
NHS
Srizelda
'YOU'RE DELIBERATLY PUTTING YOURSELF AT RISK OF ILL HEALTH BY BEING OVER 65...'

INVESTIGATTION OF DEATHS AND POSSIBLE ABUSE OF THE ELDERLY

STATE OF IOWA DEPARTMENT OF Health AND Human SERVICES

IOWA ASSOCIATION OF COUNTY MEDICAL EXAMINERS

NOVEMBER 2022

Michele Catellier, M.D.
Associate Medical Examiner
State of Iowa

DEFINITIONS

- ELDER
- An individual 60 (65) years or older

- ELDER ABUSE
- 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.

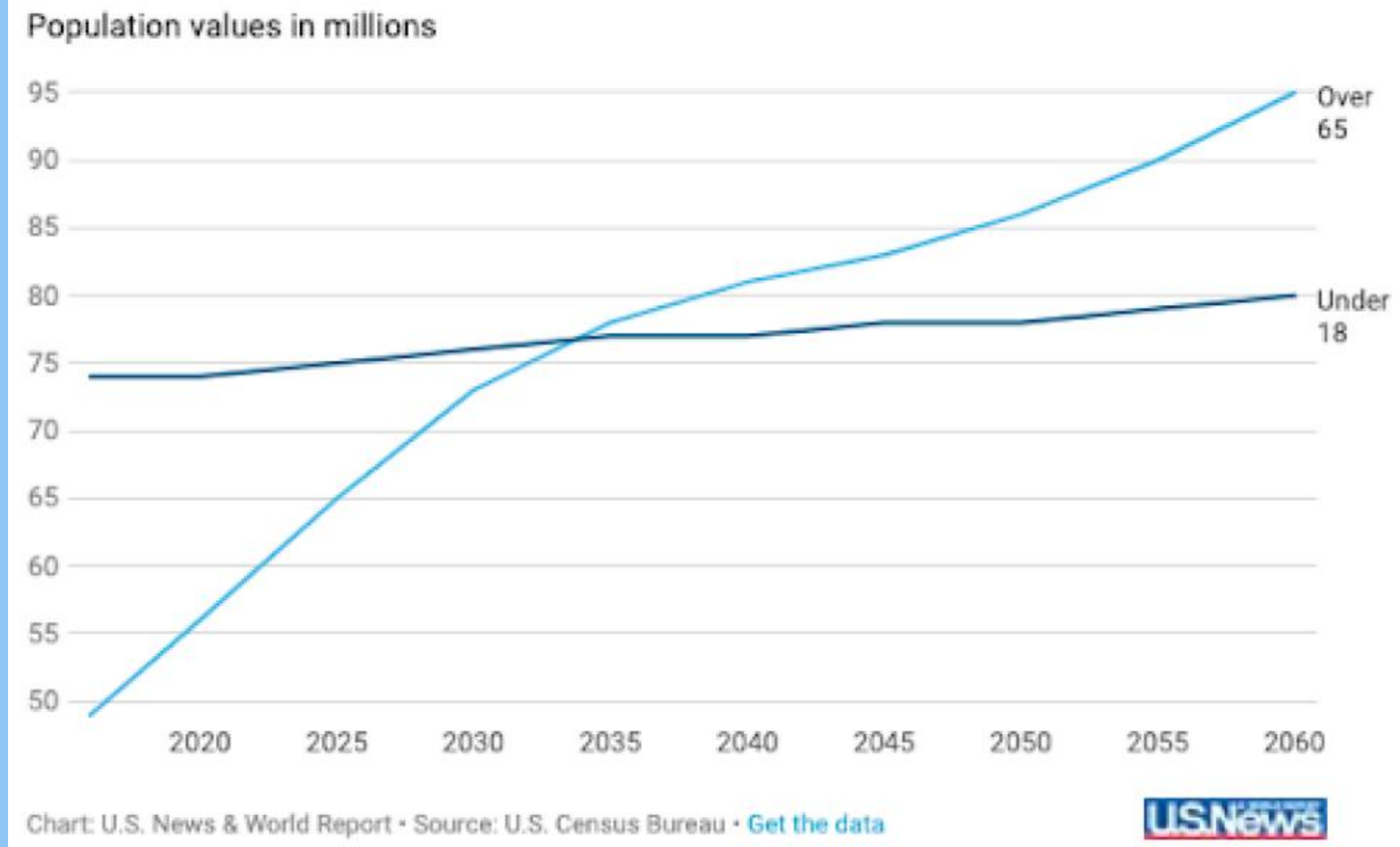
THE GRAYING OF AMERICA

- Older Americans (age 65 or older) will make up **more than 20%** of US population starting in 2030

- By **2030** all Baby Boomers will be over 65 years

- Global population of people > 60 years will more than double, from 900 million (2015) to **2 billion (2050)**

