Autonomy in Long-Term Care

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Autonomy in Long- Term Care

(1) When can HCPs *interfere* with residents doing what they want?

(2) When should HCPs *facilitate* residents doing what they want?

J.S. Mill, *On Liberty* (1859)

All interference qua interference is an evil

(1) Irksome
- (a) To be prevented from doing what one wants
- (b) To be ordered about even if what ordered to do is what one wants to do

(2) Tends to starve some portion of the human faculties

Self-Regarding

= Outside control

Offense

Harm to self

+

Unencumbered

- Understands
- No mental illness
- No emotional upset
- Voluntary
- Informed

Other-Regarding

= Within control

Harm to others

Harm to self

+

Encumbered

Self-Regarding

Offense & Harm to self + Unencumbered

Offense

Richardson JP, Lazur A. Sexuality in the nursing home patient. *American Family Physician*, January 1955, 51(1): 121-4.

Anti-Paternalism

(1) Mill: Bad consequences

(2) Kant: Disrespectful

Other-Regarding

Harm to others & Harm to self + Encumbered

No Actual Interference — Actual Interference

Effective

Benefits> Evils

Mildest possible

Thought justifiable

As more risk to others, more interference

As more risk to self + more encumbered, more interference

Applying Mill

Autonomy limited by

- Harm to others
- Encumbrance + Harm to Self

Easy to find

- Excuse to interfere
- Way to respect autonomy

In the end it comes down to attitude

Facilitating Risk-Behaviour

Two schools of thought

(1) Professional autonomy:

Principle of Nonmaleficence: do no harm

(2) Patient/family autonomy:

Experts on what is worth what

Conclusion

HCPs can *never* interfere paternalistically with the unencumbered

HCPs can *never* refuse to help the unencumbered live at risk

Qualification

“Never” = “Hardly ever”

HCPs can interfere/refuse to help if harm is *certain, imminent, substantial*