The future of ageing requires a paradigm shift

Artiklen giver et bud på, hvor fremtidens ældrepleje bør bevæge sig hen. Kan vi finde en måde at give ældre borgere mere styring?

To foster long-lasting benefits in the healthcare sector, physicians' work practices need to respect patients' autonomy and recognise the complexity of their everyday lives. I believe it is telling that professionals often struggle to comprehend "the behaviours and decisions of patients, especially when these conflict with medical recommendations" (Charon, 2017) or their own choices. The international literature points to a range of historical, cultural, financial, and scientific beliefs that contribute to the persistence of these barriers, and there is generally a lack of guidance on how to operationalise shared decision-making in daily practice (Légaré & Thompson-Leduc, 2014). Physicians' varying styles of professional practice also affect patient participation in making treatment decisions (Shay & Lafata, 2014).

Narrative medicine has been developed as a method that trains professionals to improve their listening skills and increase empathy; e.g., creative-writing exercises and close reading of fiction are used to enhance their "ethical self-reflection, increase the effectiveness of their clinical engagement, and sharpen their critical focus on the scene of care, including the institutional and social structures in which they work and live" (Charon, 2017). However, I think that professionals need to adopt a more comprehensive approach. There is actually another logic at our fingertips – one that does not include homework assignments for patients, or produce more checklists and standardised instruments to further overburden professionals. It is a change in perspective but one that requires a paradigm shift: Instead of focusing on outcomes and coercing a 'one size fits all' objective, professionals need to "help people help themselves" (Ellerman, 2005) throughout the healthcare trajectory.

I am particularly inspired by philosopher David P. Ellerman's work for the United Nations Development Programme (UNDP). Here, he outlined a framework for 'autonomous self-development' whereby professionals "help in a way that respects, fosters, and sustains the autonomy of the doers" (Ellerman, 2005). Ellerman's framework rests on five straightforward points (Ellerman, 2001):

1. Help must start from the present situation of the doers—not from a 'blank slate'
2. Helpers must see the situation through the eyes of the doers—not just through their own eyes
3. Help cannot be imposed upon the doers—as that directly violates their autonomy
4. Nor can doers receive help as a benevolent gift—as that creates dependency, and
5. Doers must be 'in the driver's seat'—which is the basic idea of autonomous self-direction.

Professionals (as the 'helpers') should strive to provide autonomy-compatible help to older people for whom they bear a responsibility (as the 'doers'), which means that any assistance or advice given must be non-distortionary; i.e., the helping intervention should not infringe on "what the doer would do—given sufficient resources (...) and does not distort the original motivation of the doer" (Ellerman 2001). Most important, such an approach recognises the intrinsic motivation of each patient. Rather than a logical, 'closed-system' approach that focuses on 'if this, then that', professional judgement and assistance are based on a person's intrinsic motivation, which is driven by their unique sense of identity and history of lived experiences. This motivation is the essential starting point for compassionate and personalised healthcare trajectories.

In Denmark, I have seen great benefits from the inclusion of autonomy-compatible help within reablement services for ageing adults. Specifically, reablement frames the older person as "an expert in their own life" (Aspinal et al., 2016), and the professionals' job is to find ways to help them remain independent and 'self-helping' for as long as possible. This means that the professional has to listen to the person's unique hopes, goals, and preferences, which are expressions of their intrinsic motivation. With this knowledge, the professional should make suggestions that take into account the person's current situation and what they want to achieve. The professional should also guide the person to actively rediscover and re-appropriate knowledge with ownership. Simply put: defining both the problem and the desired outcome puts the patient in the driver's seat, which gives them authority for and control of their healthcare trajectory.

Incorporating autonomy-compatible help into clinical practice will simul-

taneously build learning capacity and support the patient's expressed needs, wishes, and priorities. But – AND THIS IS KEY – it must always account for the patient's individual circumstances and resources (physical, mental, and social). Helping people help themselves will create a messy, 'open-system' approach based on associative thinking and complexity – this is a paradigm shift precisely because it does not focus on achieving total compliance or a particular pre-defined outcome. Although it may seem difficult and disruptive at first, integrating Ellerman's five points into the discussions that physicians have with a patient and their family (not just 'sometimes' or in 'certain cases') may be exactly what is needed to promote more effective shared decision-making, patient involvement, and person-centred care. Thus, adopting this framework of 'helping people help themselves' as a fundamental best practice in the healthcare sector will be a significant step to improving physicians' professional practices.

Ellerman's principles are at the core of my professional efforts to promote autonomy-compatible help in the healthcare sector. My colleague Amy Clotworthy is also incorporating these principles into her work at the Center for Healthy Aging, where she is investigating how the Danish healthcare sector, hospitals, and municipal authorities can improve professional practices by recognising the complexity of older people's life histories as well as the individual needs and priorities they express in their personal narratives.

For mere information om dette arbejde og Amys andre forskningsinteresser, se Alexandra Brandt Ryborg Jønssons artikel om fremtiden for humanistiske/samfundsfaglige aldringsforskning i Danmark (denne udgave, side 28).

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