

# Supporting smoking cessation in Long Term Care: Mental health, legal and ethical considerations during COVID-19

Geriatric Addiction Rounds

May 12, 2020

# Learning Objectives


1. Using case based learning we will discuss complex individuals with cognitive impairment and or personality disorders in residents, who are unable to or do not comply with quarantine directives, with mental health, legal and ethical lenses.
2. Participants will gain an understanding of the treatment for NRT, as well as, the behavioural considerations for supporting smoking cessation while in quarantine.

# Facilitator: Marilyn White–Campbell

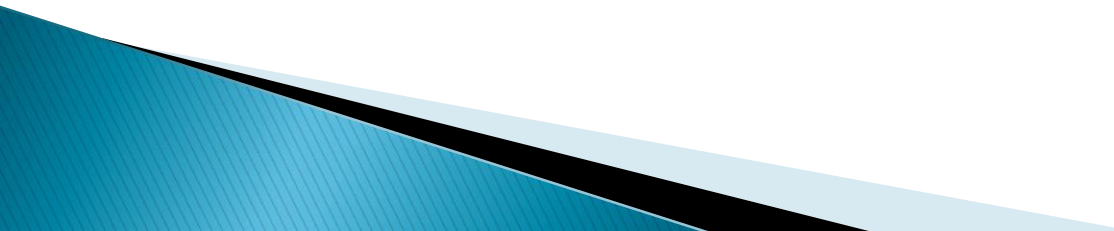
## Panelists:

- ▶ Dr Rosemary Meier
- ▶ Dr Aviva Rostas
- ▶ Laura Tamblyn Watts
- ▶ Dr Marcia Sokolowski
- ▶ Consent and capacity
- ▶ Geriatric psychiatry / smoking cessation
- ▶ Legal considerations
- ▶ Ethics

# Mr. A

- ▶ 73 year old with dementia 40 year smoking history
  - ▶ Currently smokes 14 Cigarettes per day
  - ▶ Cigarettes are administered by staff 2 each time he asks up to 14 per day
  - ▶ Was smoking independently outside the building
  - ▶ Now due to COVID restrictions cannot leave the building to smoke
  - ▶ He is agitated and demanding his cigarettes
  - ▶ Wants to go out
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# Mr. B

- ▶ 68 year old male heavy smoker smoke 30 CPD
  - ▶ Anti social Personality Disorder, COPD, Diabetes, poor circulation
  - ▶ below knee amputation due to complications from diabetes and smoking
  - ▶ Active smoker refuses to comply with quarantine directives
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# Consent and Capacity

Dr Rosemary Meier MBChB MSc FRCPsych. FRCPC  
Geriatric Psychiatrist

# Mr A

73; smokes outside; long smoking history;  
cognitive impairment; Staff dispense  
cigarettes 14/day

# COVID19

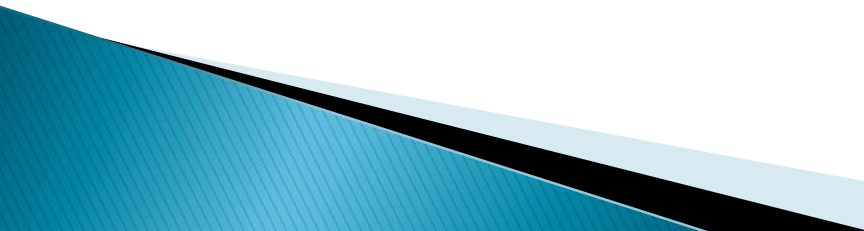
- ▶ Quarantine directives, added to Smoking rules
- ▶ Behaviour changes: demands cigarettes
- ▶ Agitated and angry: told reasons for not going out; told reasons for not smoking inside
- ▶ Staff offer alternatives:  
Nicotine replacement, soft drinks and treats –  
irked by patch, spits out gum  
refuses to comply: leaving, seeking butts to smoke; putting others at risk



# consent & capacity

- ▶ Mr A is presumed to be capable to make the decision to comply with directives
- ▶ His capacity is specific to the decision
- ▶ He requires information in order to understand the decision to be made—to consent—and that there is a decision to be made—
- ▶ and to appreciate the foreseeable consequences of making/not making decision
- ▶ as individual and in context of LTC

# Dissent:? Capable refusal

- ▶ Context:COVID; LTC;Others:Residents & Staff
  - ▶ Cognitive capacity: impairment  
working memory: focus; sustained attention;  
recall/recognition of information?
  - ▶ executive function: response to feedback or  
correction of understanding? perseveration?
  - ▶ social cognition: empathy, sensitivity to  
needs of others? Is agitation cognitive  
disinhibition?
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# Smoking Cessation in Older Adults

