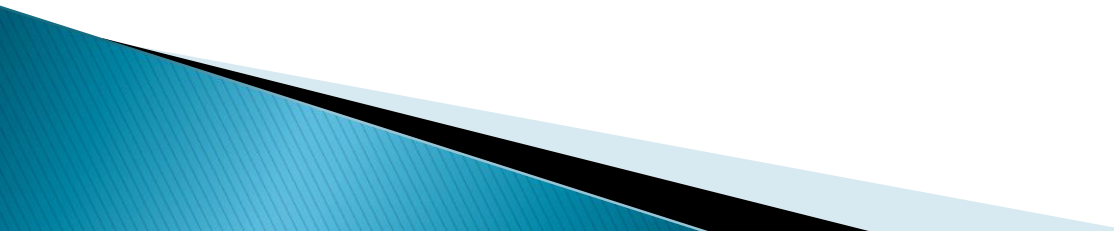


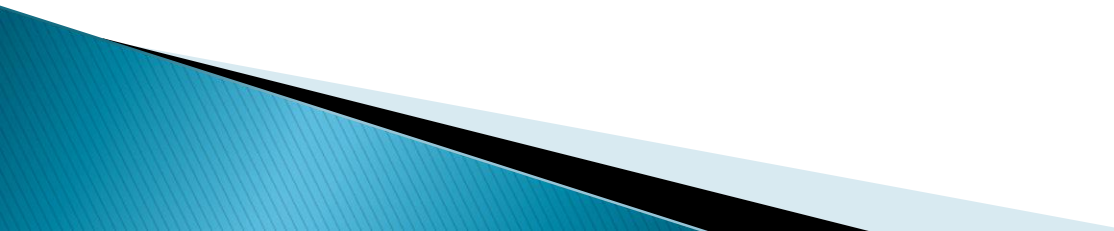
# Regional Geriatrics Refresher Day: Ethical Issues in Defining Quality of Life in Geriatric Populations

Presented By:  
Dr. Thomas Foreman

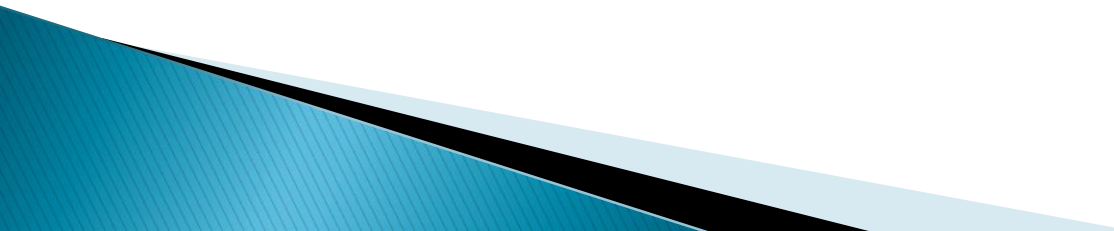
# Defining Quality of Life

- ▶ What constitutes “quality”?
  - ▶ Who gets to define “quality”?
  - ▶ How do we proceed when there is a “quality” vs “quantity” conundrum?
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# Define “Quality”

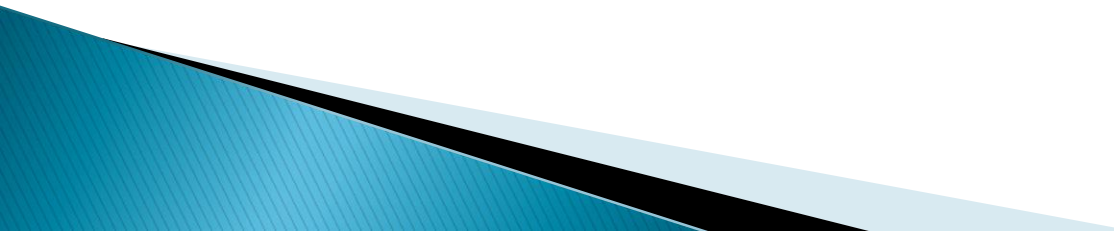
- ▶ There is no standardized definition of “Quality of Life”.
  - ▶ Quality is inherently subjective.
  - ▶ Understandings of what quality of life means changes over time.
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# Common Ethical Issues in Geriatric Care

- ▶ Capacity
  - ▶ Informed Consent
  - ▶ Care Planning
  - ▶ Advance Care Planning
  - ▶ Privacy and Confidentiality
  - ▶ Substitute Decision Making
  - ▶ Withholding and Withdrawing Interventions
  - ▶ Code Status
  - ▶ End-of-Life Care
  - ▶ Living at Risk
- 

# Medical Issues Raised in End of Life Care that can have Quality Implications

## ▶ Artificial Organ Support

- Effectiveness is often measured only by the specific effects on the single organ function or phase of disease for which it is used.
  - Is usually able to support/replace many biological functions but cannot always do very much about biography.
  - If not carefully managed, such advanced technology risks becoming just an agony–prolonging intervention.
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# Non-Medical Issues in Geriatric Patients that can have Quality Implications

