

Common Presentations of Elder Abuse in Health Care Settings



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KEYWORDS

• Elder abuse • Health care setting • Risk factors • Caregivers

KEY POINTS

- Health care professionals encounter elder abuse in the community and in medical offices, emergency rooms, hospitals, and long-term care facilities.
- Keen awareness of elder abuse risk factors and the variety of presentations in different health settings helps promote detection, treatment, and prevention of elder abuse.

INTRODUCTION

Respect for seniors and their caregivers is at the heart of patient-centered care. Orientation of services to achieve positive outcomes as viewed from the patient's perspective is the ultimate goal. These principles can be adapted to elder abuse and its prevention in all health care settings and levels of care.

The White House Conference on Aging promoted a patient Bill of Basic Human Rights for Older Americans (**Box 1**). These principles are important and set the benchmark in promoting dignity for elder care in all locations of care.

Every older person deserves our respect. Caregivers also need assistance, and there is a need to support the caregiver to best help vulnerable elders. Seventy-five percent of caregivers are family members, and 70% are female, who function with little assistance, many with unmet physical and emotional needs of their own.¹⁻⁴

Patients flow across a continuum of care, from ambulatory to custodial nursing home care, to access resources according to their needs. Each level of care (**Box 2**) has its own unique characteristics with patients at different stages of disease, function, and vulnerabilities. In general, more functional individuals reside in the community where financial abuse, scams, and isolation are more prevalent. As some age,

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Box 1**Basic human rights for older Americans**

1. The right to freedom, independence and the free exercise of individual initiative. This should encompass not only opportunities and resources for personal planning and managing one's lifestyle but support systems for maximum growth and contributions by older persons to their community.
2. The right to an income retirement which would provide an adequate standard of living. Such income must be sufficiently adequate to assure maintenance of mental and physical activities which delay deterioration and maximize individual potential for self-help and support. This right should be assured regardless of employment capability.
3. The right for opportunity for employment free from discriminatory practices because of age. Such employment when desired should not exploit individuals because of age and should permit utilization of talents, skills, and experience of older persons for the good of self and community. Compensation should be based on the prevailing wage scales of the community for comparable work.
4. The right for an opportunity to participate in the widest range of meaningful civic, educational, recreational, and cultural activities. The varying interests and needs of older Americans require programs and activities sensitive to their rich and diverse heritage. There should be opportunities for involvement with persons of all ages in programs which are affordable and accessible.
5. The right to suitable housing. The widest choices of living arrangements should be available, designed, and located with reference to special needs at costs which the older person can afford.
6. The right to the best level of physical and mental health services needed. Such services should include the latest knowledge and techniques science can make available without regard to economic status.
7. The right to ready access to effective social services. These services should enhance independence and well-being, yet provide protection and care as needed.
8. The right to appropriate institutional care when required. Care should provide full restorative services in a safe environment. This care should also promote and protect the dignity and rights of the individual along with family and community ties.
9. The right to a life and death with dignity. Regardless of age, society must assure individual citizens of the protection of their constitutional rights and opportunities for self-respect, respect and acceptance from others, a sense of enrichment and contribution, and freedom from dependency. Dignity in dying includes the right of the individual to permit or deny the use of extraordinary life support systems.

We pledge the resources of this nation to the ensuring of these rights for all older Americans regardless of race, color, creed, age, sex, or national origin, with the caution that the complexities of our society be monitored to assure that the fulfillment of one right does not nullify the benefits received as a result of another entitlement. We further dedicate the technology and human skill of this nation so that later life will be marked in liberty with the realization of the pursuit of happiness.

From the White House Conference on Aging, Administration on Aging, Department of Health, Education, and Welfare, AOA Pub. No. 148. Washington, DC: 1971.

they may be susceptible to isolation, injuries and conditions such as falls, malnutrition, or dehydration if caregiving and health care needs are not met. More physically dependent individuals require higher levels of care and, because of their dependence, are more prone to trauma and decubiti during lapses of caregiving. For those who live alone in the community, dementia or depression can lead to self-neglect.

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