit! Clinician and physician.
* Niece, "I know you guys, you lock up old people and take their $."
* Mary, "I know my rights. I am fine!"
* No medications, "Don't need them."
* Little food, "We order in." Little evidence of that.
* Client's bathroom non-functional, "I get by!"

And more Scenario B…

* Clinician and physician re-group.
  * Clinician feels need to remove Mary from home OR insist upon home supports in home
  * Physician wants slower approach. Thinks Mary is okay for now.
  * What???!! She is being abused and neglected!!
* Frustration!
* Disagreement!

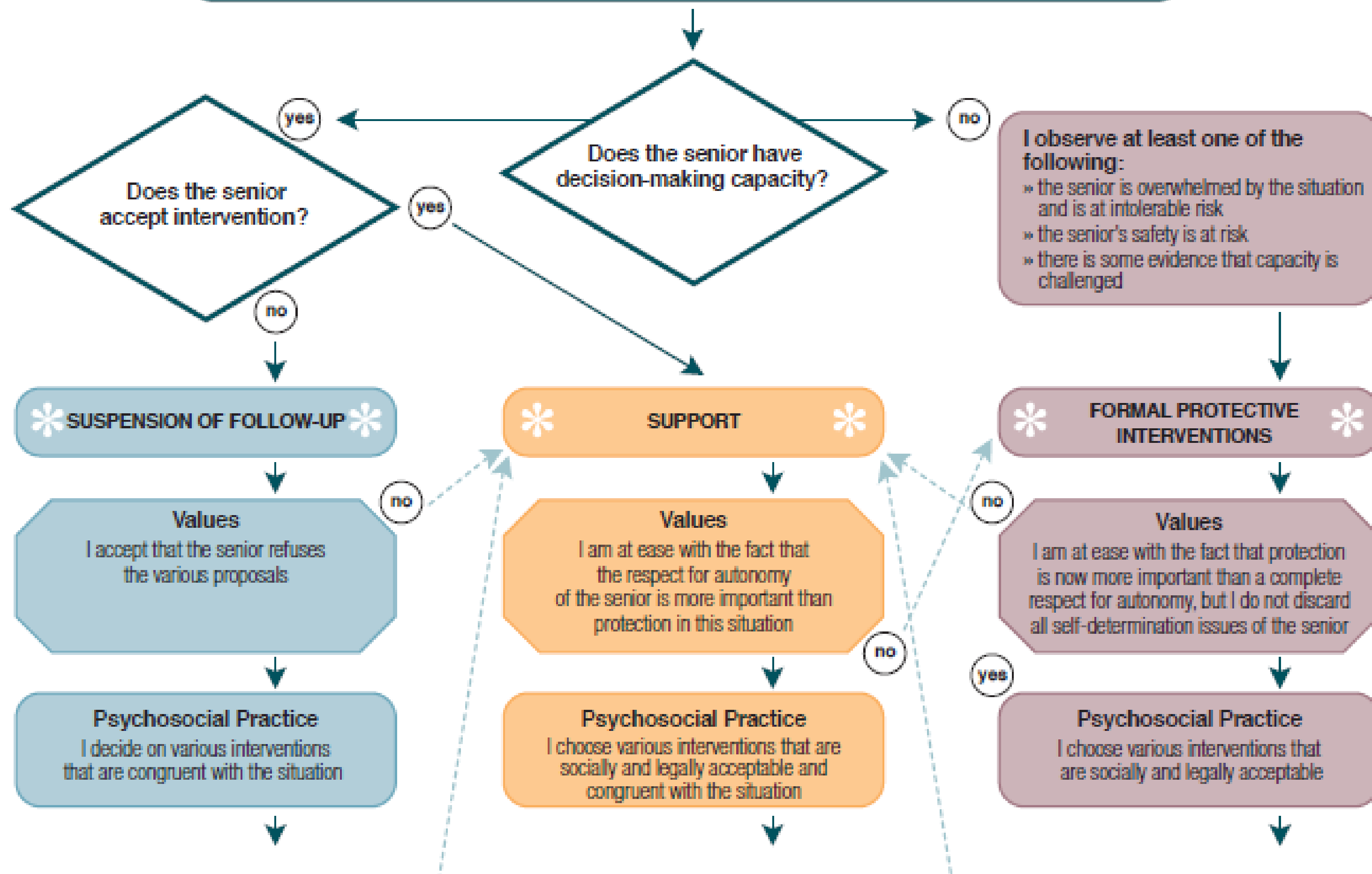
Could this be a clash of ethics or moral distress?

