Nurse, the Advocate of Rights of the Elderly

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Plan of the lecture

• Advocacy – explanation of the concept
• Advocacy in nursing
• Different models of advocacy in nursing
• Respecting human rights of the elderly
• Age discrimination – ageism
• Respecting dignity of the old person
• Respecting autonomy of the old person
• Conflicts of values, ethical dilemmas and barriers when practicing patient advocacy.

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PatieÝt’s advocacy – explanation of the concept

• Advocacy can be defined as activity of supporting the significant matter.
• It relates to the defence of fundamental human rights, especially for those who can not speak on their behalf.
In nursing, the term „ad\o ĐaĐy” is used to describe the essence of the relationship between nurse and patient. It is about empowering the patient to make his own decisions.
Why advocacy in nursing is needed?

• Relationships between patients and health professional are always asymmetrical. Patients are in a position of person asking for help/one who needs help.

• Patients very often require protection from acts of incompetence by health care professionals.

• Acting as advocates nurses are able to empower weak and vulnerable patients releasing them from discomfort and undignified situations.

• Patients can be vulnerable because of state of their physical and mental health condition, health illiteracy, because having problem to speak with the language of healthcare system, but also because of their age (like e.g. the elderly patients).
## Different models of advocacy in nursing

<table>
<thead>
<tr>
<th>Model of protecting human rights</th>
<th>Model of promoting decisions based on patient’s values</th>
<th>Model of respecting the person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse acts as the protector of human rights</td>
<td>Nurse helps the patient to speak about His own needs</td>
<td>Nurse is obligated to respect the patient as a person</td>
</tr>
<tr>
<td>Nurse informs the patient about His rights</td>
<td>Nurse creates possibility for the patient to make a choice based on His values</td>
<td>Nurse always takes the patient’s values as base for nursing care and tries to protect His dignity and privacy</td>
</tr>
<tr>
<td>Nurse makes sure that the patient understands His rights</td>
<td>Nurse does not dictate the patient decision but helps to consider its pluses and minuses for His health</td>
<td>If the patient is unable to speak for Himself, nurse tries to respect what was important for the patient before His illness</td>
</tr>
<tr>
<td>Nurse reports violations of patients’ rights</td>
<td>Nurse protects violations of patients’ rights</td>
<td>If nobody knows what was important for the patient before His illness, nurse tries to protect His good with the responsibility towards society and profession</td>
</tr>
</tbody>
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Different models of advocacy in nursing

- safeguarding the patient’s autonomy,
- acting on behalf of patients,
- championing social justice in the provision of health care.
Some basic documents on human rights

• The Universal Declaration of Human Rights (1948, UN);
• The European Convention on Human Rights (CE, 1950);
• The International Covenant on Civil and Political Rights (ICCPR) (1966, UN);
• The International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966, UN);
• The Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine (EC, 1997);
• The Charter of Fundamental Rights of the European Union, 2000;
• International organisations see the need of development of documents with human rights for the elderly...

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Human rights of older people

1. Older persons should have access to adequate food, water through the provision of income, family and community support.

2. Older persons should have the opportunity to work or to generate opportunities.

3. Older persons should be able to participate in determining withdrawal from the labour force takes place.

4. Older persons should have access to appropriate education.

5. Older persons should be able to live in environments that recognize their personal preferences and changing capacities.

6. Older persons should be able to reside at home for as long as possible.

7. Older persons should remain integrated in society, participate and implement policies that directly affect their well-being and skills with younger generations.

8. Older persons should be able to participate in activities that are suitable to their age, gender, abilities and interests.

9. Older persons should be able to remain active in their personal, family, social and community life.

10. Older persons should benefit from family and community care and protection in accordance with each society’s system of cultural values.

11. Older persons should have access to health care to help them maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.

12. Older persons should have access to social and legal services to enhance their autonomy, protection and care.

13. Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.

14. Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

15. Older persons should be able to pursue opportunities for the full development of their potential.

16. Older persons should have access to the educational, cultural, spiritual and recreational resources of society.

17. Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.

18. Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.
Human rights in nursing documents

The ICN Code of Ethics for Nurses

Human rights and nursing
RCN position statement

Older people rights in nursing documents - examples

Nursing care of the older person

ICN Position:
Nurses, in partnership with families and other health professionals, have a role to play in the care of older persons.

The goal of nursing care in working with older persons, is to achieve optimal health, well being, and quality of life as determined by those receiving care, consistent with the values and wishes of the individual. Meeting this requires sufficient numbers of qualified personnel. The International Council of Nurses (ICN) and national nurses associations (NNAs) have a responsibility to lobby and advocate for this, and to address the ageing of the nurse workforce itself, if future quality services for older persons are to be assured.

Nursing services constitute the largest single element in providing care for frail, sick and dying, while also contributing to health maintenance and disease prevention. Supporting family care, self-care and the right of the older person to participate in decisions concerning life-style and treatment, are important aspects of the nurse’s role.

