

Oral health care for frail older adults: Ethics, Burdens of Care and Collaboration

by

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Oral health care for frail older adults

Ethical caregiving is not primarily about following rules of right conduct or observing moral boundaries, important though these are. It is primarily about creating the disposition to care and cultivating the habits of caring, often in the face of great obstacles at the cost of considerable time and resources.

US President's Council on Bioethics,
"Taking Care: ethical caregiving in our aging society" 2005

Oral health care for frail older adults

- Ethics of caregiving
- A system divided: public vs private
- Burdens of care
- Responding to care needs
- Collaboration or Co-dependency

“...at this point I think I want an advanced directive to ensure all my teeth come out before I enter a nursing home. At least I know dentures may be easier to get out of my mouth to be cleaned.”



Tooth loss is no longer a consequence of aging

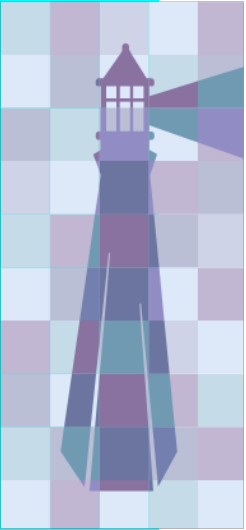
- Poor oral hygiene
- Mucosal inflammation (gums bleeding)
- Dental caries (decay)
- Periodontal disease (bone loss)
- Tooth loss
- Unhygienic, ill-fitting dentures

...pain, disability, morbidity

- Difficulty eating properly
 - Affects nutrition status
 - Body weight
 - Resistance to systemic disease
- Co-morbidities
 - Diabetes and glycemic control
 - Heart disease
- Communication
- Social isolation
- Quality of life

...a system divided

- Oral health care is largely private
 - Delivered outside public health care domain
 - Paid for privately or by 3rd party insurance
- Gov't infrastructures (regional/provincial/federal) responsible for oral care and standards of care are inconsistent across the provinces
- The “private” nature of dental service and payment for residents in LTC is complicated:
 - Who does assessments?
 - Who pays for care?



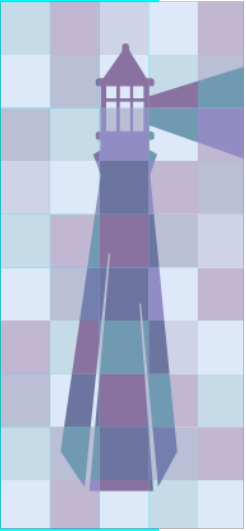
Burdens of Care

Dental professionals

Primary Care Practitioners

Personal Care Providers

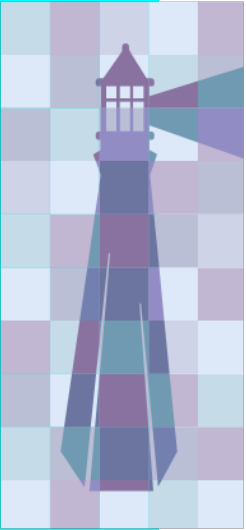
*Administrators and Decision
makers*



Burdens of Care

Dental professionals:

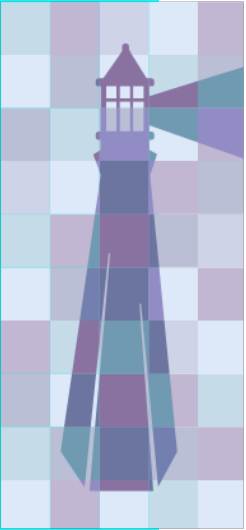
- Lack of adequate training for managing patients with complex medical problems and cognitive difficulties
- Highly specialized care without a recognized specialty or adequate training venues
- Financial/time constraints;
- Inadequate or no equipment in LTC
- Models of care in training do not include “mobile” dentistry



Burdens of Care

Primary health care practitioners:

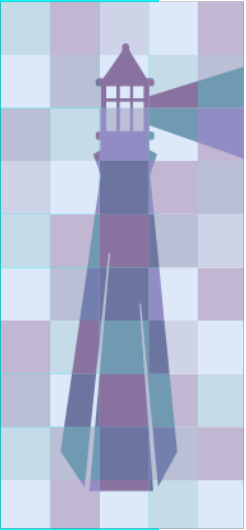
- Oral health not typically included in scope of practice
- lack of training to recognize oral disease;
- time constraints;
- futility with referrals



Burdens of Care

Personal care providers

- Complexity of personal mouth care is an emerging phenomenon
- Training/knowledge is limited
- Often viewed negatively - as a disagreeable task
- Handling of resistant patients (how far should you go?)
- Time constraints
- With many priorities, where does mouth care fit?

