

PATHWAY THROUGH THE MAZE

6 November, 2009

THE ETHICS OF INTERVENTION IN SQUALOR

One of the most basic observations that can be made about ethical dilemmas is this: dilemmas are about impossible social tasks. Etymologically, a di-lemma comprises two valid but conflicting propositions. In the case of squalor, we have the valid proposition that living in squalor is undesirable for a range of reasons - it usually follows a breakdown in social connectedness, it is often a result of mental and physical incapacity and it is potentially dangerous, to name just a few of the associated problems. However, we have the equally valid proposition that humans should have the right of self-determination, and if they choose to live in squalor, their right to do so should be respected. Isaiah Berlin said: *"(Since) the ends of men are many, and not all of them are in principle compatible with each other; the possibility of conflict – and of tragedy – can never be wholly eliminated from human life, either personal or social"*.

This is a particularly difficult pill to swallow if you happen to work in one of the helping professions. The helping professions are populated by those who are motivated to do just that – to help. Helping professionals often recognise that people living in squalor are not really doing so by choice – their capacity for self-determination has been compromised by dementia, depression or schizophrenia for example. This may be coupled with other states of mind, such as pride or the belief that they are providing a home for vulnerable pets. While it may seem clear, especially in cases of danger, that intervention is justified, it is equally clear that resources can be wasted if the focus on the squalor, rather than the person living in squalor, results in a well-intentioned clean-up that is followed by a return to the same squalid conditions. So one 'take-home' message with regard to the ethics of intervention in squalor is that we can never expect to feel wholly at ease with whatever decisions need to be made – there will always be room for regret, if only the regret that comes from seeing an elderly person forced to relinquish their autonomy, no matter how necessary this may be for their overall wellbeing.

Ethical theories are useful things, but most of us, most of the time, use an intuitive approach which David Coresi¹ suggests comes from some very basic considerations:

- The likely impact of an action (karma)
- The importance of maintaining social cohesion and trust
- Empathic understanding of others (*Do unto others...*)

Coresi points out that many of our beliefs are grounded in religious traditions and systems, but there is an increasing interest in other ways of looking at the ethics of living in the modern,

¹ Coresi, D. Secular Wholeness

multicultural and multi-faith world. Table 1 provides just a few examples, and it's interesting to note the diverse backgrounds of the authors – Coresi himself is a specialist in information technology, Holloway a renegade Anglican, Kekes and Trout are philosophers, Haidt a psychologist.

Table 1

<p><i>Moral Wisdom and Good Lives</i> – John Kekes 1995</p> <p><i>Godless Morality</i> – Richard Holloway 1999</p> <p><i>The Happiness Hypothesis</i> – Jonathan Haidt 2005</p> <p><i>Secular Wholeness</i> – David Coresi 2006</p> <p><i>The Empathy Gap</i> – J D Trout 2009</p>
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But the problems associated with squalor lie outside the range of everyday experience. It is so often linked with health problems that we may also need to turn to the literature on health care ethics for help. Do ethical problems that involve a person's mental and physical health require a qualitatively different approach? There is undoubtedly a great deal of literature in the field of bioethics, and some of the special attention paid to this aspect of human experience is justified on a number of grounds – notably that ethical issues in health care can crop up suddenly and unexpectedly, they can be extreme (ie life-threatening), they can have wide ramifications, socially and legally, and they can require expert knowledge (when is a person on live support no longer alive, for example).

So what do we teach doctors and nurses in training? Can the approaches to teaching bioethics make a contribution to the questions raised by the problems of squalor?

One way of helping students to acquire the knowledge required to address ethical dilemmas is to provide frameworks, and some of the common frameworks that are invoked are:

- Rule or principle-based ethics
- Frameworks based on likely consequences
- Frameworks that rely on an examination of motives
- The use of paradigm cases

Rules and principles provide the basis of deontological ethics, and the four principles most commonly invoked are

1. Do what is best for those in your care (beneficence)
2. Do no harm, otherwise labelled as non-maleficence (or as the Google team would say 'Don't be evil')
3. Respect the other person's wishes – support their autonomy
4. Consider the wellbeing of all (ie. the rule of distributive justice)

Although 'autonomy' often figures at the top of the list proposed by Beauchamp and Childress², I have deliberately put beneficence first, because that has always seemed to me to be the starting point. However, because 'the road to hell is paved with good intentions', beneficence must be tempered by the avoidance of harm, that is, by non-maleficence. Only then can we turn to the principle of promoting autonomy. In health, that generally means helping the patient or client to return to a state of physical and psychological wellbeing, in which they are able to make decisions for themselves. This, of course, means that they will have all the information they need, and all the help they need, to make decisions.

