

Balancing Risk & Autonomy: Ethical Dilemmas for Social Workers

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Cultural Values

- ***Individuality:*** U.S. Americans are encouraged at an early age to be independent and to develop their own goals in life. They are encouraged to not depend (too much) on others including their friends, teachers and parents. They are rewarded when they try harder to reach their goals.”

❖ <http://www.internationalstudentguidetotheusa.com/articles/culture.htm>

- “Almost every politician wants a picture of himself or herself wearing a cowboy hat. Why? Because when Americans think of a cowboy, they picture a lone individual sitting on a horse out on the prairie. Cowboys never traveled in groups. They were men of action, self-reliant and independent individualists who survived without any help from anyone else. For Americans, the cowboy is a Calvinist on horseback and represents the dominant values of this society. As a result, one of the worst insults in America is to suggest that someone depends upon or relies upon others.”

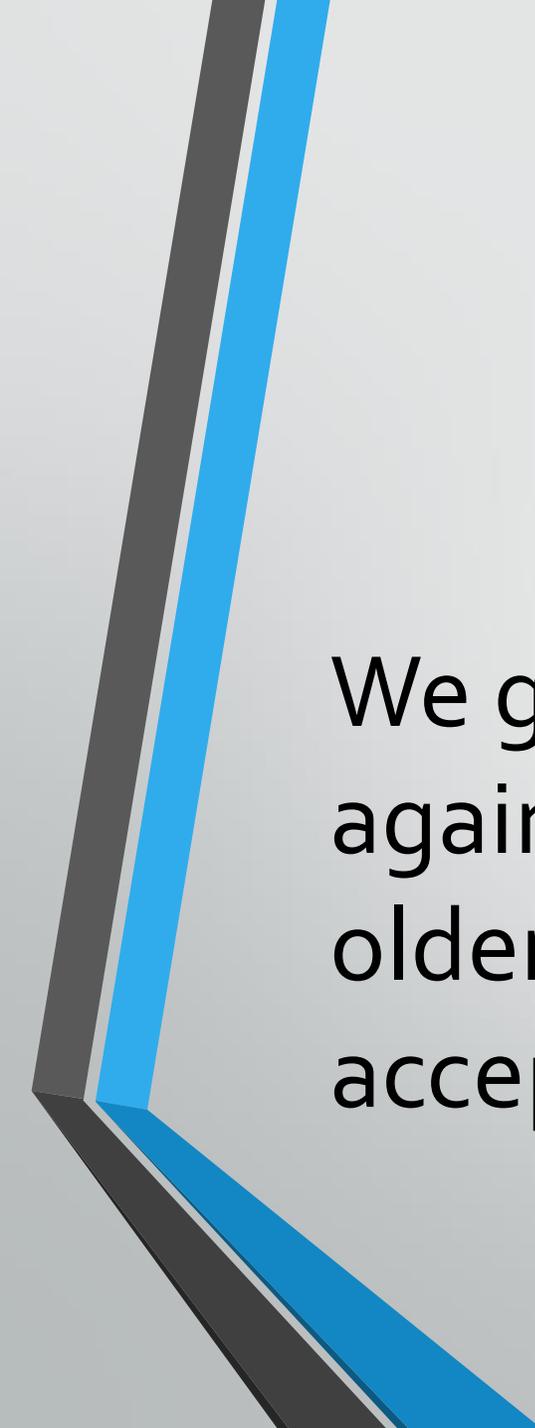
❖ *American Cultural Values, Gary R. Weaver, PhD*

❖ This revised version was published in *Kokusai Bunka Kenshu (Intercultural Training)*, Special Edition, 1999, pp. 9-15.

Individual / Family Values

Other factors that play into people's ideas about autonomy and independence:

- Ethnicity / race – we know there are many cultural differences in how different groups think about individuality vs. the group; independence vs. interdependence, etc.
- Family of origin
- Personality
- Life history & experiences



As a result....

We geriatric social workers are swimming against the tide when we try to convince many older people (or families) that it's okay to accept help.

The Reality of Old Age

“Frailty is very common in older people. According to various studies, the prevalence of frailty in community-dwelling elderly adults varies from 4.0% to 59.1% [[21](#)], seems to increase with age, appears to be greater in women than in men and is more prevalent in people with lower education and income, with poorer health and higher rates of comorbid chronic disease and disability.”

