

**ETHICS FOR AGEING SOCIETIES:
*HOW CAN WE PROMOTE
FLOURISHING AND IMPROVE CARE?***

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“Promoting Intrinsic Capacity in Ageing”

CUHK Jockey Club Institute of Ageing

The Chinese University of Hong Kong

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THE HASTINGS CENTER

For information on our Visiting Scholar Program for 2018:

<http://www.thehastingscenter.org/who-we-are/service-to-bioethics/visiting-scholars/>

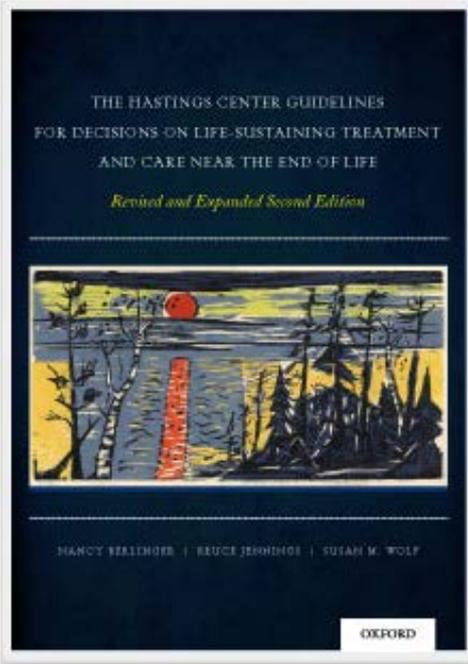


ETHICS AND AGEING

- At the “bedside” and clinic level, how should we recognize and support discussions and decisions about serious, often age-associated illness, as a common aspect of good care for people in ageing societies? (Not limited to “end of life.”)
- At the societal level, how should we respond to the consequences of advances in medicine and public health, and the population-level needs of people in an ageing society? (Not limited to “end of life.”)
- What tools should we use to promote both levels of ethics – the resolution of clinical uncertainty, the recognition of population ageing – within and across ageing societies? (Not limited to “end of life.”)

HASTINGS CENTER GUIDELINES (1987; 2013)

IMPROVING COMMUNICATION ABOUT SERIOUS ILLNESS COLLABORATIONS WITH HOSPITAL CLINICIANS (2013-16; SHM WEBSITE LAUNCHED MAY 2017)



MEDICINE AND SOCIETY

Forty Years of Work on End-of-Life Care — From Patients' Rights to Systemic Reform

Susan M. Wolf, J.D., Nancy Berlinger, Ph.D., and Bruce Jennings, M.A.

N Engl J Med 2015; 372:678-682 | February 12, 2015 | DOI: 10.1056/NEJMms1410321



The Milbank Foundation



SERIOUS ILLNESS: A COMMON EXPERIENCE ACROSS AGEING SOCIETIES

- Management of serious illness and comorbidities is integral to the health of older adults, and of family caregivers
- Reality of population aging, and of serious illness as a common experience shared by citizens across ageing societies, calls for improvements to care systems

PRIMARY PALLIATIVE CARE: A SOLUTION FOR SERIOUSLY ILL PEOPLE

- Seriously ill patients need consistent access to palliative care, a proven approach, during and after hospitalization. Limited size of palliative care specialist workforce is barrier to access
- Primary palliative care has emerged as a new strategy for meeting palliative care needs that do not require specialist consultation
- Quill & Abernethy (2013). Generalist Plus Specialist Palliative Care: Creating a More Sustainable Model. *NEJM* 368(13), 1173-1175.

HOSPITALISTS AS PRIMARY PALLIATIVE CARE PROVIDERS

- Hospitalists (internal medicine specialists who care for patients in hospital medicine wards) are well-situated to function as primary palliative care providers:
 - direct most care for seriously ill adults in the hospital
 - play consensus-building role with other clinicians
- For hospitalists to be *effective* in this role, they need:
 - educational support and mentoring in PPC skills
 - practical work on task integration
 - operational support from leadership , IT

OUR RESEARCH QUESTIONS

- How should the field of hospital medicine recognize, strengthen, and support hospitalists and clinical colleagues as primary palliative care providers?
- How can a key domain of primary palliative care – **communication about prognosis and goals of care** – be realistically integrated into time-sensitive daily tasks?

