

W29: ICS Core Curriculum (Free): Ethical Dilemmas in the Care of the Aging Patient: A Case-Based Interactive Workshop

Workshop Chair: Heidi Moosdorff-Steinhauser, Netherlands
30 August 2018 14:00 - 15:30

Start	End	Topic	Speakers
14:00	14:15	Welcome and introduction	Heidi Moosdorff-Steinhauser Martha Spencer
14:15	14:35	Case 1 - Assessment and Management of the Frail Patient	Tamara Dickinson
14:35	14:55	Case 2 - When patients, families and doctors disagree: A framework	Martha Spencer
14:55	15:15	Case 3 - Treatment of urinary incontinence in the demented patient; when caregiver bother exceeds that of the patient	Anne Suskind
15:15	15:25	Discussion	Heidi Moosdorff-Steinhauser Tamara Dickinson Martha Spencer Anne Suskind
15:25	15:30	Summary/Take-Home Messages	Heidi Moosdorff-Steinhauser

Aims of Workshop

This interactive workshop is structured around 3 case studies with a geriatric focus. The intent is to analyse the problems presented in each situation using precepts of modern biomedical ethics and to develop a consensus regarding the appropriateness of the care that was provided in each case. The workshop will not concern itself with end-of-life care, but rather will examine decision-making in common daily practice situations. It is hoped that participants will not only provide lively discussion, but also, present cultural attitudes and interventions that differ from more traditional approaches.

Learning Objectives

1. To provide a context for reviewing the basic principles of biomedical ethics and their application.
2. To identify ethical challenges that occur in caring for aging individuals.
3. To gain knowledge that will facilitate the development of skills for effective resolution of ethical conflicts that arise during the care of the elderly.

Learning Outcomes

After the workshop, the participants will be able to list the basic principles of biomedical ethics and to elaborate on how they apply to the care of the elderly. Further, they will be better equipped to recognise when and how ethical conflicts present and to apply the approaches learned during the session to their clinical endeavours.

Target Audience

Attendees with an interest in ethical challenges in the treatment of the aging and elderly; those who enjoy debate and lively discussion; and those who wish to discuss cross-cultural application of the principles of classical biomedical ethics.

Advanced/Basic

Basic

Suggested Learning before Workshop Attendance

1. American Society on Aging website: www.asaging.org/blog/content-source/101
2. Daniels N. Global aging and the allocation of health care across the life span. *Am J Bioethics*. 2013;13(8):1-2
3. Leff B. Lecture: Ethical Issues in health care of older persons. Johns Hopkins Bloomberg School of Public Health. ocw.jhsph.edu/courses/AgingPopulations/PDFs/Lecture14.pdf. Accessed online 1/3/17.

Suggested Reading

(Please see also above.)

1. Goldstein MK. Ethical care of the elderly. pitfalls and principles. *Geriatrics*. 1989;44(3):101-104, 106.
2. Rosin AJ, van Dijk Y. Subtle ethical dilemmas in geriatric management and clinical research. *Journal of Medical Ethics* 2005;31:355-359.
3. Fredriksen-Goldsen KI, Hoy-Ellis CP, Golden J et al. Creating a vision for the future: key competencies and strategies for culturally competent practice with LGBT older adults...*J Gerontologic Social Work*. 2014;57(2-4):80-107.
4. Carmone JJ, Michan S. Biology of healthy aging and longevity. *Rev Invest Clin*. 2016;68(1):7-16.
5. Day MR, Leahy-Warren P, McCarthy G. Self-neglect: ethical considerations. *Ann Rev Nursing Res*. 2016;34:89-107.

6. Klein E, Karlawish J. Ethical issues in the neurology of aging and cognitive decline. *Handbook of Clinical Neurology*. 2013; 118:233-242.
7. Weiss BD, Berman EA, Howe CL et al. Medical decision-making for older adults without family. *J Am Geriatrics Soc*. 2012;60(11):2144-2150.
8. Scheunemann LP, White DB. The ethics and reality of rationing in medicine. *Chest*. 2011;140(6):1625-1632.

Case 1 - Assessment and Management of the Frail Patient

Tamara Dickinson, MSN, AGPC-NP, CURN, CCCN, United States

The global aging population is a public health concern with increasing comorbidities and rising healthcare costs (WHO, 2016). There is a shifting focus to primary prevention and health promotion. Focused geriatric primary care training physician fellowships aim to teach the delicate balance of the assessment and management of the frail elderly (UT Southwestern, n.d.). The elderly is a vulnerable population and can be frail and prone to adverse events. Ansryan et al (2018) described a model called the Systems Addressing Frail Elder (SAFE) Care model that recognized the importance of an interprofessional team. In this model the physicians did not write any orders but the decisions fell to the discretion of the interprofessional team as a whole and physicians along with the other members made recommendations for care (Ansryan et al, 2018). During the focused assessments the most frequent risk factors identified were decline in function, evidence of downward health/functional trend and concern for patient safety due to mentation or mobility (Ansryan et al, 2018). This discussion will focus on two elderly patients with very different urologic diagnoses that had options for both conservative care or surgical intervention and whether or not the decisions led to the best outcomes.

