

# Talking Ethics



## Is it Elder Abuse?

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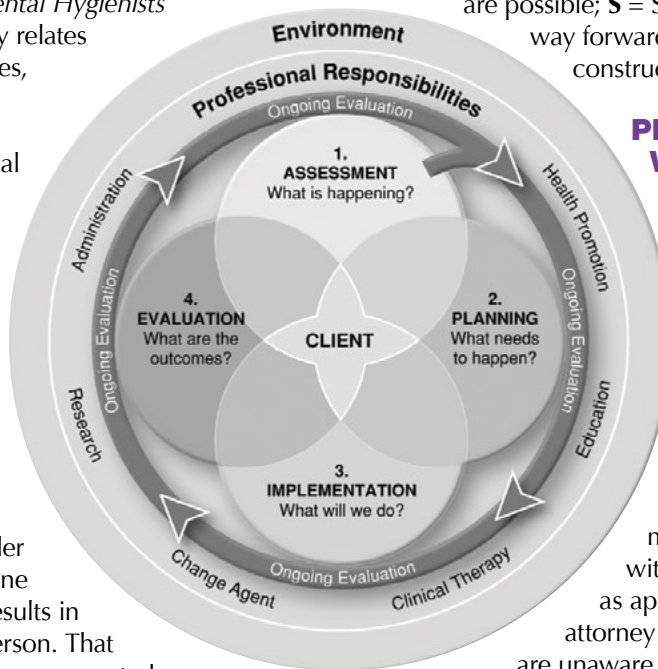
You are preparing for your new client, a 69-year-old female, when you hear a loud, unfamiliar voice in the reception area. As you enter the area you see that your client is on the receiving end of what sounds (and looks) to you like verbal abuse from a younger male, in a language that is unfamiliar to you. When you escort your client into the operator, the younger male follows and stands in the doorway. Your instincts sharpen and you determine your next step.

We accept that, as self-regulated professionals, dental hygienists are obligated to provide for the well-being of their clients and society as a whole. Using the Process of Care model (Figure 1) in this situation is a systematic way to determine your next step.

### ASSESSMENT: ASK YOURSELF WHAT IS HAPPENING

Several thoughts run through your mind as you assess the situation. First, *CDHA's Dental Hygienists' Code of Ethics* states, "Integrity relates to consistency of actions, values, methods, expectations, and outcomes. It includes the promotion of fairness and social justice, with consideration for those clients more vulnerable. It conveys a sense of wholeness and strength, and doing what is right with honesty and truthfulness."<sup>1</sup> Second, the federal government reports that one in five Canadians believes they know of a senior who might be experiencing some form of abuse, and defines elder abuse as any action by someone in a relationship of trust that results in harm or distress to an older person. That abuse can be a single incident or a repeated pattern of behaviour.<sup>2</sup>

You assess your cultural competence in this situation and admit that you may have a cultural bias against the manner in which the younger male communicates to the older female. Paulie McDermid, PhD, of Inter:Face Cross-Cultural Communication Training recommends that you take a moment to "PAUSE": **P** = Pay attention to what's going on beneath your feelings; **A** = Acknowledge these may be assumptions or interpretations; **U** = Understand that other interpretations [of what you are seeing or hearing] are possible; **S** = Search for the most constructive way forward; **E** = Execute your plan to constructively deal with it."<sup>3</sup>



### PLANNING: ASK YOURSELF WHAT NEEDS TO HAPPEN

As you plan the next step, you remember that the ethical principle of professional integrity requires dental hygienists to promote conditions that enable social, economic, and cultural values and institutions compatible with basic human rights and dignity.<sup>1</sup>

In Canada, the authority to make health care decisions rests with the client (parent or guardian as appropriate), appointed power of attorney or substitute decision maker. You are unaware if the younger male in the room will exert his influence or if he is authorized to make decisions on behalf of the client. Most older people who experience abuse are able to make decisions for themselves

Figure 1. A process model to guide dental hygiene practice ▲  
Source: CDHA. *Dental hygiene: Definition, scope, and practice standards*. Ottawa, ON: Author; 2002. p. 7.