Aviva Rostas, MD, FRCPC

Geriatric Psychiatrist, Centre for Addiction and Mental Health

Lecturer, University of Toronto Department of Psychiatry

Literature supports combined medication and behavioural interventions

With cognitive impairment , behavioural interventions may be more challenging to use and potentially less effective (although not studied)

There are NO CLINICAL TRIALS or specific guidelines for smoking cessation in older age



# Behavioural Techniques

Depend on presence/ absence/ degree of cognitive impairment

Consider if unable vs. unwilling to follow rules

Relaxing activities

Activities that stimulate the mouth eg. cold water, raw veggies

Activities that occupy the hands eg. knitting, jigsaw, cards





# NRT: Special Considerations

Most older adults will need NRT to quit – ESPECIALLY in context of “forced” sudden quit of pandemic

Patch, gum, lozenge, inhaler, mouth spray

Beware dentures!

Chew, chew, park / Suck, suck, park method – challenging in cognitively impaired

Inhaler – good for cognitively intact who can’t chew

Side effects: mouth irritation, GI upset – if cognitively impaired may not be able to express

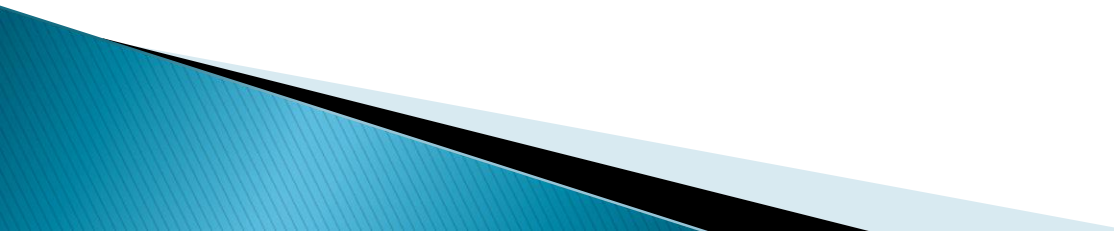
# Legal Considerations: the Quarantine Act

Laura Tamblyn Watts LLB, SJD (in progress)



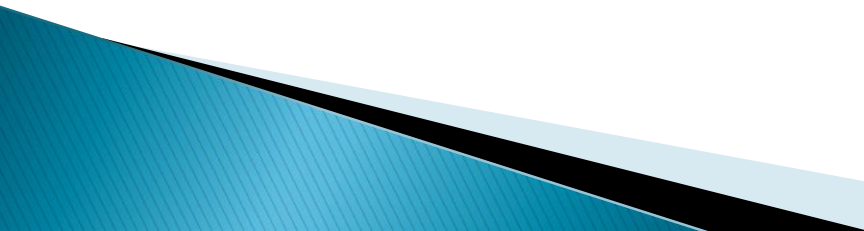


**DISCLAIMER**





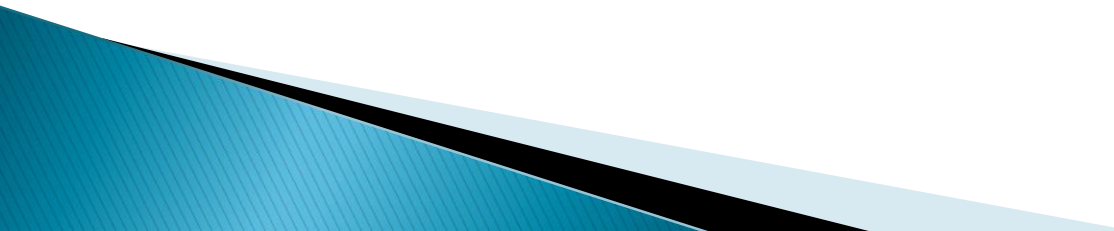
# Restrictions due to COVID19

- ▶ 3. It's only "quarantine", not \*Quarantine\*
  - ▶ Public Health Order
  - ▶ Changes to Long Term Care Regulations – March 23
  - ▶ City, Provincial and Public Health Restrictions
  - ▶ "Lockdown"
- 

# Tackling the Problem of Breakout Smokers?



# Issues

- ▶ Spreading saliva, touching door-handles
  - ▶ Ease of transmission
  - ▶ Picking up cigarette butts?
  - ▶ Habit and agitation
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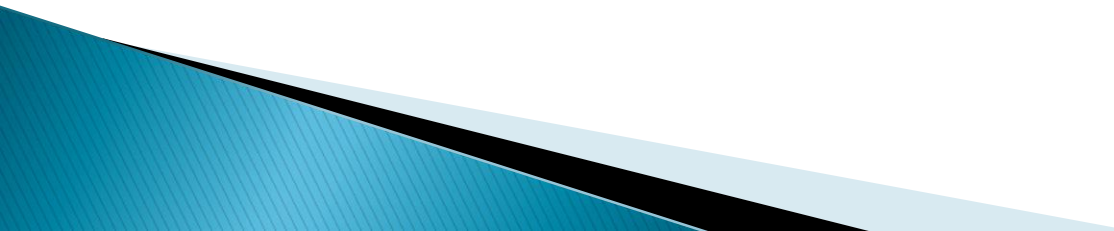


What can  
we really do?





