

## Ethical Decision-Making in the Context of Death & Dying in Nursing Home

*Presented by:*  
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 &  
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Nursing Home Social Work Network  
 Webinar Series

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### Sherry Saturno, LCSW, DCSW



- **Sherry Saturno, LCSW, DCSW** is a New York Program Director at Beacon Health Strategies and a national fellowship recipient at New York University Silver School of Social Work in the Zelda Foster Studies Program. Sherry has served as a Director of Social Services and Assistant Nursing Home Administrator in skilled nursing facilities in New York, and as part of her capstone at NYU is currently at work on a documentary short film about the role of social workers in the treatment of chronically ill and dying patients.
- Sherry holds Master's degrees from Columbia University School of Social Work and Long Island University School of Management and Public Service, and is a Diplomate in Clinical Social Work.
- She is a Stanford University Certified Project Manager and completed Boston University's Center for Aging, Disability Education, and Research Certification in the Foundation of Aging.
- Sherry is also a New York State Office of Mental Health Certified Health Care Investigator, and has been published on the topic of social workers and the risk of violent crime against them. She serves in an advisory council capacity for the Congressional Research Institute for Social Work and Policy in Washington, D.C.
- Sherry was named the **Social Worker of the Year** by the National Association of Social Workers for the State of New York and the **Social Worker of the Year** by the National Association of Social Workers for Westchester County, NY.

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### Lilly Allen, PhD, MSW



**Priscilla D. Allen ("Lilly"), PhD, LMSW**, is the Executive Associate Director of the Life Course and Aging Center and an Associate Professor of Social Work at Louisiana State University where she teaches undergraduate, graduate, and doctoral level classes.

Dr. Allen has over 20 years of experience in the social work profession in practice and consultation. She has presented at the international, national, and local level to a variety of groups, professionals, and students on nursing home care quality, ethics, and healthy aging, and collaborative leadership.

Prior to her appointment at LSU in 2001, Dr. Allen worked as a director of social services at Geer Memorial and the Madison House in Connecticut. She later worked as a Long Term Care Ombudsman for 3400 nursing home residents in 34 facilities in the southwest region of the state.

Allen received her PhD in 2001 from Fordham University in New York City in social work and her MSW from the University of Connecticut in 1997 with a certificate in gerontology. Her research interests are long term care and psychosocial intervention with older persons, culture change in the nursing home setting, and societal influence of ageism. She is also interested in intergenerational issues in the work setting and policy issues in aging.

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## Objectives

- Define and differentiate between ethical issues and uncomfortable issues
- Review basics of ethical theory/constructs
- Refresh state of the knowledge of the NASW Code of Ethics
- Discuss ethical issues in nursing homes
- Identify some relevant literature related to ethics in the Nursing Home arena
- Analyze case scenarios using Elaine Congress' Ethic Model
- Possess knowledge about resources and interventions – ethics committees, increase influence of sw in the nh setting

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## First, what are VALUES?

- "Beliefs, preferences, or assumptions about what is desirable or good for humans. . .not assertions about how the world *is* but how it *should* be."
- As such, value statements cannot be subjected to scientific investigation; can't be "proven" right or wrong. They are what people believe /faith.

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## Uncomfortable vs. Unethical

Can be both - due to morals, values, beliefs, but the primary difference is, with unethical issues the potential outcome of the conflict or dilemma interferes with the level of responsibility our profession handles. From client, agency, community, . . . Weighing the facts, background, realities independent of personal unease. Social workers are often in the heat of these issues.

- Client autonomy vs. community well-being
  - Responsibility to client and responsibility to the agency/organization
  - An ethical dilemma encompasses two competing goods (Beauchamp & Childress, 2012)

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## Deontology

Deontology – Duty driven. Duty is independent of the concept of good. Features other than the consequences make something right or wrong.

Deontologists believe that values such as self-determination and confidentiality are so fundamental that they prevail whatever the circumstances. However, what is morally right may not be for the greater good.

Deontologists – may believe it is always wrong to lie – can you think of times we might overlook the moral issue of lying for the greater good/outcome?

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## Utilitarianism

Utilitarianism – worth of actions by their end or consequences. Teleological - end. What would happen if the person uses self-determination and compromises their/others safety? Greatest good for greatest number of people – i.e., removing a resident from a nursing home.

Decisions are often based on practice & experience, but a combination of philosophical theories are put to use.

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## And the third. . .

- Teleology – considers the intention/the action itself the circumstances and the end result – concerned with the amount of good that is produced.
- Teleologist might suggest that the most good is derived from trusting the autonomy of the staff – expecting them to make ethical choices – they then create the end result – might start an ethics committee.

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## Beneficence & Nonmaleficence

- Nonmaleficence – Do Not Inflict Harm
- Beneficence – Prevent Harm

Remove Harm  
Promote Good

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## NASW Has the Code, but also this:

- 10 Standards of Practice specific to sw practice in LTC Facilities



- <http://www.naswma.org/displaycommon.cfm?an=1&subarticlenbr=377&printpage=true>

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### Care Plan Example

Perry, L. M. (2011). Social Work Care Plans for the Nursing Home Social Worker. (contact author for reprints).

Date

**Physical & Psychosocial Needs (Problem)**

Resident has new orders for hospice care (in Perry's example), more likely that resident is in the final stages of life

**Goals/Objectives**

Resident will be kept comfortable. Resident will share feelings re: end of life issues and dx if able/needed.