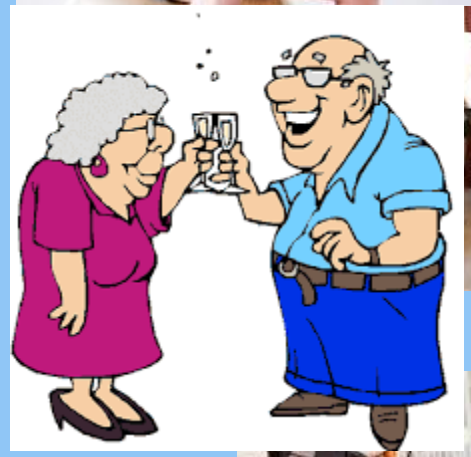
U.S. Population Predictions for Seniors and Children



WHAT IS THE FACE OF THE AGED?????














AGEIST OR AGEISM

- Prejudice or discrimination on the basis of a person's age.
- Treated as infantile or senile


KEEP
CALM
AND
DON'T
ASSUME
"Assumptions are the termites of relationships." - Henry Winkler

VICTIM VULNERABILITY

- Medical disability
- Cognitive disability
- Functional disability
- Increasing care needs
- Past history of abusive relationships

SOCIETAL PROBLEM

- EFFECTS OF AGING CAUSE VULNERABILIETIES
- VULNERABLE ARE TARGETTED BY PERPETRATORS
- SOCIETAL ATTITUDE THAT IT IS A “FAMILY MATTER”
- 3 DECADES BEHIND FIELDS CHILD ABUSE AND DV

- PUBLIC ILL INFORMED; ILL EQUIPPED TO REPORT
- MANY PROFESSIONALS HAVE NOT HAD TRAINING IN RECOGNITION OR MANAGEMENT
- AGENCIES ILL EQUIPPED TO DEAL WITH CASES
- POOR INTERAGENCY COMMUNICATION

EVERY MONTH 1 IN 10 ELDERS ARE VICITIMS OF ABUSE WORLD WIDE.

- ONLY ONE IN 23 CASES ARE REPORTED TO ADULT PROTECTIVE SERVICES
- AN EPIDEMIC
- ABUSED SENIORS ARE 3X MORE LIKELY TO DIE

LIVING VICTIMS
RELUCTANCE TO SEEK HELP

- MAY FEEL TRAPPED
- AFRAID TO REPORT:
  - FEAR OF RE-VICTIMIZATION
  - FEAR OF INSTITUTIONALIZATION/NURSING HOME
  - FEAR OF ENDANGERING PERPETRATOR
  - SHAME
    - OFTEN MORE THAN ONE TYPE OF ABUSE
    - SELF BLAME
    - OBLIGATION TO BE SELF SUFFICIENT
  - LACK OF RESOURCES

ELDER MISTREATMENT

- VICTIMS HAVE A HIGHER MORTALITY RATE
- FATAL ELDER ABUSE CASES ARE OFTEN MORE COMPLEX THAN OTHER TYPES OF DEATH INVESTIGATION

WHY ARE THESE CASES SO DIFFICULT?

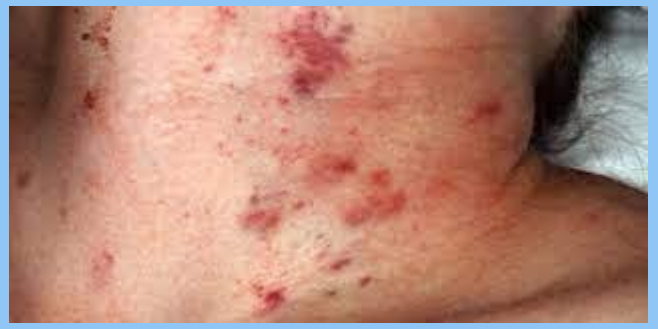
- ELDERLY DECEDENTS OFTEN HAVE SEVERAL VARIABLES CONTRIBUTING TO DEATH
  - MEDICAL ILLNESS OR DISEASE
  - INJURY: Superficial or significant
  - POOR NUTRITION
  - IMPAIRED COGNITION
  - DEPENDENCE ON CARETAKER
  - POTENTIAL SELF REFUSAL OF CARE
  - SELF NEGLECT
  - ALTERED PHYSIOLOGIC RESPONSES TO THERAPY