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Improving Communication about Serious Illness-Implementation Toolkit



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Overview

This Resource Room is the product of a two-year collaboration between the Society of Hospital Medicine (SHM)'s Center for Hospital Innovation and Improvement and The Hastings Center. This collaboration created a new task-based pathway to improve care for seriously ill patients, focused on prognosis and goals of care communication by hospitalists in collaboration with nurses and teams.

The Society of Hospital Medicine hopes that this implementation toolkit will be helpful to:

1. individual clinicians hoping to improve their communication,
2. clinical champions who might lead projects to improve serious illness communication,
3. to service and hospital leadership, to understand how to best support hospitalists and their teams in providing the highest quality of care to their seriously ill patients.



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with additional support from the Donaghue Foundation's
R3 grant program for project development.*

Admission

- Assess decision-making capacity
- Identify surrogate decision-maker
- Review established care preferences (advance directive, POLST/MOLST)

During Hospitalization

- Screen for serious illness
- Screen seriously ill patients for prognosis & goals of care communication needs
- Conduct goals of care discussions, if needed

Discharge Planning

- Alert outpatient clinicians of preference changes
- Update documents (advance directive, POLST/MOLST)
- Discuss hospice options for patients preferring comfort-focused care
- Community palliative care, if available, for other seriously ill patients

Serious Illness Screen

- Identify life-limiting conditions, including multimorbidity
- Consider functional status and readmissions
- Would you be surprised by the patient's death in the next 12 months?

Screen for Prognosis & Goals of Care Communication Needs

1. Assess the patient's prognosis and treatment options
2. Elicit other clinicians' assessments (e.g. primary care, oncology)
3. Elicit patient/surrogate understanding of and questions about prognosis, treatment goals
 - If clinicians and patient/surrogate have a different understanding of prognosis and goals, plan Prognosis & Goals of Care Discussion

Prognosis & Goals of Care Discussion(s)

1. Identify: Patient/surrogate questions and concerns
2. Prognosis: Assess understanding and needs; provide information
3. Explore: Patient/surrogate hopes, values, and preferences, given the prognosis
4. Treatments: Review options; assist patient/surrogate in selecting plan that aligns with hopes, values, preferences
 - Include or update bedside nurse and other team members
 - Involve palliative care service, if available, for complex cases

THE SOCIAL ETHICS OF AGEING, CHRONIC CONDITIONS, AND THE END OF LIFE

- Two-year planning process (10/16 through 9/18) funded by the Robert W. Wilson Charitable Trust, with additional support from two internal funds.
- Our big question: How best can the field of bioethics meet the needs of America's ageing society and of older adults and their caregivers?
- Our goal: To develop a **social ethics framework** for our field, supporting conceptual and empirical work on ethical challenges facing **ageing societies**, not limited to medical decision-making and end-of-life care.

GUIDING QUESTIONS

- What **real world changes** are most needed to promote good and prevent harm or injustice to older adults, to others in the last stage of life, and to caregivers?
- Which **audiences** can do something about these hoped-for changes, and therefore are those we most want to reach?
 - Also, which audiences are *not* receptive to these messages even if they have the power to act?
- What can **bioethics** offer toward achieving these real world changes?

PRELIMINARY QUESTIONS EMERGING FROM OUR PROCESS

- *How should we think about and promote human flourishing in the last stage of life?*
- *How should ageing societies adjust to frailty and dementia as aspects of society?*
- *What does an ageing society owe to family caregivers?*
- *How do housing and environment inform health-related decision-making by older adults?*



