
Communicating with the Adult Children of Elderly Patients

Presenters:

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Objectives

- By the end of the presentation, participants will:
 - Garner a sensitivity to and understanding of the complexity of family dynamics.
 - Be aware of the important role that family plays in the care of the elderly, and of the emotional needs of caregivers of elderly patients.
 - Develop an approach to the ethical challenges and legal issues that arise in interactions between elderly patients and their children.
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Introduction

- Adult children entering into the relation between physician and patient can complicate communication.
 - The physician must be aware of the needs of both the patient and the adult child or caregiver.
 - Dementia patients are a large group with special problems requiring the mediation of an adult child or caregiver in their clinical relations.
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Scenario 1

- Confidentiality
 - A son wants the family doctor to address an issue which his mother does not want to bring up.
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Conflicting responsibilities

- Professional responsibilities of physicians include:
 - Maintaining confidentiality
 - Respecting autonomy
 - Providing optimum care
 - Being compassionate and caring
 - As well, physicians are expected to act as effective communicators and collaborators
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Confidentiality

- Confidentiality of competent patients who do not pose a risk to self or others should be respected
 - Limitations to confidentiality:
 - Risk: suicide, harm to others including unsafe driving, harm to an incompetent adult, or child
 - Lack of capacity: a patient does not understand his or her condition, and therefore lacks capacity to consent to treatment
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Respecting Individual Choice

- Ability to make decisions varies greatly in the elderly patient population.
 - It is important to assess and recognize a patient's ability to make decisions.
 - Caregivers may prematurely make decisions on behalf of the patient
(ASC,2007)
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Open Discussion

- Patients are often uncomfortable about planning for a time when they will be unable to make decisions.
- Patients should be encouraged to discuss their wishes about their future care while they are able.
- These discussions can help the patient maintain a sense of control.

(ASC,2007)

Capacity to Consent

- Clinicians may form a general impression of capacity during a typical clinical encounter with a patient, but these general impressions are easily biased, and do not agree closely with expert assessments except when patients are obviously capable or incapable.
 - Etchells (1999)
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Capacity to Consent, continued

- In order to be capable of consent, the patient must understand:
 - What their medical condition is (e.g. dementia)
 - What treatments are being proposed
 - What the alternatives are
 - The risks of the treatment, or risks of no treatment
 - Sometimes patients who are not capable of consenting will assent to treatment: it is preferable to involve NOK in most of these situations
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Family Dynamics

- Sometimes a parent may have a 'dominant' personality style, and it can be difficult for these patients to give up control.
 - Some parents and children are estranged, or there may be conflict between siblings. Parents may have been abusive, or neglectful.
 - In cases where there are second marriages, matters become even more complex.
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Family Functioning

- Caregiver stress is greatly effected by family functioning.
- A family faced with dementia must adapt in response to the changing needs of family members or face negative sequelae.
- Interventions which target structural family problems reduce caregiver stress.

(Mitrani, 2006)

Tensions in the Parent/Adult Child Relationship

- The Developmental Schism Hypothesis proposes that tensions occur in the parent/child relationship due to differences in the developmental needs of parents and their children.
 - The Developmental Stake Hypothesis proposes that parents are more emotionally invested in the relationship than are adult children.
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Tensions in the Parent/Adult Child Relationship Con't

- The Schism and Stake hypotheses imply that topics of tension and perceptions of tensions vary greatly between family members.
- It is important for parents and their children to maintain good relationships across the lifespan for a number of reasons, including health.

(Briditt, 2009)

Successful Medical Encounters

- Sensitivity and understanding directed towards the caregiver
- Acknowledge caregiver's competence
- Encourage thoughts on the appropriate course of action.
- Make caregivers feel valued.

(Glasser, 2008)

Unsuccessful Medical Encounters

- Talking too fast
- Dominating the conversation
- Using medical jargon

(Glasser, 1998)

Managing your own feelings

- Sometimes our own emotional responses affect the way we communicate
 - We may become defensive if we think we are being criticized
 - We may wish to avoid conversations that we think will be 'complicated'
 - Patients or their family members may remind us of ourselves or our own family
 - We may feel dissatisfied with how we have handled the patient's care, and wish to avoid the patient or their family so as not to be reminded of it
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Practical Tips

- More often than not, involving the family will yield important information and improve care
 - Most patients will agree to allowing you to speak with their family members if you tell them you think it would be important to their care
 - Try not to respond with anger or defensiveness, even if you think you think the other person is being unreasonable
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Scenario 2

- Long Term Care Planning
 - A brother and sister disagree about long term care for their elderly father, who has been previously diagnosed with dementia.
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Sharing the Diagnosis of Dementia

- Codes of medical ethics allow for various interpretations of disclosure especially surrounding the diagnosis of dementia.
- Disclosure is an evolving process.
- Family members who provide care should be involved whenever possible.
- Potential for adverse physiological responses must be assessed.

