

Failing Elderly Patients with Chronic Illness and Dysphagia: Why Autonomy Needs Reconsideration

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Abstract

Purpose: Elderly people are at risk of chronic conditions, due to decline in functional reserve, increased vulnerability to disease, and polypharmacy. Many are physically and psychologically burdened by dysphagia. Therapeutic “non-compliance” challenges clinicians when patients refuse recommendations. This is a classic conflict between two ethical principles: respect for autonomy (patient’s right to make decisions) and beneficence (clinician’s duty to do good and prevent harm). We sought to explore how patient autonomy and clinician beneficence can be balanced in decision making.

Methods: A critical review and synthesis of literature. Data are from the fields of bioethics, philosophy, medical anthropology, literary studies, and health communication.

Results: Western medicine operates largely on ethical principlism: autonomy, beneficence, nonmaleficence, and justice. Narrative ethics is an approach leading from the patient’s life story. Supporting patients with chronic dysphagia and families to make decisions may benefit from a synthesized approach of principlism and narrative ethics. Speech & language therapists are unusually qualified for this, as we are communication experts uniquely trained to appreciate narrative as discourse ability.

Conclusions: We need to focus on the bigger clinical picture: costs and benefits of long-term eating and drinking decisions and the effects of well-intended interventions on patients’ lives. Patient narratives reveal their identities and what matters most. Empowering elderly patients to make autonomous decisions involves forming therapeutic partnerships, listening to, and acting on patient narratives. Using narratives to align care to patients’ values and preferences may help to establish joint goals and reduce “non-compliance.”

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