

The John M. Rezendes Ethics Essay Competition

OUR ETHICAL RESPONSIBILITY FOR PREVENTING ELDER ABUSE AND
CARING FOR THOSE AFFECTED

Rachel Emerich

(Nursing)

2018

As your age increases, the amount of respect, dignity, and justice that you receive from others should increase as well. No matter the age, vulnerability, or dependence of an individual, we should all be treated as complete members of society. With new research and technologies within healthcare and medicine over the past few decades, people are able to live longer than ever before. This has resulted in a large population of older adults who suffer from physical, mental, and/or financial vulnerabilities. Therefore, these older adults rely on assistance from healthcare workers, family, and the government to carry out their daily activities, take care of their health, and protect their financial security. Because of the increase in dependent older adults with chronic health conditions, abuse has become a widespread problem around the world in a multitude of ways. This essay will compare and contrast the types of abuse taking place throughout healthcare facilities and even in people's own homes. The focus of this essay is to discuss the ethical side of our responsibility to protect and nurture our ever-growing elderly population.

According to the National Council on Aging, in America alone, about 1 in 10 adults over the age of 60 have experienced some form of elder abuse. This is about 5 million elders each year (Cooper & Livingston, 2016). Since the topic of elder abuse is not as widely talked about on media as well as the location of the abuse; whether it be in assisted living settings, in a family member's home, or in the person's own home, elder abuse is a highly under reported crime. The World Health Organization (WHO) describes elder abuse 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 leads to adverse health outcomes such as physical disability, psychological distress, and higher risks for mortality.

Elder abuse can come in many different forms; but the most common are emotional, psychological, physical, sexual, and financial. Although some signs of elder abuse are obvious such as bruises, sprains, and brain trauma, other types of abuse go unnoticed and undocumented. This is because the adverse health effects of other types of abuse are not physically visible. Emotional and psychological abuse are two of the most damaging types of abuse, however they are also the least reported. The nature of the abuse and lack of evidence or tangible signs often means these abuses go unreported and unnoticed, even by the older adult being abused. The elderly who receive these types of abuse tend to internalize the verbal offenses which can then lead to increased physical health and behavioral symptoms of anxiety and depression. Psychological mistreatment with the outcome of negative emotional well-being can then result in functional impairment as well as mental disturbances (Roberto, 2016).

Physical and sexual abuse impact older adults’ physical health and wellbeing; however emotional abuse can also impact them in this way as well. As physical abuse is more visible, able to be proven, and can result in serious physical injury, this is more easily researched and reported. Unlike physical abuse, sexual abuse is severely under reported and under researched. Not only can it cause physical harm to the victim, but he or she can also exhibit significant psychosocial indicators of trauma such as post-traumatic stress disorder, depression, and poor social and mental functioning (Roberto, 2016).

Often referred to as the “Crime of the 21st Century”, financial abuse and exploitation of older adults range around 3 billion dollars annually. Financial abuse is defined as “the illegal or improper use of an elder’s funds, property, or assets” by the National Center on Elder Abuse. Kenn Tacchino (2017) researched extensively the ongoing issue of financial abuse and revealed that studies estimate that 20% of older adults are affected by this sort of abuse. In fact, experts believe that for every documented case, there are about four to five unreported cases. Major financial crimes surrounding elder abuse involve acts of fraud and deception, identity theft, manipulation of personal relationships, and preying on those suffering with memory disorders, such as dementia or Alzheimer’s. Mental and physical vulnerabilities of older adults attract predators such as salespeople, lawyers, financial planners, caregivers, home contractors, people with power of attorney, or even, sadly enough, family members that take advantage of their situation.

Any older adult can fall victim to any sort of abuse just discussed, but the ones who are more dependent on others are often the ones targeted more frequently. Acierno, Hernandez, Amstadter, Resnick, Steve, Muzzy, and Kilpatrick’s (2010) research explored the types of elder abuse happening throughout the country in order to figure out which population was most at risk for abuse and who are the most likely to be their abusers. For instance, their research has shown that those with functional dependence, disability, poor physical health, and cognitive impairments, especially dementia, are more likely to be abused. Dementia is a disease associated with a decline in memory or other thinking skills severe enough to hinder one’s ability to accomplish activities of daily living, the most common and severe type of dementia being Alzheimer’s disease. Dementia is the

twentieth leading cause of disease in the world, and as the population ages, the number of people diagnosed with dementia is predicted to rise from 35.6 million in 2010 to 115.4 million by 2050. Dementia poses a great financial, social, and psychological impact on the patient, as well as their family members and/or caregivers. This causes them to be the most vulnerable when it comes to all forms of abuse. When your entire life revolves around another individual caring not only for your physical and psychological health, but also your finances, it leaves a lot of your personal information and care open for others to take advantage of.