TWO TYPES OF REFERRALS

- 1. SUSPICIOUS FOR ABUSE OR NEGLECT

- 2. FOUL PLAY ACCUSATION

AND THEN THERE ARE THE SURPRISES



Ø

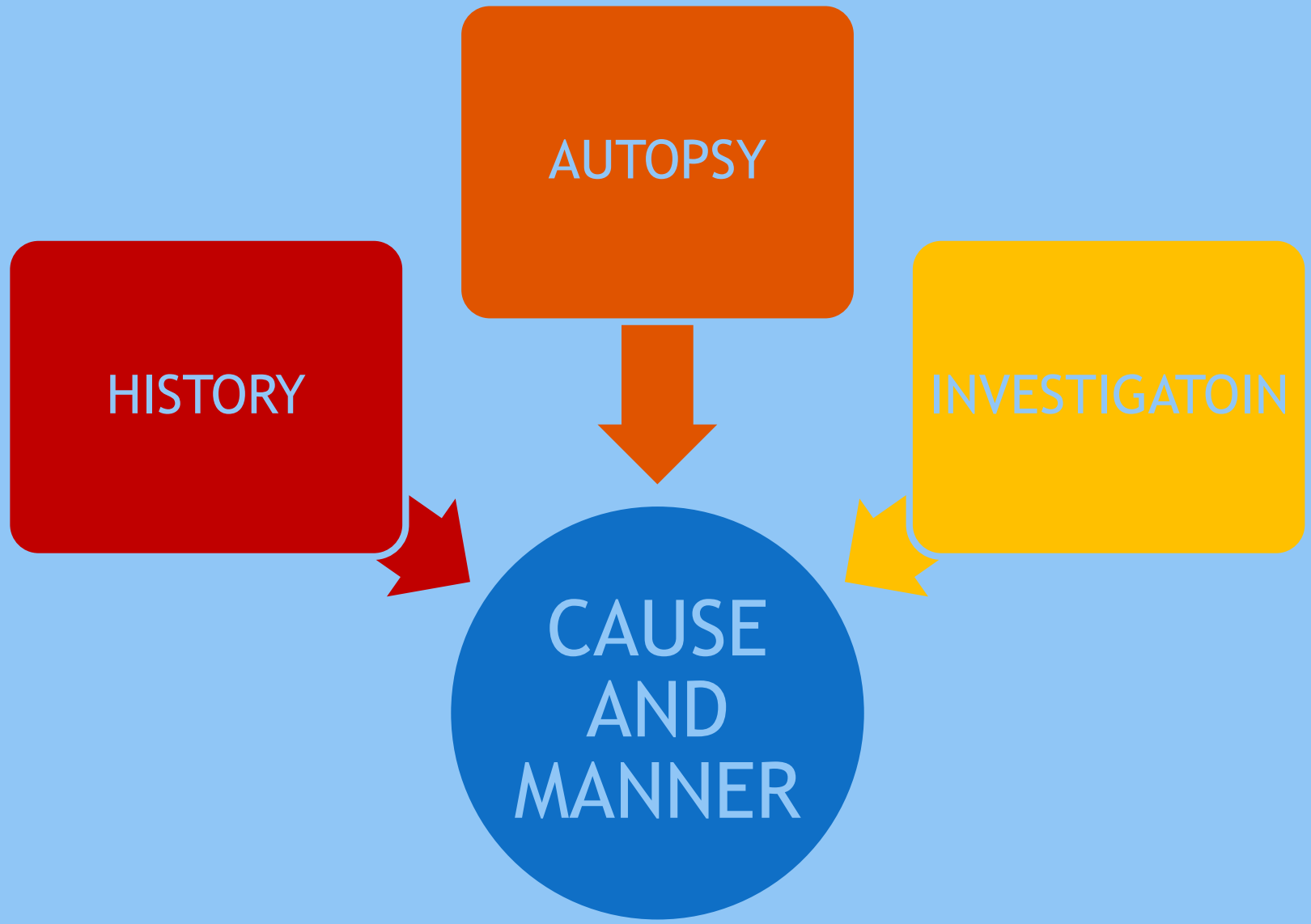
DEPENDENT ADULT CASES CAN BE VERY CHALLENGING

- Injuries can be mimicked or compounded by physical illness
- Neglect must be differentiated from natural wasting (e.g., Alzheimer's disease) and self refusal of care
- An elder may die WITH a disease or OF a disease; a death investigator must consider both possibilities

Challenge in elder death investigation: to attempt retrospectively to understand the competency of the decedent and the responsibility of the presumed caregiver

WE'LL WAIT AND SEE WHAT THE AUTOPSY SHOWS

The autopsy


AUTOPSY
HISTORY
INVESTIGATOIN
CAUSE AND MANNER

ELDER DEATH INVESTIGATON

- REQUIRES A MULTIDISCIPLINARY APPROACH
- COMPONENTS
  - MEDICAL HISTORY
    - VISITS OVER AT LEAST 1 YEAR; NURSES NOTES, VISITING NURSE RECORDS,
    - MEDICATION RECORDS
      - PRESCRIPTIONS (ORDERS, FILLED Rx), DISPENSATION LOGS, PILL COUNTS, PHARMACY RECORDS,
  - PHYSICAL AUTOPSY FINDINGS
    - HISTOLOGY
    - CONSULTANT EXAMINATION (e.g., Neuropathology, Toxicology, Cardiac pathology, Microbiology)
    - Radiology
  - INVESTIGATION
    - DHS
    - (LE) INTERVIEWS WITH FAMILY, CAREGIVERS, SOCIAL CONTACTS
    - SCENE PHOTOS