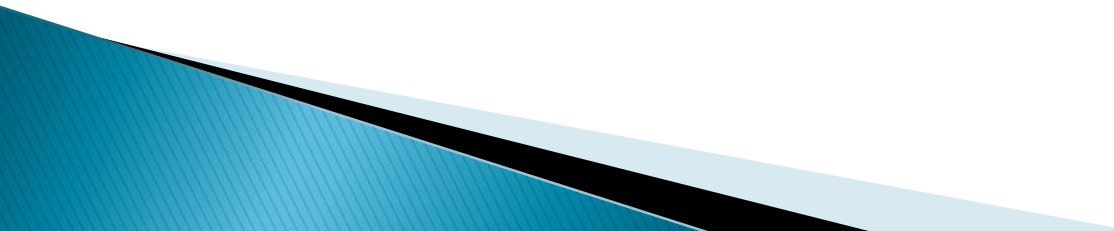
## ▶ Existential Dilemma's

- Nature and understanding of life
- Meaning of suffering
- Questions of personhood

## ▶ Relational Dilemma's

- Implications of decisions on patient
- Implications of decisions on patients support system\community
- Ability of system\community to inform process

# Quality and Death

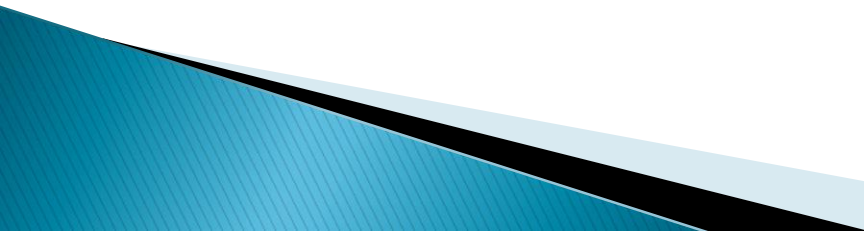
- ▶ Until a few decades ago death was a holistic event. There was a close and clear link between the biological and biographical aspects of life. Supporting and maintaining the biological dimension of life meant supporting the whole person.
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# Futility and Quality

- ▶ Two ways to approach futility;
  - The intervention will not achieve its therapeutic goal (medical futility),
  - Success is defined against the backdrop of patient goals. This approach is an extension of the autonomy right and affirms both beneficence and nonmaleficence.



# Care Planning

- ▶ Be clear about diagnosis
  - ▶ Be clear about prognosis
  - ▶ What about the un-diagnosable?
  - ▶ Expectations, (realistic and unrealistic)
  - ▶ Narrative of the patients life is Important
    - How does the person define quality?
    - Is time or quality more important to the patient?
  - ▶ Short, Medium and Long term Plan
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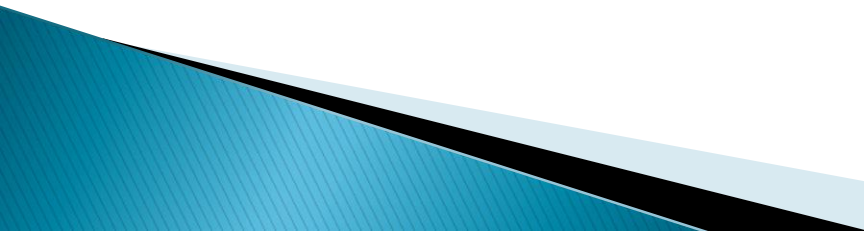
# Risk, Quality and Aging

- ▶ “They’re right when they say there are risks. I might fall, I might leave the stove on. But there is no challenge, no possibility of triumph, no real aliveness without risk.”\*

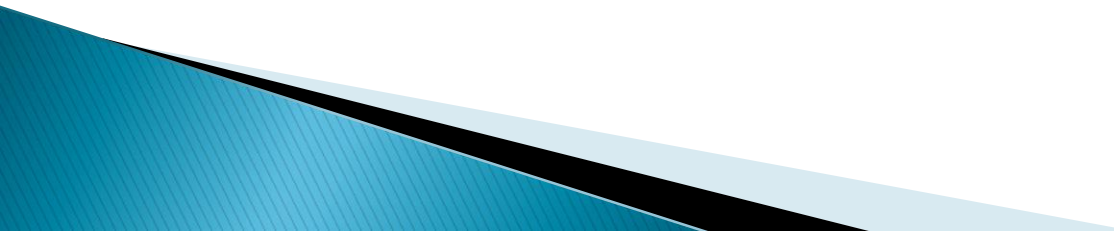
\*Nellie Renoux



# Paternalism, Best Interests and Quality of Life

- ▶ What is the relationship between Best Interests and Quality?
  - ▶ Who is in the best position to determine what is in the best interest of a patient:
    - Patient
    - Family
    - Physician
    - Care Team
- 

# Autonomy

- ▶ Patients who have capacity should be making their own decisions
  - ▶ All people have a right to self determination
  - ▶ Geriatric patients have the same right as any other person to make decisions that others may not agree with
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# Beneficence

- ▶ What constitutes a “doing of good”?
  - ▶ Are these also Quality of Life questions?
    - Greater Autonomy for patients who wish to live at risk?
    - Protecting the patient from risk against their wishes?
    - Are we willing to be flexible with regard to living at risk or do we have a zero tolerance perspective?
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