

AGS sets sights on better care, more responsive policies for 'unbefriended' older adults

November 22 2016

“ Making medical decisions for unbefriended older adults ”

A new position statement from the American Geriatrics Society

The "Unbefriended"

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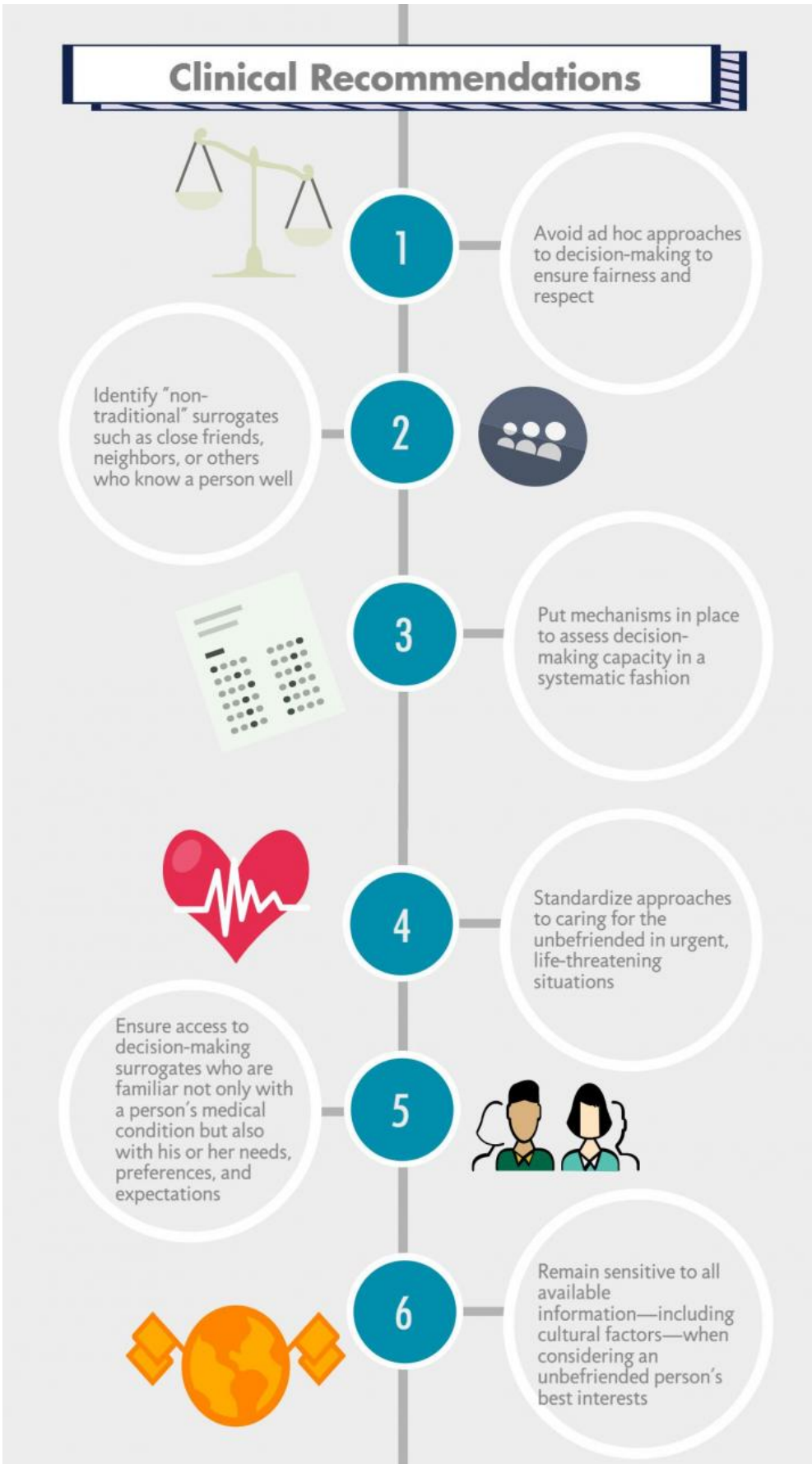
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(c) 2016, American Geriatrics Society

Experts at the American Geriatrics Society (AGS) today unveiled [new guidance](#) on care and decision-making for a unique and growing group of older adults: the "unbefriended." Proposed clinical practice and public policy changes would support some of society's most vulnerable individuals while also helping protect more of us from becoming unbefriended as we age.