Elder Abuse and Neglect—General Categories

- Physical abuse
- Sexual abuse
- Psychological/Emotional abuse
- Financial abuse
- Neglect
- Self neglect
- Violation of rights
  - Right to privacy
  - To be protected against harassment
  - To make choices for one's self as long as they are not harmful to others

SUSPICIOUS FOR ABUSE AT ANY AGE

- Unexplained injuries
- Injuries not consistent with medical findings
- Contradictory explanations
- Blaming the victim

NATURAL DISEASE COMPLICATIONS MAY OBSCURE INDICATORS OF ABUSE, NEGLECT, EXPLOITATION OR ACCIDENTAL INJURY

NATURAL DISEASE COMPLICATIONS

- Hip fractures (due to cancer or osteoporosis)
- Subdural hematoma (complication of anticoagulation)
- Dementia
- Decubitus ulcers
- Sepsis
- Malnourishment
- Cachexia
- Medication side effects or consequences

CAREGIVER CHARACTERISTICS

- Substance abuse
- Emotional problems/ mental illness
- Economic dependency on the elder
- Economic pressures
- Lack of community support
- Physical, functional or cognitive problems in caregiver
- Social isolation

CHARACTERISTICS OF THE ABUSED

- Many elderly victims of physical abuse are high functioning
- Their sense of parental or family obligation may make them reluctant to cut off the abuser
- Risk factors: Advanced age, female gender, Diminished mental capacity, chronic disease, increased care needs, social isolation, lack of close relationships, inadequate housing, evidence of financial exploitation

PHYSICAL ABUSE CONCERNS

- Unexplained injuries
- Injuries not consistent with medical findings
- Contradictory explanations
- Blaming the victim

MARKERS FOR ABUSE

- Abrasions and lacerations
- Bruises
- Fractures
- Sexual abuse
- Restraints
- Decubiti
- Malnutrition
- Medication abuse
- Burns
- Dehydration
- Cognitive and Mental vulnerability
- Hygiene
- Financial discrepancies
- Exploitation

BRUISES AND LACERATIONS

- Increased bruising with age, esp. women

Most often forearms

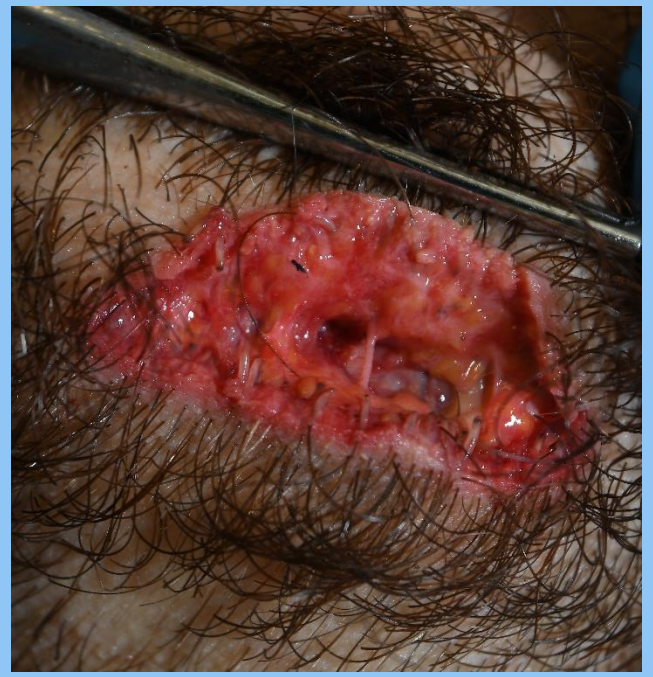
- Increased risk with some medication (Aspirin, Coumadin, Corticosteroids, Plavix, ALSO fish oil, ginkgo, ginger, garlic supplements)

