Living at Risk: Whose Choice is It?

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Faculty/Presenter Disclosure

- Faculty: Dr. Thomas Foreman
- Relationships with commercial interests:
  - Not applicable

Disclosure of Commercial Support

Not applicable

Mitigating Potential Bias

Not applicable

The “Frail” Elderly

- “A physiologic syndrome characterized by decreased reserve and resistance to stressors, resulting from cumulative decline across multiple physiologic systems, and causing vulnerability to adverse outcomes”*

*American Geriatrics Society

Define “Living at Risk”

- There is no standardized definition or understanding of what constitutes “living at risk”.
- Being alive is inherently “risky”.
- Must consider the degree of risk and the probability of harm.

Are we Ageist in our Approach to Risk?

- Are the rights and behaviours of older adults questioned in ways that would never be acceptable if they were younger adults?
- What is more concerning, a competent 85 yo person at risk of falling wanting to stay home or a 16 yo learning to drive or a 45 yo who decides to have a baby?

- “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

Ethical Issues to Consider for “At Risk” Elderly Patients

- Capacity
- Paternalism
- Autonomy
- Beneficence

Capacity

- Often difficult to assess in some Geriatric patients
- Rarely is a patient globally incapable
- Capacity is time and decision specific
- Different decisions require different standard
- Good documentation is essential

Paternalism

- 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

Beneficence

- What constitutes a “doing of good”?
  - 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?

Case

- 68 year old female patient. Has a history of mental illness. Admitted to hospital with multiple comorbidity's. She has expressed that her primary goal is to return home. She has physical limitations related to her advanced disease in addition to the challenges related to certain mental health issues. She is insistent on remaining autonomous and in control of her life and resents attempts to help her. She has significant financial resources so hiring help at home is not a problem from a financial perspective. Her capacity to fully appreciate and understand her complex needs and what would be required to support her in her home is questioned by the team with some supporting her desire to return home and others expressing a great deal of discomfort with the level of risk should she be permitted to return home.