

Ethical Considerations in Older Adult Care

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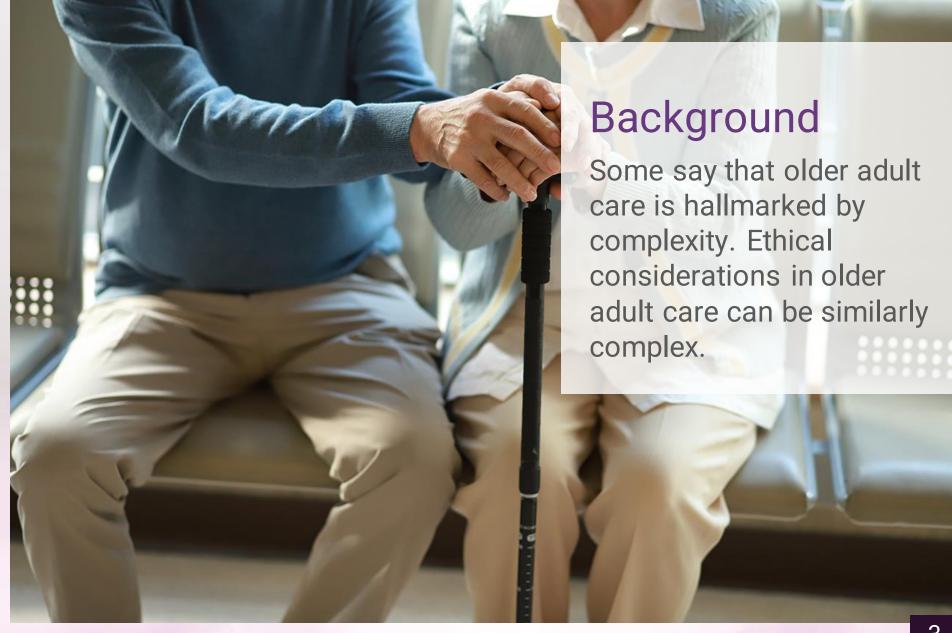
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Learning Objectives

After this completing this module, learners will be able to:

- List ethical principles pertinent to older adult care
- Construct a personal "code of ethics" for practice with older adults
- Describe ethical dilemmas and considerations that can arise with older adult care
- Implement strategies to prevent and resolve ethical dilemmas



Ethics, Morality, and Legality

- Ethics
- Morality
- Legal standards
- Local, state, and federal laws
- Complex relationships among ethics and law
- Bioethics
 - Response to historical abuses in medicine, research, public health



Please select the ethical principles below to learn more about each one

Autonomy

Beneficence

Nonmaleficence

Please select the ethical principles below to learn more about each one.

Autonomy

- Right of every person to make own choices, to receive and give information, to consent based on personal values/beliefs
- Respect right to self-determination, independence, freedom, and avoid paternalism
- Underlies informed consent, truth-telling, confidentiality

Beneficence

Nonmaleficence

Please select the ethical principles below to learn more about each one.

Autonomy

Beneficence

- Moral obligation to act in patients' best interests
- Be mindful of own attitudes/biases and those of family/caregivers
- Place patient values first when deciding what options are in patient best interest

Nonmaleficence

Please select the ethical principles below to learn more about each one.

Autonomy

Beneficence

Nonmaleficence

Do no harm and make efforts to maximize safety

Please select the ethical principles below to learn more about each one.

Autonomy

Beneficence

Nonmaleficence

Justice

- Treat patients fairly, equitably, justly
- Avoid making decisions influenced by ageism, agediscrimination, other bias
- Goods and services are fairly-distributed, accessible
- Behavioral health services must be accessible to older adults regardless of disability status, ethnic/racial identity, gender identity, geographic area, socioeconomic status

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Other Ethical Principles

- Truth-telling
- Advocacy
- Dignity
- Integrity
- Allocation of scarce resources
- Sanctity of life



Ethical Dilemmas

- Ethical dilemmas are created when ethical principles conflict
- Not always avoidable
- Clinician or care team decides best course of action
- Knowledge about common ethical dilemmas in older adult care can help avoid and resolve them



Ageism and Ethical Considerations

- Self-evaluation is imperative
- Personal reactions can affect clinician decision making
- Decisions should be made with structure and balance
- Recognizing ageist beliefs and implicit bias helps make decisions more objective
- Please refer to the module on Attitudes about Aging and the Reframing Aging initiative