(Fisk et al., 2007)

Implications of Caring for an Aging Parent

- Caretaking of elderly family members contributes to psychiatric morbidity. (Schulz et al., 2003)
 - Caring for an elderly person with dementia is more stressful than caring for an elderly person with a physical ailment. (Schulz et al., 2004)
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Importance of the Caregiver

- Caregivers often have critical information for the clinical assessment of the elderly patient.
- Patient compliance with medications and other treatments frequently require the cooperation of caregivers

(Schultz et al., 2004)

Support for Caregivers

- The emotions of the caregiver must be recognized in order to maximize the health of both the caregiver and the elderly person receiving care. (Yaffe, 1998)
 - Interventions combining different strategies and providing caregivers with diverse services and supports tend to generate larger effects than narrowly focused interventions. (Schulz, 2004)
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A Canadian Perspective

- 1 in 11 Canadians over age 65 has Alzheimer's or a related dementia
 - More than 1 in 12 Canadians age 65+ care for an older adult with a chronic condition.
 - Close to half of community residing older adults receive care only from family members and friends.
 - Home care is understaffed and the turnover rate of care workers is high.(Liu et al. 2007)
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Assessing Caregiver Stress

- Who is the primary caregiver?
- Who else can assist?
- What are the capacities of the caregivers?
- What does the caregiver need to reduce their stress?

(Famakinwa, 2009)

Physician Interventions

- Explore social supports and resources.
- Make appropriate referrals.
- Provide information and training.

(Famakinwa, 2009)

How to Prepare the Patient and Caregivers

- Describe what can be expected during care.
- Discuss what a crisis might be.
- Provide educational materials.
- Provide a professional to contact.

(Famakinwa, 2009)

Caregiver Selection

- Similarity in gender, attitude and emotional closeness are major factors in the selection of a caregiver by a patient.
- Past help received from a child is a strong predictor of selection for future help.
- Encourage the choice of a caregiver based on an understanding of the patient's preferences.

(Pillemer, 2006)

Detecting Vulnerable Caregivers

- Primary care physicians who become aware of an ED visit by an elderly person may be alerted to possible subsequent deterioration in family caregivers, especially spouses and children.
- The closest relatives experienced the greatest decline in quality of life in the months following the ED visit.

(Sewitch, 2006)

Guidelines for Ensuring Caregiver Health

- 3rd Canadian Consensus Conference on Diagnosis and Treatment of Dementia.
 - Outlines guidelines for clinicians in dealing with adult children and caregivers of dementia patients.
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Health Care Triads: Patient-Physician-Caregiver

- The caregiver is often referred to as a “hidden patient”.
- Reassurance is an important source of support for the stressed caregiver.
- The way a physician treats an elderly patient is an indirect source of support for the caregiver because patients treated with dignity are proven to be easier to care for.

(Haug, 1994)

The Dignity of the Patient

- A patient, treated with dignity, is more likely to follow medical regimens.
- Simple communication techniques can retain the patient's dignity.
- A patient who feels dignified will be easier on their caregiver and will make the relationship health-conducive.

(Haug, 1994)

Barriers to Caregiver Support

- Fee-for-service remuneration
 - Inadequate level of dementia skills, knowledge and training in the various health professions.
 - Access to resource information
(Kiceniuk, 2009)
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Scenario 3

- Money Matters
 - An adult child wants to sell his mother's property and tries to enlist the physician to help in the process.
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Power of Attorney

- Legal document which authorizes a person to make legal transactions on another's behalf eg. To sell a house or enter into a contract.
 - Some POA's will specifically include the authority to make personal care or health care decisions on behalf of another person.
 - Must be enduring in order to be valid if a person is legally incompetent.
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Competency

- Competency is a legal determination, capacity is a clinical one, but the terms are often used interchangeably
 - Types of capacity
 - Consent to treatment
 - Personal Care
 - Financial
 - Testamentary
 - Criminal responsibility
 - What they all have in common is appreciation of all the pertinent information needed to make decisions
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Personal Care Competency

- Involves decisions about living in the community
 - Patients must be assessed for ability to carry out activities of daily living, and then, for insight into any difficulties they may be having
 - Patients who lack insight into their limitations cannot make competent decisions about the level of risk they wish to put themselves at
 - Incompetent patients at risk are seen by Adult Protection
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Financial Competency

- Patients need to know:
 - Why the assessment is being done
 - What their financial resources and obligations are
 - What their strengths and weaknesses around managing their estate are
 - Is there a history of making poor financial decisions?
 - Is the patient willing to accept help?
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Financial Abuse

- Unfortunately, very difficult to do anything about this
 - Patients should be prudent in their choice of POA
 - Family members can apply for guardianship
 - Adult protection and the Public Trustee will not involve themselves
 - In some cases, involving the police may be appropriate
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Conclusion

Effective communication with adult children of elderly parents poses some particular challenges, but also the potential to enlist powerful allies in the management of patients

THANK YOU!