- SUSPICIOUS: FACE, CHEST WALL, ABDOMEN, SOLES OF FEET, PALMS OF HAND EARS, NECK, GENITALS, BUTTOCKS, BACK OF LEGS

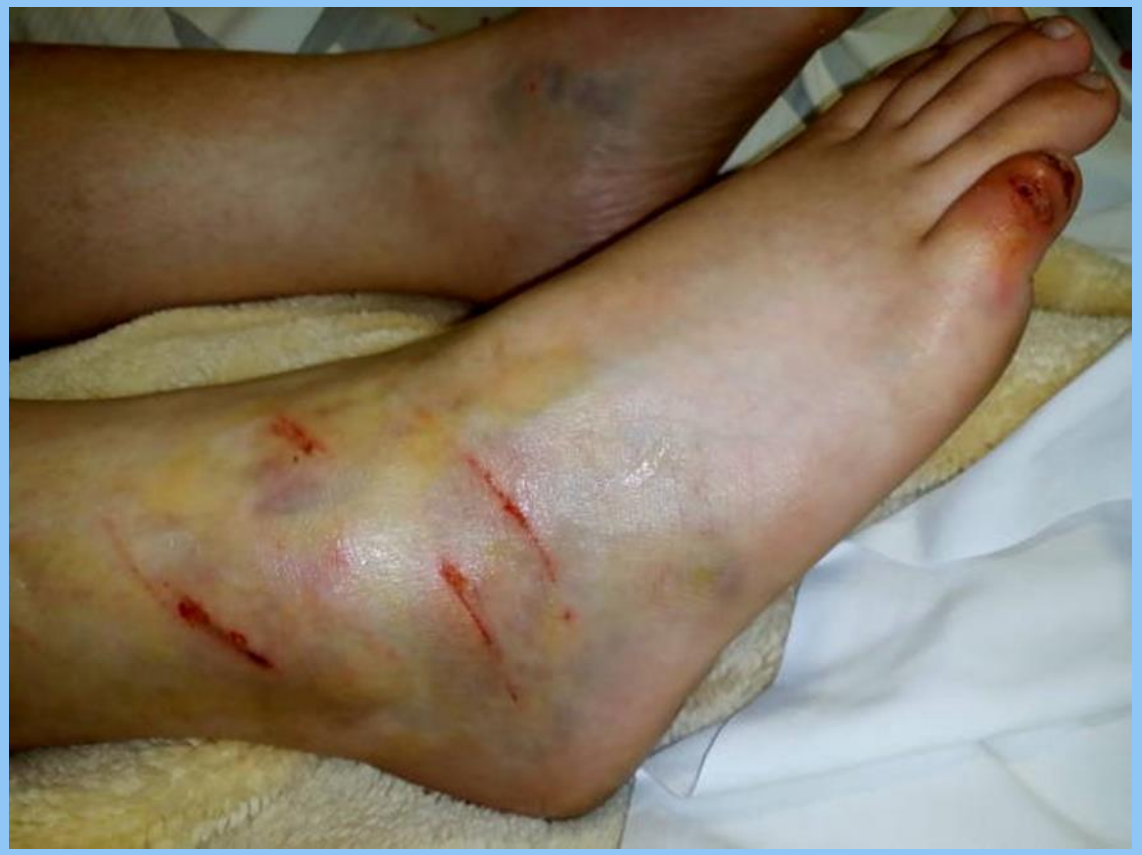
ABRASIONS AND LACERATIONS

- Non-abusive lacerations and skin tears generally occur on the FOREARMS and occasionally on the LEGS

