Autonomy in Old Age

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Introduction

- The older population is rapidly growing
- In many European, aging countries the welfare state is redesigned, because of costs
- More responsibilities are assigned to older people, they need to become self-sufficient
- Most of them stay at home, about 8% is institutionalized in nursing homes
- Context of not enough care to be autonomous
- Context with a risk of overruling the autonomy

Questions

- How can older people remain in control over their lives in various contexts?
- To what extent does the autonomy concept help to understand ethically problematic situations?
- Two case examples, and contexts: hospital and nursing home
- Two perspectives on autonomy

Autonomy as a concept/principle

- Became popular with rise of bioethics after 2e WO
- The professional is in the position of power and authority over the patient
- The patient needs to be protected
- Now one of the four principles in bioethics,

  besides: doing good, doing no harm, and justice (Childress & Beaucamp)

- Has been broadly accepted in Western healthcare and healthcare policy, including elderly care

Autonomy as self-determination

- According to principle ethics:
  - The patient is independent, determines and steers on his own behalf
  - Patient is fully informed, oversees information
  - Patient knows his own needs, preferences and values
  - Patient has the freedom of choice and can decide for himself
  - Healthcare professional as information-provider
  - No interference with the decision

Case example, Mrs. Caring

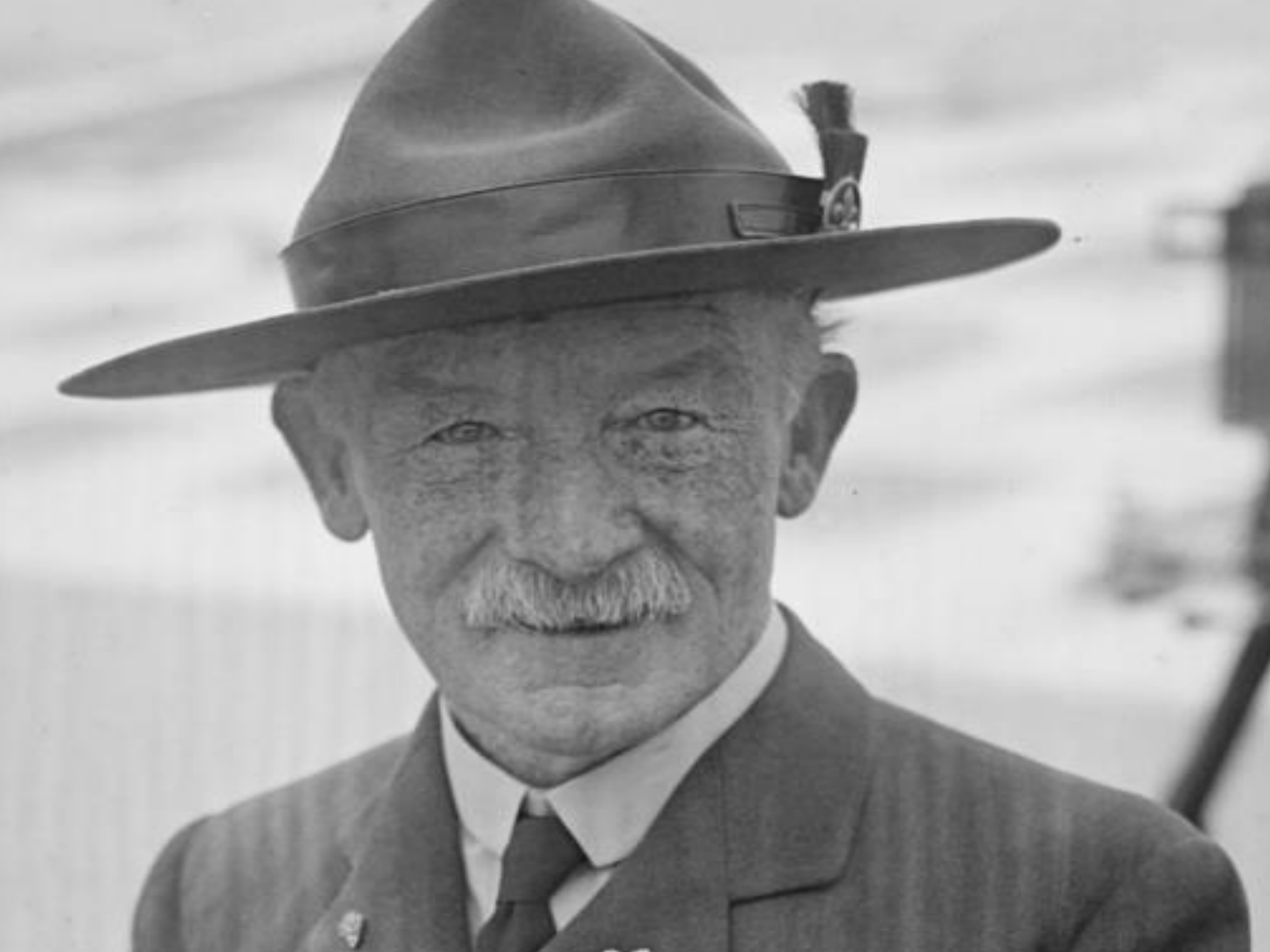
- Mrs. Caring, 81 years-old, husband died five years ago, three children. Care is core value in life
- Suffered from non-hodgkin cancer
- Received treatment to increase quality-of-life (vs length)
- Broke her hip one night, entered hospital
- The staff preferred an operation, Mrs. Caring did not want the operation but pain medication
- The staff did not give pain medication

