

The Dynamics of Aging and Elder Abuse In the United States

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Definitions

- **Gerontology**
 - *geron* old man
 - *logos* knowledge
- **Gerontology** is the study of the aging process
- **Geriatrics**
 - *geron* old man
 - *iatros* healer
- **Geriatrics** is the medical specialty dealing with old age

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Vulnerabilities to Mistreatment

- Difficulty defending oneself, physically and emotionally
- May be more dependent on others for assistance than in the past
- Fear of losing independence if a report is made, so more susceptible to threats

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Autonomy

- Self-determination
- moral right to choose and follow one's own plan of life and action
- respect for this principle is what stops us from interfering with others' beliefs and actions in pursuit of their goals

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Beneficence and Nonmaleficence

- "... as to diseases make a habit of two things: to help or at least do no harm" (Hippocrates in *Epidemics*)
- duty to assist persons in need (active duty)
- duty to refrain from causing harm (passive duty)

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Justice

Ethics of fair and equitable distribution of burdens and benefits within a community.

Health care rationing is an example of the issue of justice.

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Ethical Principles in Conflict

- *Prima facie duty* indicates that duties of some kinds are binding unless they are in conflict with equal or stronger duties.
- Autonomy vs. Beneficence

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Paternalism

- Overriding/ignoring a person's preferences in order to benefit them or enhance their welfare

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Elder Abuse - National Incidence

- 236,000 reports of seniors abused at home
- 50,000 reports of abuse in nursing homes

National Elder Abuse Incidence Study, 1998
Government Accounting Office, 1998
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Elder Abuse Incidence

FOR EVERY REPORT OF ABUSE....

5 GO UNREPORTED

National Elder Abuse Incidence Study, 1998
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Prevalence

- 1996: 551,000 cases reported (1.6% of U.S. > 65, non-institutionalized)
- 1988: Boston 'phone survey of > 2,000 elderly; 3.2% reported experiencing abuse
- 1992: Canadian random dial of 2,000 elderly; 4.2 % reported experiencing abuse

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Types of Abuse

- Physical Abuse
- Sexual Abuse
- Financial Abuse
- Neglect
- Abandonment
- Abduction
- Psychological
- Self-Neglect

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Examples of Physical Abuse

- Pulling a person's hair
- Slapping/hitting/punching
- Throwing objects at a person

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Examples of Neglect

- Person lying in urine and feces for extended periods of time
- Person develops malnutrition and pressure sores due to lack of appropriate care
- Person is dirty, living in filthy environment

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The Challenge in Elders

- Normal changes of aging
 - Multiple co-morbidities
- Medication effects
 - Cognitive impairment

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Interviewing: Endurance Issues

- Optimum time for the subject
 - may be related to medication
 - may be related to social situation
- Comfort
- Taking breaks
- Pay attention to body language

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Interviewing: Visual Impairment

- Common Diseases
 - cataracts
 - macular degeneration
- Glasses
- Positioning of the interviewer and subject

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Interviewing: Auditory Impairment

- Establish if there's a hearing problem
- Hearing aid issues
 - in?
 - on?
 - operational?
- Speak loudly and clearly; don't shout!
- Positioning of examiner and subject
- Equipment

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Interviewing: Cognitive Issues

- Establish cognitive ability
 - name
 - orientation (be careful...)
 - short term memory, long term memory
- If there is a cognitive impairment
 - use simple, short sentences
 - be patient
 - minimize distractions

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Bruising Study: Summary of Results

Nearly 90% of the bruises were on the extremities.
There were no bruises on the neck, ears, genitalia, buttocks, or soles of the feet.
Subjects were more likely to know the cause of the bruise if the bruise was on the trunk.
16 bruises were predominately yellow within the first 24 hours of onset.
Those people on medications known to impact coagulation pathways and those with compromised function were more likely to have multiple bruises.

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Forensic Center

- Adult Protective Services
- Office of the District Attorney
- Sheriff's Department
- U.C.I. Program in Geriatrics (VAST)
- Public Administrator/Public Guardian
- Community Service Programs
- Long-Term Care Ombudsman
- Older Adult Services (mental health)
- Human Options (d.v.)

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Forensic Center Services

- Team Case Review
 - Formal case reviews occur biweekly
 - Informal consultations occur daily
- In-home evaluations
- Record review
- Consultation/guidance in other counties

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The Hard Part About Collaboration

- May take more time, especially in early phase
- Always takes more effort
- Cultural differences
- Frustration with the other party

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Benefits of Collaboration

- Communication/inclusion
 - Team approach
 - Creative solutions
- Time efficiency
- Improved risk assessment
- Support for each other
- Education

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Geriatricians

- We tend to be team players
- We tend to be friendly
- We tend to be afraid of the legal system
- A few tips for working with us.....

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Working with Geriatricians

- Concise recount of the story
- Medical history and medical records (including labs)
- Medications (EVERYTHING!)
 - Rx
 - OTC
- Estimate of cognitive status

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If I See the Alleged Victim

- History
 - Of injury
 - Medical problems
- Physical examination
 - Injuries (known and unknown)
 - Functional assessment
- Cognitive examination

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If I'm Asked to Review Records

- Medical records
 - EMT
 - ER
 - Hospital
 - Outpatient
- Story of how the injury/death happened
- Context in which it occurred
 - Living situation
 - Responsible parties
- Background of social situation

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Medical Records

- Laboratory tests (especially on admission)
- Physical exam
 - Physician
 - Nurse
- Social Work notes
- Allied Health workers

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Working with a Geriatrician

- Assume we know nothing about the criminal justice system
- Explain the process and the terms
- We are on a different schedule than you are
 - Arranging dates
 - Accommodating schedules
- Attitude
 - Doctors are taught to fear lawyers.... Even when we're on the same side!

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Working with a Geriatrician

- Records
 - Complete without being overwhelming
 - Reasonable order
- Communication
 - What do you want?
 - When do you want it?

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