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FOR IMMEDIATE RELEASE

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As an advocate for residents in long term care facilities, I hear voices. No, I'm not afraid to admit it. The voices are coming from family members, county case managers, medical and therapy personnel, and facility staff. However, the only voice that we all really need to listen to is the nursing home or assisted living facility Resident. Sadly, in many cases, that is the last voice heard, listened to, or considered. The many individuals who are a part of the Resident's life, who advocate for and who believe that they "know what's best for" the Resident are not mean-spirited individuals, or "control freaks", most are well-meaning people who really do want what is best for that Resident. What we all need to do is step back, take a deep breath and try to remember who we are really serving here? The answer is simple, "it's the Resident".

The need for decision-making often falls to an Agent identified in a Durable Power of Attorney for health care, or a legal guardian. Each of these surrogates has a certain amount of legal authority specified in state law. This authority is, however, tempered by the need to consult with and consider the opinion of the person for whom the decision is being made. In each case, the Resident should be asked "what do you want?" There are professionals available to answer questions about the many troublesome issues that may come up when the Resident seems to want something that is not what the surrogate thinks is in her best interests. The Long Term Care Ombudsman Program is one source of this information.

All Residents have "decisional capacity", regardless of their physical or mental limitations. This can confuse an issue, especially when the person states that he or she wants something other than what is considered appropriate by the surrogate. A person who is "incapacitated" or "incompetent" does not necessarily automatically lose all decisional capacity. It is important that all health care workers and family members understand that the Resident needs to be a part of the decision-making process in all aspects of their lives. It is, after all, the Resident's life. Facility staff, medical personnel and family members should always ask the Resident "what do you want" and then evaluate if the response is reasonable and fits that person's life history and previous decision making. If the decision-maker and the Resident disagree about "what's best," the people involved need to assess and discuss the Resident's wishes and desires and evaluate if the decision is an accurate statement of the person's intent.

Decisional capacity can be as limited as a staff person asking a Resident "would you like to wear this blouse or the other blouse today?" Or, it can be as expansive as "do you want to undergo this serious medical procedure." Regardless of how simple or complex the issue, the real issue is that when a staff person, medical professional, family member or friend addresses the Resident's wishes, these people are honoring that Resident with respect and ensuring the dignity of that Resident by allowing her or him to be in control and to direct their life.

As people who love, care and advocate for persons with impaired capacity, each of us needs to listen to, and address the Resident's stated wishes and desires. As Advocates we will continue to "hear the voices", we just need to remind ourselves that the loudest "voice" is the Resident's.

If you have a question or want to speak with an Ombudsman, call (800) 815-0015.

By: Carol Kriemelmeyer