

Dental ethics case 13

What do I do when I suspect that my elderly patient is being abused?

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CASE SCENARIO

I recently examined an elderly patient of mine who appears to be in the early stages of Alzheimer's disease. She lives with her divorced daughter and three young children. While making adjustments on the patient's full dentures, I noticed bruising in the face, head and neck region. While reviewing my notes, I found that I had documented similar bruising during her previous two visits. She did mention that there were problems mainly of a financial nature and of her daughter not coping very well.

COMMENTARY

Mistreatment of older people – referred to as “elder abuse” – was first described in British scientific journals in 1975 under the term “granny battering”.^{1,2} In the 1980s scientific research and government initiatives were reported from Australia, Canada, China, Norway, Sweden and the United States, and in the following decade from Argentina, Brazil, Chile, India, Israel, Japan, South Africa, the United Kingdom and other European countries. Although elder abuse was first identified in developed countries, where most of the existing research has been conducted, anecdotal evidence and other reports from some developing countries have shown that it is a universal phenomenon. Elder abuse is being taken far more seriously now especially since the population of countries worldwide is ageing, with unprecedented growth seen in the population aged 60 years and over. The age groups 80 years and over is growing at a disproportionately fast rate, as life expectancy increases. There is a growing worldwide concern about human rights and gender equality, as well as about domestic violence in ageing populations.

A dentist's ethical obligation to identify and report the signs of abuse and neglect is at a minimum, to be consistent with the dentist's legal obligation. However, our ethical obligation stems from a viewpoint that requires us to try and protect those who cannot protect themselves. Ethically, the profession is guided by the principle of beneficence – doing good, promoting the patient's welfare. Beneficence refers to the active promotion of goodness, kindness and charity. All dentists have the responsibility to provide beneficial treatment, to benefit patients by not inflicting harm, by preventing and removing harm. The rules of beneficence include:

1. protect and defend the rights of others;
2. prevent harm from occurring to others;
3. remove conditions that will cause harm to others;
4. help persons with disabilities;
5. rescue persons in danger. (Beauchamp and Childress, 2001³)

Demographic changes are taking place in developing countries alongside increasing mobility and changing family structures. Industrialisation is eroding long-standing patterns of interdependence between the generations of a family, often resulting in material and emotional hardship for the elderly. The family and community networks in many developing countries that had formerly provided support to the older generation have been weakened, and often destroyed, by rapid social and economic change. The AIDS pandemic is also significantly affecting the lives of older people. In many parts of sub-Saharan Africa, for instance, children are being orphaned in large numbers as their parents die from the disease. Older people who had anticipated support from their children in old age are finding themselves the main caregivers and without a family to help them as they grow older.

The problem of elder abuse and neglect in South Africa is widespread.⁴ Elder abuse occurs across all economic, ethnic, religious, gender and cultural groups. In South Africa the problem was previously the sole responsibility of the Department of Welfare (Social Development) with the result that abuse was only dealt with in homes for the aged. With older persons encouraged to live in their communities and families as long as possible, it means that the responsibility for dealing with elder abuse has shifted to many more sectors.

Elder abuse can be defined as “a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person”. Elder abuse can take various forms such as physical, psychological or emotional, sexual and financial abuse. It can also be the result of intentional or unintentional neglect.⁵

The *victim* is usually between 70-80 years and more often female. Vulnerable older persons often suffer from chronic diseases, incontinence and disability. Limited financial means, poor social interaction and limited living space play significant roles in aetiology. The *abuser* is usually between 55-60 years or very young, more often female than male and very commonly a family member.⁶

Victims are usually elderly persons who:

- are dependent on one person for all or part of their care;
- exhibit difficult and/or inappropriate behaviour, confusion or memory loss;
- have communication problems (verbal or non verbal);
- have feelings of low self-esteem;
- have a background of family conflict and tension;
- have limited social contact and networks.

Abusers are often people who:

- experience stress as a result of their caring role due to inadequate support and/or training;
- experience stress in other areas such as unemployment, financial, health;
- may be dependent on the victim for money, housing, emotional support;
- have experienced previous family conflict and tension;
- have a background of mental health problems;
- have a background of alcohol and or drug related problems;
- have poor support and/or social networks;
- have difficulty controlling feelings of anger, frustration;
- have feelings of low self-esteem.

Persons who are engaged in detecting/identifying abuse need to have good skills, knowledge and abilities to do so. Many of the signs and symptoms of elder abuse can be attributed to changes brought by ageing, therefore elder abuse can easily be “misdiagnosed” or not identified at all. The Department of Health developed national guidelines on prevention, early detection, diagnosis and intervention of physical abuse of older persons at primary level in 1997 when it became clear that a combined effort was needed to promote the rights and well being of older persons and to empower and protect them against abuse. The warning signs of abuse should be considered every time an injured elderly patient is seen. Repeated injuries, multiple bruises, or injuries with uncertain explanations may signal instances of abuse. All instances of known and suspected abuse should be comprehensively documented and reported. *References are available on www.sada.co.za*