

REFUSAL OF CARE: UNDERSTANDING, NEGOTIATING, AND RESPECTING

A GENTLE AND ETHICAL APPROACH

Training for professionals supporting elderly individuals in all types of establishments and services

Transform refusal into dialogue and find ethically acceptable solutions

Duration : 4 hours	Modules : 4 modules
Lessons : 16 lessons	Audience : Healthcare professionals working with elderly individuals
Format : 100% online, asynchronous	Provider : N° 11757351875
Certification : Qualiopi	Price : On request

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Course description

This 4-hour training enables participants to understand the multiple reasons that may lead an elderly person to refuse care, to adopt a posture that respects their autonomy while ensuring their safety, and to master appropriate communication and gentle negotiation techniques. The training addresses the legal framework surrounding the refusal of care, the management of complex situations including cognitive disorders and end of life, and the support of the team in facing these challenging situations. By the end of the training, each participant will be able to transform a refusal into dialogue and find ethically acceptable solutions. The program combines theoretical knowledge, practical tools, and ethical reflection to develop a caring and respectful professional posture.

Module summary

MODULE 1	Understanding the refusal of care — causes, meanings, and rights	4 lessons
MODULE 2	The caring posture in the face of refusal	4 lessons
MODULE 3	Techniques for Soft Communication and Negotiation	4 lessons
MODULE 4	Complex situations, teamwork, and prevention	4 lessons

Learning objectives

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- Understand the multiple causes and meanings behind an elderly person's refusal of care
- Master the legal framework governing the right to refuse care and the caregiver's obligations
- Adopt a respectful caring posture that balances autonomy and safety
- Apply active listening and gentle communication techniques to negotiate care
- Manage complex refusal situations including cognitive disorders and end-of-life care
- Document refusals appropriately and work effectively as a team
- Use alternative approaches and tools to reduce anxiety and rebuild trust
- Develop an institutional culture that respects the person's choice while ensuring quality care

General information

Duration	4 hours
Target audience	Healthcare professionals supporting elderly individuals in medicalized residences, home care services, day care centers, and all types of establishments
Prerequisites	None, training accessible to all adult professionals
Price	Sur devis – TVA non applicable (article 261-4-4° du CGI)

Certification	Qualiopi - Attestation de fin de formation
Training organization	DYNSEO - N° de déclaration d'activité : 11757351875

Lesson 1 - Refusal of care, what is it really?

- Definition: any explicit or implicit refusal of care proposed by a healthcare professional
- Forms of refusal: direct verbal, diversion, passivity, aggressiveness, escape
- Refusal as communication: behind each refusal, a message to decode
- The frequency of the phenomenon: a caregiving daily life often experienced as a personal failure

Lesson 2 - The causes of refusal of care

- Physical causes: pain, discomfort, fatigue, side effect of a previous treatment
- Psychological causes: fear, anxiety, depression, feeling of loss of control
- Relational causes: lack of trust in the caregiver, bad past experience
- Cognitive causes: misunderstanding of the care, disorientation, recognition disorder

Lesson 3 - The legal framework — right to refuse and obligations of the caregiver

- The fundamental right to refuse care: law of March 4, 2002, and the Leonetti-Claeys law
- Informed and voluntary consent: validity conditions, limitations for individuals with dementia
- What caregivers cannot do: force, coerce, deceive — even with good intentions
- Refusal of vital care: procedure, involved parties, mandatory traceability

Lesson 4 - The refusal of care in individuals with cognitive disorders

- When the person can no longer give informed consent: who decides and how
- The role of the trusted person and the legal guardian
- The notion of relative consent: seeking assent even without formal consent
- Advance directives: how to take them into account in situations of refusal

Lesson 1 - Do not experience rejection as a personal failure

- Refusal as an expression of autonomy, not as a rejection of the caregiver
- Identify your own emotional reactions: frustration, guilt, feelings of helplessness
- The difference between caring and controlling: relinquishing care can be a professional act
- Develop a posture of curiosity rather than insistence in the face of refusal

