

# Helping Hands for Vulnerable Seniors living in the Community

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# Objectives

1. To illustrate the complexities of providing care and services to vulnerable seniors living in the community
2. To appreciate the richness and limitations of community services for seniors
3. To foster collaborative care between partners

# Case Study #1



- 90 y.o. woman living alone in her home
- Complex medical history/ multiple medications (> 10 meds)
- MCI versus dementia?

# Looking for a Home Assessment

Where should I start?

Which service would be most helpful at this stage?

# Couple years later....

- Son/daughter involved with IADL
- Caregivers burnout

# What to do when patient/ family declines services?

How do you evaluate risk of staying at home?

How much risk can be tolerated?

When and/or how can you force services on a patient who refuses help?

# Definition: Decision-making Capacity

A person is able to:

- **UNDERSTAND** the information that is relevant to making a decision AND
- **APPRECIATE** the reasonably foreseeable consequences of a decision or lack of decision

[HCCA 1996 4\(1\)](#)

# Capacity to Consent to Admission to a Care Facility (LTC)

Who can assess capacity to consent to admission to LTC?

Can the patient refuse this assessment?



# How to assess capacity to consent to admission to a long term care facility

- Is the person aware of the problems that prompted the recommendation for admission?
- Is the person able to explain how admission to a LTC facility may address these problems?
- Is the person able to explain what may happen if he/she chooses not to live in a LTC facility?
- Does the person recognize the risk associated with his/her current living situation?
- Is the person able to discuss alternative ways he/she may manage independently?
- Does the person understand the role other people such as family or other caregivers are playing in providing for his/her needs?

# Substitute decision maker

- Guardian,
- POA for personal care,
- representative appointed by the board,
- spouse/partner,
- adult children/parent,
- siblings,
- other relatives,
- PG&T last resort

[HCCA 1996 20\(1\)](#)

# Other options?

Thinking about similar vulnerable seniors, are there alternatives to admission to LTC ?

and if so, how would you go about it ?

# 'Over my dead body'

A bed in LTC becomes available, how do you proceed to help this family move Mrs to her new home?

# Last Words of Wisdom

We are often called in late to solve a dire/difficult situation for vulnerable seniors living at risk.

How can we be more proactive to identify seniors at risk, reduce isolation of seniors, and reduce stress related to caring for vulnerable seniors?

# Case Study #2



- 70 y.o. woman single, never married, no children, living in the family home
- Tea & toast
- Gradual memory/functional decline over past few months
- Visual hallucinations (people in her home)
- Hoarding (papers, clothes, birds)
- POA is her elderly blind brother

# Where do we start?

Knowing that this lady and her brother are likely to refuse any assessment and services, what service should be the first contact?

# ‘The blind leading the blind...’

You learned that her brother , who lives next door, locks her door at night to prevent her from wandering away from the home.

He is reluctant to have her assessed and refuses to consider placement.

What should be the next step?



# Last Words of Wisdom

People have a right to live at risk, to make bad decisions, as long as they have capacity to make such decisions.

Understanding past history, family dynamics, personality style and relationships helps us tolerate degree of risks.

How much risk is tolerable? What are the rights of the individual versus society?

Thank you

