

# 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*