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*Is it Elder Abuse?... cont'd*

but may feel ashamed or embarrassed to tell anyone they are being abused by someone they trust.<sup>2</sup>

Practically speaking, our non-English-speaking clientele often have interpreters accompany them, and they are made comfortable in the operatory to facilitate communication. For that reason, you wonder if this younger male might be an interpreter.

**IMPLEMENTATION: WHAT WILL I DO?**

Since you place the client's needs above your own discomfort, you extend your hand in greeting, introduce yourself, sit, and prepare to review the completed medical history with the client. To your surprise the young male speaks loudly again to the 69-year-old client in an unfamiliar language, then turns toward you with a shy smile and reports, "My mother is quite deaf, and asked me to meet her here to ensure she understands what you say to her." You proceed and complete the professional services and interventions, and receive smiles from both the mother and son on their departure.

**EVALUATION: WHAT ARE THE OUTCOMES?**

Reflecting upon the encounter, you evaluate your ethical, regulatory, privacy, and cultural knowledge as well as the resulting positive outcomes.

Ethically speaking, you met your obligations to the client by reviewing the responsibilities of the principle of integrity in your mind and by being prepared to be accountable to the client and offer further assistance. The federal government states, "It is important that the older person have access to information to make informed decisions and be aware of available help,"<sup>2</sup> including police, legal professionals, and community resources if he or she is a victim of elder abuse.

The standards to which all dental hygienists must adhere outline that we are obligated to use a client-centred approach and act or advocate in the client's best interest. You acknowledged that elder abuse could have been the reality.

Also of importance is an understanding of the federal Personal Information Protection & Electronic Documents Act, which says that we must hold confidential any information acquired in the professional relationship and not use or disclose it to others without the client's express consent, except:

- a. as required by law
- b. as required by the policy of the practice environment (e.g., hospital or clinic)
- c. in an emergency situation
- d. in cases where disclosure is necessary to prevent serious harm to others
- e. to the guardian or substitute decision maker of a client (in these cases, disclose to others only as much information as is necessary to accomplish purpose for the disclosure)<sup>4</sup>

In this case, you would have had a duty to report elder abuse and disclose the name of the client and other pertinent private information to authorities who could assist an elder being abused.

A positive outcome of the interaction is that you acknowledged your potential for cultural bias. McDermid advocates that what helps are efforts to interact and communicate better with those who are different from us. He recommends that we "LIASE": **L** = Learn and listen; **I** = Inquire; **A** = Assess, **S** = Show, **E** = Empathy.<sup>3</sup>

With commitment and practice your cultural competence should increase. Have you considered upgrading your knowledge in this area? CDHA has a complimentary online course entitled *Elder Abuse and Neglect for Dental Hygienists*,<sup>5</sup> available in English and French at [www.cdha.ca/cdha/Education/Online\\_Courses/Elder\\_Abuse/CDHA/Education/Courses/Elder\\_Abuse.aspx](http://www.cdha.ca/cdha/Education/Online_Courses/Elder_Abuse/CDHA/Education/Courses/Elder_Abuse.aspx), as well as a complimentary webinar series on the abuse of older adults available at [www.cdha.ca/cdha/Education/Webinars/OnDemand/CDHA/Education/Webinars/Elder\\_Abuse\\_Multiple.aspx](http://www.cdha.ca/cdha/Education/Webinars/OnDemand/CDHA/Education/Webinars/Elder_Abuse_Multiple.aspx)

Dental hygiene professionals are obligated to provide for the well-being of their clients and society as a whole. Using the Process of Care model in situations like the one presented here will allow you to identify in a systematic way whether elder abuse is present and determine the next steps to provide client-centred care.

**References**

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5. Canadian Dental Hygienists Association. *Elder abuse and neglect for dental hygienists [online course]*. Ottawa, ON: Author; 2009. Available in English and French from: [www.cdha.ca/cdha/Education/Online\\_Courses/Elder\\_Abuse/CDHA/Education/Courses/Elder\\_Abuse.aspx](http://www.cdha.ca/cdha/Education/Online_Courses/Elder_Abuse/CDHA/Education/Courses/Elder_Abuse.aspx)