Reflection Questions

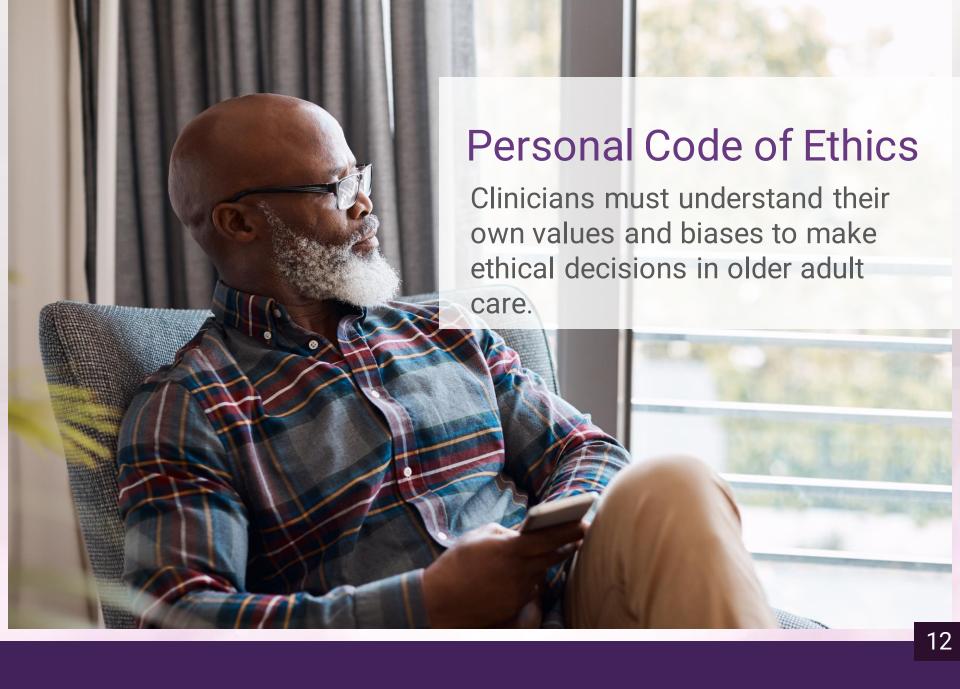
- 1) What are some examples of competing ethical principles illustrated in Mrs. Greene's situation?
- 2) In what ways might ageism be affecting the decision-making process of the care team, the family, and Mrs. Greene?



Take Home Message

- Ethical principles: autonomy, beneficence, nonmaleficence, and justice
- When caring for older adults, unique ethical dilemmas can arise
- Be aware of attitudes about age and internalized ageism





Developing a Personal Code of Ethics

- Ethical clinical practice with older adults requires an understanding of values, morality, and rules of conduct
- Professional behavior/decision-making are affected by core values
- Self-aware clinicians strive to:
 - Understand their own values, preferences, biases
 - Understand how these affect the older adults they care for
 - Be aware of general biases towards autonomy or beneficence that occur within their discipline

Knowing Oneself Ethically

- Marcia Abramson's approach to ethical self-assessment
 - Pre-judgments
 - Character and virtue
 - Principles
 - Ethical Theories
 - Free Will and Determinism
 - Spirituality
 - Individual and Community
 - Voice
- Reflection questions for each domain to deepen personal understanding of ethical perspective





Step 1: Pre-judgments

- Explore your own world view
 - Consider your own cultural background and identity
 - Consider personal philosophy, values, attitudes, biases, experiences
 - Awareness of these influences can help make more objective and empathic decisions



Step 2: Character and Virtue

- Explore reinforcers of selfesteem, self-satisfaction, approval
 - What is my image of a morally good person?
 - What makes me feel good about myself?
 - What makes a competent clinician?
 - What makes me feel like I am living up to my organization's values and mission?
 - What makes me feel that I am doing good for my community and society?

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Step 3: Principles

- Explore perspectives on basic ethical principles of autonomy, beneficence, nonmaleficence, and justice
 - Where do I stand on each of these ethical principles?
 - Do I value any of these principles above others?
 - Do I tend to act paternalistically when autonomy and safety conflict?
 - How have I handled conflicting ethical principles in the past? Use the forward arrow to continue.