Some of the risk factors in becoming a perpetrator of elder abuse include suffering from a mental illness, abusing substances, and possible dependency of the perpetrator (Acierno, et al. 2010). A huge risk factor for overall elder abuse is caregiver's fatigue, in which family members ineffectively cope with the constant stress of caring for their loved one. The care of older adults, especially with dementia, requires a lot of patience, physical strength, persistence, and compassion which can wear out a caregiver over time. The most important part of preventing this sort of burnout is to seek outside assistance when needed. Children as well as spouses feel a sense of responsibility to care personally for their loved one. However, knowing when to give up the strain of everyday care to an assisted living facility or to an at-home healthcare worker could potentially save the caregiver from unintentional abuse of the older adult, as well as emotional stress for the caregiver.

No matter the type of abuse, where it happens, or who does it, abuse of any human being is without a doubt ethically wrong. The term "ethics" is often misinterpreted or misunderstood by the general public. The true meaning of ethics is

difficult to pin down to one definition, but Andre, Meyer, Shanks, and Velasquez (2010) define ethics in two important parts. The first part is that ethics refers to the well-founded standards of right and wrong that lead humans in the right direction of what to do in terms of rights, obligations, benefit to society, fairness, or specific virtues. These standards pose the framework to refrain from stealing, assault, slander, or fraud; all of which we have discussed happens to older adults throughout their abuse. Ethical standards for the way to act and to treat others includes the virtues of honesty, compassion, and loyalty, and is related to rights, including the right to life, freedom of injury, and privacy.

The second definition of ethics as defined by Andre et al. (2010) refers to the study and development of one's own ethical standards. Many people tend to associate ethics with feelings, but being ethical does not necessarily mean doing what feels right. Ethics is doing what is right for others and society which may not always guarantee that you feel good about it. Others also relate ethics to religion, which makes sense since most religions encourage and support high ethical standards. However, relating such a broad topic of ethics to religion is not fair for those who are not religious. Ethics applies to every member of society, not just those who practice a religion. Ethics should also not be related to law, for laws may not always be ethically sound, such as pre-Civil War laws restricting all sorts of basic freedoms from slaves and allowing slave owners to violently abuse their slaves without being legally charged. The final misconception of ethics is that it is whatever society accepts at the time. Society as a whole should not be looked upon as an ethical compass for many historical reasons, such as slavery and the Holocaust, but also because of the lack of social consensus on many matters such as

abortion. If we were to look to society to know what is ethically wrong or right, then every single person in society would have to fully without a doubt agree to whether something was okay or not, which simply does not happen. Instead, we should relate ethics to ourselves and how we interpret our standards of ethics and try to enforce them in everything we do and are a part of (Andre et al, 2010).

When exploring the ethical issues faced throughout the abuse of elderly, this troubling topic related most to the Rights Approach, because all types of elder abuse goes against human's basic rights. The Rights Approach of ethics focuses on the respect for human dignity, as well as our moral duty to treat others equally. It is agreed that it is a violation of human dignity to use people in ways they do not freely choose. Many ethical theorists and philosophers have discussed the issue of human rights and dignity; in particular, Immanuel Kant, as discussed in the Honors sequence believed that attention to rights ensures that the freedom and well-being of each individual will be protected when others threaten them. Kant expressed this idea in a moral principle: humanity must always be treated as an end, not merely as a means to solving a personal problem. To treat a person as a means is to use a person to advance one's own interest. On the other hand, to treat a person as an end is to respect that person's dignity by allowing each the freedom to choose for himself or herself (Andre et al., 2010).

With the ethical Rights Approach theory in mind, the best option to enforce our society's moral and ethical obligation to respect the elderly is to create laws and programs in order to protect their rights. In light of these issues, initiatives have been put in place to prevent and stop elder abuse from happening throughout the country. Adult Protective Services is the primary public agency responsible for investigating elder abuse

when reported or suspected in a community. When a report is received, they investigate it and if needed, take medical and/or legal action. Nonemergency cases are problematic though since they cannot investigate the case without the older adult or their caregiver's consent. This can be difficult in some cases, especially if the patient has dementia, is not verbal, or if their caregiver is the one committing the abuse (Roberto, 2016).

