Editorial
Taking Risks: A Forgotten Need

Taking risks is asserting one's freedom. And yet, even though we view freedom as the cornerstone of our society, we are terribly afraid of risk. It is a paradox particular to us: asserting an individual's freedom while all at once hating everything that is planned or foreseen. However "it is solely through the risk in one's life that one can retain freedom" (Hegel, 1807). According to this philosopher, it is through the risk element in his life that man can shed his animality and become human. This should not be construed as a call to take up arms, but rather as an invitation to take control of one's life and to live it without fear.

This fear of living is only too widespread among the elderly and we as health professionals and caregivers must accept part of the responsibility. Naturally, we want to protect the most fragile and vulnerable members of our society. The professionals instinctively try to keep the risks to an absolute minimum. However, when the risk element becomes too small, the person's freedom can be somewhat hampered. This is the underlying message contained in an article written by Michel Silberfeld. The following sentence taken from his conclusion demonstrates this point: "Starting from assuredly good intentions, risk becomes part of an unconscious rhetoric for controlling elderly people".

Evaluating a risk is certainly an important process at the collective level; however, one should exercise extreme caution when applying the same process at the individual level. As Silberfeld cautions, one must guard against applying to individuals some of the conclusions drawn from actuarial models. These models, although useful in the establishment of general policies, do not allow us to make objective decisions at the individual level. Moreover, clinical science is not very helpful since distinguishing between what is and is not desirable does not fall within its bounds. It can merely shed some light on the possible solutions and oftentimes in a very limited fashion, since the art of prognostication is not the easiest one. Furthermore, the process of evaluating a risk must take into account not only the actual risk but also the individual's perception of it. This perception is as important as the risk itself since it will determine the final choice, and more so, because it is influenced by surrounding pressures and community standards. Therefore, evaluating a risk would appear to be far from an exercise in objectivity.

While aware of our virtual inability to establish the probability that a particular risk will occur in a person's life, we must also be aware that we find it all to difficult to disregard the scale of professional values which rates the person's well-being higher than the respect for his choices. This scale of

values has very deep roots. In spite of all the rhetoric concerning the respect for individual autonomy, it still does not rank very high where professional relationships with the elderly are concerned. The search for a balance between the principle of autonomy and the principle of beneficence is at the core of every ethical debate. To be sure, attitudes have changed and there has been some progress in this area, but the fact remains that as far as the elderly are concerned, the individual's freedom of choice seems to suffer more often than not. During our clinical encounters, we should think more about the person's autonomy than what we believe is good for him or her.

Family involvement is an area too often overlooked. Family members must be made aware and informed in cases where an elderly person within the family has lost part of his functional autonomy. Very often, it is through such sincere exchanges that we can sharpen our understanding of the needs of the elderly. This does not mean that the family must decide what to do on behalf of the elderly, but rather that the family should join together with the elderly member to become one single unit under the care of the health professional. The family must benefit from our assistance and our attention. This help and understanding will be especially meaningful when the elderly member experiences some cognitive difficulties. Should these disorders be serious enough to put the individual's intellectual capacity in question, then his or her level of competence must be assessed.

As Silberfeld indicated, evaluating a person's intellectual capacity is not an easy task. One must first bear in mind that a person is presumed competent until there is clear evidence to the contrary. This applies equally to ethical and to legal cases, under civil or common law. However, there is no standardized test which allows us to clearly establish a person's competence. Competence is not a cut-and-dried issue; it must be evaluated in relation to the kind of decision at hand. The intellectual ability required to make a decision on matters pertaining to housing surely must differ from that needed to administer finances, for instance, or to attend to legal matters. Nevertheless, the clinician must ultimately determine competence, although sadly lacking the necessary tools. This evaluation in our opinion is more important than the evaluation of risks. Clinical researchers should step up their efforts to develop a more precise evaluation tool. Indeed, they should focus on this problem instead of trying to create a tool to evaluate risks, all the while remembering that "the search for a single test of competency is a search for a Holy Grail" (Roth, 1977).

It is worth mentioning at this juncture that when an elderly person is declared incompetent someone must step in and make decisions on his or her behalf. In such cases, the family becomes even more important. In fact, family members must make all the decisions on behalf of the incompetent person. In Quebec, according to the most recent amendments to the Civil Code, all decisions pertaining to care must be made by the spouse or an immediate family member, where there isn't already a legal representative in place. There is a clear judicial base for the role played by families making these important decisions. Generally speaking, the family is best equipped

to make good decisions. However, this is not to say that the evaluation of risk becomes insignificant; rather, it means that there is another aspect to this. Indeed, as much as it is legitimate for the family to play a role in the decision-making process, it is clear that it cannot introduce an unreasonable risk in the life of a person who is not in a position to distinguish its value. When a family member puts the security of an elderly person in peril, professionals must step in and protect the one being threatened. Conversely, when the family members overestimate the real risks and request exaggerated security measures, professionals must sit down and examine these concerns with the family. Professionals must also not endorse security measures which could restrict the elderly.

Professionals must then find the proper balance between three fundamental values: the respect for autonomy, the search for beneficence, and the protection of the vulnerable persons. The latter two have deep cultural roots, while the first one has young and delicate ones. Despite all the claims, it would seem that professional caregivers in the field of health and social services do not inherently respect the freedom of choice of the elderly. The rhetoric is there but the actions are not. Very few of us can appreciate that in order to be free, the human being needs an equal measure of risk and security. The removal of all risks leads to the very extinction of life. "If we want to fight the fear of living, our attitudes must change enough for us to understand that the need for risk is as important as the need for security" (Dufresne, 1990). This statement makes us seriously question our behaviour. Based on that point of view, the removal of all risks not only hampers the person's freedom but it also prevents us from adequately meeting his or her needs. Such a statement surely is not an invitation to negligence but rather it opens the door to a straightforward exchange of ideas with the elderly on the necessary balance between risk and security.

The need for security is first and foremost a question of self-actualization and respect. This need will be met if we succeed in making the elderly part of our social fabric. In isolating its elderly population, society feels it must protect it from all risks, even if its freedom has to suffer. However, in fact, that is only a way of absolving ourselves from guilt feelings. Instead, the elderly should have their place and role in society, we will then have done more for their security than all the risk-reducing measures. Because, to return to our opening statement, there is no true freedom without risk.

References

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Gilles Voyer, *Hôpital d'Youville de Sherbrooke*