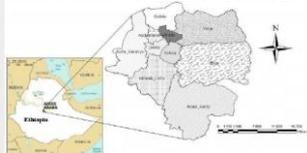


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1. Background

- In Ethiopia, older adults will reach 8.3mil by 2030
- From traditional to modern healthcare!
- Limited research combining (bio)ethics and ageing in Ethiopia and Africa broadly (*we did a scoping review to check this*)
- The aim was to explore ethical challenges with decision-making in elder care in Addis Ababa, Ethiopia



2. Methods

- Qualitative interviews with 20 older adults and 26 health professionals
- Conducted between Mar and Nov 2021
- Inductive, thematic analysis – Braun and Clark’s framework

3. Results

- 1. Lack of informed consent**
“They don’t give us time, they don’t even listen. What is the use if you don’t explain things very well?” O.Ad
- 2. Family over-involvement**
“The family decides at the end” H.Pro
“Usually, you treat the family more than the older patient” H.Pro
- 3. Value conflict b/n H.Pro and O.Ad**
“They don’t listen sometimes. For ex, they skip medication when they are fasting and say no when you tell them not to.” H.Pro
“I just pray to God. There is nothing that helps” O.Ad
- 4. Priority setting during COVID-19**
“Our machines cannot be for all, so we sometimes use age to give priority. I will definitely lean towards saving the younger patient. The older has lived until now, at least.” H.Pro

4. Implications

- Decision-making is getting more complicated in an ageing world.
- Global health efforts need to facilitate more geriatrics and ethics policies, education and experience sharing in an increasingly globalising world.

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RESEARCH PARTICIPANTS

