Ethics of Restorative Care

- Assume we are benevolent and caring providers!
- Approach restorative care at both the facility/community and individual level
- Consider the benefit / risk or harm balance
Institutional Level

♦ Benefit
  – Adhere to evidence based guidelines/Improve outcomes
  – Optimize care quality and QOL of caregivers
  – Encourages individualized approach
  – Decreased burden of disability
  – Decreased cost of care
  – Improve overall facility care and decrease costs
    • Decrease incontinence
    • Decrease w/c use
    • Decrease falls etc.

♦ Harm
  – May lose staff with alternative beliefs
  – May spend administrative time in education of families as well as caregivers
  – May require open minded caregiving-less efficient caregiving
Individual Level

♦ Benefit
  – Improved QOL
  – Less pain due to disuse
  – Optimal function
  – Less risk of falling
  – Maintaining function over time
  – Increased access to the world

♦ Harm
  – Activity related discomfort
  – Exacerbation of underlying disease
  – No benefit?
Supporting the Benefits

- Recent study (Resnick, et al.) testing the Res-Care Intervention which is a two tiered motivational intervention showed:
  - We were able to maintain function over 12 months in areas such as walking, stair climbing.
  - Improved gait and balance in participants
  - Increased knowledge of providers and beliefs in the benefits
  - Increased time staff spent in restorative care
  - NOT MORE FALLS IN TREATMENT GROUPS
Believing in Potential Benefits

♦ Exercise/PA in older adults can
  – Improve function
  – Decrease falls and fall risk
  – Improve QOL
  – Improve management of chronic illnesses such as diabetes, CHF, Parkinson’s, DJD
  – That discharge begins on the day of admission!
  – That what you do today impacts….in some cases the rest of an older patient’s life
To Engage in Restorative Care or Not????

♦ Benefits Vs Harm scenario???????????????
Potential Consequences of not engaging in Restorative Care

♦ Disuse causes:
  – Risk of contractures
  – Osteoporosis
  – Muscle wasting > age related changes
  – Decline in function with associated problems of pressure sores, incontinence
  – ??Pay for performance issues
Promoting Ethical Care

♦ IOM defines quality of care
  – Degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge
  – Where does restorative care fall???????????????????
MY BIAS

- We owe it to our patients to provide them with optimal restorative care and help them obtain and maintain their highest level of function.
Reasons to Provide Restorative Care

PRO????????????????????????

CON?????????????????????????

What do you really believe????????
Summary: Keys to Successful Restorative Care

Key elements to successful provision of restorative care include:

- A Champion!
- Involvement of the older adult, family and all care providers
- Organizational/administrative and medical support
- Education and training of all caregivers
- Flexibility and creativity in developing restorative activities
You Can Do It!