

Aunt Sophie's Choice: the perils of paternalism

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If you're ageing, and who isn't, you had better get used to the idea that those helplessly dependent children you once shielded from disturbing information and protected from harm are now getting ready to return the favour. It is one of life's oft-noted ironies that many of us are fated to end our lives as we began: with well-meaning others making important life-decisions "on our behalf" and "for our own good".

Old people are often targets for paternalistic treatment, in small things as well as large. Whether grandpa should be wearing shoes and false teeth when company comes to visit, whether grandma should be allowed to eat chocolate cake for breakfast, whether it's time for another visit to the eye doctor, whether they should spend the evening playing bingo: these mundane decisions will often be made for the elderly by their care-givers, without much heed being paid to the old person's own sense of what he or she wants. Paternalism becomes even more likely when the stakes become high - such as when a choice must be made between competing surgical operations, or a decision is required about the disposition of major financial holdings.

The media recently reported the sad case of an elderly woman, hospitalized for a serious health problem from which she was not expected to recover. At least, not expected to recover sufficiently to return to independent life at home. While she was in hospital, recuperating, her children sold her home. When she surprised her doctors and family by the fullness of her recovery, she no longer owned a home to which she could "come home".

Should we view the adult children the villains of this vignette? In truth, it's precisely because family members believe that they are acting to promote a beloved old person's best interests that they feel free to ignore or slight her actual wishes and preferences. If they were to be accused of unwarranted paternalism towards their mother, their defense would be their benevolent intentions and her perceived mental incapacity. And that's the nub of the problem. Those who love you, armed with good intentions, may cause you more harm and distress than your enemies ever could.

The family, in this case, acted precipitately. They should have waited to see

the outcome of their mother's hospital stay before taking irreversible action. But what seems most objectionable about their conduct, morally speaking, is not simply that they acted hastily, as a result of which their mother was harmed. No, what seems most objectionable, and would still have been objectionable even if their mother had required immediate placement in a nursing home, was the fact that they acted unilaterally. They didn't consult their mother before making the decision to sell.

For many older people, perhaps for most, the decision whether to continue the struggle to live in one's own home or, contrariwise, to seek accommodation in a "sheltered" situation, is the most important decision facing them at this stage in their life. The choice they ultimately make is one which reflects their most basic values and priorities. Its importance is of a different order of magnitude from decisions about what to wear or what to eat. That is to say, it reflects who they are as human beings.

For anyone, family members or geriatric professionals, to usurp an old person's liberty by denying them the right to participate in decisions embodying their core values is to express a fundamental disrespect for them as autonomous persons.

"Respect for the liberty of old people, as autonomous persons." Ay, there's the rub. Because, of course, disease or illness may already have seriously eroded that liberty, that autonomy. Perhaps the family referred to above would have justified their decision to sell the home, without seeking permission from their mother, by explaining that their mother's stroke or dementia or pain or emotional fragility had seriously compromised her decision-making abilities. They didn't want to upset her prematurely. They didn't believe that she was capable any longer of making a prudent choice for herself. Paternalism was justified in this case, they might say, by her confused or unstable mental state.

The justification for paternalistic intervention in the lives of the elderly typically appeals to the "fact" of cognitive impairment. It would, after all, be nothing short of cruel to allow seriously demented elderly persons to put themselves at grave risk of serious harm, especially when what they want to do now is out-of-character with their previous wishes or well-established values. To allow them to take such risks is not to respect their autonomy; it is to abandon them to their illness.

That's on the one hand. But, on the other hand, family and care-givers tend

seriously to overestimate dangers. We worry: What if mother falls and breaks her hip? What if father wanders off, inadequately clothed, and dies from hypothermia? The advantage of over-protectiveness is that one's mistaken predictions of danger usually go undetected. The disadvantage is that liberty has been unduly restrained. As Dr. Colin Powell's research has demonstrated, large numbers of elderly patients suffer quite unnecessary physical and pharmacological restraints in hospitals and nursing homes throughout Canada. [quote]

When adults are denied the opportunity to participate in the decisions, small and large, that affect their lives, they tend to become dispirited and unhappy. Worse, their lives lose all significance for them, and their capacity for choice and decision withers away. The danger of over-protectiveness is that it becomes a self-fulfilling prophecy.

The point which should be emphasized here is that the spectrum of competence is wide, and even someone who is confused some of the time may have moments of lucidity in which they can participate in decisions about their life. If they are no longer capable of making the "big" decisions on their own, they may nevertheless be quite capable of having some say in these decisions, as well as capable of making a host of "smaller" decisions on their own or with help. "Competence" shouldn't be viewed as an on/off switch. Now you have it, then you don't. Rather, we have to ask: is this particular person capable at this particular time of making this particular decision. When the stakes aren't catastrophically high, it might be better to respect the right of a somewhat confused person to make "the wrong decision" rather than for their care-giver to make "the right decision" for them.

Having said all this, I hasten to add that I know from personal experience how difficult it can be to stand by when a confused elderly person puts themselves (or, worse, puts others) at risk. Imagine this scene. I was cycling down Grant Avenue, one of Winnipeg's busiest thoroughfares. It was rush hour. Traffic was heavy and flowing fast. In the middle distance I could see my Aunt Sophie, who was attempting to cross the road. As I learned later, she was on her way to do her weekly grocery shopping at the Safeway supermarket opposite her apartment on Grant. Aunt Sophie, who was well into her seventies at the time, was in the early stages of senile dementia.

She wasn't killed that day. Indeed, she emerged from this little adventure entirely unscathed. But the incident was reminiscent of one from that old cartoon, "The Near-sighted Mr. Magoo". Aunt Sophie was blithely unaware of danger.

Unaware of the vehicles screeching and swerving to avoid her as she strode out boldly on her shopping expedition. Miraculously, no one else came to harm, either which, as I recall, wasn't usually the case when Mr. Magoo went for one of his lethal strolls.

Meanwhile, I felt myself cast in the role of "Waldo", Mr. Magoo's son, sincere but ineffectual. When I attempted, later, to explain the dangers to my aunt, she nonchalantly brushed aside my fears. She was equally unmoved by my concerns that, in her increasing forgetfulness, she was often neglecting to turn off the stove or to lock her door at night, and generally putting herself at risk in a variety of ways.

Eventually she was persuaded or pressured sufficiently that she agreed to a nursing home admission. This necessary change in her life, inevitable as it was, seemed to accelerate the pace of her dementia and before long she ceased to be even the shadow of the person she had been. Sad.

Many other middle-aged Canadians, with ageing relatives, will have had this or similar experiences. In such situations, when we observe the people we love putting themselves at what seems to us to be undue risk, the temptations of paternalism become irresistible. Irresistible and morally mandatory. Alas, the boundary between under- and over- protectiveness is not marked with indelible red ink. When anyone proposes to limit seriously the liberty of another adult, the burden of proof should be on them to show that this restraint is not only necessary, but that it is as little intrusive as possible in the circumstances.

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