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Autore	Lidz Charles W
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the Residence -- Conclusion -- 6. Restrictions -- Preserving the Body -- Compliance with Fiscal Policies -- Maintenance of Institutional Routines -- Conclusion -- 7. Activities and Schedules: The Routine of Daily Life -- Temporal Autonomy -- Schedules of Care -- Scheduled Breaks in the Routine-Weekly Activities -- Residence Routines and Schedules -- Conclusion -- 8. Interaction Patterns and Autonomy -- Staff-Patient Interaction Patterns -- Staff-Resident Interactions -- Patient/Patient Interactions -- Conclusion -- 9. Privacy: Access to Space and Property -- Spatial Rights -- Privacy of Possessions -- Information Privacy -- Bodily Privacy -- Residential Units -- Conclusion -- 10. Physical Redirection and Restraint -- Physical Redirection -- Restraints -- Conclusion.

11. Summary and Implications for Long-Term Care -- Life on the Nursing Side-A "Total Institution"? -- The Impact of Nursing Homes on Autonomy -- Autonomy and Demented Patients -- The OBRA Regulations: A Regulatory Solution? -- Applying the Lessons of Residential Area to the Nursing Home -- References -- Index -- A -- B -- C -- D -- E -- F -- G -- H -- I -- J -- K -- L -- M -- N -- O -- P -- Q -- R -- S -- T -- U -- V -- W -- Z.

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#### Sommario/riassunto

In few places in American society are adults so dependent on others as in nursing homes. Minimizing this dependency and promoting autonomy has become a major focus of policy and ethics in gerontology. Yet most of these discussions are divorced from the day-to-day reality of long-term care and are implicitly based on concepts of autonomy derived from acute medical care settings. Promoting autonomy in long-term care, however, is a complex task which requires close attention to everyday routines and a fundamental rethinking of the meaning of autonomy.

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