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### e-Ethics, 2003 July

Advocate Aurora Health

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## Ethical Issues in Discharging the Frail, Elderly Patient

**M**rs. White, an 81-year-old woman, was admitted to the hospital with pneumonia. She lives with her 84-year-old husband who has Parkinson's disease. Mrs. White had been doing the cooking and cleaning, as well as assisting her husband with dressing and bathing. She claims they have been doing "just fine."

Mrs. White's daughter Ann, who works full time, takes the patient shopping on weekends. Ann told the nurse that her parents have been having some difficulty managing lately, so she has been encouraging them to move to a nearby nursing home. Limited finances make assisted living and hiring help unaffordable options.

Mrs. White will be discharged in a few days and she will leave with oxygen, at least temporarily. Both physical and occupational therapists have concerns about the patient's safety, especially in the kitchen. However, Mrs. White, who is a little forgetful but otherwise cognitively intact, refuses any suggestion that she and her husband make changes in their living situation. Her physician, who is also concerned about safety issues, has requested that social work become involved in planning Mrs. White's discharge.

### Discussion

Anyone involved in the discharge planning process knows that special challenges are inherent in

discharging the impaired elderly patient. The challenge is especially difficult when the elderly person is thought to be incapable of looking after herself, but nevertheless insists on going home.

The dilemma in discharge planning is one of conflicting values. On one hand, our society deeply values individual autonomy—that personal liberty wherein the individual chooses his or her own course of action. For those assisting with discharge, this value creates an obligation to provide full information and viable alternatives among which the patient may choose.

On the other hand, the professional involved in discharge planning is also obligated to contribute to the patient's safety, health, and well-being after discharge. But efforts to fulfill this obligation can become paternalistic, especially when the professional's concept of benefits and harms differs from the patient's assessment—and the professional's judgment is imposed on the patient. The most obvious example occurs when the professional determines that there is no alternative for the patient but "nursing home placement."

The imposition of the professional's will is often well meaning and, from the standpoint of safety and health, may seem the better decision. But when, alongside health and safety, "well-being" is taken into account, things become

less clear. The professional may see well-being as living in a safe environment where there are regular meals, physical assistance, etc. However, to Mrs. White, like many elderly patients, well-being clearly means going back home and caring for her husband.

This process of offering options and exploring them takes time and, with shortened lengths of stay, decisions must be made fairly quickly. Unfortunately, the need for timely discharge often overrides the patient's and family's need for time to consider the alternatives. This is especially true when there has been a significant change in the patient's functional ability. The challenge for all involved in this process is to make the patient and family aware of options, including the risks and benefits of each, and to assist with decision-making.

When working with a patient like Mrs. White, who is frail but cognitively intact, one can usually accept a decision by the patient that seems a poor one. People can make bad choices. However, often the safety and well-being of others is also of concern. For example, if her forgetfulness puts Mrs. White at some risk, even temporarily, might not Mr. White, and perhaps others in their building, also be at risk? Is there an obligation to them, too? Where does autonomy fit in this scenario?

The issue becomes even more complex in working with a patient

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who has some cognitive deficits. Does this patient have the overriding right to make decisions when judgment is diminished? Is paternalism more justified when the patient is cognitively impaired? One could argue that it is. However, if there are social supports—family and community services—to support and maintain the patient at home, and if the patient's deficits are minimal and she wants to go home, this alternative to placement should at least be considered.

It would be an overstatement to suggest that long-term placement in an extended care facility should always be avoided. Many factors can make it the best choice for a physically or cognitively impaired patient. However, placement must be seen as one choice, and rarely the only choice. And it is important for the professional who is encouraging this option to be sensitive to the meaning that placement in an extended care facility may have for the patient and those closest to her.

In discharge planning, the professional's ethical obligation is twofold. First, the professional should present all the options, discuss the pros and cons

of each, then offer an opinion about what she believes is the best choice, and why. The second obligation, however, is to support the patient's and family's decision. If the decision is for placement, emotional support may be needed. If the choice is that the patient will stay in the community, the discharge planning responsibility becomes one of mobilizing the resources that might be needed and available to ensure the patient's safety, health, and well-being.

It is important to remember that decisions made about discharge can have a profound impact on the patient's sense of well-being for the remainder of her life. So it is essential to respect the patient's wishes and, whenever possible, make a reasonable effort to honor them. For Mrs. White, going home is most likely a viable choice. However, it would also be appropriate for the physician to insist that Mrs. White be amenable to additional assistance, either from her daughter or community services, at least for the time being. This solution would be respectful of Mrs. White's need to return home, yet would also attend to the safety of those around her.

**e-Ethics** provides discussion of important ethical issues in clinical care and organizational life. In specific cases, fuller ethical analysis may be required. The discussions in *e-Ethics* should not be construed as legal advice and do not necessarily represent official positions of Advocate Health Care.

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