B6.A and B

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The Ethics of Getting Out of Bed - a look at ethical and practical problems when dealing with very medically risky service users

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Summary

Clinical practice/case study. This presentation would be an examination of ethical and practical considerations around practice when a service user with mental capacity wishes us to undertake an intervention that could endanger him.

Aims and objectives

To allow clinicians to begin to consider the moral, ethical and practical questions around risky interventions, specifically looking at weighing up our duty of care to protect service users from harm against their right to make what we would consider an unwise decision.

Background

A service user in our catchment requires custom moulded seating following a period of prolonged bed rest. He has full mental capacity. He has a spinal cord injury and autonomic dysreflexia - known triggers include bladder and bowel issues, including catheter dislodgement and hoisting. He has a DNR in place, as well as an advanced decision to decline any medication for autonomic dysreflexia. He wishes the process for custom moulded seating to be followed as per usual and is fully aware of the risks.

This has raised several fairly unique ethical and practical considerations which are worth exploring in a wider forum to raise awareness of the issues more widely. The COT Professional standards for occupational therapy practice, conduct and ethics (2021) states "Your duty of care is your responsibility to act in a way that ensures that injury, loss or damage will not be carelessly or intentionally inflicted on the individual or group to whom/which the duty is owed as a result of your actions." but also "You uphold the right of individuals and groups to make choices over the plans that they wish to make and the intervention that you provide". How do we reconcile this in relation to this situation? This presentation does not aim to provide solutions or answers beyond the very specific ones to this case, but instead aims to get delegates thinking about the issues raised and how they might apply to their own practice.

References

Chartered Society of Physiotherapy. (2019) Code of members' professional values and behaviours. London. CSP

Health and Care Professions Council. (2016) Standards of conduct, performance and ethics. London. HCPC

Health and Care Professions Council. (2023) Standards of proficiency - Occupational Therapists. London. HCPC

Health and Care Professions Council. (2023) Standards of proficiency - Physiotherapists. London. HCPC

Royal College of Occupational Therapists. (2021) Professional standards for occupational therapy practice, conduct and ethics. London. RCOT

B6.B

The importance of giving it a go

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Summary

To present the importance of recognising the principles of posture management (focussing on the value of not causing damage to the body) and the importance of giving it a go with respect to complex interventions. Sheila (63, advanced PD) presented with significant lower limb spastic motor changes and contractures. Sheila had received most care in bed for 2 years; she had been told she was unseatable. It was identified that the support surface (bed) was contributing to several secondary complications and therefore causing harm, if not addressed, this harm would likely result in tissue damage, further limitations to function, and pain. Trialling for seating was considered essential, as was addressing other aspects of 24-hour posture management.

Aims and objectives

- Recap of the 3 Elements of good posture
- Assessment of needs
- Intervention vs non-intervention – Risks and benefits
- Benefit of 24-hour posture management
- Outcomes

Clinical Detail

A thorough assessment, focussing on body shape and biomechanical considerations, led us to clinically reason that the significance of lower limb asymmetries was compounding overall postural presentation; risk factors associated with non-intervention were subsequently increased. In our clinical judgment, we considered timely intervention to be essential to preserve the already limited joint ranges which were being negatively impacted by the bed. It was also recognised that Sheila was at a very high risk of developing pressure ulcers, and that if this occurred, there would be no alternative positions for off-loading. By weighing-up the risks of non-provision and benefits associated with potential intervention, seating (wheelchair and shower) and lying support options were explored despite a successful outcome being considered unlikely. Thankfully this was not the case – not only was Sheila's risk of secondary complications related to her posture better managed, but she was able to access her local community and visit local family at home. Transport options were explored, and this is still ongoing.

Discussion

Our service has seen a trend in the increase of complex patients being managed in the community; this is the likely result of many challenges faced by the NHS and social care as well as the aftermath of COVID.
We would like to encourage other professionals to recognise the importance of 24-hour posture management and the impact it has on the person holistically; receiving care in bed is not necessarily the least damaging option. We would recommend tackling complex body asymmetries with all available resources before making absolute recommendations. It is recognised that significant time and resources are needed to fully explore such complex cases, this may include seeking second opinions, giving it a go, and cross-agency working.

Reference

Pope, P.M. (2007) Severe and complex neurological disability: Management of the physical condition. Edinburgh: Butterworth-Heinemann/Elsevier.