Lesson 2 - Active listening as the first tool

- Stop, set down the equipment, sit at the same level as the person: body language first
- Allow the person to express themselves without interrupting or immediately justifying the care
- Rephrase what you hear to show understanding: 'You are telling me that you are afraid that...'
- Validate the emotion before resuming the dialogue about the care

Lesson 3 - Respect the refusal while ensuring safety

- The '3 refusals' rule: do not insist beyond, come back later with a different approach
- What can be done despite the refusal: presence, monitoring, partial care accepted
- Documenting the refusal: what to note, how to phrase it, why it is essential
- Inform the team and the doctor: when the refusal becomes a medical situation

Lesson 4 - Managing Emotions in the Face of Repeated Rejections

- The caregiver exhausted by chronic refusals: recognizing and naming this fatigue
- Defense mechanisms that harm: trivialization, forceful approaches, avoidance of care
- Internal resources: supervision, practice analysis, support among colleagues
- The caregiver's right not to accept everything: the limits of the caregiving relationship

Lesson 1 - Reformulate the care proposal

- Change the words: replace 'care' with 'comfort', 'toilet' with 'refreshing oneself'
- Offer alternatives: change the schedule, the location, the order of care, the referring caregiver
- Break down the care: propose only a part to gradually rebuild trust

- Use humor wisely: diffuse tension without minimizing the refusal

Lesson 2 - Rely on the person's relationship and preferences

- Mobilizing the life story: knowing the habits, values, and reference points of the person
- The referring caregiver as a lever: some care can only be accepted with a trusted person
- Personal rituals as support points: favorite music, familiar scent, reassuring order
- The presence of family as a mediator: when and how to involve them

Lesson 3 - The Montessori approach and techniques derived from person-centered care

- The Montessori approach in gerontology: autonomy, dignity, preserved skills
- Validation (Naomi Feil): entering the emotional reality of the person rather than correcting it
- Humanity (Gineste-Marescotti): gaze, speech, touch, and verticality as the foundation of care
- The Positive Care Approach: valuing what is accepted rather than insisting on what is refused

Lesson 4 - When care is urgent and refusal persists

- The notion of vital urgency: when can one override a refusal and under what authority
- The emergency decision-making protocol: doctor, family, traceability, mandatory debriefing
- Emergency sedation in cases of extreme distress: legal and ethical framework
- Caring for the team after forced care: the necessity of post-event debriefing

MODULE 4

Complex situations, teamwork, and prevention

4 lessons

Lesson 1 - The most common refusal situations and how to address them

- Refusal of hygiene: the most common causes and suitable solutions
- Refusal of medication: alternative administration techniques, suitable dosage forms
- Refusal to eat: distinguishing depressive anorexia, dysphagia, and conscious refusal at end of life
- Refusal to get up or walk: pain, fear of falling, discouragement — differentiated responses

Lesson 2 - Refusal of care at the end of life — a particular dimension

- The refusal of care as an expression of a wish to die: how to understand it without denying it
- Distinguishing the request for sedation, the refusal of nutrition, and the request for euthanasia
- Palliative care as a response to refusal: no longer treating but never abandoning
- The role of the mobile palliative care team in the face of complex refusal situations

Lesson 3 - The DYNSEO tools to reduce anxiety and recreate confidence

- MY DICTIONARY: allowing the person to communicate their refusal and needs in non-verbal ways
- EDITH: gentle stimulation sessions to reduce anxiety and recreate a space of trust
- E-MEMORIES: using positive memories to relax the atmosphere before a difficult care procedure
- Music and sensory cues as preparation for the refused care

Lesson 4 - Building a culture of establishment around the refusal of care

- Train the entire team to have a common stance towards refusal
- Create a shared protocol: what to do in case of refusal, who to alert, how to document
- Practice analysis meetings around complex refusal situations
- Regularly assess the quality of support: resident satisfaction, well-being indicators

Teaching methods

- Online training accessible 24/7 from any device
- Self-paced learning with structured modules and progressive lessons
- Practical case studies and real-life refusal situations
- Downloadable resources and documentation templates
- Knowledge assessment through interactive quizzes
- Certificate of completion provided upon finishing the training