Finally, principle-based ethics asks us to consider others. In medicine, the principle of distributive justice raises tough questions, often economic ones. How do we judge the value of one expensive course of chemotherapy in the developed world against the cost of immunisations, mosquito nets or clean water in the developing world. One of the terms applied to this area of philosophical debate is 'ethnomomics'.³

If you want to duck such uncomfortable questions, you might like to try a consequentialist approach, but here you are faced with the challenge of trying to determine what is likely to provide the greatest benefit for the greatest number of people involved – the client, family, neighbours, etc. The Australian philosopher Peter Singer is a good example of the consequentialist or utilitarian approach. His most recent book *The Life You Can Save* (www.thelifeyoucansave.com) challenges the reader to consider what each of us can do to contribute to the alleviation of world poverty. He argues that we all have a moral obligation to make a serious monetary commitment to redressing the balance of wealth held in the developed and the developing world. He would, presumably, argue that a careful analysis of the likely outcomes of intervening in squalor would lead to a conclusion about whether, on balance, it would be better to leave the person alone, or act to improve their conditions of life. But how do we know whether the calculations that we make are cool-headed and objective? Are we motivated by a genuine desire to help, or by a desire to interfere, or to control, or simply to be seen as acting virtuously?

Because motives are agreed to be a crucial consideration in moral action, so-called virtue ethics asks us to consider the moral character of those who make decisions with respect to the problem

² Beauchamp and Childress. *Principles of Biomedical Ethics*. Belmont; Wadsworth Publishing Company, 1989.

³ Little M. Ethnomomics: The Ethics of the Unaffordable. *Archives of Surgery*, 2000;135:17-21.

of squalor. The central concepts are virtue, practical wisdom and 'eudaimonia' which is often translated as human flourishing. Although we think of Aristotle, first and foremost, a modern day philosopher whose name is closely associated with virtue ethics is Scottish philosopher Alasdair MacIntyre.⁴

Next of the list of approaches is very pragmatic – casuistry is the process of finding paradigm cases that are similar to the ethical dilemma currently being faced, so that the past can guide the present. An advantage of this approach is that it often sidestep contentious religious and political sensitivities by persuading people from different ethnic or social groups to treat particular cases in a similar way.

Of special interest to the subject of squalor is the final of the broad approaches to ethical decision making, and that is the ethics of care, a stance often associated with people such as Carol Gilligan (*A Different Voice*, 1982) and other feminist philosophers. This approach takes issue with ethical theories based solely, or mainly, on ideas of justice. Instead of relying on concepts such as autonomy and rights, the ethics of care looks to concepts such as dignity and human relatedness. It tends to emphasise the interdependence of individuals and the special needs of those who are the most vulnerable. It is concerned with the context within which dilemmas arise, and with the safeguarding of each individual involved. Australian philosopher Raimond Gaita speaks of "love and truth and justice" as the ideas underpinning his book *A Common Humanity*⁵

The relationship between love and truth and justice seems to be especially relevant when we consider the needs of those who are often impaired, physically and/or mentally, and whose behaviour impacts upon those around them in the way that squalor can do. The image chosen for the banner for the conference, of an elderly woman, looking straight into the camera, draws us to care about her, but we know that this appealing image is not what we most frequently see. It is an image that lies on the other side of the person in squalor who may be determined, resentful, untruthful, aggressive, disoriented and/or demented.

So how do these ideas help us to deal with the ethics of intervention in squalor? One thing that these ideas can do, is to challenge us to crystallise the questions:

- Why are self neglect, environmental neglect and/or hoarding a problem?
- Who has the problem?
- How do we evaluate risk?
- What is our duty of care? Who shares in that duty
- How can we balance autonomy and beneficence?
- How can we balance client's rights and the rights of others?

⁴ MacIntyre, A. *After Virtue*. London, Duckworth, 1985. See also Rebecca Walker and Philip Ivanhoe (eds) *Working Virtue*. Oxford, Oxford University Press, 2007.

⁵ Melbourne, Text Publishing, 1999

When we consider the person “on the other side” of the individual living in squalor – the person unencumbered by the effects of schizophrenia, dementia, social isolation, etc, we can ask some very simple questions that may cut through the tension between the desire to help and the desire to avoid interference:

- Who doesn't want a safe home?
- Who doesn't want water, light and a soft clean bed?
- Who doesn't want good health?
- Who doesn't want help to overcome handicaps?

We'll never get it quite right, however. As Søren Kierkegaard wisely observed:

It is quite true what Philosophy says: that Life must be understood backwards. But that makes one forget the other saying: that it must be lived—forwards. The more one ponders this, the more it comes to mean that life in the temporal existence never becomes quite intelligible, precisely because at no moment can I find complete quiet to take the backward-looking position.

This conference is one of those rare opportunities to take the backward-looking position and to acknowledge that in fields as complex as health and social care, ethics inevitably involves balancing competing principles and values. Dilemmas may be irresolvable, but decisions are unavoidable. Thinking about the ethics of intervention helps us to see a number of different sides of the problem, which is what makes conferences such as this one so valuable.