



MINNESOTA  
GERONTOLOGICAL  
SOCIETY



### Ethical Dilemmas with Older Adults in Health and Human Services

Charissa Eaton, PhD, MSW, Professor,  
Social Work Department, Winona State University

FREE WEBINAR  
February 20, 2019  
12 - 1 pm

Handouts:  
[mngero.org](http://mngero.org)

Tweet: @mngero

Facebook:  
[/mngerosociety](https://www.facebook.com/mngerosociety)

Type your questions  
during the webinar

1



MINNESOTA  
GERONTOLOGICAL  
SOCIETY

#### Webinar Sponsors



3M<sup>®</sup>  
Health Care  
Academy

2

# Ethical Dilemmas with Older Adults in Health and Human Services

Charissa Eaton, PhD, MSW  
Professor  
Social Work Department  
Winona State University



3

Upon completion of this activity, the participant should be able to:

- Examine the complexities of ethical dilemmas in health and human services including the impact of the interdisciplinary practice and the medical model on professionals working with older adults and families
- Critically analyze common ethical dilemmas in health and human services such as safety vs. self-determination
- Utilize a framework for making decisions about ethical dilemmas in health and human service settings

4

## Limitations/Risks

- Ethical issues are complex, multifaceted, and complicated.
- There are no black and white answers...we operate in the gray area.
- We are going to discuss some tools for working through ethical issues.

5

## How would you describe yourself?

- A. I am a human service professional working with older adults.
- B. I am a health care professional working with older adults.
- C. I am a student studying to work in health or human services (hopefully with older adults).
- D. I do not fit neatly in the above category, but I wanted to learn more and/or I need ethics CEUs.

6

# Traditional Ethics

- “Ethics is the study of morality using the tools and methods of philosophy” (Vaughn, 2010, p. 3).
  - How do we decide whether an action is right or wrong?
  - What determines what is right or wrong?
  - What standards should guide our conduct?

7

# Traditional Ethics Cont.

- Four principles of Ethics (Vaughn, 2010)
  - Autonomy
  - Beneficence
  - Utility
  - Justice

8

# Feminist Ethics (Seaman & Erlen, 2013)

- Major themes
  - Emphasis on relationships
  - Making decisions with these relationships in mind, often collectively (context)
  - Importance of caring
  - Acknowledges the institutional structures (medical model) that reinforce power imbalances for marginalized groups including older adults

9

## Professional Codes

- NASW Code of Ethics (<https://www.socialworkers.org/pubs/code/code.asp>)
- APA Ethical Principles and Code of Conduct (<http://www.apa.org/ethics/code/>)
- AMA Code of Medical Ethics (<http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page>)
- ANA Code of Ethics for Nurses (<http://nursingworld.org/DocumentVault/Ethics-1/Code-of-Ethics-for-Nurses.html>)

10

## Codes of Ethics describe:

- Values of the Profession
  - Self-determination
  - Dignity and Worth of a Person
  - Social Justice
  - Integrity
  - Importance of Relationships
  - Competence

11

## Codes of Ethics Continued

- Roles and Relationships
  - Boundaries
    - Conflict of Interest
    - Dual Relationships
    - Intimate Relationships
    - Power Differentials
  - Working with Colleagues & within Organizations

12

## Legal Obligations in Ethical Codes

- Confidentiality
- Informed Consent
  - Capacity
  - Authority to Consent (minors, people with cognitive impairments/disability)
- Mandated Reporting
- Duty to Warn
- Research Obligations

13

When can/should health and human service professionals break confidentiality?

- A. Never
- B. A credible threat is made to harm self or others
- C. To make a vulnerable adult report
- D. Client confesses to a crime
- E. Both B and C
- F. All of the above

14

# Ethical Dilemma

- “An ethical dilemma is a situation in which professional duties and obligations, rooted in core values, clash” (Reamer, 2013, p.4).
  - Example: Risk of Harm (Safety) versus Self-Determination
- Do ethical codes tell professionals how to resolve an ethical dilemma?

