

# Who Cares for Seniors Living Alone?

A case-based reflection

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## Making Difficult Decisions with Patients and Families: A Singapore Casebook

[www.bioethicscasebook.sg](http://www.bioethicscasebook.sg)

Here is a step-by-step approach to framing an ethical argument:

## Step 1: Confirming whether your question is an ethical question

Ethical questions are concerned with what we should do when there are good reasons for more than one course of action, when no clearly 'right'. (Sometimes, the ethical course of action is not the best option.)

"What should I do?" is an ethical question. This question

- What am I legally permitted to do?
- What do policies or regulations require of me?
- What do most people think I should do?
- What does the clinical evidence suggest?
- What is the way we are accustomed to act in this situation?

It can be difficult to completely separate ethical questions from legal, policy, or clinical questions; good ethics depend on clarity about relevant facts. The reflection questions that follow the cases in this casebook include both ethical



The Teaching and Learning Guide  
Continuing Ethics Education

# A structured approach to learning

- **The 'difficult case approach'**
  - Focus on one case – from the casebook or your practice – that you find difficult
  - Identify the specific ethical question to address
  - Use structured methods to develop arguments that can guide how you ought to decide what to do
  - Compare and contrast your arguments with those developed in the commentaries on the website
  - Consider any contextual factors that are relevant

# Step 1: Identifying the ethical question

- Ethical questions concern what we should do when there are good reasons for following different courses of action – when no single decision is clearly ‘right’

“What should I do here?” is an ethical question

- **Note** – this question is not the same as:
  - What am I legally permitted to do?
  - What do policies or regulations require of me?
  - What do most people think I should do?
  - What does the clinical evidence suggest?
  - What is the way we are accustomed to act here?

# The ABC Toolbox for ethical thinking:

A systematic approach to working  
through difficult ethical decisions in  
practice

# Mr Lim



This case concerns a middle-aged hawker's assistant with severe and progressively worsening arthritis who relies on steroids and other anti-inflammatory medications to enable him to continue to work, but is suffering from the chronic and potentially life-threatening side-effects of the long term use of these drugs. His polyclinic doctor is challenged to understand the coping strategies of her patient and how best to advocate for him.

For the full case study, go to <http://www.bioethicscasebook.sg/case/wu/>

Mr Lim has worked as a hawker's assistant at a **hawker centre** in the Central Business District (CBD) since leaving school. It is strenuous physical work, and repetitive stress injuries are an occupational hazard. When he was only 23, Mr Lim was diagnosed with ankylosing spondylitis, an inflammatory disease that causes vertebrae to fuse. He is now 43, and the progression of his disease has affected both of his hips, his back, and his neck. His range of motion is severely limited; he moves like a man twice his age. Mr Lim is a stoic person who prides himself on showing up for work every day. He is unmarried and his parents are deceased; the customers who line up every day for his char kway teow and other Hokkien specialties are like family to him.

For years, Mr Lim has relied on a combination of medications to manage his pain and stiffness. He gets prescription-strength non-steroidal anti-inflammatory drugs (NSAIDs), supplemented by low dose prednisolone at a **polyclinic** near his rented flat. These medications, plus over-the-counter NSAIDs, have allowed him to keep working. However, the long-term use of these medications has resulted in serious side effects, including a bleeding gastric ulcer.

The pain in Mr Lim's left hip is getting worse. Early one morning before work, he goes to the polyclinic, where he is seen by Dr Fan, a junior doctor on her trainee posting. They speak in Hokkien; this dialect is Mr Lim's preferred language.

“Mr...Lim? I’m Dr Fan. You saw Dr Leong about seven weeks ago. What can I do for you today?”

“My hip, doctor. I have very bad pain. I think I need my steroids again, and the other medicine. Then I will be okay.”

“But...didn’t Dr Leong tell you that you shouldn’t use steroids long-term? They have so many side effects. And the NSAIDs – the drugs you take for pain – that’s what caused your ulcer. You’re not taking proper care of yourself.”

“Doctor, I need to work. How can I go on like this? Can you just give me the same medicine? I’ll be fine. Really, really, I’m okay with that. Hey, doc, why don’t I go back to Dr Leong?”

