



## Ethical Considerations in caring for Older Adults with Urinary Incontinence

Urinary incontinence is a common problem among older adults that is often complicated by many nuanced ethical considerations. Unfortunately, however, there is a lack of knowledge and guidance for health care professionals on how to navigate such concerns. In this ICS White Paper, we aim to address this knowledge gap and to provide practitioners with an ethical framework to help promote best care practices in the care of older adults with urinary incontinence.

**Outline/Scope of Proposal:** We propose the following Outline for this Paper:

- Introduction
  - Scope of problem/epidemiology
  - Limitations of the literature
  - Introduction to an ethical framework
- All older adults should be treated with *dignity*
  - Define dignity in this setting
  - Discuss how to incorporate tenants of dignity into care of older adults with urinary incontinence
- The provider should elicit the patient's own goals of care (if possible)
  - Discuss frameworks for eliciting the patient's own goals of care.
  - Discuss what happens when patient is not able to communicate their own goals of care.
  - Discuss what happens when the patient and the family/caregiver goals differ.
- Treatment should be aligned with the patient's goals of care
  - Discussion of life expectancy
  - Discussion of risks/benefits of treatment (or lack of treatment)
  - Discussion of QOL vs life prolongation
  - Discussion of neurodegenerative diseases that will likely worsen over time (i.e., Dementia, Parkinson's Disease, multiple sclerosis)
  - Discussion of an Individualized approach in cases where treatment options may go against guidelines/available evidence to fit a particular individual/circumstance.
- Providers should not make treatment decisions based on age alone, but should incorporate other factors including frailty, physical function, and cognition.
  - Discussion of frailty, physical function, and cognition and how to evaluate/measure each domain and what to do with that information.

### **Aims and Objectives:**

1. All older adults should be treated with *dignity*
2. The provider should elicit the patient's own goals of care (if possible)
3. Treatment should be aligned with the patient's goals of care
4. Providers should not make treatment decisions based on age alone, but should incorporate other factors including frailty, function, and cognition.

**Target Audience:** All practitioners caring for older adults with urinary incontinence.



## **Timelines**

The working group should target to produce the report within 18 months, but with an absolute maximum of 3 years from commencement.