Mrs. Caring

- Her oncologist approved Mrs. Caring was terminally ill, suffered from pain and had a wish to die
- Her family also confirmed her wish: she had been lonely since her husband died
- Life had no longer meaning and purpose if she could not take care for and care about others
- Finally she was given pain medication, after 5 days she died

Evaluation of case Mrs. Caring

- Mrs. Caring was competent: she had a stable wish, oversaw the information
- Hierarchic relations did not favour and encourage her autonomy
- There was not an open conversation among the staff on the moral dilemma
- Oncologist and family played important role: they knew what mattered to Mrs. Caring, her identity and personal history
- Autonomy concept does not fully capture the situation



Case 2, Mr Powell

- Mr. Powell, 92 years old, since five year a widower, three sons who all live far away
- Held several managerial functions: inspector police force, Ministry Economic Affairs
- Was admitted to nursing home after he neglected himself (not intake of food), a fall, diabetes
- Identified himself as a scout: doing one good deed a day
- He was frail, but very willing to help others

Case 2, Mr. Powell

- Mr. Powell came up with ideas to improve the quality of life in the nursing home
- The staff did not encourage Mr Powell to help others, no positive response to his plans
- Mr. Powell felt disappointed, stopped with his initiatives, felt even more lonely
- The traditional concept of autonomy does not help to address what is ethically problematic in this situation

Evaluation Case Mr. Powell

- Children interfered to get Mr. Powell admitted to a nursing home for safety reasons
- Mr. Powell tried to remain himself and in control of his life by acting as he always acted
- The staff discouraged the use of another person as support (focus on physical health and safety)
- The staff was averse of dependence, reinforced notion of persons as isolated, egoistic individuals
- Opposite effect on the social fabric in the home, and well-being Mr Powell

Is autonomy realistic in old age?

- George J. Agich (1993), phenomenologist
  - Critique on idealization of autonomy as a competent rational free agent
  - Focus on what autonomy actually means in the everyday world
  - Is autonomy as self-determination suitable for all situations and contexts?

    For example nursing homes where staff is underpaid and overworked, more complicated relationships in long-term care than medical context, less discrete decisions
  - Is this suitable for all older people?

    For example people with Alzheimer or cognitive impairments

Other critical questions

- Raised by care-ethicists (Joan Tronto):
  - Sometimes non-intervention can lead to more misery *For example: older people who do not want to take food, get out of bed, do not want to shower …*
  - Cognitively oriented (competence), while personal values and identity are equally important
  - People are not isolated individuals, we need others to become autonomous

Autonomy as self-development

- Inspired by care-ethicists
  - Autonomy is relational, someone is not autonomous despite but because of others
  - Autonomy and dependence are not opposites
  - Self-respect develops via respect by others
  - Autonomy develops over life-time, through trial and error
  - Autonomy is exploring your own life-path, values, identity and story (authenticity)

Comparing the two perspectives on autonomy

Negative versus positive freedom

Self-determination	Self-development
Free until freedom others	Increase of freedom
Content does not matters	Content does matter
Independent	Interdependent

Good care

'*Respecting autonomy requires attending to those things that are truly and significantly meaningful and important for elders*' (Agich, 1993, p. 113).

- This requires 'identification' of the concrete person
- Creating conditions that foster the values, identity and life-path of that person
- Content matters: making decisions in line with the life-path and value commitments (vs impulses)
- We need others to realize our identity, to warn us, to set norms, to find alternatives

Good care may require intervention

- This starts with motivation and support to help to person to come to the right decision (Moody, 1992)
- This may require re-interpretation and deliberation of the values important in life
- The professional is more than information-giver and expert, more like a wise friend
- One might consider coercion and *compassionate interference* but only if motivation and support do not work
- Only, if it heightens a person's self-development
- Only, if one evaluates the action

Ambivalence to the care of the old

- We support non-interference, regardless of personal costs

  > Mrs. Caring having to stay at home despite her frailty, and later not receiving pain medication

- We adhere to (nursing-home) care, where autonomy is gives way to sometimes abject dependence

  > Mrs. Caring not allowed to die

  > Mr. Powell's not being able to act as Scout

Conclusions

- Society is ambivalent to autonomy in care for the old
- Autonomy concept not always helpful to understand ethically problematic situations
- We should not idealize autonomy as a competent rational free agent
- Focus instead on what autonomy actually means in the everyday world
- This implies conditions fostering self-development, identity and values
- Dialogue to discuss moral dilemma's

References

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