Step 4: Ethical Theories

- Utilitarianism theory
 - Actions are not inherently right or wrong
 - Actions are right or wrong based on their outcomes
- Deontological theories
 - Actions are intrinsically right or wrong, irrespective of their outcomes



Step 5: Free Will and Determinism

- Explore core beliefs around free will and determinism
 - Do you believe that people shape own destinies and have a high degree of control over what happens in life?
 - Do you believe that that much of human behavior is explained by factors over which we have little control?
- We may consider some situations as determined by our choices, while others may be more likely influenced by contextual or social factors
- Insight into one's patterns in attributions can help clinicians more objectively weigh out options in the decision-making process

Step 6: Spirituality

- Spiritual beliefs may affect perspective on sense of meaning, purpose, connection with others/universe
- Consider how one's spirituality may affect interactions with others who share differing beliefs
- Consider personal comfort level and fluency in opening space for discussion about spiritual beliefs with patients
 - Older adults are more religious on average than other age groups
 - Spiritual or religious beliefs can be important factors in decisions around physical and mental health in older adults
 - Consider discussing spiritual beliefs, assessing spiritual care needs

Step 7: Individual and Community

- Disciplines aim to balance the good of individual with the good of community
 - Clinicians may favor one over the other and their discipline prioritizes one over the other
- "Old age dependency ratio" estimates economic burden of having a large proportion of older adults compared to workingaged people
 - Overestimates the level of financial burden in demographically older population
 - Underestimates financial burden in demographically younger populations
 - Highlights problems with making sweeping assumptions about aging and society burden

Step 8: Voice

- Two different moral voices, or approaches, to ethical problems
 - Individuality
 values individuation,
 emphasizes justice, rights,
 privacy, and noninterference
 - Interconnectedness focuses on relationships and connection; self as connected to others
- Moral voice can often reflect cultural values and perspective



Take Home Message

- Personal awareness of ethical stance, biases, virtues is the foundation of ethical decisionmaking
- Abramson's framework to ethical self-assessment can help understand one's own values and develop personal code of ethics
- Recognizing and addressing the impact of ageism is imperative





Informed Consent

- Ethical and legal obligation
- Clinicians who work with older adults must be especially mindful of informed consent process
 - Ensure that the older adult is capable of providing consent
 - Engage the older adult and family to assure understanding of the treatment procedures, risks and benefits, and alternative treatment options
- When it isn't possible to obtain informed consent from the older adult, must be obtained from surrogate decision maker
 - Ideally, with the assent of the older adult, to extent they can engage in the process

Decision Making Capacity

- Ability to make a specific choice
- Is not all-encompassing determination for all types of decisions
- Requires that the older adult has the ability to:
 - Make and communicate a choice
 - Understand relevant information about the choice
 - Appreciate stakes and consequences of the choice
 - Demonstrate that the choice was made with understanding of alternative options
- Certain medical conditions and neurocognitive disorders may affect decision making capacity temporarily or persistently

Modifiable Barriers to Decision Making Capacity

- Err on preserving autonomy side
- Cognitive impairment does not always preclude decision making capacity
- Explore modifiable capacity barriers
 - Revisit treatment discussions multiple times at different times of day to catch people at peak cognitive function
- For more information, please refer to the module on Practice Issues



Surrogate Decision Makers

- When an individual lacks capacity to make a specific decision, a surrogate decision maker is identified
 - Clinicians ideally have access to advance directives where a surrogate decision maker has been identified
- If not, most states have a specific hierarchy of potential surrogate decision makers
- A surrogate decision maker should be someone who knows the individual's healthcare values and preferences, and would make decisions based on those values

Honoring What Matters

- Surrogates often have suboptimal understanding of values and inaccurately predict patient values and preferences
- Most appropriate surrogate may not necessarily be family member
- Identifying surrogate in advance directives gives the older adult the most autonomy
- All adults should communicate health care preferences and goals with support network to assure wishes will be honored



Confidentiality

- Situations when clinicians are mandated to break confidentiality
 - Suspected elder abuse or neglect
 - Risk of harm to themselves or others
 - Self-neglect
- When breaking confidentiality is necessary, clinician must protect patient privacy to extent possible
- Limits of confidentiality should be thoroughly reviewed with patients frequently



Capacity for Other Activities

- Older adults may have limited capacity to perform activities required for independent living
- Clinicians likely focus on functional capacity for ADL/IADLs
 - ADLs are the most basic activities required for daily living, i.e., bathing, dressing, toileting, feeding, ambulation
 - IADLs are more complex tasks, i.e., managing finances, cooking, driving, housekeeping, medications
- Other capacities clinicians must be aware of:
 - Capacity for consensual sexual relations
 - Voting
 - Testamentary capacity
 - Capacity for executing an advance directive