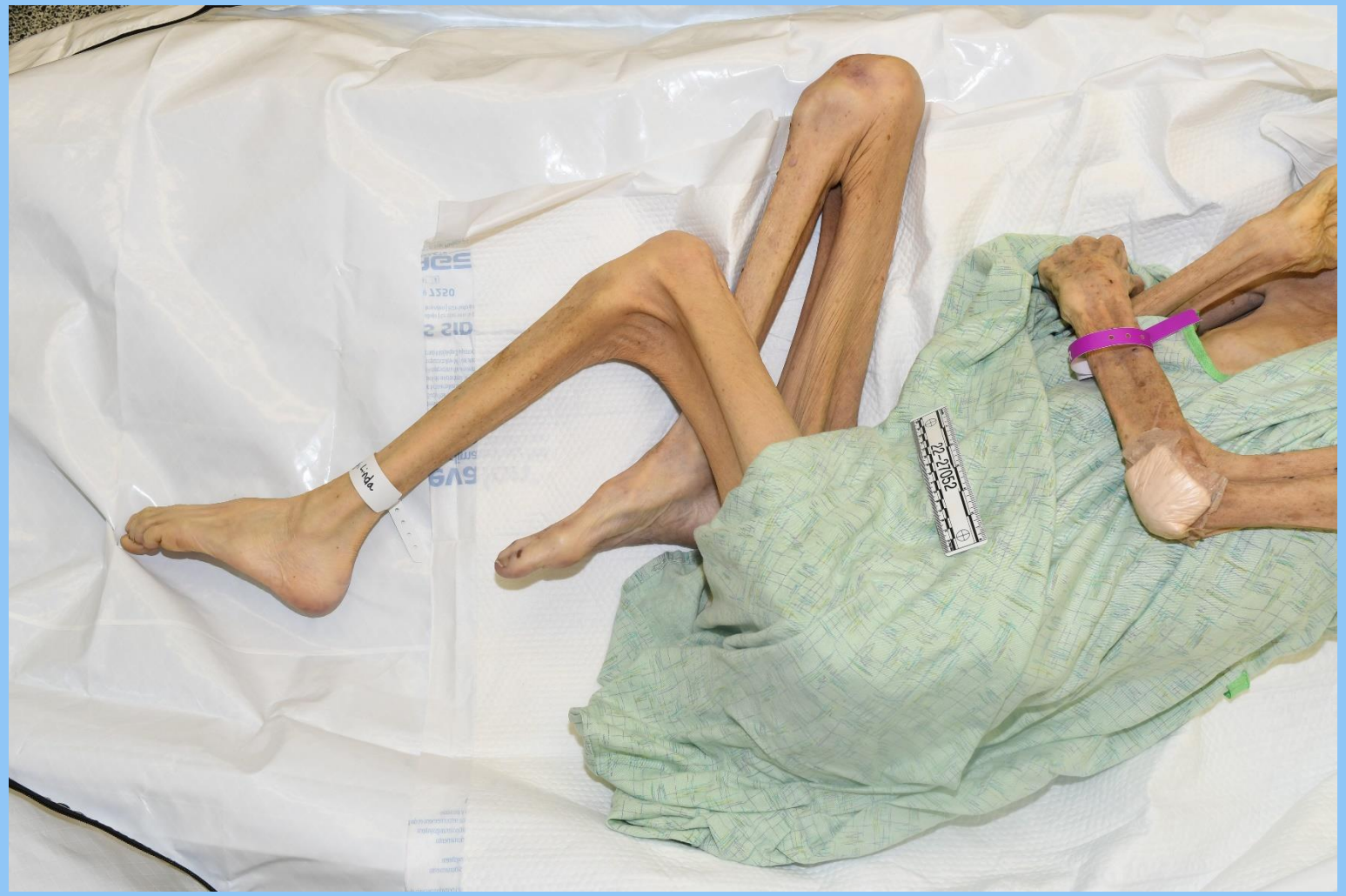
LACERATIONS



EVIDENCE OF RESTRAINT



MALNUTRITION



MALNUTRITION

- May be a marker of neglect, including in the institutionalized
- Complicating contributors:
  - Decline in smell and taste
  - Inappropriate medication use
  - Lack of maintenance of good oral hygiene
  - Neglect of those who cannot feed themselves
  - Wasting diseases
- Not always seen as thin and cachectic
  - What is diet?
  - Hair, nails, skin, etc.

