

The commodification of care:

A critical analysis of the for-profit homecare market (EOLC)

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Introduction

- End-of-life Care (EOLC) is concerned with the suffering, the dignity, the care needs and the quality of life of people at the end of their lives.
- **Choice & autonomy:** quality indicators in Irish EOLC services (Irish Hospice Foundation, 2014)
- **Home:** place of care and death
- Discourse on choice can contribute to inequalities in EOLC:
 - pre-existing structural inequalities
 - human relationality
 - bodily decline
- The analysis centers on:
 1. Policy documents from 2011
 2. Irish Hospice Foundation Perspective Series
 3. Private for-profit providers' reports



The right to homecare

Move to establish a statutory scheme is welcome but tighter time-frame needed

Thu, Jan 19, 2017, 07:00

THE IRISH TIMES VIEW

The intricacies of the Fair Deal nursing home scheme and the lack of a

Ireland – Presentation to the Joint Oireachtas Committee on Enterprise and Innovation

for future demand in the home care sector'

mittee, thank you very much for the invitation to appear: current situation in relation to the home care sector in the challenges and opportunities facing the sector.

3

istry looks like now

- The challenges and opportunities for achieving that growth

Caring for the elderly in their own homes isn't just the right thing to do, it makes financial sense too



'Older people are going to fare better when they are in the environment with which they are most familiar' (stock photo)

Willie O'Dea

Brendan Courtney: We need to talk about Dad

Updated / Monday, 16 Jan 2017 17:51



Brendan Courtney's documentary opens the doors on his family's struggle with Leinster House

He is an Irish household name having worked as a fashion presenter and designer for over 20 years primarily but in his new RTE documentary Brendan Courtney gets personal.



ENABLING MORE PEOPLE TO DIE AT HOME:

Making the Case for Quality Indicators as Drivers for Change on Place of Care and Place of Death in Ireland



“ I'D PREFER TO STAY AT HOME BUT I DON'T HAVE A CHOICE ”

MEETING OLDER PEOPLE'S PREFERENCE FOR CARE: POLICY, BUT WHAT ABOUT PRACTICE?

The right to choose

- Right of patients to choose: where they wish to be cared for and die (NACPC, 2001)
- Providing services close to **“the client’s home”** (HSE, 2009 p.18)
- **“Good death”** is one where the person dies at home (IHF, 2012)
- **Methodology**
- Conceptualization of a **‘good death’ as a home death** occurred in Ireland within a wider context:
 - Declining religious influence in public policy
 - Increased privatization and decentralization
 - International move to reduce hospital stays

Home care in Ireland is being privatised without debate

We need care for age-related conditions on same basis as for cancer and cardiac disease

🕒 Mon, Jan 30, 2017, 12:00



Des O'Neill



The rise of commercialization

- 1980 surge in the home care market with many for-profit companies entering the Irish system
- The home care market was valued:
 - in Ireland at Euros 340.27M in 2009
 - expected to reach USD 349.8 billion by 2020, growing at CAGR of 9.0% from 2015 to 2020 (worldwide)
- Care reduced to a tick list of basic **“physical tasks”**:
 - Bathing or showering, washing and dressing, toileting and incontinence (PA Consulting & IPHCA, 2009 p. 35)
- Care ‘packages’ are literally bought and sold. Care becomes an abstract noun, to be delivered to service users

Choice in practice

1. Social inequalities in Ireland

- Travellers, people with life-limiting conditions other than cancer, children and people living in more rural areas of Ireland (Irish Hospice Foundation, 2012 p.7; McQuillan & Van Doorslaer, 2007; Sleeman, Davies, Verne, Gao, & Higginson, 2015)
- The possibility of dying at home is linked to economic resources (Irish Hospice Foundation, 2014)
- The option to die at home is related to a person's level of education, social class (Gisquet, Julliard, & Geoffroy-Perez, 2015; Higginson, Jarman, Astin, & Dolan, 1999; Higginson, Sarmiento, Calanzani, Benalia, & Gomes, 2013) and ethnicity (Coupland, Madden, Jack, Møller, & Davies, 2011)

Choice in practice

2. Body decline

- Old age also increases the risk of suffering from dementia or other mental disorders all of which impact on the **ability to make choices**
- For patients at the EOL, their symptoms and pain can impede both their capacity and competences either directly, or through the distress caused by such experiences (George & Harlow, 2011)

Choice in practice

3. Relationality

- Affective resources are essential for having a good death at home: the good death cannot be achieved in **isolation**
- **Economic** relationship involved
- Relationality not only of those in need of care (particularly in how their choices are contextualized and constrained by their family and economic relations), but also of their **carers**
- Care work is not only gendered it is also classed, and increasingly racialized (*Gutierrez-Rodriguez, 2014; Parreñas, 2001*)

Conclusion

- Individual control, through the exercising of choice: **market ideology** (Borgstrom & Walter, 2015)
- Idealized view of the “good death” as one in which the person exercises **choice** over the dying process (Lolich & Lynch 2016)
- When discourses in EOLC prioritize choice: sideline compassion and quality of care and deny the **relational** reality of life for those in care and for carers
- It wrongly assumes that all families have the **resources and affective capacity** to care for a person at the EOL at home.
- Leaves unspoken the highly **gendered and racialized assumptions** as to who will do the care work at home and at what price

Thank you.

