





Education of caregivers

Vincent de Rooij



Education of caregivers

What does integrating dignified care with assistive technology mean for healthcare professionals and their training?

In modern society, rapidly-changing technology requires healthcare professionals to stay up to date. How can this best happen?

Is sharing information about health technology necessary?

What about dignified care?



Philosopher

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What does integrating dignified care with assistive technology mean for healthcare professionals and their training?







'Cut off my leg so I can run faster':

Sporty teenager who had one limb amputated for medical reasons now wants the OTHER one removed



'Cut off my leg so I can run faster': Sporty teenager who had one limb amputated for medical reasons now wants the OTHER one removed

- The teenager, 15, has the condition developmental dysplasia
- Meant her right leg was effectively useless and she relied on a wheelchair
- Decided in 2010 to have the leg amputated and was given a prosthetic limb
- Enabled her to take up sport and she developed a love of running
- This has caused strain on her 'good' leg, causing pain and slowing her down
- Now wants left foot which has deformed toes and severe tendon damage - removed so she can run with two prosthetics and compete at Paralympics

Source: http://www.dailymail.co.uk/health/article-2760568/Cut-healthy-leg-l-run-faster-Sporty-teenager-one-limb-amputated-medical-reasons-wants-OTHER-one-removed.html#ixzz3E1jqFNA0



Assistive Technology

- Assistive technology: "any device or system that allows an individual to perform a task that they would otherwise be unable to do, or increases the ease and safety with which the task can be performed" 1
- Supportive technologies: help the individual to complete tasks
- Responsive technologies: help manage risk and raise alarms
- Preventative technologies: prevent harm and raise alarms 2

^{1.} Cowan, D. and Turner-Smith, A. (1999) 'The role of assistive technology in alternative models of care for older people' in Tinker, A. and et al (eds) Royal Commission on Long Term Care (Research Volume 2), London, The Stationery Office.

^{2.} Beech, R. and Roberts, D. (2008) 'SCIE Research briefing 28: Assistive technology and older people' Social Care Institute for Excellence, Accessed 11 February 2013, available at http://www.scie.org.uk/publications/briefing28.pdf



Assistive technologies in health care practices raise several ethical questions

- What are the morally relevant consequences of the implementation of the technology?
- Does the implementation or use of the technology challenge patient autonomy?
- Does the technology in any way violate or interfere with basic human rights?
- Does the technology challenge human integrity?
- Does the technology challenge human dignity?



Assistive technologies in health care practices have several benefits

- It may enable individuals to be more independent, productive and participate in society:
 - have greater control over their own lives (independent, autonomous)
 - participate in and contribute to activities in their home, school, work and in their communities.
 - interact to a greater extent with non-disabled individuals
 - benefit from opportunities that are taken for granted by individuals who do not have disabilities
- Improving Quality of Life



Assistive technologies in health care practices raise several problems

- It may affect the privacy or freedom of a person.
- It may be used to cut back services and reduce human contact.
- Some devices may be used to do things a person is still able to do for themselves witch may make their problems worse.
- It may make things more complicated or beyond the abilities of the person.

Source: The ethical use of assistive technologie www.atdementia.org.uk



The ethical issues posed by assistive technology are really not that different from those posed by any new invention or social change.

Ethics... we all have to practice them every day in everything we do.

The only question is whether we recognize ethical problems.



Condition for ethical thinking

- Professional reflection
 - increased self-awareness
 - respect for holistic care including cultural and religious sensitivity
- Critical thinking
 - interpretation, analysis, evaluation, inference, explanation, and self-regulation
 - logical reasoning, fallacies
- Practicing Empathy



Four basic moral principles

- Non-maleficence: do no harm
- Beneficence: to actively do good
- Autonomy: being self-governing
- Justice: what is right and equal for everyone



Making Decisions in Ethics: Ethical Decision Model

- Step 1. Recognize an Ethical Issue
- Step 2. Identify the stakeholders and what are their interests?
- Step 3. What is your conclusion?
- Step 4. Evaluate your conclusion The Ethical Theories



Step 1. Recognize an Ethical Issue

Ethical problem

- Could this decision or situation be damaging to someone or to some group?
- Does this decision involve a choice between a good and bad alternative, or perhaps between two "goods" or between two "bads"?
- Is this issue about more than what is legal or what is most efficient? If so, how?

Get the Facts

- What are the relevant facts of the case? What facts are not known? Can I learn more about the situation?
- Organization: mission and vision statements?
- Professional Code of Ethics?



Step 2. Identify the stakeholders and what are their interests?

- What individuals and groups have an important stake in the outcome? Are some concerns more important? Why?
- Have all the relevant persons and groups been consulted?
- Have I identified creative options?

Step 3. What is your conclusion?



Step 4. Evaluate your conclusion-The Ethical Theories

- Will your conclusion produce the most good and do the least harm? (The Utilitarian Approach)
- "Do not do unto others as you would not have them do unto you." (The Golden Rule)
- Is it possible to make a universal law? (Kant's Approach)
- What kind of person do you want to become? (The Aristotelian Approach)



Ethical theories

	Actor	Action	Consequence
			S
Theory	Virtue ethics	Deontology	Utilitarianism
	(Aristotle)	(Kant)	(Bentham/Mill)
Points of departure	Virtues	Norms	Values



Utilitarianism

Jeremy Bentham, 1748-1832, John Stuart Mill, 1806-1873.