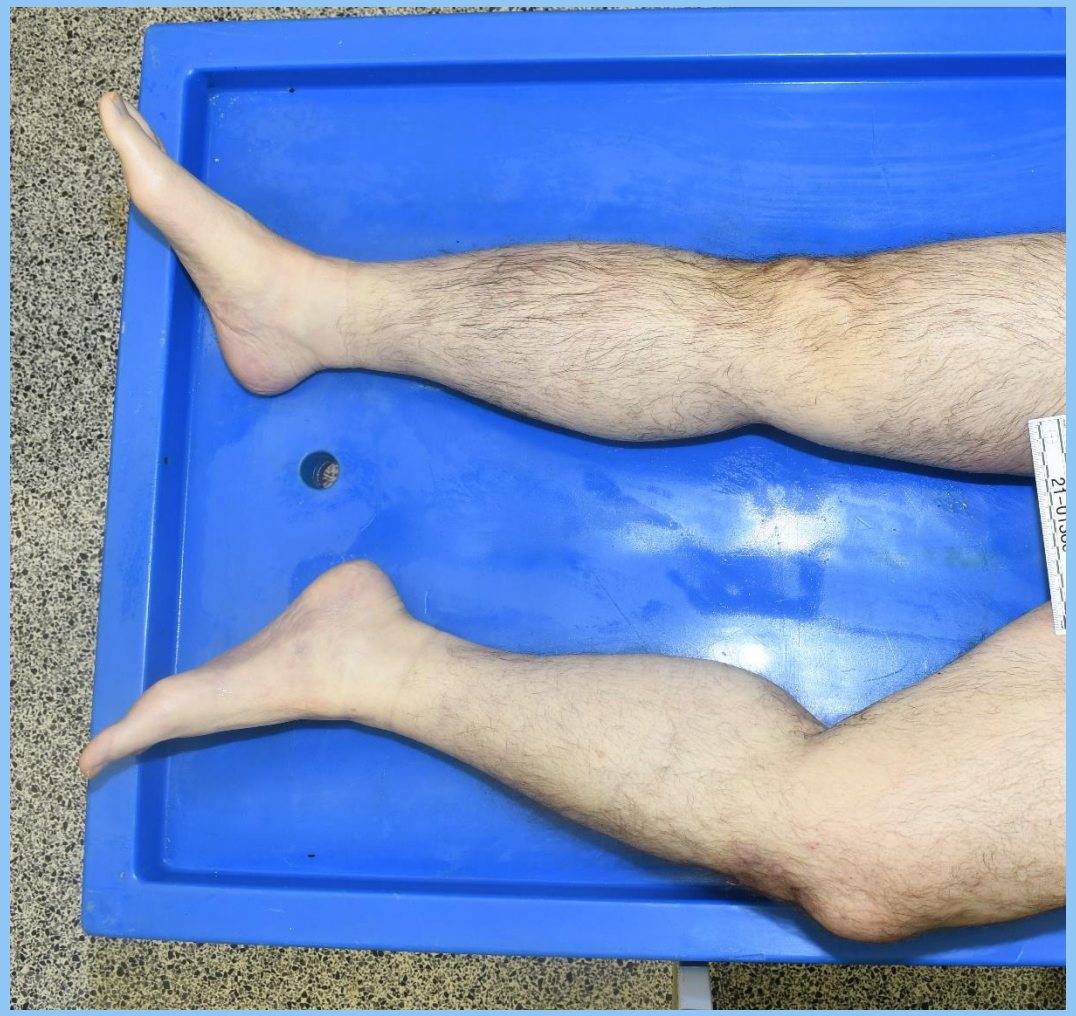
SEXUAL ABUSE

- Often underreported and under detected
- Perpetrators can include any caregiver, nursing home staff, nursing home residents, and guests
- BUT …….most sexual assaults occur at HOME

FRACTURES

- Increased risk with poor nutrition, Vit. D deficiency, alcoholism, sex hormone deficiency, bone disease
- Over age 75: hip
- Under age 75: wrist
- Of concern: No history of explanation of injury