Many communities have created multidisciplinary teams involving local professionals such as doctors, social workers, law enforcement, and Adult Protective Services. Their functions are to provide training events to identify and prevent elder abuse, advocate for changes within their services for the elderly, provide care planning, and coordinate investigations. These multidisciplinary teams throughout communities across the United States have been evaluated as very effective. A look at 250 randomly selected cases of elder abuse revealed that an older adults' gender (female), marital status (married), and living situation (living with the perpetrator) were significant predictors of elder abuse patterns. Within these older adults, the ones who received interventions from a multidisciplinary team had a greater reduction in mistreatment at the end of their investigation compared to those who only had a social worker assisting them. (Roberto, 2016).

Multidisciplinary teams are great assets to have in a community to protect the elderly from physical, sexual, and emotional abuse, but there must also be precautions set in place to detect financial abuse as well. This is where financial planners come into play. Financial planners are employed to help manage the personal finances of clients; because of that and their access to people's personal financial details and information, they have the potential to be the first ones to detect signs of financial abuse. Financial

elder abuse falls into the categories of identity theft, transactions made, coercion, and the involvement of a cognitively impaired individual such as someone with dementia. Some transactions that could help catch a perpetrator taking advantage of an elder's finances are unusually large amounts of money being withdrawn, changes in banking pattern, daily maximum withdrawals made at ATMs, and any abrupt changes in financial management, such as changing the beneficiary of a policy or account. Financial planners who are suspicious of elder abuse occurring to one of their clients can place a report to the Adult Protective Services who can then investigate the matter further. Federal laws also come into play with suspicious activity. Dubious activity must be reported by filing a suspicious activity report with the Financial Crimes Enforcement Network (Tachinno, 2017).

As part of the Patient Protection and Affordable Care Act, the Elder Justice Act was established in 2010, setting out provisions created to address the weakness seen at the federal and state level to prevent and respond to elder abuse. The act authorized many grant programs, including the one for Adult Protective Services which is considered to be the first step in reporting abuse, neglect, or exploitation of the elderly. From appropriated funds, each state received the amount of funding based on the proportionate share of people age 60 and over who reside in the state as compared to other states. The law also funded a training program to help state and local governments detect and/or prevent elder abuse and financial exploitation (O' Shaughnessy, 2010).

The Elder Justice Act also put in place requirements for reporting crimes and abuse within long-term care facilities. Very strict rules were enacted for every individual employed by or associated with a long-term care facility such as an owner, operator,

employee, manager, agency, or contractor to report any reasonable suspicion of a crime against residents to the Secretary of Health and Human Services and to local law enforcement. If the suspicion involves serious bodily injury, the person is required to report the suspicion immediately, but not later than 2 hours after having the suspicion. If the event does not result in bodily injury, the individual is required to report it no later than 24 hours after developing the suspicion. If one fails to follow these guidelines of reporting suspicions, penalties up to \$200,000 could be levied or, when lack of reporting results in increase of harm to the patient, up to \$300,000. The individual may also be banned from participating in any federal health care programs (O' Shaughnessy, 2010).

The Elder Justice Act even incorporated advisory bodies on elder abuse in the Department of Health and Human Services. The law established an Elder Justice Coordinating Council within the department with the purpose being to make recommendations to the Secretary regarding actions done involving the prevention or reporting of elder abuse, neglect, and exploitation at a federal, state, local, and private level. The Act also established an Advisory Board on Elder Abuse, Neglect, and Exploitation whose responsibilities include developing plans regarding the justice of elders (O' Shaughnessy, 2010).

As important as it is to detect and stop elder abuse of any kind, it is just as important and beneficial to offer services to the elderly who have suffered. Throughout my research of elder abuse and what laws and programs have been put in place to prevent and persecute those who commit abuse, I only came across one small paragraph about the psychological care given to elders after they have been found to be abused. The one area of Karen Roberto's (2016) article in which I did find some information about the care of

the older adult after legal intervention was quite eye opening. She explained that one pilot study conducted in order to treat possible anxiety, trauma, and depression caused by elder abuse found that 85% of older adults were willing to receive mental health services. After their individual counseling, 67% of them reported improvements in their ability to cope with the abuse that they were put through. These are amazing outcomes for such an undeserved population of abuse. These results truly made me wonder why there is not more of an emphasis on creating not only more multidisciplinary teams within communities to help prevent and stop elder abuse from happening, but also why there is not more of an emphasis on the psychological care of the elderly after abuse has happened. As much as communities can put in place ways to try to protect the elderly, abuse will somehow, sadly, always occur. It is not only our ethical responsibility to protect the rights and safety of the elderly, but also to provide them with both medical and psychological care after suffering their abuse.