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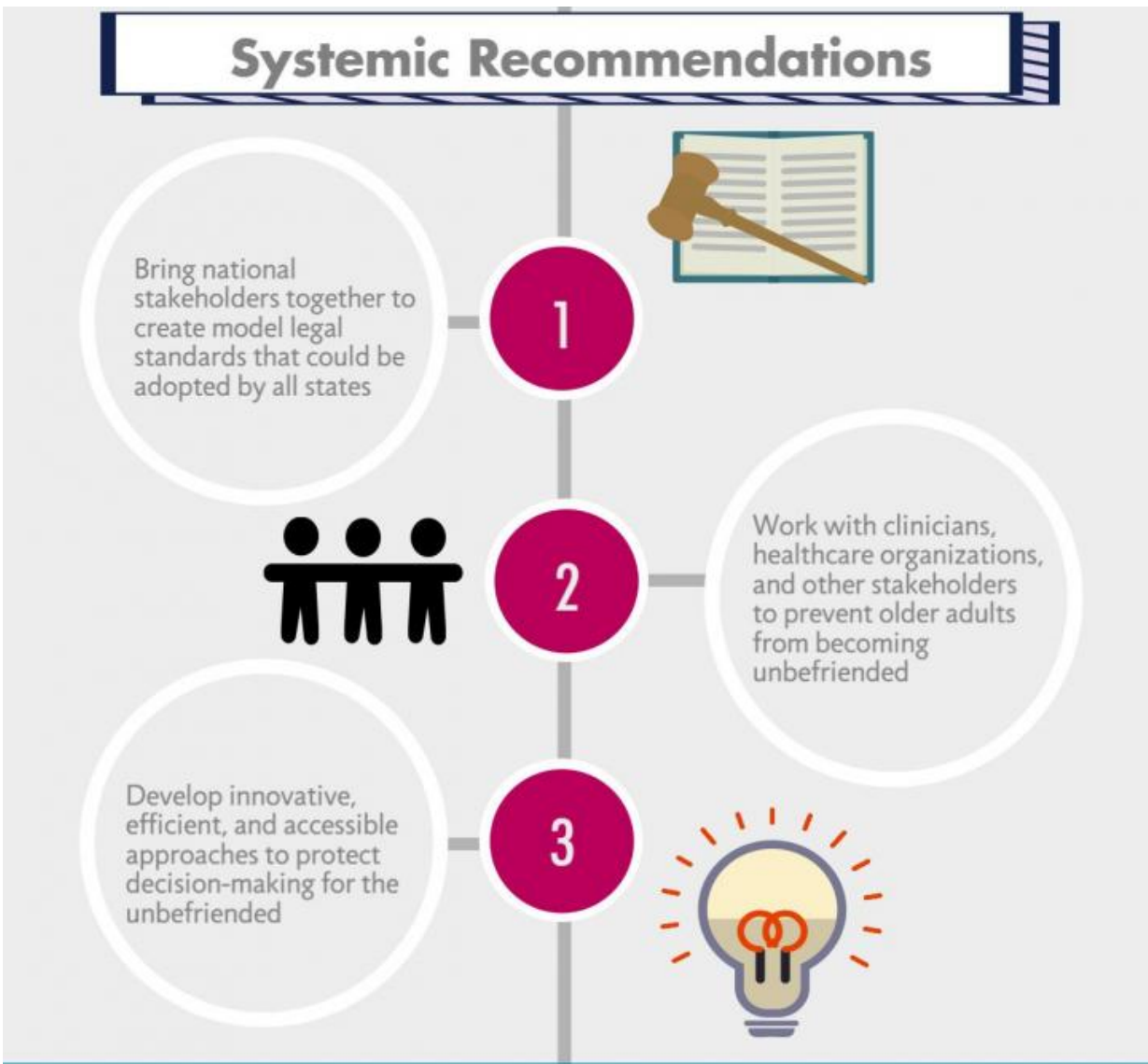
"Health professionals have a special responsibility for the unbefriended, but we also face particularly challenging situations when it comes to their medical decisions" notes Timothy W. Farrell, MD, AGSF, a member of the expert panel responsible for the position statement. Added AGS President Ellen Flaherty, PhD, APRN, AGSF: "The AGS has outlined proactive steps we can take to help those at risk of becoming unbefriended. And for older adults who are already facing this reality, our guidance can help create standards and systems of support in more places and for more people. It's not just about improving care; it's about making care more respectful and responsive."



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Across [clinical practice](#), AGS experts have called for:

- Avoiding ad hoc approaches to decision-making to ensure fairness and respect;
- Identifying "non-traditional" surrogates—such as close friends, neighbors, or others who know a person well—wherever and whenever possible;
- Putting mechanisms in place to assess decision-making capacity in a systematic fashion;
- Standardizing approaches to caring for the unbefriended in urgent, life-threatening situations;
- Ensuring access to decision-making surrogates who are familiar not only with a person's medical condition but also with his or her needs, preferences, and expectations; and
- Remaining sensitive to all available information—including cultural factors—when considering an unbefriended person's best interests.



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At a systemic level, AGS experts also recommend:

- Bringing national stakeholders together to create model legal standards that could be adopted by all states;
- Working with clinicians, healthcare organizations, and other stakeholders to prevent [older adults](#) from becoming unbefriended; and
- Developing innovative, efficient, and accessible approaches to protect decision-making for the unbefriended.

As an update to earlier guidance released in 1996, the AGS Ethics Committee developed these new recommendations in collaboration with the AGS Clinical Practice and Models of Care Committee and the AGS Public Policy Committee. The final position statement was published online ahead of print in the *Journal of the American Geriatrics Society*, and is available for free from [GeriatricsCareOnline.org](#).

More information: Timothy W. Farrell et al, AGS Position Statement: Making Medical Treatment Decisions for Unbefriended Older Adults, *Journal of the American Geriatrics Society* (2016). [DOI: 10.1111/jgs.14586](#)

Provided by American Geriatrics Society

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