

Safety vs. Self Determination: Decisions Made While Leaving the Hospital

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This webinar will explore:

- the ethical dilemma of safety vs. self determination that can arise when older adults are making decisions about their needs upon leaving the hospital and
- the impact of the medical model on the professionals who are working with these older adults to make discharge plans and implement them.
- a framework helping professionals can use to assist older adults in making decisions about their needs

Decision Counseling

- Decision counseling is defined as helping “clients to use their own resources for arriving at their own decisions, to make the best possible choice with respect to whichever personal values and objectives they want to maximize” (Janis & Mann, 1982, p. 47).

Ethical Dilemma

- “An ethical dilemma is a situation in which professional duties and obligations, rooted in core values, clash” (Reamer, 1999, p.4).
 - Safety versus Self Determination

Medical Model

Veatch (1973) identified four essential characteristics of the medical model;

- 1) illness is non-voluntary,
- 2) illness is organic,
- 3) the physician is the “technically competent expert” (p. 72), and
- 4) the goal of the treatment is the “restoration to a minimal standard of health” (p. 73).

Potential Discourse

- Medical Model vs. Person Centered Care
- Potential for conflict with professional values

Research Methods

- The participants of the study were 106 decision counselors from 93 of the 130 hospitals in Minnesota that serve older adults.
 - 81% Social Workers
 - 62% Bachelor's degree
 - 97% indicated that older adults made up more than half of their caseload

Methods Continued

- Tell me about the most recent case with an older adult that presented the most decision making challenges related to discharge planning.
- Conventional content analysis

Analysis of the Cases

Cases emphasized Veatch's (1973) third and fourth essential characteristics of the medical model

- the physician is the “technically competent expert” (p. 72), and
- the goal of the treatment is the “restoration to a minimal standard of health” (p. 73).

Restoration to a Minimal Standard of Health

- Health is a socially created concept about what is valued to be the minimal standard in which the body is “normal” or “good”
- Based on a cure for the illness/optimal health
- Value placed on the restoration to optimal health by the physician and by extension to the decision counselor may define for the patient based on their authority what is deemed to be a “good” discharge plan

Themes Emerged from the Cases

- 1) “Good” decision versus “bad” decision
 - Physician as the authority and decision counselor by extension (medical model)
 - Variation in what is a “good” discharge plan
 - Safety is paramount
 - Value of self determination

Themes

2) Competence of the older adult

- Evaluation of mental competence to make discharge decisions
- Non-complaint patient
- Professional liability
- Be cautious about basing competence on an older adult making a “bad” decision

Themes

3) Enlisting people outside of the medical model to convince older adults to make a “good” discharge decision

- Family members
- Adult Protection Services
- 72 hour hold

Themes

4) Attempt to balance values of safety versus self determination

- Listening to older adult's values and preferences
- Understanding consequences and safety risks of the discharge decision
- Older adult's perception of quality of life
- Recognizing change in circumstances over time

Janis and Mann's (1977) Decision Counseling Model

- 1) Assist the decision-maker thoroughly canvass a wide range of alternative courses of action
- 2) Examine the values or weights associated with each alternative and an exploration of the goals to be met by the decision
- 3) Assist the elder in weighing consequences, positive and negative, that may result from each of the alternatives based on available information.
- 4) Assist the elder with his/her need to seek additional information in order to delve deeper into the process of analyzing each alternative.

Decision Counseling Model Continued

- 5) Integrate new information and input from experts such as the healthcare team and family even if the information does not support the elder's preferences for a discharge plan
- 6) Reevaluate of all of the consequences of each alternative including those that may have been previously excluded from the list of alternatives.
- 7) Assist the elder to initiate the chosen discharge plan.

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References

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