Caring for Older People in an Ageing Society

www.bioethicscasebook.sg



Centre for Biomedical Ethics
Yong Loo Lin School of Medicine



Mdm Kwok



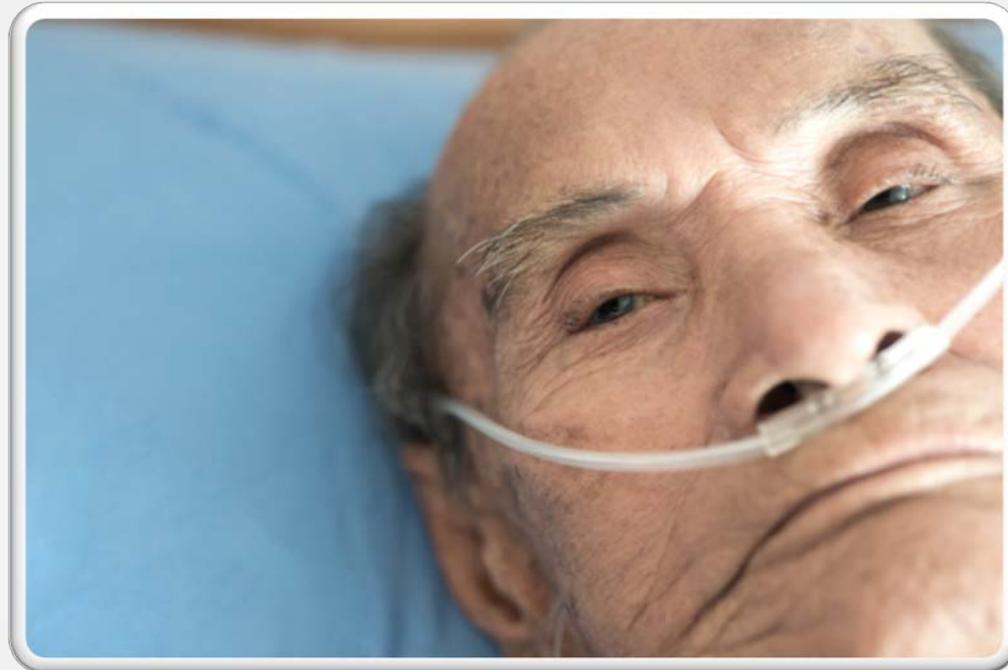
This case concerns a retired teacher living alone in a one-room HDB flat who has lived a relatively active life despite diabetes and hypertension. Mr Chu, a case worker from a community-based organisation, visits her and wonders if he should be encouraging her to be healthier, or supporting her choices, even if they could lead to poorer health?

Mr Tan



This case concerns a man with moderate dementia who lives with his daughter Leila and her family and is cared for by Nabila, a foreign domestic worker. When Mr Tan's behaviour at an adult day centre jeopardises his placement there, how should his extended family respond to his changing care needs?

Mr Yap



This case concerns a man who has worsening pulmonary disease and who cares for his wife, who has mild dementia. He expresses his concerns to his son, Alex, who is married and lives apart from his parents. How should Alex respond to his parents' needs?

TAKEAWAYS ACROSS AGEING SOCIETIES

- Population ageing is a societal challenge, involving social structures and conditions beyond health care, such as housing, nutrition, transportation, and infrastructure.
- Framing this challenge in terms of “families” and their struggles, rather than as a shared concern, overlooks the societal dimension.
- What do societies that have “achieved” population ageing owe to people in them, including to the immigrant care workforce?

TAKEAWAYS ACROSS AGEING SOCIETIES

- Understanding public perceptions, attitudes, and priorities concerning older adults as members of communities and of a society, and concerning personal, familial, intergenerational, and public responsibilities, is part of this task.
- How can we help families discuss issues of aging and caregiving that unfold over time, not limited to health care planning and decision-making?

RESOURCES

- WG Anderson, N, Berlinger, J Ragland, L Mills, B Egan, B Hendel-Paterson, C Wiencek, H Epstein, E Howell. “Hospital-Based Prognosis and Goals of Care Discussions with Seriously Ill Patients: A Pathway to Integrate a Key Primary Palliative Care Process into the Workflow of Hospitalist Physicians and their Teams.” Society of Hospital Medicine and The Hastings Center, 2017. **Full toolkit:**
http://www.hospitalmedicine.org/Web/Quality___Innovation/Implementation_Toolkit/EOL/Palliative_Care_Home_Society_of_Hospital_Medicine.aspx
- N Berlinger, K de Medeiros, and M Solomon, eds., “What Makes a Good Life in Late Life?: Justice Questions for Aging Societies,” *Hastings Center Report* special supplement, January-February 2019 (forthcoming)
- JJ Chin, N Berlinger, MC Dunn, CWL Ho, MK Gusmano, eds., *Making Difficult Decisions with Patients and Families: A Singapore Bioethics Casebook, Volume I* (NUS, January 2014); JJ Chin, N Berlinger, MC Dunn, MK Gusmano, eds. *Caring for Older People in an Ageing Society: A Singapore Bioethics Casebook, Volume II* (NUS, May 2017) **Full text:** www.bioethicscasebook.sg