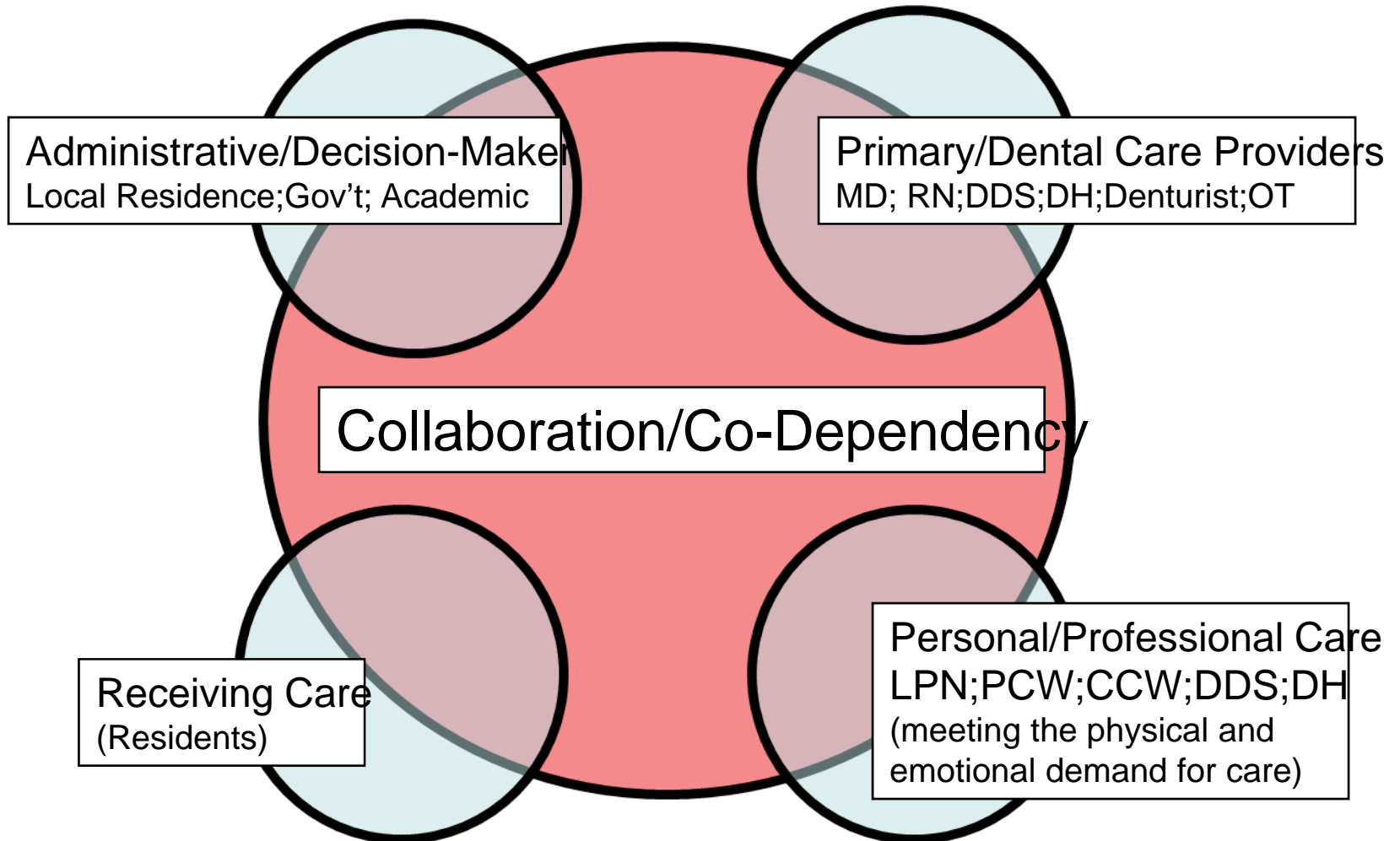


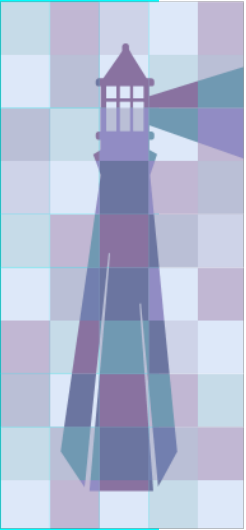
Burdens of Care

Administrators/Decision makers

- Aging phenomenon - residents are older with more cognitive and medical problems
- Complexity of personal mouth care is an emerging phenomenon requiring greater resources
- Emerging standards may be impossible to meet given current levels of awareness and training
- Futility/complexity/cost of referral
- Who pays?

Responding to Care needs

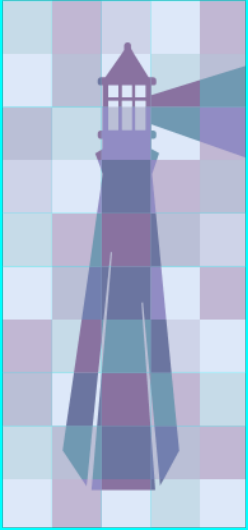




The Ethics of Care(giving)

“Good caregivers often “muddle through” wisely, guided by the moral intuitions and moral compass that help them do the best they can for those entrusted to their care...”

US President's Council on Bioethics,
“Taking Care: ethical caregiving in our aging society” 2005



Thank you

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