❖ Buckinx et al., 2015

❖ Collard et al., 2012

Caregiver tasks – Daily help

Table 3-2 page 3-9, *Families Caring for an Aging America*

Status of care recipient	Dementia only	No dementia 2+ ADLs	Dementia 2+ ADLs	No dementia 0-1 ADLs
With chores Every day or most days	44.6	55.6	49.7	38.7
Drive care recipient places	24.8	25.8	19.2	24.2
With self-care	10.5	32.0	42.0	8.6

Caregiver tasks

Table 3-2 page 3-9, *Families Caring for an Aging America*

Status of care recipient	Dementia only	No dementia 2+ ADLs	Dementia 2+ ADLs	No dementia 0-1 ADLs
Keep track of meds	61.2	57.4	65.4	36.8
Make medical appointments	74.6	59.1	75.0	52.0
With special diet	25.8	40.5	30.9	22.9

When should a social worker intervene?

- Capacity-Risk Model – one model for assessing both capacity and risk of the older adult (Soniata & Micklos, 2010)
- Based on principles of NASW Code of Ethics and outcomes of the Hartford Foundation social work initiatives

Capacity

- Capacity = ability in specific areas
- Competence/Incompetence are legal terms
- Health professionals assess capacity not competence
- Judges/attorneys assess competence

Capacity-Risk Model Soniat & Micklos, 2010

- Decisional/cognitive capacity: cognitive ability to make choices that reflect an understanding of nature & consequences of actions
- Functional capacity: abilities & disabilities in the context of key environments (social, physical, psychological); ADL & IADL measures using self and family reports
- Home visits are critical – seeing them in an office setting only gives a small piece of the picture. Environment is a key support.
 - Not always possible – setting dependent

Assessing Capacity – high, medium, low

- Physical capacity: Can the person
 - Obtain necessary medical care?
 - Manage his/her personal care needs?
 - Obtain meals that meet nutritional standards?
 - Manage his/her medications?
 - Ambulate and transfer?

Assessing Capacity – high, medium, low

- Psychological capacity: Can the person
 - Understand the decisions he/she is making & their consequences (including refusing help)?
 - Perceive realistically the ability of helpers?
 - Manage finances and make financial decisions that reflect reasonable judgment?
 - Exhibit behavior consistent with past lifestyle?
 - Respond appropriately in emergency situation?

Assessing Capacity – high, medium, low

- Social capacity: Does the person have
 - Family or friends who recognize and respond to needs?
 - A formal support system that responds?
 - A living situation and environment that meet basic needs?
 - Sufficient financial resources for necessities?

Overall Capacity

- Physical
 - Psychological
 - Social
- Overall Rating

High capacity	Moderate capacity	Low capacity

Assessing Risk

- Physical risk: Is the person at risk for:
 - Malnutrition, dehydration?
 - Hypothermia, hyperthermia?
 - Serious health consequences/physical decline?
 - Injury due to fire, gas, leak, or other hazards?
 - Serious injury from falls?

Assessing Risk

- Psychological risk: Is the person at risk for
 - Serious health decline due to unsanitary conditions?
 - Physical /emotional trauma from getting lost?
 - Injury/harm from nonpayment of bills because of memory loss?
 - Serious health consequences due to inability to care for self?
 - Psychological/emotional trauma due to mental health problems or inaccurate perceptions?

Assessing Risk

- Social Risk: Is the person at risk for
 - Isolation?
 - Homelessness?
 - Grave injury or death from non-response to emergency?
 - Harm from abuse/neglect by another
 - Loss of finances from exploitation?
 - Destitution?
 - Harm caused by unsafe residence?
 - Emotional trauma/decline due to change in environment?

Degree of Risk

- What are the risk factors?
- Is there acceptable or safe risk?
- How long have factors been present?
- What is different now from the past?
- What are potential consequences of each risk factor?
- How significant are consequences?
- What is likelihood of consequences occurring if person refuses to accept help?

Risk Concepts

- Risk tolerance
- Probability
- Severity of risk
- Risk of alternative options



My Risk Tolerance

Handout

NASW Ethical Standard 1.01

- Commitment to Clients: Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, **social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients,** and clients should be so advised.

NASW Ethical Standard 1.02

- Self-Determination: Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination **when, in the social workers' professional judgment,** clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

Helping People Accept Help

- Try to figure out what is causing resistance:
 - The person or the family or both
- Give as much control as possible
- Suggest a trial period
- If it's the person: Help family think about approaches
- If it's the family: Help them weigh pros and cons of help or no help
- Other strategies

Take Home Points

- Knowing one's own values & risk tolerance is imperative.
- Our personal values influence our professional work.
- Often there is no perfect right/wrong answers in eldercare.
- Work on strategies to help people accept the help we think they need.
- We need to weigh our legal & ethical responsibilities against the rights of the older adult client.
- Older adult frailty is complex – requires thorough assessment, good professional judgment, clarity about who the client is.

References

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