Older persons tend to be considered as a homogeneous group. ICN feels that older persons need and have a right to expect individual treatment or care plans developed with the nurse, a key member of the team.

Nurses have a responsibility to maintain their level of competency in promoting quality care, delegate tasks safely and evaluate services and outcomes.
Age discrimination – ageism

PREAMBLE

Nurses have four fundamental responsibilities: to promote health, to prevent illness, to restore health and to alleviate suffering. The need for nursing is universal.

Inherent in nursing is respect for human rights, including cultural rights, the right to life and choice, to dignity and to be treated with respect. Nursing care is respectful of and unrestricted by considerations of age, colour, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status.

Nurses render health services to the individual, the family and the community and co-ordinate their services with those of related groups.
Age discrimination – ageism

„All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood“ [Art. 1. The Universal Declaration of Human Rights]

• Unfortunately, quite often age is taken as criterion for access to certain medical procedures.

• Age is the most visible element of discrimination in health care settings during routine care process.
Respecting dignity of the old person

DIGNITY OF A PERSON is fundamental base of all human rights

„When dignity is present people feel in control, valued, confident, comfortable, and able to make decisions for themselves. When dignity is lacking people feel devalued, and lacking at control and comfort. They may lack confidence and be unable to make decisions for themselves. They may feel humiliated, embarrassed or ashamed”. [RCN, defining dignity – challenges and opportunities for nursing, 2008]
Respecting dignity of the old person

- Informing the patient about everything that is happening
- Obtaining informed consent for every undertaken action
- Respecting privacy, intimacy and confidentiality
- Communicating, listening and supporting the patient
Respecting dignity of the old person

- Other key elements of dignified care for the old person:
  - Addressing basic human needs as nutrition, elimination and personal hygiene needs in respectful and sensitive manner;
  - Promoting inclusivity and participation by providing adequate information;
  - Promoting a sense of identity;
  - Focusing on the individual and recognising human rights.
What you can expect from us:

• The reception staff will be welcoming, courteous and helpful.
• You will be given a rough estimate of how long you should expect to wait before being seen by a healthcare professional.
• All healthcare professionals dealing directly with you will formally introduce themselves and their role.
• All staff will ask you how you would like to be addressed. Either formally, by using your title and surname, or more informally using your first or other preferred name.
• You will be looked after in a clean and safe environment. All staff will wash or cleanse their hands regularly and before each patient contact.
• You will be asked for your informed consent before any procedure is initiated.
• You will be kept up to date with information about your treatment plan. Any information obtained will be recorded and remain strictly confidential. We may however need to share some information with other health and social care professionals. Please feel free to ask about this in more detail.
• You will be treated with respect and dignity at all times.
• Staff will do their best to respect and address any religious or cultural needs if you make them aware.

What we expect from you:

• We expect you to be respectful, courteous, polite and non-threatening to all our staff. We also expect you to respect the needs of others using the department.
• At certain times, staff will be directed to deal with life threatening emergencies which may therefore delay your treatment. We would ask for your understanding and consideration at these times.
Cases …

• Mrs H was a dignified woman lived in her own home until the age of 88, needing relatively little support. Mrs H was deaf and partially sighted and communicated through British Sign Language and deaf-blind manual although she could still read large print.

• Following a fall at home, Mrs H was admitted to the Elderly Care Assessment Unit with acute confusion. While Mrs H was in hospital: she had a number of falls, one of which broke her collar bone, but her niece was not informed. Several injuries and falls were not included on her discharge summary. Poor nursing records were kept and no personalised plans for her non-medical needs were developed and although at low risk of malnutrition at admission, Mrs H lost about 11 lbs during her first three months in hospital. Communication with Mrs H was difficult and her specific needs were not met. No activities or stimulation were provided for her. The discharge arrangements for this lady were confused and no effective handover to the care home was completed. When Mrs H arrived at the care home, the Manager noted that she had numerous injuries, was soaked with urine and was dressed in clothing that did not belong to her which was held up with large paper clips. She had with her several bags of dirty clothing, much of which did not belong to her, and few possessions of her own. Mrs H was very confused. She was highly distressed and agitated and the following day was admitted to a local hospital due to concerns about her mental state and her physical condition. Sadly, Mrs H died in August 2010.

[Parliamentary & Health Service Ombudsman, London 2011]
Cases ...

„I ŵît to ĵisit ŵy husďaŷd oŷ the first day. Wheŷ I ŵît iŷ he as alŵost iŷ tears. He said: „Please, please go aŷd get a ćottle. I aw ţearly ĵettiŷg ţwyself”. I rushed out. I got a ćottle aŷd I said to hiŵ: „Well, hy didŷ’t you just riŷg the ţurse?” He said: „I ha|e. For aŷ hour aŷd a half l’|e ĵeeŷ askiŷg for a ćottle”. Wheŷ I ŵît out aŷd told the ţurse she said: „Oh, doŷ’t ţorry, ţould ha|e Đhaŷged the sheets”.

