Ethical Issues & Self-Neglect Considerations

Consent & Capacity in Healthcare Conference

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Objectives

• Case Study to be presented
• Ethical issues and challenges
• Beneficence and non-maleficence
• Autonomy and capacity
• Model of ethical justification
• Responding best interest for people’s rights and dignity
• Summarise and Conclude
Definitions

• The HSE, Social Care Division, Policy & Procedures considers a vulnerable person as

• “an adult who is restricted in capacity to guard himself/herself against harm or exploitation or to report such harm or exploitation”.

And

• Self-neglect as:

• “the inability or unwillingness to provide for oneself the goods and services needed to live safely and independently” (HSE, 2014, p. 44).
Context of Self-Neglect

Self-neglect is associated with:

• Increased use of Emergency Department (ED) services
• Greater self-neglect is associated with increased risk for hospice utilization
• Referral to Adult Protective Services (APS) resulted in:
  • Significantly increased risk for Nursing Home Placement
  • Significantly increased mortality, more home visits, but no increase in outpatient or nursing facility services
• Reduction in social and environmental risks.

Ethical Issues and Challenges

- Beneficence and non-maleficence
- Autonomy and Capacity
Risk Factors: Executive Functioning

- Cognitive impairment (e.g., depression, dementia, executive dysfunction)
- Multiple morbidities (cardiovascular disease, hypertension, diabetes, malnutrition, etc.)
- Poor/reduced social networks, living alone
- Poverty, poor economic circumstances, deprivation
- Traumatic life history (e.g., abuse in early years, bereavement, divorce, chaotic lifestyles due to mental health issues, and drug or alcohol abuse)
- Poor coping
- Older age and mental status problems strongly associated with global neglect behaviours

Executive Function and Dysfunction

Executive function (frontal lobe function) is necessary for planning, initiation, organisation, self-awareness and execution of tasks and is critically important for protection and safety and independent living. Executive dysfunction inhibits appropriate decision making and problem solving. (Hildebrand et al. 2013)

Characteristics of Executive Dysfunction

Inability to complete complex cognitive tasks (i.e. managing finances, identifying dangerous situations)

Inability to maintain adequate hygiene or self-administer medications

(Royall et al., 2005, Dyer et al., 2007)
Functional Capacity

A functional definition of capacity focuses on a person’s cognitive ability to understand the nature and consequences of a decision in the context of his or her available choices.
# Model of Ethical Justification

<table>
<thead>
<tr>
<th>Client (Self-Neglect)</th>
<th>Values</th>
<th>Rules</th>
<th>Principles</th>
<th>Actions</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Being independent living in his own home; Arthur's choice is to remain in current situation</td>
<td>Informed consent must be obtained for a home visit and before executing services.</td>
<td>Respect for autonomy and self-determination</td>
<td>Seeks help for shopping/accessing money/accepts home visits/refuses any interventions/cleaning services</td>
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</tbody>
</table>
| Community Health and Social Care Professionals | - Therapeutic relationship between community health and social care professionals and the client that is based on trust, understanding, compassion, and support serves to empower the client to make life choices.  
- Ensures ethical practice of community and social work is embedded in national and international codes of ethics. | Informed consent is necessary prior to intervention. | - Respect choice, autonomy, and self-determination. Resolve ambiguity in duty of care/best interest.  
- Social Justice (Challenging discrimination, recognising diversity, working in solidarity with team members and challenging unjust policies and practice). | - Multidisciplinary team approach: intervene/duty of care vs do not intervene.  
- Whose best interest? What are the risks if we intervene? Do we wait for change in situation? |

Day et al., 2015, p.100
Safeguarding Vulnerable Adults

(HSE, 2014, p.49)
Key Factors in Evaluation and Assessment of Risk

- client’s capacity
- their support,
- occurrence, immanency and frequency of the event,
- severity of the consequences,
  - and number of other events co-occurring

(MacLeod & Stadnyk, 2015, p.46).
Risk Management

- The assessment and management of risk should promote independence, real choices and social inclusion of vulnerable adults.
- Risks change as circumstances change.
- Risk can be minimised but not eliminated.
- Identification of risk carries a duty to manage the identified risk.
- Involvement with vulnerable persons, their families, advocates and practitioners from a range of services and organisations helps to improve the quality of risk assessments and decision making.
- Defensible decisions are those based on clear reasoning.
- Risk-taking can involve everybody working together to achieve desired outcomes.
- Confidentiality is a right, but not an absolute right, and it may be breached in exceptional circumstances when people are deemed to be at risk of harm or it is in the greater public interest.
- The standards of practice expected of staff must be made clear by their team manager/supervisor.
- Sensitivity should be shown to the experience of people affected by any risks that have been taken and where an event has occurred.
Due Diligence in Practice (Duke 2003)

Know the client’s lifestyle and preferences

Determine the underlying causes of (injuries) and self-neglect

Follow all reasonable leads

Take all appropriate action in the pursuit of clients safety and well-being

Know all applicable state and local policy and procedures
Responding best interest for people’s rights and dignity

- Person-centred care
- Building relationships
- Multi-agency work are key shared risk-management and decision making
- Prevention in safeguarding is about empowering Arthur to make small changes and it is not about being over protective.
- Community health and social care professionals need to be guided by the philosophies, safeguarding policies, protocols and clinical guidelines of their member states and countries.
- Effective decision making needs to balance choice, control, self-determination, independence and well-being and requires sensitivity, reflection and careful evaluation of all options.

(White 2014, HSE 2014)
Summary and Conclusion

- Self-neglect is a serious and complex public health issue, and ageing demographics will potentially increase the risk of self-neglect’s occurrence.

- Self-neglect accounts for 19-21% of reports received by Senior Case Workers Elder Abuse Services, HSE.

- Self-neglect is associated with multiple medical comorbidities and increased mortality.

- Comprehensive geriatric assessment coupled with capacity assessment is the best practice for case identification and evaluation.

- Health and social care professionals need to be knowledgeable about legal issues and safeguarding vulnerable people’s policy and procedural frameworks for adults at risk of abuse and self-neglect.

- Case studies, serious case reviews, staff supervision and education can be used to develop self-neglect practice.
References


References


 Health Service Executive. (2014). Open Your Eyes There is no excuse for Elder Abuse Health Service Executive, Dublin


 National Centre Protection of Older People http://www.ncpop.ie/

Questions?