

# Ethics for Geriatric Health Care

## A Self-Learning Package for Frontline Health Care Staff

Module One  
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**Note:** The word “resident” is used throughout this package, please substitute whatever term is used at your workplace, e.g. patient or client.

# 1 Purpose

- To familiarize staff with ethical issues surrounding geriatric health care.
- To help health care staff focus on resident centered care in order to promote quality of life.

## 2 Learning Objectives

- 1) To be able to understand and apply the terminology of ethics to geriatric health care.
- 2) To recognize an ethical dilemma.
- 3) To understand that staff's own value system influences how they care for their residents.
- 4) To learn how to apply principles of ethics to various geriatric health care situations.
- 5) To understand the function of an ethics committee.

## 3 Why Study Ethics

"I work hard, I'm ethical, I don't steal, why do you want me to learn about ethics?" These are comments collected by a professional health care organization when they asked their staff to evaluate what type of education they needed in the area of ethics. This is an interesting response from health care professionals. This response indicates that ethics in health care is misunderstood again. The staff responses indicated that they felt personally attacked--"How dare you question my ethics?" Although health care ethics does include personal behaviour while at work, it is only part of a much larger picture. Ethics is a discipline in its own right and speaks to much of what we do.

## 4 Definitions

### 4.1 Ethics

Health care ethics are sometimes called bioethics or medical ethics. Since many people think that the terms bioethics and medical ethics refer to the work done by physicians, I will use the term "health care ethics" instead. There is a tendency to think of health care ethics only in terms of the ethical dilemma. Although dealing with dilemmas in health care is as regular as a nurse on prune juice (hey, I'm a nurse) there is much more to health care ethics than solving dilemmas. Health care ethics are involved in every aspect of work in the health care system. Health care ethics deal with moral principles, mission statements, guiding philosophies, religion, culture, and values to name a few<sup>1</sup>. Health care ethics include the value judgments staff constantly make while providing care for the elderly. Like any other group of people, health care staff will expend more time and energy for the work practices they value. There are many influences impacting these values. The next few sections cover some examples.

### 5.3 Religion

Religion plays a large role in the lives of many of our elderly residents. Religion establishes the “thou shalt” and the “thou shalt not” for people’s lives. Religious beliefs frequently are a primary force in guiding behaviour. When the resident’s religious convictions conflict with what staff see as “good health care” we have a tendency to become judgmental and accuse the resident of being irrational. Such residents have sometimes been declared as being incompetent to make health care decisions. This negative attitude sets barriers that may last for the rest of the staff / resident relationship.

### 5.4 Institutional Routines

If “cleanliness is next to godliness” the routines which governs staff action must be at least one step up from that! The way routines are guarded makes it look like we are guarding Fort Knox! We value consistency; there is comfort in knowing what is going to happen next and how it will happen. We value being able to get the job done on time or even before deadline. The reality is that what we value and how much we value it determines how much energy we will put into it. In the case of “keeping the old routine” we all have seen a lot of energy being expended. In our rush we forget the important question, “what do our residents value?” Do they value being rushed by staff? After all, we can get them dressed faster than they can. Or do they value our patience so they can maintain their independence a little longer?

Realistically we cannot do without routine, but all routines must be evaluated by two questions:

- 1) What impact does this routine have on the resident’s quality of life?
- 2) How would I like to have this routine applied to my own life? Routines must be adjusted so that quality of life will not only be maintained, but enhanced. It can be done!

## 6 Influences on Present Day Health Care Ethics

### 6.1 W.D. Ross

British philosopher Sir William David Ross’s (more commonly know as W.D. Ross) book The Right and the Good, published in 1930, set the tone for modern day health care ethics. One can hardly find a book or journal article about health care ethics that does not directly or indirectly reference Ross’s *prima facie* duties. Ross defined *prima facie duties* as self-evident duties and moral obligations. These duties and obligations are initially binding until a stronger and overriding obligation emerges. Ross argues that we intuitively perceive a small set of foundational *prima facie* duties which are the basis of all moral judgments.<sup>6</sup>

# 17 Written Examination

1. The mission statement of my organization is \_\_\_\_\_

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2. Remember the last time a resident resisted your attempt to care for them. What kind of guidance does your mission statement give you for that situation?

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3. An ethical dilemma is \_\_\_\_\_

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4. Multiculturalism is a fact in Canadian health care. Which cultures are represented in your resident load at this time?

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5. Have you made adjustments or felt you should make adjustments to the way you provide care for another culture? Please explain.

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6. Changing work routines is never easy. What two questions should we use to evaluate our routines?

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