

A Code of Ethics for Caregivers

Indeed it is cause for celebration that more and more men and women are able to live comfortably into their later years. Then again, many older adults, especially those 85 and older, rely on the help of family caregivers such as spouses, adult children and siblings to live safely in their homes. For example, a scientific survey conducted by *The Center for Aging Policy Research* at the School of Social Welfare at Stony Brook University estimates that about one in ten New York State households (about 734,000) include an individual over the age of 18 who provides some level of home care to an individual age 60 or older.

Unfortunately, “Aging in America” comes at a time when most families are unable to address all of the complex needs of their elder relatives (for example, coordinating doctor appointments, medication management, hands-on care and transportation services, as well as trying to grasp the complicated coverage issues and expensive costs associated with the Medicare program). As a result, too often family caregivers who use their *heart* as well as their caregiving skills to assist elder relatives do not understand the toll this combination exacts on them *and* those they help.

Hence, it is important for older people to receive help from caring relatives, friends and paid caregivers who understand that “compassionate care *is* showing that *you* care.” Keep in mind that your words and attitude can either empower or demoralize the person you are trying to help. With that in mind, I hope that the following Code of Ethics for Caregivers will stimulate you to think before you act, and make a thoughtful effort to improve the quality of life for vulnerable individuals who rely on caregivers:

- Help aging care receivers maintain legacy experiences and contacts that will prevent isolation and depression.
- Encourage social interactions with family, friends, contemporaries and group activities.
- Understand that every older person is an individual with a lifetime of unique experiences and perspectives.
- Encourage care receivers to be self-empowered *and* control their own destiny.
- Maintain an attitude of compassionate caregiving that demonstrates to the older care receiver that she or he is a *person first*.
- Remain mindful that an aging person who is your relative is not your patient but rather your mother, father, grandparent, aunt, uncle, etc. Do not “rob” a person of his or her elder status and kinship connection by disregarding their expectation of privacy and confidentiality.
- Respect and express appreciation for an aging person’s past and continuing contribution to society. For example, their experience as a parent, teacher, nurse, electrician, counselor, bus driver, detective, investment broker, et al.
- Do not diminish, but rather acknowledge a care receiver’s lifetime achievements.
- Always keep in mind that: “People who have needs also have rights.”
- Care for the aging care receiver in a manner that respects her or his dignity and promotes social, economic and political interaction.

- Become educated about cultural competency and aware of the person's race, ethnicity, culture, national origin, geographical residence, sex, sexual orientation, and gender identification because these factors will often determine an older person's values, attitudes and care receiving expectations.
- Always respect a person's right to self-determination, and your duty to advocate with and for a person when she or he cannot advocate for her or himself.
- Recognize when you (the caregiver) need a "break" from caregiving. Make arrangements to refuel your compassion tank before you spiral into "compassion fatigue." Otherwise, you increase the risk of elder abuse.
- Never talk about an aging care receiver to another person in the care receiver's presence without including the person in the dialog. In fact, the third party should be the "guest" to the conversation, not the aging care receiver who is being talked about.
- Operate at the highest level of integrity, thereby treating all older care receivers as though a *spotlight* is on everything you say and do. There should be no exceptions to this rule, even if the person is mentally challenged, in a late stage of dementia, or disabled in any manner. At all times remember that words, attitudes and compassion matter!

Because people are living much longer than was the case 20-30 years ago, many older family members and friends are experiencing new and different care giving *and* receiving challenges. Then again, caregivers should take comfort from the wisdom of Oprah Winfrey when she said, "What I know for sure is that what you give comes back to you."

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