References

- Ansryan, L. Z., Aronow, H. U., Borenstein, J. E., Mena, V., Haus, F., Palmer, K., ... Bolton, L. B. (2018). Systems addressing frail elder care: Description of a successful model. *Journal of Nursing Administration*, 48, 11-17.
- Geriatric Medicine Fellowship. (n.d.). Retrieved from <https://www.utsouthwestern.edu/education/medical-school/departments/internal-medicine/divisions/geriatrics/fellowship/>
- Health promotion and disease prevention through population-based interventions, including action to address social determinants and health inequity. (WHO). Retrieved from <http://www.emro.who.int/about-who/public-health-function/health-promotion-disease-prevention.html>

Case 2 - When patients, families and doctors disagree: A framework

Dr. Martha Spencer, MD, FRCPC, Canada

North America's aging population has created a shift in the demographics of those being referred for surgery, such that more than half of the surgeries being performed in the US are in those over 65 years old (1). Geriatric patients have unique physiological, psychological and social factors that often requires a more complex assessment when considering suitability for surgery. Not only does physical frailty need to be considered, but also issues related to cognition, capacity to consent, and values of patients and their families. In this case, we will discuss a clinical scenario in which there is lack of agreement about the utility and appropriateness of a surgical intervention for pelvic organ prolapse between the treating surgeon, the patient and her family. We will explore the use of the four-box ethical approach to help in the resolution of such challenging situations (2). Additionally, we will review evidence for clinical decision aids and tailored communication techniques that may be effective in surgical consultation (3-6).

References

1. Geriatric Review Syllabus: A Core Curriculum in Geriatric Medicine. 6th ed. New York, NY: American Geriatrics Society; 2006
 2. Ho, A., Spencer, M., & McGuire, M. (2015). When Frail Individuals or Their Families Request Nonindicated Interventions: Usefulness of the Four-Box Ethical Approach. *Journal of the American Geriatrics Society*, 63(8), 1674-1678.
 3. Ho, A., Pinney, S. J., & Bozic, K. (2015). Ethical concerns in caring for elderly patients with cognitive limitations: a capacity-adjusted shared decision-making approach. *JBJS*, 97(3), e16.
 4. Volk, R. J., Hawley, S. T., Kneuper, S., Holden, E. W., Stroud, L. A., Cooper, C. P., ... & Pavlik, V. N. (2007). Trials of decision aids for prostate cancer screening. *American journal of preventive medicine*, 33(5), 428-434.
 5. Stewart, M., Meredith, L., Brown, J. B., & Galajda, J. (2000). The influence of older patient-physician communication on health and health-related outcomes. *Clinics in Geriatric Medicine*, 16(1), 25-36.
 6. Watson, P. W., & McKinstry, B. (2009). A systematic review of interventions to improve recall of medical advice in healthcare consultations. *Journal of the Royal Society of Medicine*, 102(6), 235-243.
- Sudore, R. L., & Schillinger, D. (2009). Interventions to improve care for patients with limited health literacy. *Journal of clinical outcomes management: JCOM*, 16(1), 20.

Treatment of urinary incontinence in the demented patient; when caregiver bother exceeds that of the patient

Anne M. Suskind, MD, MS, FACS, United States

Urinary incontinence is extremely common among older adults and is strongly associated with dementia later in life. The older demented patient with urinary incontinence poses several difficult treatment dilemmas where typical treatments such as behavioral therapies may be difficult to execute and pharmacologic therapies may have unattractive side effect profiles. While some demented older adults are quite bothered by their urinary incontinence and clearly warrant some type of treatment, others may be content to remain untreated and to live with their leakage. Sometimes, however, there is a mismatch between patient and caregiver burden related to urinary incontinence, where the caregiver is disproportionately bothered by this problem and the patient is not. In this case, we will discuss a clinical scenario where a distressed family member brings in their (unbothered) demented parent with urinary incontinence for treatment. We will explore the ethical considerations of addressing both patient and the caregiver needs in this common and difficult situation.

References

1. Ostaszkiwicz J. Reframing continence care in care-dependence. *Geriatr Nurs.* 2017;38(6):520-526.
2. Orme S, Morris V, Gibson W, Wagg A. Managing Urinary Incontinence in Patients with Dementia: Pharmacological Treatment Options and Considerations. *Drugs & aging.* 2015;32(7):559-567.