



## 6th International Conference on Clinical Ethics Consultation

May 11-14, 2010 ♦ Portland Art Museum ♦ Portland, Oregon, USA  
[www.ethics2010.org](http://www.ethics2010.org)



---

### Abstract Submission Form – Panels & Poster

Please contact John Tuohey at [ethics@providence.org](mailto:ethics@providence.org) with any questions.

Name: Evelyne Durocher

Title/Degree: Occupational Therapist and Doctoral Student

Institution: University of Toronto, Toronto, Ontario

Country: Canada

Email: edurocher@gmail.com

Phone including country code (<http://www.countrycallingcodes.com>): (416) 855-9752

---

Primary contact: Evelyne Durocher

Additional panelists, if any (up to three):

Name: \_\_\_\_\_

Title/Degree: \_\_\_\_\_

Institution: \_\_\_\_\_

Country: \_\_\_\_\_

Name: \_\_\_\_\_

Title/Degree: \_\_\_\_\_

Institution: \_\_\_\_\_

Country: \_\_\_\_\_

Name: \_\_\_\_\_

Title/Degree: \_\_\_\_\_

Institution: \_\_\_\_\_

Country: \_\_\_\_\_

Proposed Session Title: Discharge planning with older adults: The case of the shopkeeper

Describe topic or case to be discussed up to 300 words:

Mr. Smith, an 87 year old shopkeeper, lived alone in the apartment above the shop handed down to him from his father. He was independent in all activities of daily living, as well as in tending the shop. Mr. Smith sustained a fall and was admitted to hospital where he was diagnosed with mild cognitive

impairment and degenerating spinal stenosis with significant impairments of balance, sensation, strength and motor control.

During his stay in rehabilitation, the healthcare team concluded that Mr. Smith required maximal assistance to complete his activities of daily living. Approaching discharge, Mr. Smith asserted that he wished to return home and to tend to his shop. He said that living elsewhere would make him unhappy and be “meaningless”. He declined homecare, stating it would be “unnecessary” as he had always taken care of himself. Discharge home placed Mr. Smith at risk of declining medically and sustaining another fall. The team was uncertain if Mr. Smith had the decisional capacity to appreciate the potential risks of living at home.

The healthcare team struggled to balance Mr. Smith’s autonomous choices while fulfilling moral and professional obligations to protect his safety. Team members agreed that Mr. Smith faced significant risks in returning home, but there was no consensus about whether or not to uphold his choices. This was further complicated by Mr. Smith’s ambiguous cognitive status and the team’s varying judgments regarding his capacity to make decisions. Although the team concluded that Mr. Smith demonstrated diminished insight, they were unsure if this was due to inadequate communication/education on their part, if Mr. Smith lacked the cognitive capacity to understand, or if he understood but did not want to admit his changed abilities for fear that the team would then “force” him to a different discharge plan.

Describe briefly each proposed panelist’s position to be offered (up to 300 words):

Panelist One (only one panelist's position is presented)

The principles of autonomy and beneficence are in tension. Supporting Mr. Smith’s autonomous choices would require permitting him to accept risks (given that he understood these) and discharging him home; yet the most basic application of beneficence would dictate that the team must protect Mr. Smith from harm. Promoting Mr. Smith’s autonomy could lead to imminent physical harms. Beneficence would thus direct the team to assist with discharge to a supportive setting.

Another application of beneficence includes furthering best interests, which are closely linked to preferences. This application of beneficence encompasses respect for autonomy and consideration and prioritization of personal wishes and values. Mr. Smith clearly asserts that his conception of best interests is being home and running his shop. In applying beneficence to preserve Mr. Smith’s best interests, the team would be obliged to protect his conception of what contributes to his quality of life and assist him to return home. This would protect him from potential detrimental effects of living somewhere he clearly stated he did not wish to reside. This application of beneficence is closely aligned with the argument for the promotion of autonomy, but differs in that the latter is limited to promoting self-determination without considering the potential deleterious effects of doing so.

Beneficence thus could demand multiple courses of action depending on how it is conceptualized and applied. One application of beneficence directs the team to protect Mr. Smith from physical harm and thus assist him with discharge to a supportive setting. Another application demands that the team contribute to his happiness and assist him with discharge home. Compounding this challenge was uncertainty regarding Mr. Smith’s capacity to make decisions. How conflicting applications of beneficence are prioritized in conjunction with respect for Mr. Smith’s autonomy would determine the team’s course of action.

Are you planning to or will you be willing to submit a poster along with your panel?

Yes    No