His digŷity at that stage ţould ha|e goŷe out of the ţiŷdo‖”.

[BBC News].
Respect for the patient’s autonomy

• The patient is a autonomous human being who can constitute about himself. Therefore, we must obtain informed consent for medical interventions (including nursing interventions) from each patient.

• "Somebody gives informed consent to an intervention then (and maybe then and only then), when is competent in action, receives full information, understands it, acts voluntary and permits an intervention." [Beauchamp&Childress]
Respect for the patient’s autonomy

• **Convention on Human Rights and Biomedicine** Article 5 – „An intervention in the health field may only be carried out after the person concerned has given free and informed consent to it. This person shall beforehand be given appropriate information as to the purpose and nature of the intervention as well as on its consequences and risks. The person concerned may freely withdraw consent at any time.”
Respect for the patient’s autonomy

What does it mean for nurses?

- Patient has to have legal capacity – it differs from country to country (in Poland from age of 18, but 16 years old teenagers are also asked for consent for medical intervention – together with their parents);
- Patient must be conscious;
- Patient has to act freely without pressure;
- Patient has to obtain understandable information about nursing i̇ter|ėtiȯ ;right ||ords, right ti̇we, i̇ right plȧDe ....

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Respect for the patient’s autonomy

• Obtaining consent for medical interventions does not mean leaving the patient to make his own choices without any support.
• This is nurses role – to support patient with advices, giving additional information and also by being present when patient makes difficult choices.
• It is especially important when working with the old patient.
Respect for the patient’s autonomy

• The question arises: whether the elderly man is capable of making a fully autonomous decisions?

• As nurses we know from experience that the aging process makes it difficult for patients to make decisions in a world full of technological innovations and the sheer volume of messages.

• Additionally, the older person experience very often cognitive and sensory impairment what make more difficult to understand what is happening with him and what should be done.
What is helpful?

• As nurses we need time and caring communication.

• In the caring communication with the patient it is possible to negotiate what is important for the patient and what should be the essence of care in this particular case!
Conflicts of values, ethical dilemmas and barriers when practicing patient advocacy

- Barriers in the health care system: e.g. nurses shortage and lack of time for building respectful and caring relationship with the old person!
Conflicts of values, ethical dilemmas and barriers when practicing patient advocacy

<table>
<thead>
<tr>
<th>Activity</th>
<th>Nurses reporting that activity was left undone inadequately on their last shift due to lack of time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comforting/talking to patients</td>
<td>78%</td>
</tr>
<tr>
<td>Promoting mobility and self care</td>
<td>59%</td>
</tr>
<tr>
<td>Oral hygiene</td>
<td>48%</td>
</tr>
<tr>
<td>Falls prevention</td>
<td>45%</td>
</tr>
<tr>
<td>Sufficient change of patient’s position</td>
<td>41%</td>
</tr>
<tr>
<td>Information giving to patients and families</td>
<td>38%</td>
</tr>
<tr>
<td>Helping patients with food and/or drink</td>
<td>34%</td>
</tr>
<tr>
<td>Helping patients use the toilet or manage incontinence</td>
<td>33%</td>
</tr>
<tr>
<td>Prepare patients and families for discharge</td>
<td>30%</td>
</tr>
<tr>
<td>Skin care</td>
<td>30%</td>
</tr>
<tr>
<td>Pain management</td>
<td>19%</td>
</tr>
<tr>
<td>Care for dying patients</td>
<td>17%</td>
</tr>
</tbody>
</table>
Conflicts of values, ethical dilemmas and barriers when practicing patient advocacy

- Nurse works at health care institutions and it is often a barrier for being patient advocate (role conflicts, lack of nurses autonomy) (T. Pence, 1994)

**When a nurse takes a job, she comes equipped with a set of professional values that cannot be negotiated away as part of an employment contract.**
Conflicts of values, ethical dilemmas and barriers when practicing patient advocacy

• Conflicts between patient and nurses values what very often resulting moral distress (e.g. when we feel to be obliged to protect health and life of the patient and the patient does not agree for e.g. blood transfusion (Jehovah witness). How to be the patient advocate in such circumstances?
Conflicts of values, ethical dilemmas and barriers when practicing patient advocacy

• Conflicts of loyalties and accountabilities of the nurse exist within the healthcare system. Nurses acting as advocates have been labelled as trouble makers by colleagues, accused of insubordination and have suffered the loss of reputation, friends and self esteem. Patient advocates may experience moral distress due to moral dilemma resulting in a feeling of powerlessness. Whistle blowing has been reported to result in ostracism and disruption extending to nurses personal lives.

[G. Kibble, 2012]
For the end

• Even though it is not easy, nurse has an obligation to have knowledge about moral and legal rights of all patients, to protect these rights and to do what is possible in order to other representatives of medical personnel also protect patients rights.

• Nurses cannot be blinded witnesses of violations of patients rights, especially in the elderly case, and wait that somebody else would change the system.
References

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