# Tools to Consider

- ▶ Redirect – options, PPE, designated areas
  - ▶ Mental Health Act – Form?
  - ▶ Under the current new Regulations?
  - ▶ Temporary Discharge?
  - ▶ Mental Capacity issues
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# Final Recourse?





Contact Me!

CanAge\*

Laura Tamblyn Watts

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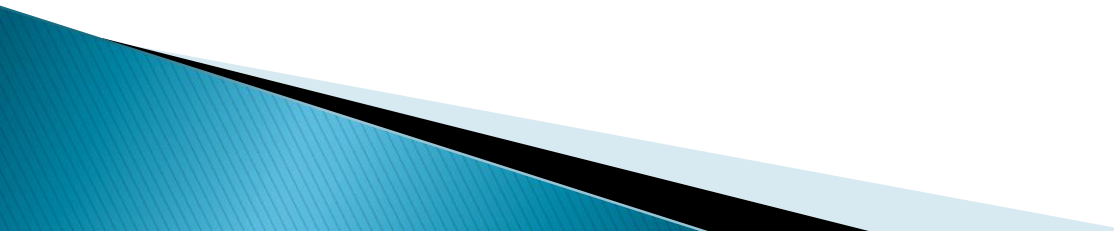
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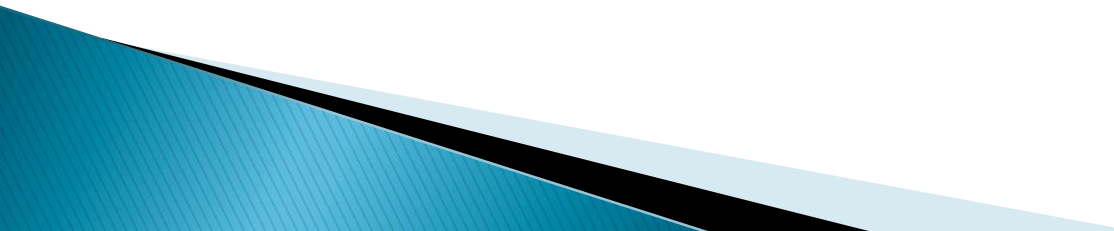
# Pandemic Ethical Issues, Principles and Applications

Dr. Marcia Sokolowski  
Baycrest Health Sciences  
University of Toronto, Faculty of Medicine

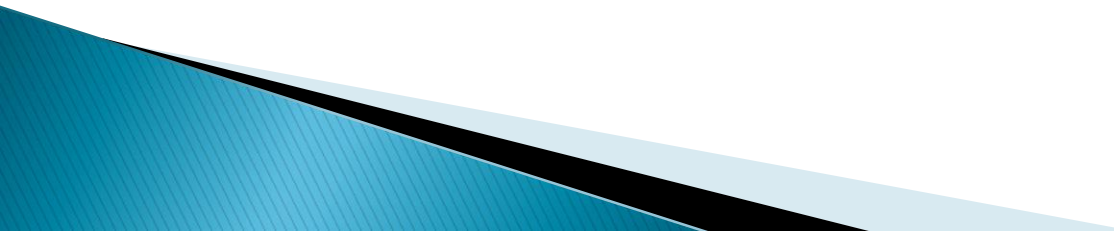
# Ethical Issues

- ▶ How to balance the interests of an individual resident against potential harms to others (residents and staff) and to self in a congregate care setting for persons that are highly susceptible to significant morbidity or mortality if they contract COVID-19?
  - ▶ How to achieve isolation with safety and compassion?
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# Context

- ▶ Pandemic requires Lens of Pandemic Ethics
  - ▶ Context of LTC – Resident's Home
  - ▶ Limits to Autonomy
  - ▶ Consequences of Isolation
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# Principles to Guide Decision-Making

- ▶ Respect for Persons
  - ▶ Equity
  - ▶ Proportionality
  - ▶ Reciprocity
  - ▶ Fair Process
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# QUESTIONS ?