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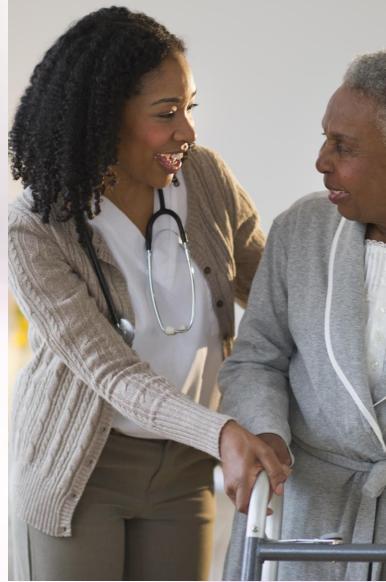
Advance Care Planning

- Advanced directive documents: living will, durable power of attorney for health care
- Patient Self-Determination Act of 1990 lists requirements for institutions participating in Medicare and Medicaid programs
 - Inform patients about advance directives and incorporating into medical record
- Most older adults don't have advance directives, don't inform their clinicians they have them, or don't have them accessible
- Clinicians must make more effort to discuss/document healthcare preferences and advance care planning with patients
- For more information, please refer to the Practice Issues Module as well as the End of Life and Grief Module

Recommending Nursing Home Care

- Recommending long term care can place ethical principles of safety and autonomy at odds
- Older adults may refuse long term care
- When older adult has capacity to make such decisions, autonomy must be respected
- When patient safety is compromised, some states mandate
- Responsibility of clinicians to maximize patient safety and autonomy

Use the forward arrow to continue.



Elder Abuse and Neglect

- Older adults may be vulnerable to abuse and neglect
- Most states have mandatory reporting requirements for suspected elder abuse
- Be familiar with state and organization requirements and procedures for reporting of elder abuse
- Familiarity with the signs and symptoms of self-neglect is necessary
- Reporting does involve breaking confidentiality
- May have implications for patient autonomy and ability to live independently
- For more information, please refer to our module on Practice Issues

Ethical Considerations in End of Life Care

- Respect wishes of patients with decisional capacity who may make decisions they don't agree with
- Ethical duty to enhance wellbeing and relieve suffering
- End-of-life care involves improving dying experience for the older adult and loved ones to maintain dignity and comfort
- Place values of patient first
- Ethical dilemmas: pain management, physician aid in dying, initiating, withholding/withdrawing nutrition, other lifesustaining treatments
- Discuss end-of-life care before the end-of-life with family and care providers
- For more information, please refer to the End of Life, Grief and Practice Issues modules

Use the forward arrow to continue.

Ethical Considerations in Dementia Care: Truth-telling

- Some professionals grapple with consequences of diagnosing and disclosing a progressive and terminal condition
- For patients who wish to be fully informed, truth-telling is imperative
 - Enables older adult and family to make important decisions
 - How to enhance quality of life
 - Advance care planning
 - Whether or not to pursue cognitive enhancing treatments
 - Preparing necessary supports

Ethical Considerations in Dementia Care: Genetic Testing

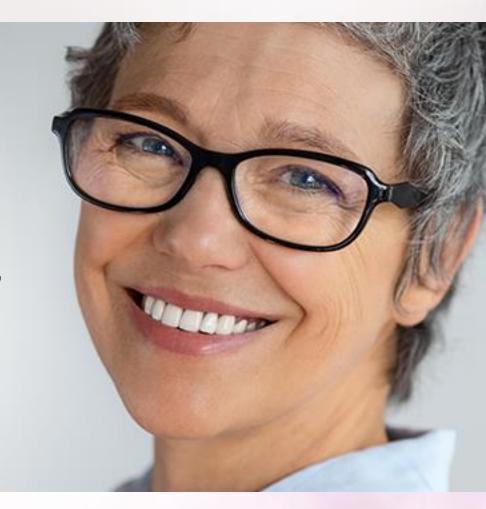
- Scientific advancements in genetic markers associated with Alzheimer's disease also gave rise to ethical concerns
- Genetic testing in Alzheimer's dementia is a complex topic that is still in its infancy in its basic science, utility, ethical issues
- Testing of the Apolipoprotein E (APOE) gene may confer risk, but does not confer certainty of developing Alzheimer's disease
 - There are many other complex factors that also contribute
 - Exercise caution in such genetic testing
- Routine genetic screening for risk of Alzheimer's disease in healthy individuals is not recommended

Ethical Considerations in Dementia Care: Managing Behavior

- Individuals with dementia often experience behavioral and/or psychological symptoms
 - Can be challenging/distressing for older adults/caregivers
 - In extreme cases may cause safety risk to self and others
- Behavioral and environmental interventions are recommended as first line treatment
- Pharmacological treatments are recommended when behavioral and environmental strategies fail
 - Certain medications can pose significant risk of morbidity and mortality; inappropriately used as chemical restraints
 - Ethical dilemmas that arise in these situations

