

1.1 Ethical Responsibilities on Admission

Case Study

Mrs A has been a resident of an aged care home for the past 12 years. Previously this home provided low care and has now adopted the policy of “ageing in place” for its residents. It has promoted this new policy to the residents and their support persons.

Mrs A has recently spent an extended time in hospital and now has a tracheostomy which is routinely managed by nursing staff. Her health and personal care requirements have certainly increased but in the main they are considered to be routine and able to be managed in an aged care home.

Mrs A is keen to return to the community she knows well and considers that she has many friends there who can visit. Her family members are also keen to see that she spends the last part of her life in the place she knows and loves.

Discussion Questions

What would the resident’s family now need to consider in terms of Mrs A’s care?

What information would need to be provided to Mrs A and her family/support persons?

What is the next step?

1.2 Unjust Discrimination

Case Study

Ms P (a personal carer) shares a house with Mr R (a senior manager who rosters staff for shifts). Other members of staff state that when extra shifts are available (particularly shifts that attract penalty rates) Ms P is chosen to work those shifts by Mr R

Discussion Questions

Who would investigate and address any inequities?

What assurances would staff be given regarding confidentiality if they complained and how would they know they will not be victimised?

1.2 Unjust Discrimination

Case Study

Mr V is a resident who has some dementia. When female staff attends him he grabs their breasts and demands sexual favours. Some staff members cope with the situation better than others who are quite upset about this behaviour. Mrs V is unaware that her husband is behaving in this way and she is Mr V's legally appointed representative. She describes her husband as having been a businessman who has been a considerate husband.

Discussion Questions

What should the staff involved do and should only the staff who are upset take action?

How would this situation be investigated?

What could the staff expect regarding resolution?

Who would need to be involved in addressing the issues?

What is the responsibility of the employer?

1.3 Consent

Case Study

Mr B suffers from dementia but has no legally appointed person to consent to or refuse treatment. He does have a large family most of whom visit regularly. Mr B is able to walk around the home with his family or with staff members. Mr B's family members do not always agree with each other about his care, and gaining consent for procedures is fraught with difficulty.

Discussion Questions

How could this situation be managed?

What information could be provided to family members or support persons prior to admission so that such a situation is avoided?

What steps should be taken in reviewing representation?

1.4 Nutrition and Hydration

Case Study

A newly appointed registered nurse notes that some residents (mostly those with dementia) appear to be slowly losing weight. This is accepted as a normal occurrence in the home although regular monthly weighing of residents occurs.

Discussion Questions

What are the nurse's responsibilities?

What steps should he or she take?

What assessments would be required to ascertain the facts?

Who should be involved?

What are the obligations of the home in relation to nutrition and hydration?

1.5 Artificial Nutrition and Hydration

Case Study

Mr C is now a resident of an aged care home following a stroke and having firstly been admitted to an acute care hospital. Mr C has a swallowing difficulty and required a PEG. There is some thought that this may be removed if rehabilitation is provided and the effects of the stroke lessen. Ms P, a recent nurse graduate, is upset that this care is not being provided when she is sure Mr C should be given the opportunity of rehabilitation and a better life, possibly without the PEG.

Discussion Questions

Who could Ms P take her concerns to and what could she expect to occur?

Who should be involved in assessments?

What is the responsibility to provide specialist rehabilitative care?

1.6 Palliative Care

Case Study

Mr D has terminal cancer with metastases. A tumour is near the aorta and there is the risk of invasion of the aorta resulting in a huge bleed. Mr D wishes to remain in the aged care home and to die there (he has resided for some time in this home). Mr D has been told of the possibility of haemorrhage and does not wish for his family to know of this.

Discussion Questions

Who should coordinate this situation and what information is required to be given to the parties concerned?

What preparations should be made for Mr D, his family members or support persons and for the staff?

1.7 Care of the Dying

Case Study

Mrs E is resident of an aged care home and she has a terminal disease. Mrs E has only a very short time to live and does not know what is occurring now. She has always supported her three daughters and raised them by herself. A long time after Mrs E's children left home in adulthood she remarried and her husband later died leaving her financially secure. One of Mrs E's daughters has approached care staff and stated that the dress ring Mrs E has with her is really her ring and, given her mother's lack of awareness, she would be grateful if the staff would give the ring to her. Mrs E's daughter stated that she lent the ring to Mrs E to cheer her up whilst in the last part of life.

Discussion Questions

What information is required to resolve this issue?

Where would this information be found?

Who should manage this matter?

What is the appropriate response to be given to Mrs E's daughter?

1.8 Euthanasia

Case Study

Mr G is an 89-year-old very deaf man and he speaks in a loud voice. He is not terminally ill. Mr G is constantly asking staff to end his life (in a very loud voice). His request is upsetting staff and other residents. Mr G does not want to discuss the issue. He has no close relatives or friends.

Discussion Question

What could be done in this situation?

1.9 Not for Resuscitation

Case Study

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Discussion Questions

Does the doctor's instruction need to be questioned in terms of the right of the patient to be consulted, and to give or refuse to give consent?

