

# Talking Ethics



## Helping Older Adults Achieve Optimal Oral and Overall Health: Our Ethical Duty

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As a person ages, their need to access health care services increases. At the same time, however, their ability to access these services decreases.<sup>1,2</sup> According to Matthews and colleagues, “The percentage of teeth with decayed or filled root surfaces increases with each decade of adulthood, affecting more than one-half of all remaining teeth by age 75 years. For institutionalized elders especially, an increased risk for caries can be linked to inadequate daily oral hygiene, a high intake of refined carbohydrates and a propensity for xerostomia.”<sup>3</sup> Despite the high prevalence of oral diseases among older adults living in long-term care (LTC) facilities, this population faces greater barriers to oral health care than their independent counterparts, comparatively.<sup>3</sup> As the new Canadian Dental Care Plan (CDCP) starts to roll out eligibility for people ages 87 years and older, registered dental hygienists have an ethical responsibility to strive for beneficence when working with this cohort of clients. Beneficence is an ethical principle related to our duty to promote the health and well-being of all our clients. Dental hygienists must use our professional role to aid in the promotion of fair and equitable access to quality oral health services; such access directly impacts a person’s ability to achieve optimal oral and overall health. Furthermore, dental hygienists should strive to uphold integrity as it relates to actions and values that promote fairness and social justice with consideration given to those clients who face significant barriers to oral health care services.<sup>4</sup>

Many factors impact the ability of older adults to access care, including poor overall health status, limited mobility, and transportation issues as well as living in poverty and/or in LTC facilities.<sup>1,2</sup> Specifically, LTC residents face the greatest barriers to care, as they often experience most of, if not all, the above-noted factors simultaneously.<sup>1,2,5</sup>

These and other factors negatively impact older adults living with both poor oral health and chronic conditions because unmet oral health needs can increase the risk of complications from systemic conditions and diseases.<sup>1,2,6</sup> If oral disease is left untreated, many negative health outcomes can be seen.<sup>1,2,5</sup> Specifically, for those living in



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LTC, poor oral health can result in increased complications associated with aspiration pneumonia, more commonly seen in LTC facilities.<sup>1,2</sup> As a result, family members of these older adults often take on the responsibility of helping with activities of daily living and offering financial support for health care, which places significant amounts of stress on them as they strive to effectively meet the needs of their senior loved ones.<sup>5,7</sup>

Understanding the factors that impact how individuals navigate health and social service systems is integral to being a change agent who promotes optimal oral and overall health.<sup>6,8-10</sup> As disease prevention and health promotion experts, dental hygienists have an ethical responsibility to take social accountability by registering to become providers under the CDCP program in an effort to help address broader social determinants of health affecting this now-eligible population.<sup>1,9,11</sup>

All self-initiated dental hygienists can help improve access to care and therefore beneficence for all their clients.<sup>1,2,12</sup> This is a wonderful time for us to be advocating, facilitating, and managing health care services for better access to care in order to uphold both the non-maleficence and beneficence ethical principles.<sup>1,2,12</sup> Using our knowledge and skills to aid in addressing the needs of this targeted population is critical for improving the oral and overall health, as well as quality of life, of older adults living in Canada.<sup>1,10,13</sup>

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