Take Home Message

- Pay careful attention to issues around informed consent, decisional capacity, limits to confidentiality, end-of-life care, and dementia care
- There may be other ethical dilemmas that are commonly encountered within specific disciplines and specialties





Communication Strategies

- Effective communication involves
 - Providing informed consent
 - Maintaining patient confidentiality
 - Communicating respectfully
 - Protecting patient dignity
 - Asking patients to talk about their values or "what matters"
 - Encouraging older adult to share their values with loved ones
 - Discussing advance directives and goals of care



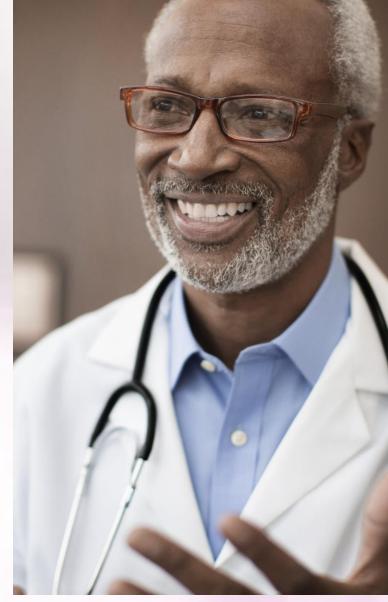
Communication with Family and Caregivers

- Communication often involves pertinent caregivers/other providers
- Clinicians who provide care through organizations need to consider who is the focus of treatment and who is the entity receiving treatment recommendations
- Clinicians can prompt goals of care discussions with long term care facilities
- Early, open, ongoing communication with patients support team is key



Ethical Frameworks

- Ethical framework for approaching and resolving ethical dilemmas can
 - Help provide a step-by-step structure to addressing complex issues thoroughly
 - Minimize the impact of emotions, biases, and intuitive decision making
 - Help provide support for decisions that may not be shared by every member of the care team



Framework for characterizing and resolving ethical dilemmas

Clinical Assessment

Patient Rights and Preferences

Quality of Life

External Forces and Context

Refer to ethics literature and expert consultation when resolution is not found



Framework for characterizing and resolving ethical dilemmas

Clinical Assessment

- Ethical principles: beneficence and nonmaleficence
- Explore medical problem, treatment options, goals of care
- Clarify problem/expected outcomes

Patient Rights and Preferences

Quality of Life

External Forces and Context

Refer to ethics literature and expert consultation when resolution is not found

Use the forward arrow to continue.



Framework for characterizing and resolving ethical dilemmas

Clinical Assessment

Patient Rights and Preferences

 Ethical principles: respect for patient autonomy

Quality of Life

External Forces and Context



Framework for characterizing and resolving ethical dilemmas

Clinical Assessment

Patient Rights and Preferences

Quality of Life

- Ethical principles: Beneficence, nonmaleficence, autonomy
- Explore expected quality of life associated with all options

External Forces and Context



Framework for characterizing and resolving ethical dilemmas

Clinical Assessment

Patient Rights and Preferences

Quality of Life

External Forces and Context

- Ethical principle: Justice
- Consider pertinent conflicts of interest



Professional Associations' Guidance on Ethics

- Be well-informed about ethical practice guidelines within specific professions/professional association affiliations, including, but not limited to:
 - Gerontological Society of America
 - American Psychological Association
 - American Psychiatric Association
 - American Geriatrics Society
 - American Bar Association
 - National Association of Social Workers
 - American Nurses Association

Use the forward arrow to continue.



Ethics Consultation

- Many health care institutions have services to assist clinicians in navigating ethical dilemmas
- Formal processes are in place to help resolve certain dilemmas
- When in doubt seek peer, institutional, and expert consultation



Take Home Message

- Many ethical dilemmas can be prevented with effective communication
- Some dilemmas are unavoidable
- Ethical frameworks help resolve issues
- Clinicians should familiarize themselves with ethical guidelines and consult experts when in doubt



Rebecca Allen, PhD



In Summary

In this module about ethics and older adults, we learned about:

Upholding a high standard of clinical ethics

Common ethical principles and how they can conflict in older adult care

Common ethical dilemmas encountered in older adulthood

Creating a "personal code of ethics"

Communication is key in predicting/ avoiding many ethical dilemmas

Consult structured frameworks, literature, experts to help resolve dilemmas



Next Steps

 Please see the reference list for more information about ethics and older adults

 If you would like to learn more about topics related to older adult mental health, please see our other online modules