Who else should be consulted?

Is the instruction sufficiently specific in relation to which measures are to be undertaken and which not?

Is it adequate that a nurse operate on the basis of undocumented instructions on a matter of such significance?

Has the doctor provided an indication for not resuscitating?

Who would be liable in the event that an arrest occurred and death was thought to have been contributed to by failure to take prompt action?

1.10 Risk Taking

Case Study

Mr L is an insulin dependent diabetic. He was admitted to the aged care home because he is no longer able to care for himself at home (particularly since the amputation of his right leg and the deterioration of his eyesight). Mr L loves sweet biscuits and chocolates and has never really followed the diet recommended for him as a diabetic. Mr L hides his biscuits and chocolates in his wardrobe and he often hopped over to the wardrobe without his artificial leg. Mr L fell on one of these journeys and could have seriously injured himself.

Discussion Questions

What are Mr L's options?

What suggestions could be made to Mr L regarding his need to eat chocolates and biscuits?

What factors would need to be considered in this situation?

Who needs to be involved in this situation?

What are Mr L's rights and responsibilities?

1.11 Care of persons with mental illness or dementia

Case Study

Mrs M was admitted to the aged care home with a diagnosis of dementia. The nursing staff were not convinced Mrs M suffered from dementia. They knew and observed some vagueness and some other cognitive changes but Mrs M's memory seemed relatively good. When Mrs M started seeing odd things the general medical practitioner reviewed her and she was found (following tests) to have a brain tumour. The current treating medical practitioner was appointed on Mrs M's admission to the aged care home. The assessment resulting in a diagnosis of dementia was not recorded in the case notes.

Discussion Questions

What information should be ascertained on admission from the doctor or previous doctors?

Who should acquire this information?

Should this information be documented in the aged care facilities case notes?

1.12 Restraint

Case Study

Mrs A has been diagnosed as having dementia and Parkinson's disease. In recent times she has had an urinary tract infection and is just recovering from this. Mrs A had several falls and it is thought that she should be restrained to protect her from harm when she falls.

Discussion Questions

Does the home have a protocol about restraint use and does it indicate the need to assess residents for other illnesses and risks associated with falling?

What other factors should be considered before restraint is used?

Who should be involved in the decision to restrain a resident?

What observations and care is required when a resident is restrained?

What are the risks of restraint?

1.13 Privacy and Confidentiality

Case Study

Mr C is very frail and unwell and has been admitted to an aged care home. Because of his medical condition he stays in his room causing some curiosity with the other residents who quiz the staff about Mr C. They want to know who he is and what is wrong with him and why doesn't anyone visit him. The questions are harmless enough as the residents only want to know about a new person living with them.

Discussion Questions

What should the staff tell the residents?

What should the staff do about the situation and why?

1.13 Privacy and Confidentiality

Case Study

Mrs K has some dementia and her clothes seem to bother her. As a result she often takes off some of her clothing, leaving her in a semi-exposed state. As this occurs fairly often the staff have almost given up re-arranging her clothes or covering her with a blanket. It is time consuming and repetitious for the staff to be continually attending to Mrs K's clothes. The staff feels that no one really seems to mind or even notice her semi state of undress.

Discussion Questions

What should the staff tell the residents?

What should the staff do about the situation and why?

1.14 Conscientious Objection

Case Study

Nurse B is caring for Mrs D who is very ill and unable to take any fluids or food. Mrs D's GP has decided that Mrs D should have some fluids and nutrition, as her death is not imminent. The GP has made out an order to that effect. He has requested that Nurse B place a nasogastric tube and commence fluids and if tolerated to add some nutritional feeding. Nurse B believes strongly that to do so will harm Mrs D and will not benefit her in any way and so refuses to be involved. As she is the only registered nurse on duty at the time, there is no one else to undertake the procedure.

Discussion Questions

What are the issues in this situation?

Was the nurse correct in refusing to place the NG tube and feed Mrs D?

What actions should be taken, or should have been taken, to ensure that Mrs D has the care that meets her needs according to her wishes?

1.15 Complementary Therapies

Case Studies

Mr J asks the personal care assistant to help him with some of his medicines that he has in his draw. Mr J says that his family buys them at the health food shop for him but they are too big to take and he needs help to break them into smaller pieces.

Discussion Questions

Is there anything wrong with Mr J taking his own complementary medicines?

What response should the personal care assistant make?

1.16 Complaints

Case Study

The family of a resident in an aged care home is concerned that whenever they come to visit their relative, Mrs L, who does not speak English very well, that she is always sitting in the same chair and looking out the same window. The nurse says that Mrs L requests to sit there and that she does not like to do other things. The family become increasingly concerned believing that Mrs L should be offered a variety of activities and outings that are suitable for her to undertake. They decide to make a formal complaint but are unsure what options are available to them or to whom they should complain as they do not want Mrs L to be 'targeted' if they make a complaint.