As a nursing student and a Certified Nursing Assistant (CNA) who has worked at a nursing home, I have seen the virtues of great care givers first-hand and hope to see more of these in the future to eventually put a stop to elder abuse. Those who have a calling to care for the elderly have a passion to respect life at all stages and maintain the persons' dignity and rights while assisting them in every way they can. Caregivers who successfully aide in the well-being of an elder most likely follow all four of the pillars of biomedical ethics. These pillars include autonomy, beneficence, non-maleficence, and justice.

Autonomy involves the respect for patient's rights to self-determination, referring mainly to consent and confidentiality. Giving an elderly patient autonomy maintains

their freedom to choose, which every human values. Maintaining autonomy for the patient can mean anything from respecting their decision to refuse surgery or medication, to simply refusing help putting on their shoes. Letting the patient have the final say in their lives ensures that their voice is still being heard and that it is respected.

Beneficence is the action of doing what is in the best interest of others, not to be confused with non-maleficence, which means to not take action in order to do no harm. Caregivers may practice beneficence by performing simple every day actions in helping bathe a patient, caring for their oral hygiene, or making sure their environment is safe. These are all active approaches to maintaining an elderly person's way of life for the better.

A caregiver may exhibit non-maleficence by stopping a medication that is shown not to be effective or maybe even harmful, or not suggesting a treatment that has been shown to produce negative results. In these situations, caregivers withhold or take benefits versus risks into consideration for making sure the elderly person receives a more positive experience or outcome. Caregivers of the elderly take these two pillars of biomedical ethics: beneficence and non-maleficence very seriously and constantly balance between them in order to give older adults the ability to live a safer and more comfortable life.

Providing and ensuring justice for the elderly is a goal every successful and passionate caregiver strives for. Justice involves the fair and equal treatment of all individuals, no matter their age, race, or vulnerability. Every human deserves equal care and respect for whatever situation life puts someone in. Health care professionals that provide excellent care for their elderly patients must have a passion for treating them with

utmost respect and justice. Something that nursing school places a great deal of emphasis on is the idea of thinking of each person that you are caring for as a dear family member or friend. This makes treating each and every patient with dignity, respect, and justice very simple if you realize that they are very precious to someone.

In the final analysis, it is our ethical duty to protect the elderly's basic human rights, dignity, and safety. These individuals are/were someone's daughter, son, aunt, uncle, cousin, or parent, and their age does not change that fact. No one, no matter their gender, race, or age should ever be subjected to any sort of abuse no matter their circumstances. It is our society's duty to spread the word on elder abuse, educate caregivers and family members on the signs of elder abuse, create laws to protect their rights, create programs to detect those who are suffering, prosecute the perpetrators who commit the abuse, and provide care for those who survive it. This unacceptable and tragic form of abuse goes almost unnoticed or undocumented by communities. Elder abuse should be taken just as seriously as other types of abuse. The elderly still feel the same emotions and pain as when they were young; one does not outgrow emotions. They are not immune to the unethical treatment from others, and they will benefit from communities coming together to protect and care for them.

References

- Acierno R. Hernandez M. A. Amstadter A. B. Resnick H. S. Steve, K. Muzzy W. & Kilpatrick D. G. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. *American Journal of Public Health*, 100, 292– 297.
- Andre, C., Velasquez, M., Shanks, T., & Meyer, M., “Ethics and Virtue.” *Issues in Ethics VI N3*, 1 Jan. 1988.
- Cooper, C & Livingston, G. (2016). Intervening to reduce elder abuse: challenges for research. *Age and Ageing* 45 (2), 184–185.
- O' Shaughnessy, Carol V. “The Elder Justice Act: Addressing Elder Abuse, Neglect, and Exploitation.” *National Health Policy Forum*, 30 Nov. 2010, pp. 1–9.
- Roberto, K. A. (2016). The complexities of elder abuse. *American Psychologist*, 71(4), 302-311.
- Tacchino, K. B. (2017). Preventing Financial Elder Abuse. *Journal Of Personal Finance*, 16(1), 78-88.
- “Essential Learning: Law and Ethics.” *Medical Protection*, vol. 6, no. 1, 2013.