

# Responding to Elder Abuse and Neglect: Factsheet for Doctors

## Responding to Elder Abuse and Neglect

*This material contains information and guidance for practice. The information is not legal advice. In many instances it will be your obligation to ensure that an older adult gets legal advice as soon as possible.*

All material provided is up to date as of August 31, 2010.

## What is elder abuse and neglect?

Elder abuse refers to any actions that cause physical, psychological, financial or sexual harm to an older adult. Neglect includes situations where a person or organization fails to provide services or necessary care to an older adult.

Examples of elder abuse and neglect include:

- withholding medication
- overmedicating an older adult
- invading privacy
- misusing funds
- physical assault
- non-consensual sexual contact
- neglecting an older adult's basic needs
- threats of harm
- causing or supporting social isolation
- inappropriately gaining access to an older adult's money
- not getting appropriate consent
- harassment
- forced confinement

Sometimes, elder abuse and neglect results in a criminal offence.

## **How can doctors identify elder abuse and neglect?**

Some hospitals and health authorities have developed tools to help medical professionals identify elder abuse.

The National Initiative for the Care of the Elderly (NICE) has published user-friendly versions of the following tools:

- **IOA: Indicators of Abuse**

(by Myrna Reis and Daphne Nahmiash)

- **CASE: Caregiver Abuse Screen**

(by Myrna Reis and Daphne Nahmiash)

- **EASI: Elder Abuse Suspicion Index**

(by Mark J. Yaffe, Maxine Lithwick, Christina Wolfson)

- **IN HAND: An Ethical Decision-Making Framework**

(by Marie Beaulieu)

These tools are available online at: [www.nicenet.ca](http://www.nicenet.ca)

Refer to the Charting Sheet: Responding to Elder Abuse and Neglect for a helpful way to document facts, concerns and risks related to elder abuse and neglect.

## **How should doctors respond to elder abuse and neglect?**

The appropriate response to elder abuse and neglect is to offer the most effective, but least restrictive and intrusive, support or assistance. Doctors will need to take note of the older

patient's circumstances and consider the following questions:

- Are there indicators of abuse, neglect or risk?
- Is someone responsible for the patient's personal care?
- Is that person adequately informed, suitable for the task and able to provide care?
- Is there a need for additional support and assistance?
- What further patient support and assistance is required?

### **What support is available?**

Doctors may need to refer the older patient to specialized professional support. Available support could include:

- specialized health care professionals
- seniors' organizations
- social workers
- lawyers or legal advocates
- elder abuse support services
- counselling
- home support
- police
- public guardian and trustee

Doctors will need to work with the older patient to identify an adequate personal support network. An older adult who has adequate support and regular social contact in a healthy community has a reduced risk of harm.

### **What about consent?**

Doctors need to seek consent from the older adult before initiating a care plan, implementing a plan of support or assistance, or disclosing personal or health care information.

An adult with mental capacity has the right to refuse treatment. Likewise, the mentally capable older adult who has experienced abuse or neglect, or is at risk of abuse or neglect, is entitled to decide what assistance or support is necessary.

Refer to the brochures *Mental Capacity and Consent: Responding to Elder Abuse and Neglect* and *Confidential Patient and Client Information: Responding to Elder Abuse and Neglect* for more information.

## Is there a legal obligation to notify someone else?

The laws are different in each province and territory. The legal obligation to respond to elder abuse or neglect will depend on:

- which province or territory the older adult lives in
- employment role or professional responsibility
- whether the older adult is living in the community or in care
- whether the older adult is in need of support or assistance, or is unable to care for himself or herself

In some provinces, doctors must notify a delegated person or government authority about incidents of abuse or neglect when an older adult is receiving assistance from a health care facility or living in a long-term care home. In other provinces, the person who operates the care facility is legally obligated to notify the patient's representative, medical employees, funding program or health authority.

In some provinces and territories, doctors must notify an appointed person or organization when an older adult is being abused or neglected and is in need of assistance or support, or is unable to care for himself or herself. In some provinces, doctors also have a legal obligation to notify a designated person or government authority when an older adult is at risk of abuse or neglect.

Refer to the comparative table *Summary of the Law in Each Province and Territory: Responding to Elder Abuse and Neglect* for details about when to notify the appropriate person, organization or government body.

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