Aims of Workshop
This interactive workshop is structured around 3 case studies with a geriatric focus. The intent is to analyse the problems presented in each situation using precepts of modern biomedical ethics and to develop a consensus regarding the appropriateness of the care that was provided in each case. The workshop will not concern itself with end-of-life care, but rather will examine decision-making in common daily practice situations. It is hoped that participants will not only provide lively discussion, but also, present cultural attitudes and interventions that differ from more traditional approaches.

Learning Objectives
1. To provide a context for reviewing the basic principles of biomedical ethics and their application.
2. To identify ethical challenges that occur in caring for aging individuals.
3. To gain knowledge that will facilitate the development of skills for effective resolution of ethical conflicts that arise during the care of the elderly.

Learning Outcomes
After the workshop, the participants will be able to list the basic principles of biomedical ethics and to elaborate on how they apply to the care of the elderly. Further, they will be better equipped to recognise when and how ethical conflicts present and to apply the approaches learned during the session to their clinical endeavours.

Target Audience
Attendees with an interest in ethical challenges in the treatment of the aging and elderly; those who enjoy debate and lively discussion; and those who wish to discuss cross-cultural application of the principles of classical biomedical ethics.

Advanced/Basic
Basic

Suggested Learning before Workshop Attendance
1. American Society on Aging website: www.asaging.org/blog/content-source/101

Suggested Reading
(Please see also above.)
Case 1 - Assessment and Management of the Frail Patient
Tamara Dickinson, MSN, AGPC-NP, CURN, CCCN, United States

The global aging population is a public health concern with increasing comorbidities and rising healthcare costs (WHO, 2016). There is a shifting focus to primary prevention and health promotion. Focused geriatric primary care training physician fellowships aim to teach the delicate balance of the assessment and management of the frail elderly (UT Southwestern, n.d.). The elderly is a vulnerable population and can be frail and prone to adverse events. Ansryan et al (2018) described a model called the Systems Addressing Frail Elder (SAFE) Care model that recognized the importance of an interprofessional team. In this model the physicians did not write any orders but the decisions fell to the discretion of the interprofessional team as a whole and physicians along with the other members made recommendations for care (Ansryan et al, 2018). During the focused assessments the most frequent risk factors identified were decline in function, evidence of downward health/functional trend and concern for patient safety due to mentation or mobility (Ansryan et al, 2018). This discussion will focus on two elderly patients with very different urologic diagnoses that had options for both conservative care or surgical intervention and whether or not the decisions led to the best outcomes.

References


Case 2 - When patients, families and doctors disagree: A framework
Dr. Martha Spencer, MD, FRCPC, Canada

North America’s aging population has created a shift in the demographics of those being referred for surgery, such that more than half of the surgeries being performed in the US are in those over 65 years old (1). Geriatric patients have unique physiological, psychological and social factors that often requires a more complex assessment when considering suitability for surgery. Not only does physical frailty need to be considered, but also issues related to cognition, capacity to consent, and values of patients and their families. In this case, we will discuss a clinical scenario in which there is lack of agreement about the utility and appropriateness of a surgical intervention for pelvic organ prolapse between the treating surgeon, the patient and her family. We will explore the use of the four-box ethical approach to help in the resolution of such challenging situations (2). Additionally, we will review evidence for clinical decision aids and tailored communication techniques that may be effective in surgical consultation (3-6).

References
**Treatment of urinary incontinence in the demented patient; when caregiver bother exceeds that of the patient**

Anne M. Suskind, MD, MS, FACS, United States

Urinary incontinence is extremely common among older adults and is strongly associated with dementia later in life. The older demented patient with urinary incontinence poses several difficult treatment dilemmas where typical treatments such as behavioral therapies may be difficult to execute and pharmacologic therapies may have unattractive side effect profiles. While some demented older adults are quite bothered by their urinary incontinence and clearly warrant some type of treatment, others may be content to remain untreated and to live with their leakage. Sometimes, however, there is a mismatch between patient and caregiver burden related to urinary incontinence, where the caregiver is disproportionately bothered by this problem and the patient is not. In this case, we will discuss a clinical scenario where a distressed family member brings in their (unbothered) demented parent with urinary incontinence for treatment. We will explore the ethical considerations of addressing both patient and the caregiver needs in this common and difficult situation.

**References**