



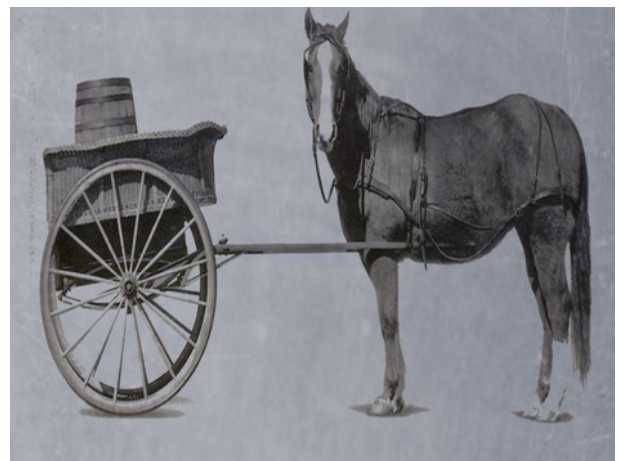
So What?

Duty and Decision (5)

To recap, at the outset of this series of blogs it was noted that duty relates to doing what is 'reasonable' in relation to 'foreseeable harm', in order to do the most good and least harm, in a way that is fair and respects autonomy. Previous blogs have argued that risk can be conceptualised more broadly than risk to life and limb to include risk to wellbeing. These blogs suggested that this wider conceptualisation of risk could be operationalised as foreseeable impacts on fundamental human needs that underpin wellbeing. The most recent blog noted that the significance of each human need will vary from person to person. This will partly depend on their circumstances, but also on the value and meaning they give to each of the human needs.

The above form core aspects of the Care Aims framework. Taken together these considerations indicate that the starting point for any decision about duty must be to find out what matters to the identified person. The reason for doing this is not in the first instance to work out which treatment option is most appropriate, but more fundamentally to find out what "illness" and "health" looks like (and means) to them. This is in terms of their valued social roles, wellbeing needs, and life plans. In Care Aims this is referred to as the 'so what?' question. Not meaning 'so what' in a dismissive way, but the very opposite, 'so what' as a genuine exploration of the impact (or potential impact) of a person's health condition(s) on what matters most to their

wellbeing. The Care Aims approach suggests that to accept a duty before exploring what matters is to put the proverbial cart before the horse. It is not possible to know what action is reasonable until we understand what matters to the person. Once we understand what matters to a person, we can start to think with them about how illness or impairment impacts on or puts their wellbeing at risk. This allows discussion of the goals they might set to alleviate or remedy risks and impacts to their wellbeing, and about what our obligations might be in relation to these goals.



Elsewhere in this series the process of exploring meaning, risk and impact is described as formulation. A formulation seeks to develop a shared understanding of what is at stake, what this means to the person in terms of their wellbeing, what factors are contributing to risk and impacts (e.g. precipitating, predisposing, perpetuating), and strengths and resources that can be utilised to address risks and impacts. Formulations should also identify the wellbeing goals that are being sought, and offer suggestions (hypotheses) about what will help the person to achieve these goals.

The stance taken by Care Aims is not simply of theoretical relevance, the extent to which practitioners understand and then help citizens to meet their underlying wellbeing needs is likely to be a significant factor influencing compliance with and effectiveness of intervention, as well as reported satisfaction and complaints. It is also likely to influence demand on health services. For example, by reducing the frequency of repeat presentations to the same or other services arising from needs that were not adequately understood or addressed in previous episodes of care.

The next blog continues to explore the question of what it means to be “reasonable” in making decisions about duty.