Actions are right to the degree that they tend to promote the greatest good for the greatest number.

Will your conclusion produce the most good and do the least harm?

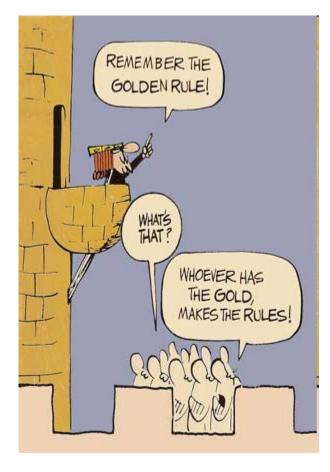
- a quantitative approach (calculated)
- depersonalization



Golden Rule

"Do not do unto others as you would not have them do unto

you."





HINDUISM

This is the num of duty: de not do to others what would cause pain if done to you Mahabhaneta NSSS7



BUDDHISM

Treat not others in ways that you yourself would find hurtful



CONFUCIANISM

One word which sums up the basis of all good conduct... loving kindness. Do not do to others what you do not want done



to yourself

Simplecies, naiesta 15.23

BAHA'I FAITH

be laid upon you, and

desire not for anyone the

things you

desire for

yourself Baha'a'llah. Gleanings

ould not

Lay not on any soul a load

that you would not wish to

ISLAM

Not one of you truly believes until you wish for others what you wish for yourself The Prophet Management Blad In



JUDAISM

What is hateful to you, do not do to your neighbour. This is the whole Torah; all the rest is commentary Hilled, Talimad, Shabbat Ma



JAINISM

One should treat all creatures in the world as one would like to be treated Makesira, Satisfelbriga



ZOROASTRIANISM

De not de unte others whatever is injurious to yourself Shayant na-Shayant 13.29



SPIRITUALITY

We are as much alive as we keep the earth alive Chief Thire George



TAOISM

Regard your neighbour's gain as your own gain, and your neighbour's loss as your own loss Tal Shang Kan Ying Pien, 213-218



SIKHISM

I am a stranger to no one; and no one is a stranger to me. Indeed, I am a friend to all Gura Granth Sabib, pg. 1299



CHRISTIANITY

In everything, do to others as you would have them do to you; for this is the law and the prophets





for the interdependent web of all existence of which we are a part Unitarian principle





Kant

(Koningsbergen, 22 april 1724 – ald., 12 februari 1804)

What is fair for one is fair for all





Is it possible to make a universal law?

The Formula of Universal Law

"Act only on that maxim whereby you can at the same time will that it should become a universal law."

Kant

Golden Rule:

"Do unto others as you would have them do unto you."



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Stephen Hawking

https://www.youtube.com/watch?v=w k9LC-

<u>Cf8g4&list=FLtO_wQ23uy7KWTuUwStN</u> <u>jEg&index=2</u>

A Brief History of Mine

https://www.youtube.com/watch?v=nS RyY859VvU&list=FLtO_wQ23uy7KWTu UwStNjEg&index=3



No two ethical problems are ever the same

- The client will be different from the last because of their culture, their health beliefs and their values and beliefs may also be different.
- The health care team will be different.
- The condition or illness of the client may be different, with different health outcomes.
- The settings or environment may well be different.

Georgina Hawley, ed. (2007). 'Ethics in Clinical Practice: An Interprofessional Approach', pag. 366



The subject of ethics is dynamic and constantly evolving, and there is a need to commit to lifelong professional learning.

Georgina Hawley "Ethics in Clinical Practise"

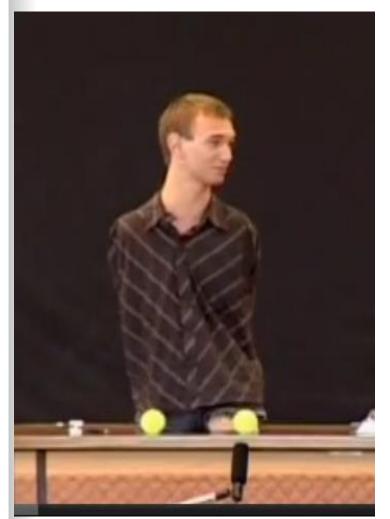


Lifelong professional learning

- Lifelong learning of ethics in health care
- Commitment to quality interprofessional care
- Respect for holistic care including cultural and religious sensitivity
- Professional reflection to increase the therapeutic availability to clients
- Ability to think critically and problem-solve
- Engage in a dialogue with the stakeholders and specially with the client

Georgina Hawley, ed. (2007). 'Ethics in Clinical Practice: An Interprofessional Approach', pag. 376





"I Love Living Life,

I Am Happy"
NICK VUJICIC

https://www.youtube.com/watch?v=HS1n-LYdXkc













