Older People's Dignity Code

Signed:

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Endorsements

The Code was endorsed by the London Borough of Hackney, East London NHS Foundation Trust, the Homerton University Hospital NHS Foundation Trust, NHS City & Hackney Primary Care Trust and the City & Hackney Older People’s Board in October 2007. The City & Hackney Clinical Commissioning Group endorsed it in 2013.

Dignity can be promoted by:

✓ Supporting the person in maintaining their hygiene and a respectable personal appearance;
✓ Respecting people’s home, living place and privacy;
✓ Trying to anticipate individuals’ needs;
✓ Responding courteously to specific requests and listening carefully to individuals’ concerns and views;
✓ Respecting individuals’ wishes as expressed in ‘living wills,’ for implementation when they can no longer express themselves clearly;
✓ Demonstrating respect and using formal spoken terms of address, unless invited to do otherwise;
✓ Whenever possible getting to know the person, before delivering care;
✓ Ensuring people feel able to complain without fear of retribution, that advocacy services are available and that a complaint is responded to thoroughly;
✓ Providing comfort and consideration;
✓ Encouraging choice and decision making.
Introduction

This code has been developed by the City & Hackney Older People’s Reference Group following wide consultation and is representative of the views of Older People across the two local authorities. Developed in response to the national Dignity Challenge and with particular regard to Article 25 of the European Charter of Fundamental Rights, older people locally uphold their right to ‘lead a life of dignity and independence and to participate in social and cultural life’.

This code sets out the issues considered to be important in contributing to personal dignity, how older people expect, have the right and deserve to be treated and has been endorsed across the health and social care partnership.

1. Maintaining human dignity, particularly in the face of adversity, is a core human value.
2. Respect for personal identity is the critical aspect of dignity that has to be addressed in health and social care.
3. Reliance on technological solutions to health problems is no substitute for human caring and human values.

Indignity can be caused by:

- Being verbally or physically abusive, ignoring people or showing indifference to them;
- Assuming people cannot do things for themselves;
- Making older people look or feel ridiculous through speech or actions;
- Treating people as objects;
- Being entirely concerned with the ‘material’ side of care;
- Not respecting the need for privacy during intimate care;
- Requiring people to use mixed sex wards;
- Not knocking at the door before entering;
- Not informing people of what is happening – or failing to do so in terms and in a language easily understood by an individual;
- Not allowing the person to speak;
- Lying to or deceiving people.
- Using disrespectful language or addressing people in ways they find disrespectful;
- Not respecting death;
- Speaking about the person in their presence as if they were not there;
- Changing the person’s environment without their permission;
- Intervening or performing care without consent;
- Unnecessary use of drugs or restraint;
- Failing to take care that a client’s personal appearance is not one that would cause them to feel ashamed

Dignity can be promoted by:

- Supporting the social standing of a person, even when mental or physical deterioration occurs;
- Acceptance that patients have a right not only to give informed consent before any treatment, but that they also have a right to refuse treatment;
- Knowing that it is unacceptable to refuse treatment on grounds of age;
- Not emphasising impairments in front of others;
- Respecting patients’ preference to receive intimate personal care from someone of their own gender;
- Making the person feel that they have value and giving individualised care and support;
- Supporting and maintaining autonomy;
- Respecting the individual’s habits, values, particular cultural background and any needs, linguistic or otherwise, for support to communicate their views and concerns;
- Promoting inclusion, participation, stimulation and a sense of purpose;
- Adapting care to the needs and rhythm of the individual and encouraging participation in daily life;

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