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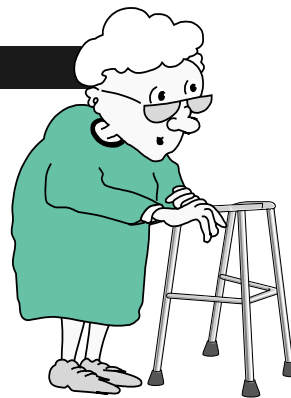
***A number of situations occur in residential and long term care centres when nursing personnel and management have to take difficult decisions to safeguard the well-being of residents. To better understand how they come to a decision, we submitted a fictitious case to an ethics expert and asked him to guide us in our decision-making process.***

**SCENARIO**

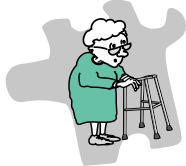
Mrs. Leblanc is 80 years old. She was recently admitted to a residential and long term care centre following a head injury.

Since the incident, Mrs. Leblanc has exhibited disorientation in time and space, and intermittent behavioural problems such as speaking loudly, shouting at night time, wandering and going into other residents' rooms which angers the residents faced with her intrusion.

From the time she arrived at the centre, Mrs. Leblanc has repeat-



edly refused to take her medication, telling the staff that she did not want any. If the staff insisted, she would clench her teeth and not open her mouth. The physician warned that the medication was needed to keep her condition stable. On the cognitive level, Mrs. Leblanc has phases of lucidity that are variable in time, frequency and length. As for day-to-day living, Mrs. Leblanc requires little help with her personal hygiene, eats on her own, is continent and walks with a walker which she often forgets to use.



Mrs. Leblanc's son, François, is finding it hard to deal with the situation because the accident that caused his mother's head injury happened in his home. He is often at the centre and insists that everything be done to safeguard his mother's well-being. François regularly talks about signs that suggest she is recovering, although the staff doubts there will ever be any recovery.

What does the staff do when faced with :

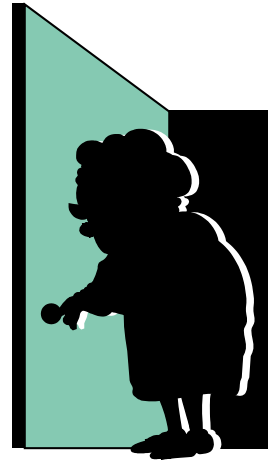
1. The medication: should it be camouflaged?
2. The son's involvement in her care?
3. The danger of her falling when she forgets her walker?
4. The reaction of other residents when she wanders at night?

**MRS. LEBLANC IS SUFFERING AS IS HER FAMILY:  
SO, WHAT IS THE BEST THING TO DO IN THIS CASE?**

When I ask this question, I am trying to rally the good will and the discomfort of all those involved. Everyone around this 80 year-old woman wants the best for her. The physician wants her to take the appropriate medication, the staff is sup-



portive of her while protective of the other residents, and her son François hopes that the centre does whatever is best for his mother. However, Mrs. Leblanc's behaviour contradicts these good intentions and creates an uncomfortable environment.



The desire to help and the near-impossibility of succeeding puts us right in the middle of the ethical demand placed on those who take care of fragile and vulnerable persons. Today's ethics have many definitions. Some emphasize codes of ethics which are intended to protect the rights of residents by defining the behaviours expected of nursing professionals. Others focus on such principles as the respect of autonomy, the assertion of the patient's informed consent or the recognition of a person's dignity. Before codes and principles, ethics means being of service to someone so that he or she has every opportunity to live well within his or her circumstances. In this case, acting ethically means promoting self-esteem in the resident in spite of the limits of her condition. Codes and principles are empty shells if they do not intend to give the other person a chance. The question then becomes: How should Mrs. Leblanc be treated as a human being so that she feels worthy in the eyes of others in spite of her disabilities?