15

## Who resolves ethical dilemmas?

“Ethics is the work of everybody”

(Purtilo, 2005, p. 15).

16

## Common Ethical Dilemmas with Older Adults

17

### Study of Physician Experience with Ethical Dilemmas (DuVal, Clarridge, Gensler & Danis, 2004)

- Physicians reported that the most recent ethical dilemmas they confronted were
  - end-of-life issues,
  - patient autonomy issues,
  - justice issues, and
  - conflicts among parties.
- Thirty-seven percent of dilemmas related to more than one type of ethical issue.

18

Study with Social Workers and Nurses Working  
with Older Adults at Hospital Discharge  
(Eaton, 2012)

*Safety vs. Self Determination Themes*

- 1) “Good” decision versus “bad” decision (Medical Model)
  - Variation in what is a “good” discharge plan
- 2) Competence of the older adult
  - Concerns about non-complaint patient and Professional liability
  - Questioning competence based on an older adult making a “bad” decision

19

Eaton, 2012 Themes Cont.

- 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
- 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

20

## Ethics related to Technology

Potential ethical risks to privacy and confidentiality with digital information:

- Email with clients
  - Electronic Health Records
  - Health information on the internet
  - Professional's use of social media
- (Lo, 2013)

21

## Framework for Ethical Decision Making

22

## Reamer's (2013) Process for Ethical Problem Solving

- 1) Identify the ethical issues, including the professional values and duties that conflict
- 2) Identify the individuals, groups, and organizations likely to be affected by the ethical decision (from a feminist ethics perspective include relationships)
- 3) Tentatively identify all possible courses of action and the participants involved in each along with possible benefits of each (Consider client wishes and the cost of doing nothing)

23

## Ethical Problem Solving Continued

- 4) Thoroughly examine the reasons in favor of and opposed to each possible course of action, considering relevant legal principles, code of ethics, professional values, personal values, especially those that conflict with one's own
- 5) Consult with colleagues and appropriate experts (health care team, attorneys, supervisors, etc.)

24

## Ethical Problem Solving Continued

- 6) Make the decision and **document** the decision making process
- 7) Monitor, evaluate, and **document** the decision

25

## Cases

26

### Case #1

- Denny is an 82 year old who lives with his 55 year old son who has a developmental disability. While the son has lived with Denny his whole life, he is high functioning and mostly independent.
- Denny was hospitalized for a condition that has left him unable to stand or ambulate, but has no cognitive impairments. The healthcare team was concerned about his ability to function at home safely. The son told the team that he was unable to meet his father's physical needs.
- The healthcare team convinced Denny to transfer to a SNF despite his insistence that he wanted to go home. He emphasized that his son needs him at home. Upon arriving at the SNF, he indicated that he was leaving.

27

### Case #1 Continued

As SNF staff, you have identified that this is an ethical dilemma between Denny's safety and self-determination. How might you address the dilemma?

- A. Encourage Denny to stay at the facility for short-term rehab.
- B. Tell Denny that if he decides to leave the facility he will be put on a 72 hour hold for his own safety.
- C. Discuss with Denny his desire to go home, the risks and potential consequences of going home, and brainstorm resources (formal and informal) for assistance at home.
- D. I would do something else.

28

## Case #2

- Judy is a 58 year old woman with renal failure and receives dialysis three times a week at a unit an hour from her home. Judy has some physical limitations, but is cognitively alert and oriented. She has Medicare and Medicaid.
- She lives in a rural area with her husband who travels for work. Judy receives several hours per day of home care to assist with ADLs and IADLS. Due to the rural nature of where she lives, there is only one home care agency serving her area and a shortage of home care workers. The home care agency hired her 27 year old daughter with a criminal and substance abuse history as Judy's PCA.

29

## Case #2 Continued

- One day, Judy arrived at the dialysis unit via a transportation company. She presented with slurred speech and extreme physical weakness (significantly more than normal for her). The driver indicated she was like this when he picked her up. The staff was concerned she had a stroke.

30

### Case #2 Continued

What is the first thing you would do from an ethical standpoint?