Study Questions

Can you identify problems in this case study?

Could they have been prevented?

How can they be resolved?

1.17 Security of Tenure

Case Study

Mrs K has developed severe dementia since being admitted to an aged care home over a year ago. She has developed aggressive and very noisy behaviour that is becoming increasingly violent and difficult to manage although Mrs K has not been fully assessed for some time. The staff becomes distressed, as do the other residents. Mrs K has a fall and becomes even more disruptive and difficult, and as a result the staff call an ambulance to take her to hospital. While being assessed at the local hospital the provider informs the family and the hospital that the home is unable to provide for the care of Ms K any longer and she cannot return to the home.

Discussion Questions

What are the issues for the staff regarding the management of Mrs K's dementia?

How should the staff have responded, following Mrs K's fall?

What are the correct processes for the home to follow to protect Mrs K's rights if they are unable to meet her care needs?

1.18 Choice of Medical Practitioner and Other Attending Health Care Practitioners

Case Study

Mrs Y's Medical Practitioner has not written her full medical history in the case notes. One evening Mrs Y complains of abdominal pain and the locum doctor attends. There is no indication that Mrs Y has had any abdominal surgery except for an old scar. Mrs Y is unable to give a medical history and her family cannot accurately recall her medical history but do remember that when they were very young their mother was hospitalised for surgery.

Discussion Questions

How would it assist the locum doctor if a comprehensive medical history were available in the case notes?

What benefit is there to the resident if all medical information is available to treating professionals?

Are there resource implications regarding this oversight and, if so, what are they?

What role would the provider of aged care have in setting the standard for such documentation?

What processes would be required to establish such a standard?

1.19 Religion

Case Study

Pastor Bill is a chaplain at the home. Among other things, he has, for some time, been conducting ecumenical memorial services for former residents of the home who have died in the previous 6 months. Other residents and families of the deceased are invited to attend, and the services are generally well supported and appreciated by them. Indeed no one has objected to them. A new hostel supervisor now refuses to supply the list of the deceased and the names and addresses of the relatives on the grounds that the relatives have not given him permission to do so. When asked, the hostel supervisor also refuses to ask the relatives for their permission to disclose the information.

Discussion Questions

Does the provider have responsibilities to facilitate the services?

Does the resident have the right to have the availability of such services made known to them?

1.19 Religion

Case Study

Pastor Bill also has the practice of visiting members of his denomination who have come to live at the home. Previously, this information was provided to the Pastor upon the admission of new residents. Indeed the Pastor has always enjoyed excellent working relationships with all members of staff and his visits to residents welcomed. The same new hostel manager now refuses to provide this information. He says that pastoral care is a “personal matter”. A pastor or priest would only be called for those residents who explicitly request such a visit.

Discussion Questions

Is there an issue of resident’s right of access to the practice of their religion?

Is there a better way that this could be handled?

Does the resident have the right to have the Pastor’s availability made known to them?

What is the responsibility of a home manger to unsolicited visitation?

1.20 Culture, Choice, Lifestyle and Independence

Case Study

Mrs Z is a resident of an aged care home and is the only resident of Russian origin. She speaks very little English and sits by herself most of the day. She has a large family who visits her very frequently. As a result they are very noisy and take up quite a bit of room in the small lounge area. The staff feels that they the family is disturbing the other residents and so have requested that only a few of the family visit at any one time.

Mrs Z's family has always had large gatherings and believes it is important for their mother, as it is the only thing to which she looks forward.

Discussion Questions

Has the staff presented the best option in reducing the size of Mrs Z's family who can visit?

What strategies, if any, could be developed that both accommodate Mrs Z and her family as well as the home?

1.21 Younger Persons with Degenerative Disorders or Other Disabilities

Case Study

Ms L is forty years old and has been admitted to an aged care home because of progressive motor neurone disease. She is able to communicate well although physically she is very dependent. She has strong intellectual interests and previously worked in education in a tertiary setting.

Discussion Questions

What should be considered in defining the care needs of Ms L?

How can any differences in the needs of Ms L be accommodated in an aged care home?

1.22 Ethical Responsibilities in Respect of Residents' Financial and Legal Matters

Case Study

Mrs Z owned an old Singer sewing machine. In discussion Ms W (personal carer) said she was looking for such a machine. Mrs Z said she could have her machine. Ms W arranged to collect the machine and took it home. Several months later Mrs Z died and her daughter from New Zealand came and enquired about the sewing machine.

Discussion Question

What policies and procedures should the aged care home have in place regarding these issues?

What should staff know about these matters?

What are the likely outcomes of such a situation?

1.23 Elder Abuse

Case Study

Mr K is very physically dependent and he also has some mild dementia. Often when his dementia is at its worst he says to no one in particular that his money and belongings have been stolen. The staff and his family believe this is part of his dementia although his family is not close and do not visit very often.

Discussion Questions

Is the staff correct to identify this as part of his dementia? Why?

Is there another perspective that should be addressed before a conclusion is drawn?