**Approaches/Interventions**

1. Hospice care provided by agency of resident's/family choice. 2. nursing will keep resident as pain free as medically possible. 3. Refer family to grieving support group as necessary. 4. allow resident time and opportunity to discuss situation as needed. 5. Check if resident would like clergy/other visits.

6. Hospice chaplain and sw to offer/provide services. 7. SS will provide support to resident as needed related to the dying process and psychosocial well-being.

**Disciplines**

Responsible Disciplines

### Ethics in the Nursing Home Setting

- Advances in medical care/treatment
- New standards with MDS – section Q – upholding self determination – weighing risk
- Family needs or demands/preferences vs. resident preferences/rights
- Antipsychotics – when to use – SW input
- Complicated or “nontraditional” relationships
- Client autonomy and self-determination vs. risk
- Providing consent:
  - HIPPA realities, etc.

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### Ethic Model

Elaine Congress, 2000

- **Examine** relevant personal, social, agency, client, and professional values.
- **Think** about what ethical standard from the NASW Code of Ethics might apply to the situation as well as about relevant laws and case decisions.
- **Hypothesize** about different courses of action
- **Identify** who will benefit and who will be harmed in view of social work's commitment to the most vulnerable.
- **Consult** with supervisors and colleagues about the most ethical choice.

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### Autonomy, Informed Consent, etc.

- Autonomy self governance. Those declared mentally incompetent can still make autonomous choices.
- Autonomous actions – choosers who act
  1. Intentionally
  2. With understanding,
  3. Without controlling influences that determine the action.

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### Risk Management

- Use consultation and documentation and base work on “reasonable standard of care”
- Understand your interface with the courts--- confidentiality between clinician and client protected, subpoena not as compelling as court order, use legal guide and talk to client

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### Case Examples

Mary: elder with dementia  
 Vincent: young man, severe accident

### Case Study #1 : Mary, dementia, live-in “help”

- “Mary” was an 81 year old widowed female who resided in a private home in suburban NY. She had no children and no close family. She lived alone in her home since her husband died, and her memory had progressively deteriorated.
- A young couple had befriended her, buying groceries occasionally. They gradually moved into her home and did not pay rent or any of the bills.
- The couple financially exploited/abused her.
- Mary was living in one room of her entire home, which had become increasingly squalid as she will unable to care for it. Mary had become dehydrated, malnourished, and was found by medical responders lying in a bed with her own feces.

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### Mary

- Mary was determined to have dementia, and needed a legal guardian. Guardianship proceedings were instituted by the skilled nursing facility she was admitted to. The couple that had been abusing her expressed interest in becoming her legal guardian, and the social worker at the nursing home was subpoenaed to testify against them.
- An arrest warrant was issued for the couple and they fled.
- Family Services Society of Westchester was appointed guardian
- The goal was to get Mary home with 24/7 care. A reverse mortgage was pursued to pay for the cost of care so that she would live her remaining days at home. This goal was successful and within about eight months Mary returned to her home with a live in professional caregiver.

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### Mary

- Mary was angry with the social work staff who she perceived as preventing her from going home. While she did not like the couple who abused her, they were the only “family” she had and represented a means of going home for her.
- Issues: Exploitation and financial abuse of elders; Self-determination; Quality of life

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### Case Study #2: “Vincent”.

- Vincent was a 25 year old married male who worked as an electrician. While working, Vincent was electrocuted and became profoundly disabled. He never created any type of advance directives and was now in a vegetative state. He was incapable of making any decisions and could not speak. He was unable to communicate in any way. He was admitted to a skilled nursing facility where he was on a ventilator. Staff had conflicting ideas about what was best for him.
- Issues: Quality of life; self-determination; Withdrawing life-sustaining treatment

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### Vincent

- His wife agreed to have a physician issue a DNR for him, and staff were suspicious of her as they learned that she had filed for divorce prior to his accident. The social work staff and the medical staff debated the quality of Vincent’s life and could not reach agreement. Vincent remained on life sustaining treatment indefinitely.

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### Discussion

## Slide 22

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**MBK4** Could he communicate in any way? If not, consider rewording to "he could not communicate"  
Bern-Klug, Mercedes E, 2/5/2014

## Slide 23

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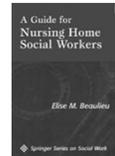
**MBK3** do you mean she agreed to have the physician issue a DNR?  
Bern-Klug, Mercedes E, 2/5/2014

## Resources to Reduce Risk of Ethical Violations

- <http://www.naswma.org/displaycommon.cfm?an=1&subarticlenbr=377>
- Peer consultation
- Supervision (support, guidance, and taking concerns up the ladder)---doctrine of “vicarious liability”<sup>MBKS</sup>
- Expert consultation---ethics centers/think tanks, or “clinical ethicists”
- Ethics review panels—for education, case reviews, and to develop or recommend new policies
- Always, use of legal advice when needed

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## Resources



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## Resources Continued

- Gone From My Sight, The Dying Experience by Barbara Karnes  
– [www.bkbooks.com](http://www.bkbooks.com)
- Final Stages - Gone from my site  
– <http://www.youtube.com/watch?v=PPx-qpos57g>
- Hard Choices For Loving People, CPR, Artificial Feeding, Comfort Care, and the Resident with a Life Threatening Illness by Hank Dunn  
– <http://www.hardchoices.com/>

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*Thank you.*

A recording of this webinar is available through the **National Nursing Home Social Work Network** website:

<http://clas.uiowa.edu/socialwork/nursing-home/webinars>

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**MBK5** sounds interesting and important!!!  
Bern-Klug, Mercedes E, 2/5/2014