* This type of work (abuse/neglect) NEEDS to be done in teams.
* Need tools to work through and discuss our thoughts, feelings, and distress!

* Let’s look at some tools.

In Hand
Ethical Decision-Making Frameworks

- From the National Initiative for the Care of the Elderly (www.nicenet.ca)
- Targets various "competing values"
  - Senior at risk
  - Clinicians
- Reflective process



ABUSE SITUATION
Does the senior have decision-making capacity?
yes
no
Does the senior accept intervention?
yes
no
I observe at least one of the following:
» the senior is overwhelmed by the situation and is at intolerable risk
» the senior's safety is at risk
» there is some evidence that capacity is challenged
SUSPENSION OF FOLLOW-UP
SUPPORT
FORMAL PROTECTIVE INTERVENTIONS
Values
I accept that the senior refuses the various proposals
no
Values
I am at ease with the fact that the respect for autonomy of the senior is more important than protection in this situation
no
no
Values
I am at ease with the fact that protection is now more important than a complete respect for autonomy, but I do not discard all self-determination issues of the senior
yes
Psychosocial Practice
I decide on various interventions that are congruent with the situation
Psychosocial Practice
I choose various interventions that are socially and legally acceptable and congruent with the situation
Psychosocial Practice
I choose various interventions that are socially and legally acceptable

In Hand

* Helps team focus on the decision-making capacity of Mary- also called capability.
* Mary's capability to seek support and assistance is key… Can she refuse us… or must we intervene?

* ? Intolerable risk
* ? Evidence of challenged capability to make decisions
* ? Safety problems

Likely outcome…

- Clinician and physician need to pursue an assessment of capability
  - Need history
  - Need collateral information- reliable. Other family, friends, any advance care planning documentation?

- Need to determine risk
  - Non-treated medical conditions
  - Living conditions

In Hand continued…

* Flow chart with 3 “flows”
  * Suspension of follow-up
  * Support
  * Formal Protective Interventions
* Cross-over of the flows… no recipe!

Alister Browne's 4 Quadrants Approach

* On Island Health's Ethics webpage (reference at end). Dr. Browne- retired bioethicist from UBC

* Organizes heated discussions into 4 quadrants
  * Medical Indications (or Clinical Issues)
  * Patient/Surrogate Preferences (or Client Preferences)
  * Quality of Life (and Death)
  * Contextual Features

Browne's 4 Quadrants

Medical Indications	Patient/Surrogate Preferences
Quality of Life	**Contextual Features**

Medical Indications/Clinical Issues

* What is the diagnosis/prognosis?
* What if we do nothing?
* Is problem acute or chronic or reversible?
* Goals of treatment?
* Best clinical judgment under the circumstances?

Client/Surrogate Preferences

* Has client expressed wishes about treatment preferences?
* What are client’s past wishes? Congruent? Why not?
* Is client capable of making such decisions now? To what degree?
* Is there a surrogate decision maker? Using appropriate standards?
* Is client unwilling or unable to cooperate with treatment? If so, why?

Quality of Life/Death

* What are the prospects for a return to client's normal life?
* Is the client's present or future condition intolerable or undesirable to her?
* What are plans for comfort and palliative care?
* Any plans or rationale to forgo treatment?

Contextual Features

* What chapter is this in the client's life?
* Any family/cultural issues that might influence treatment decisions?
* Any problems with allocation of resources?
* Any legal implications of treatment decisions?
* Any religious or cultural factors?

Review the ethical principles

* Respect for Autonomy
* Beneficence and Nonmaleficence
* Justice

Where is the problem? Use your team to discuss it… explore options… include all parties, including the client, family, caregiver.

Develop a Plan of Care and Evaluate Decision

* Document discussion and plans
  * Set goals- you only know if you reach a goal if you set one.

* Evaluate the decision
  * Privately or with group
  * How do you feel about it? Likely not perfect…but can you live with it?

Thank You!

* Any Questions???

* By the way…mom is all excited about 1 level condos now (her choice), but cannot find the originals of the POA…luckily I know lots about Advance Care Planning ☺

References

* Canadian Nurses' Association, 2003: http://www.cna-aiic.ca/~/media/cna/page%20content/pdf%20en/2013/07/26/10/43/ethics_pract_ethical_distress_oct_2003_e.pdf
* National Initiative for Care of the Elderly: http://www.nicenet.ca/
* In-Hand Tool (NICE): http://www.nicenet.ca/files/In_Hands.pdf
* Island Health Clinical Ethics site: http://www.viha.ca/quality/care/clinical/ethics/ Look at Tools and Resources