The first thing to do to reach this goal in such a difficult case is to involve François in decisions and nursing care. He knows his mother better than anyone else, and his love for her is evident. François and the nursing team do not seem to be on the same wave length. Perhaps, in time, François will prove to be difficult to deal with. Yet everyone involved has the same goal which is the well-being of

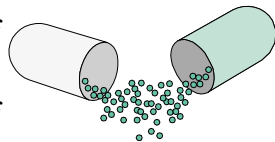
Mrs. Leblanc. So, the nursing team will have to sit with François, not to convince him of the centre's point of view, but to first listen

to him, and then talk with him in order to establish an alliance between all the parties: Mrs. Leblanc, François and the nursing team. An open and honest dialogue will undoubtedly lead to a good understand.



In this first stage of communication, the question of why Mrs. Leblanc

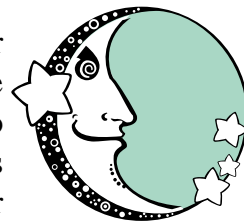
refuses to take her medication will have to be broached. Mrs. Leblanc may not like to take medication, but she also does not like to suffer. There are many reasons for her attitude. Some may be linked to her personality and background. Others may relate to her disease or a wish to die. Before thinking about fooling this woman by camouflaging her drugs, the nursing team must try to understand why she does



not want to take any medication. But with limited staff, it may appear faster to simply insist on the medication under some kind of false description. The nursing team hence enters into a web of lies and cuts Mrs. Leblanc from the truth. Honesty must prevail, especially since this situation is not an emergency. If the case were urgent, the problem would be different. But then again, once past the emergency stage, the question would have to be addressed in an honest fashion.

Mrs. Leblanc was just recently admitted to the centre. There is nothing surprising in the fact that she is disoriented, given her condition. Any one of us would be as well. So, what can be done now to lessen her disturbing behaviour? In allowing her autonomy, can we let her go into other residents' rooms? No of course not, since the other residents who are also fragile, are entitled to peace and quiet, and safety. Her nightly visits will only mount their animosity towards her. Does this mean that restraints should be used? Given the resistance she offers when someone goes against her will and her occasional shouting at night, restraints are in fact a poor answer to the problem and would also be a lack of respect towards her.

It might be helpful for the caregivers to have a team discussion. Do her nightly strolls occur in some regular pattern, always at the same time of night? Does she always shout at the same time?



**HOW TO KNOW WHAT'S BEST TO DO?**

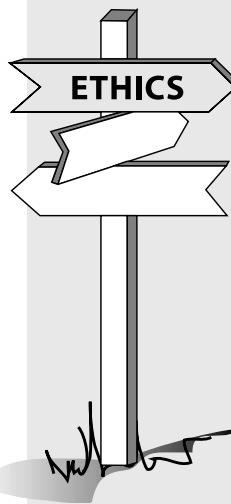


By monitoring the resident's habits, the team is better able to prevent her from disturbing other residents. I am always impressed by the creative solutions nurses' aides have to this type of problem, once they have talked as a group and broken their isolation.

As for the walker, why can't we do the same thing? There is nothing surprising about Mrs. Leblanc forgetting her walker. Her story has the same overall message. It might be a good idea to organize the resident's room so that she is well protected when moving about in her quarters. As for walking outside her room, Mrs. Leblanc will have to be reminded that she needs her walker. This will take time and the nursing aides are worried because they would feel guilty if something happened to her. We have to remember that this woman has to relearn how to live although she is confused in time and space. This is a challenge for all. Hence the importance of having a nursing alliance.



You might be surprised to read that I did not in fact talk about ethical principles but about strategic steps that can be taken to help Mrs. Leblanc live in her current situation. Ethics mean to do what is needed for someone who needs our help. In a story like this, we could be tempted to reach goals, like taking medication, or preventing falls, or taking steps that are not appropriate for the resident.



Ethics mean taking a road, at times longer and with some risks involved, that draws on all the best possible resources of the family and nursing team in order to reach Mrs. Leblanc in her pain and limitations.

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The Collection "Between You & I" is published by a group of Residents' Committees (*Users' Committee in accordance with the Act*) from some Residential and long term care centres (CHSLD).

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*The masculine form used in this document implies the feminine form and has been used solely to facilitate reading.*

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