

Janxu Bridget Xia - Abstract

“Failing Elderly Patients with Chronic Illness: Why Autonomy Needs Reconsideration”

Background

Eating and drinking are meaningful human activities through which we give, receive and share food and maintain social relations. Elderly people are at risk for chronic conditions, due to decline in functional reserve, increased vulnerability to diseases and the effects of polypharmacy. Many of them are physically and psychologically burdened by swallowing difficulties (dysphagia). Therapeutic “non-compliance” is a challenge for speech-language pathologists, for patients often do not follow through recommendations. This is a classic conflict between two ethical principles: respect for autonomy which is the patient’s right to make medical decisions and beneficence which is the clinician’s duty to do good and prevent harm.

Aim

To explore the ways in which patient autonomy and clinician beneficence can be balanced in the process of clinical decision making.

Method

The research strategy is the critical review and synthesis of literature where the data are obtained from the fields of bioethics, philosophy, medical anthropology, literary studies, and health communication.

Result

Western medicine operates largely on principlism, which is based on the use of four ethical principles: respect for autonomy, beneficence, nonmaleficence and justice. In recent years there is grown interest in narrative ethics, an approach leading from the individual’s life story. Speech-language pathologists’ support of elderly patients with chronic dysphagia and families in their decision making may benefit from a synthesized approach combining principlism and narrative ethics. Speech-language pathologists may be unusually well qualified to consider this approach, for we are the communication experts uniquely trained to appreciate narrative as a discourse ability.

Clinical significance

Speech-language pathologists need to focus on the bigger clinical picture to consider the costs and benefits of long-term eating and drinking decisions and the effects of their well-intended interventions on patients’ lives. Patients’ narratives reveal their identities and what matters most to them. Empowering elderly patients to make autonomous decisions about eating and drinking involves forming partnerships in the therapeutic relationship and listening to and acting on their narratives. Using narratives to align care to patients’ values and preferences may help speech-language pathologists establish joint goals with patients and reduce “non-compliance