- A. Contact the county to make a vulnerable adult report
- B. Call home care agency to discuss your concerns about the daughter as a caregiver
- C. Call 911 to get Judy to the emergency room
- D. I would do something else.

31

### Case #3

- You are assisting Bob with a medical assistance application to pay for his wife, Susan's long-term care costs. Susan is 72 and has advanced dementia. Bob is come to the realization that he can not care for Susan at home any longer.
- Bob and Susan have limited financial resources. However, while you are helping Bob, he discloses to you that he has 5 acres of land that he inherited from his mother in another part of the state. However, he does not disclose this property on the application. He tells you he does not list it because he is concerned he will have to sell it in order for Susan to qualify for assistance.

32

### Case #3 Continued

You are concerned about him failing to claim this asset on the application as it is a crime not to disclose his assets. You:

- A. Strongly encourage Bob to list the property as failing to do so could result in legal issues (such as jail and/or a fine) for him as the signature page of the document states
- B. Call DHS to report his failure to disclose
- C. Consult your agency attorney
- D. Do nothing

33

### Case #4

- Jill is a 68 year old receiving chemotherapy. The medical research reports that this form of chemotherapy has an 85% effectiveness with the Jill's type of cancer. Without treatment, the cancer is terminal.
- She has received a third of the recommended treatments. However, she is experiencing severe side effects (much worse than the "normal range"). She has not been able to participate in any of her normal activities for three to four months. She is her own decision maker.
- She is refusing to have more chemo. Her children are not in agreement with her refusal for chemo as they do not want her to end her own life. They have made a plea to you to convince her to change her mind.

34

## Case #4 Continued

When Jill's daughter (who Jill has given you permission to share information with) calls, you:

- A. Tell her you and her oncologist have had multiple conversations with Jill over the course of the treatment about her options as well as the consequences of those options. Jill has made her decision with the best information at the time
- B. Tell her you would be happy to set up a phone call for the daughter with the oncologist to talk about the situation
- C. You tell her you would be happy to talk to Jill again and try to convince her to finish her treatment
- D. You let the daughter leave a voice mail and don't call her back as she doesn't decide for Jill

35

## References

- DuVal, G., Clarridge, B., Gensler, G., & Danis, M. (2004). A national survey of U.S. internists' experiences with ethical dilemmas and ethics consultation. *Journal of General Internal Medicine, 19*, 251-258.
- Eaton, C.K. (2012). Discharge planning with older adults in Minnesota hospitals. Retrieved from the University of Minnesota Digital Conservancy.
- Lo, B. (2013). *Resolving ethical dilemmas: A guide for clinicians*. (5<sup>th</sup> ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Purtilo, R. (2005). *Ethical dimensions in the health professions*. (4<sup>th</sup> ed.). Philadelphia, PA: Elsevier Saunders.
- Reamer, F.G. (2013). *Social work values and ethics*. (4<sup>th</sup> ed.). New York, NY: Columbia University Press.
- Seaman, L.B. & Erlen, J. A. (2013). "Everyday ethics" in the care of hospitalized older adults. *Orthopedic Nursing 32*(5), 286-289.
- Vaughn, L. (2010). *Bioethics: Principles, issues, and cases*. New York, NY: Oxford University Press.

36



MINNESOTA  
GERONTOLOGICAL  
SOCIETY

Questions?  
contact [info@mngero.org](mailto:info@mngero.org)

**NEXT WEBINAR**  
**March 18, 2019**  
**noon - 1:15 pm**

**Long Term Care Rethink Tank: Re-thinking Eldercare**

George Schoephoerster, MD, Geriatrician, Past President, Minnesota Association of Geriatrics Inspired Clinicians

Tracy Keibler, MS, Founding Director, ApparentPlan; Past Vice Chair, MN Board on Aging

Joe Gaugler, PhD, University of Minnesota, Robert L. Kane Endowed Chair in Long-Term Care and Aging

Ken Anderson, PMP, MSP, Business Development Specialist, Aliqon Consulting