“I’m sorry, Mr Lim, but I think you know that you can’t choose to see a specific doctor at polyclinics. For now, I’ll give you something for your gastric pain. I will give you your usual medicines, but will reduce their dosage and this time, they will last you only four weeks, enough time for you to take my referral letter to a specialist in the hospital. Try and get your appointment as soon as possible. You really need a new hip, probably two of them.”

“Doc, it’s difficult for me to go to the hospital. I must work. What are they going to do to me? Anyway, I cannot afford to pay them. This is the problem — ah, many problems with old age.”

As Mr Lim leaves her office, Dr Fan assures him that the polyclinic staff would call him on his cellular phone in two weeks to monitor his condition. Mr Lim shuts his eyes, nods and shakes his head. He makes for the exit, apologising that he’s already late for work.

Dr Fan feels uneasy about this case.

# The chronically ill elderly person

## **FACTS**

1. What do we know of Mr Lim's past and present health condition?
2. What do we know of Mr Lim's everyday life and circumstances?
3. What do we know about his coping strategies?

## **VALUES**

1. What are Mr Lim's values? What makes his life worthwhile?
2. What are Mr Lim's priorities by his lights? How does he prioritise health?
3. How does Mr Lim view his relationship to the healthcare system?
4. What are Dr Fan's professional obligations to Mr Lim?

## **WHAT IS THE MAIN ETHICAL QUESTION IN THIS CASE?**

## **WHAT OTHER ETHICAL ISSUES PRESENT THEMSELVES, AND FOR WHOM?**

# Clinical Ethics and Long Term Care in the community: Dr Fan's unease

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LTC: a “blurred genre” (H.R. Moody)

- Social care + healthcare
- Relationships of informal care + relationships with formal organizations
- Ethical dilemmas viewed in longitudinal perspective v a time slice. Habitual poor practices frame future problems

# Care Transitions in Ageing Societies Project

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What aging people need so often confounds familiar categories such as “medical” versus “social,” or “institutional” versus “family,” especially during the long trajectory of frailty and dementia.

Geriatricians described the challenge of respecting the preferences of people who want remain independent but whose progressing chronic illness or dementia compromised their safety in and outside the home.

Geriatric social workers, rehabilitation specialists, and health educators described efforts to improve hospital-to-home discharges through investments in caregiver training and closer attention to signs of caregiver burnout.

# Mr Lim: mere consumer in the community healthcare system, or...?

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Someone living in a community that offers a social network of care which sustains his health and quality of life?

- E.g. innovative uses of Singapore's ubiquitous public housing – the multistory HDB block, home to 85 percent of citizens – bring services for aging residents into neighborhoods. The ground floors of some HDB blocks house centers for adult day care, rehabilitation, or social and recreational activities. Some rehab centers double as community gyms: 80-somethings working with physical therapists, 20-somethings working out on the treadmills.

# Care Transitions for seniors living alone

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E.g. We saw a non-profit adapting three floors of an HDB block to create assisted living for low-income elderly people without families.

The director of this “senior community home” described the challenges of sustaining a care setting in which health care and social services are integrated (and in which multiple public-sector agencies are involved), and that, for residents, is a good place to live, with a “*kampung*[village] spirit.”

Practical challenges include how to keep an environment safe and stable for residents with frailty and dementia while maintaining a home-like feeling, and how to encourage members of the surrounding community – the hawkers, shop keepers, bus drivers, and working and middle class apartment dwellers – to keep a friendly eye on the elders.

# Care Transitions for seniors living alone, cont'd.

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He said a community home should also confront the problem of boredom among aging people with actual or perceived physical limitations, by offering choices (eating meals communally, or going out for a meal or coffee), and by “daring” residents to have goals and helping them to plan and do things that matter to them: taking a day trip to a rugged nearby island; cultivating a fruit and vegetable garden.

This is a unique program, but because it makes use of the most common type of urban housing, retrofitted for dormitory-style apartments and communal spaces for meals and recreation, it may prove scalable to other neighborhoods, and perhaps other cities.