SESSION B · 1.5-HOUR CE ETHICS SESSION

Autonomy, Paternalism, and Practice

Less Burnout and Better Outcomes: Ethical Considerations for Professionals Working With Older Adults

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WELCOME

Today’s 90 minutes

Minutes	What we’ll do
5	Welcome, language, and ground rules
20	Autonomy and self-determination: listen before you solve
20	Paternalism in practice: noticing and interrupting the urge to take over
15	Systems friction: “fast and efficient” vs. what older adults need
15	Tolerating distress about aging, in clients and in ourselves
10	Case scenario and application exercise
5	Resources and questions

BEFORE WE START

Two agreements for this room

We say “older adults”

Not “seniors” or “the elderly.” Language that names a stage of life, not a category of need, shapes how we see the person in front of us.

We stay with the evidence

Policy shapes this field. We’ll talk about it as facts and effects on practice, not as sides. Disagreement is welcome here.

LEARNING OBJECTIVES

By the end of this session, you'll be able to

1. Identify paternalistic patterns in practice with older adults and apply alternatives centered on self-determination.

2. Use strategies for tolerating distress about aging, in yourself and others, without falling back on paternalism or disengagement.

3. Distinguish professional ethical obligations from individual moral reactions, and apply that distinction to practice methods.

PART 1 · AUTONOMY AND SELF-DETERMINATION

Self-determination doesn’t expire with age.

NASW Code 1.02: social workers respect and promote clients’ right to self-determination. Limits apply only when actions pose a serious, foreseeable, and imminent risk to self or others.

Source: NASW Code of Ethics (2021), Standard 1.02 (paraphrased)

WHAT OLDER ADULTS TOLD RESEARCHERS

Autonomy shifts from “I do it myself” to “we decide together”

What helped

Staff who learned their preferences, planning meetings held in their own homes, and a relaxed, two-way atmosphere.

What hurt

Not being listened to, small requests refused because they weren’t on the task list, and staff watching the clock.

What followed

After being refused a few times, people simply stopped asking for help.

Source: Bölenius, Lämås & Edvardsson (2023), BMC Geriatrics, 23:824 · interviews with 15 homecare recipients

DON’T PUSH SOLUTIONS

Let people complain before you offer to fix anything

INSTEAD OF

“Have you thought about a medical alert? I can set that up today.”

TRY

“That sounds frustrating. Do you want ideas right now, or do you want me to just hear it?”

PART 2 · PATERNALISM IN PRACTICE

Paternalism usually looks like kindness.

Deciding for someone, talking to their family instead of them, or setting rules “for their own good.” Well-meant, and measurably harmful.

THE EVIDENCE: PHYSICAL HEALTH

“Help” that takes over is tied to ageist attitudes and worse health

Study 1 · 89 younger adults

Rated controlling help (a strict meal plan) as more acceptable and effective for older adults than help that explains and lets them choose. That preference tracked with demeaning views of aging.

Study 2 · 4,288 cases, 10 years

Older adults with less say over their own decisions had worse later health and lower survival, even after controlling for age, health, and daily functioning.

Source: Chen & Zhang (2024), Innovation in Aging, 8(Suppl 1) · conference abstract

THE EVIDENCE: MENTAL HEALTH

How older adults describe being on the receiving end

88%
felt anxious and stressed

87%
felt frustration and despair

72%
felt injustice and anger

Themes from interviews with 416 adults aged 65–81 in England, Brazil, and Portugal about paternalism in health care.

Source: von Humboldt, Silva & Leal (2024), Social Sciences, 13(9), 437

RECOGNIZING IT

Taking over, and the alternative

Taking over	Supporting the person's choice
Writing a strict meal plan	Offering recommendations with the reasons behind them
Talking to the adult child while the client sits there	Speaking to the client first; bringing family in with consent
"You shouldn't go out in this weather."	"It's icy today. What would make the walk safer for you?"
Doing the task because it's faster	Asking how they'd like it done, then doing it their way
Calling someone "sweetie" or "young lady"	Using the name and form of address they prefer

INTERRUPTING IT

A four-step pause before you take over

1

Notice

The urge to fix, rush, or decide.

2

Name

Whose worry is this: theirs, mine, or the family's?

3

Ask

"What matters most to you here?"

4

Offer

Options and information. They choose.

PART 3 · SYSTEMS FRICTION

Our systems reward speed. Older adults often need time.

What the system measures

- Visits completed
- Tasks on the list
- Time per contact
- Forms closed

What older adults say matters

- Being listened to
- Staff who know their preferences
- Help with small things that aren’t on the list
- Not being rushed

Right column: Bölenius, Lämås & Edvardsson (2023), BMC Geriatrics

SYSTEMS FRICTION

Feeling less rushed, inside the same 20 minutes

Sit down

Same minutes, different message.

Name the time honestly

“I have 20 minutes today, and they’re yours.”

Open before you task

One open question before the checklist.

Close with a question

“What did I miss?” or “What should I know for next time?”

PART 4 · TOLERATING DISTRESS AROUND AGING

Their aging stirs up ours.

Our parents, our own bodies, our losses, and our fears about dependence and death come into the room with us. If we don’t notice them, they steer our practice.

TOLERATING DISTRESS

Two ways distress leaks out, and what to do instead

Moving in: paternalism

Fixing, rushing, deciding for them, recruiting family to “talk sense” into them.

Moving away: disengagement

Shorter visits, skipping the hard conversation, going numb, “there’s nothing I can do.”

Staying with it

Name the feeling to yourself. Take it to supervision. Let the client’s choice stay theirs while you stay present.

PROFESSIONAL ETHICS VS. PERSONAL MORALS

My reaction isn’t my client’s decision

My moral reaction	What practice asks of me
“I’d never let my dad live alone like this.”	Assess capacity and risk; respect a capable person’s choice.
“She’s giving up. I can’t watch that.”	Explore what she wants; refer if depression is a concern.
“It’s wrong to refuse help from your family.”	My client sets who is involved and how.
“If something happens, it’s on me.”	Inform, document, consult. Responsibility is shared, not mine alone.

PART 5 · CASE SCENARIO

Ruth and her daughter

Ruth, 79, lives alone in the house she has owned for 45 years. She fell in her bathroom last month and was not injured. She has full decision-making capacity.

She declines grab bars and a medical alert pendant. She complains to you about her knees, her neighbors, and her daughter.

Her daughter calls your agency, upset, and asks you to “make her” move to assisted living. You notice you agree with the daughter.

WITH YOUR NEIGHBORS · 5 MINUTES

Discuss

1

Whose distress is driving the push to move Ruth: hers, her daughter's, or yours?

2

What might Ruth be telling you through her complaints?

3

What does your professional obligation require, and what does it not?

4

How would you respond to the daughter while keeping Ruth at the center?

APPLICATION EXERCISE · 3 MINUTES

Rewrite one sentence

WHAT YOU MIGHT SAY TO RUTH

“Ruth, your daughter is really worried. You need to think about assisted living before you fall again.”

YOUR VERSION

Rewrite it so Ruth keeps the decision. Use the pause: notice, name, ask, offer.

QUESTIONS

SCAN QR CODE FOR PRESENTATION SLIDES



The most helpful thing is often to stay present and let them decide. The urge to rescue is yours. The decision is theirs.

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RESOURCES

References

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