

The Noncompliant Resident

Sylvia is a 78-year-old white female resident of the nursing home. She carries a diagnosis of Alzheimer's disease and has an established Durable Power of Attorney (DPOA). Since admission a year ago this resident is frequently noncompliant with treatment, such as medication and therapy. She also commonly refuses bathing. She can become quite oppositional, and on more than one occasion combative, when attempts are made to administer care. The resident's daughter is her DPOA. Her physician feels that the DPOA should be in force now, due to the resident's current level of cognitive functioning. The daughter is in agreement with all of her treatment plan.

Does this resident have the right to refuse treatments?

Of concern is Sylvia's ability to recognize the level of risk and benefit of each decision (medications, bathing).

Each decision has a different level of risk: benefit. As an example, refusing to take a multivitamin has much less risk than refusing oxygen or insulin. A patient may lack capacity in some areas and not others. A person can fully understand their finances and be able to make informed decisions about money while being without full capacity to assess medical decisions.

Here, all involved feel that the resident has no insight into the risk or benefit of any action. She is unable to state her medical conditions or treatment for those conditions. She is unable, even in a very general way, to state any of the risks and benefits involved with taking certain medications or bathing, or the risks and benefits of not complying with certain medications or bathing.

Can you force her to comply?

Legally, yes. However, usually attorneys and judges are not there to help with the bath. Though this gives you the right, this does not by itself solve your problem.

With medications one might suggest the providers review the medications to ensure that only those most vitally needed are prescribed. In an effort to enhance compliance efforts to give all necessary medications at the same time, especially if compliance varies by time of day. Methods of administration that may ease compliance, such as liquid, transdermal, injections should be considered. Dissolvable medication which the patient can take with food or in beverages may also ease management. The DPOA needs to be involved in this decision tree, especially if one wishes to give medications "hidden" in liquids to ease compliance. Variable timetables for medications, such as every other day or weekly may help compliance by reducing the number of medication passes.

With bathing, using a "strike when the iron is hot" mentality can allow for bathing when the moment is right. Residents may do better with AM or PM bathing. Being flexible to time changes can help assure compliance. Particular individuals may ease this task. As well, many residents may be frightened by the sex or age of those bathing them. Establishing a warm physical environment with heaters and warm blankets both before and after the bath can reduce agitation and discomfort. A calming pre-bath ritual, with massage or music may also reduce resident tension.