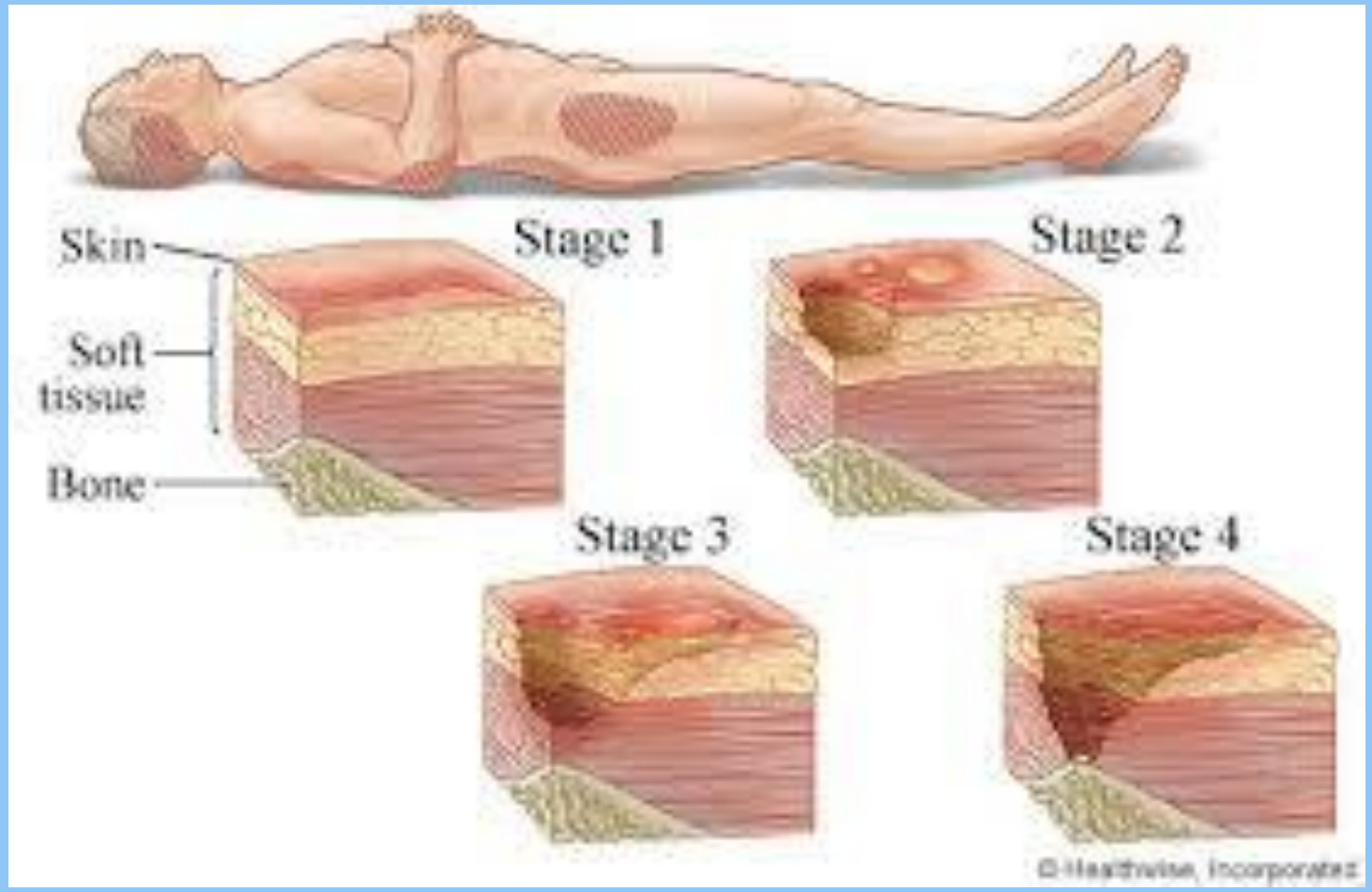
FRACTURES



DECUBITUS ULCERS

- Caused by sustained pressure placed on a particular part of the body
- Pressure interrupts the blood supply to the localized area
- Without blood/oxygen delivery, the tissue will eventually die
- Once the ulcer has developed, infection by bacteria often ensues
- Decreased blood supply results in decreased delivery of infection-fighting white blood cells

DECUBITI/BED SORES



DEVELOPMENT OF DECUBITI

- Dependent upon amount of pressure
- Vulnerability of the skin to damage
- Increased risk:
  - Immobility
  - Poor nutrition
  - Vascular diseases
  - Age over 70 years
  - Incontinence of urine or bowel
  - Mental health conditions

DECUBITUS ULCERS…TIME

- Animal studies: Ulcers in subdermal tissues under bony prominences are likely to occur between the FIRST hour and 4-6 hours after sustained loading.
- May develop within 24 hours of the initial pressure (but may not be fully developed for some time… up to a week)
- Nursing recommendations: position should be changed every 15 minutes (wheelchair) to at least every 2 hours (in bed)

BURNS

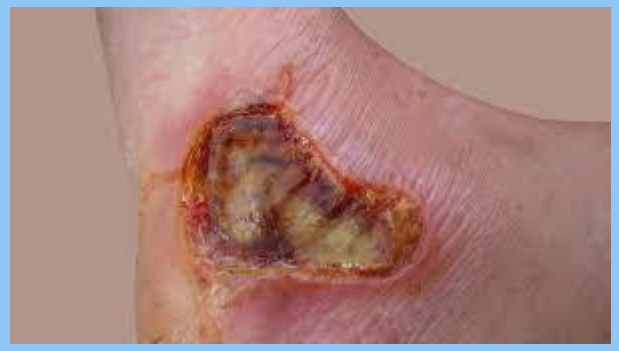
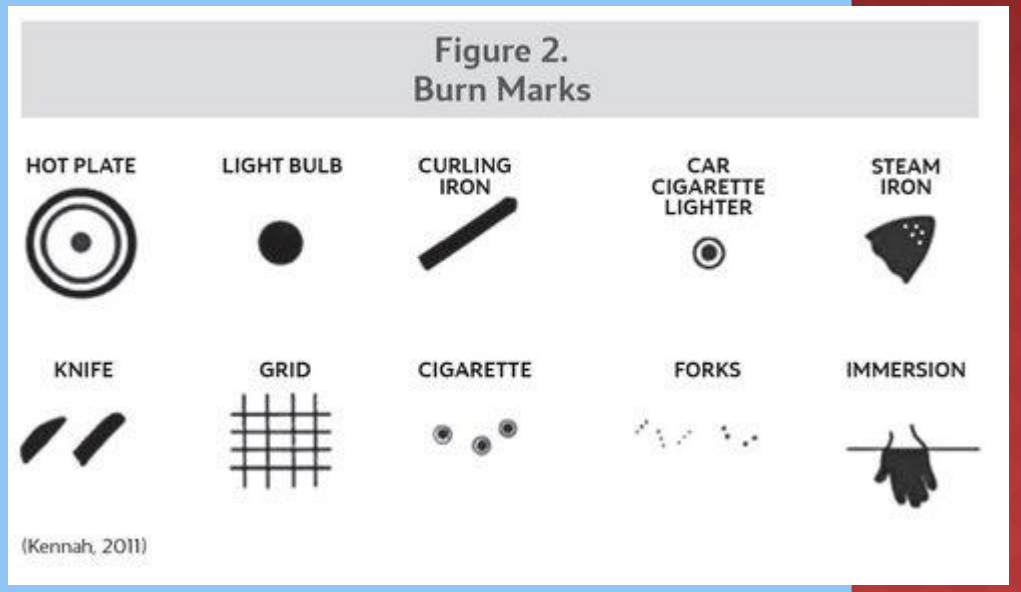
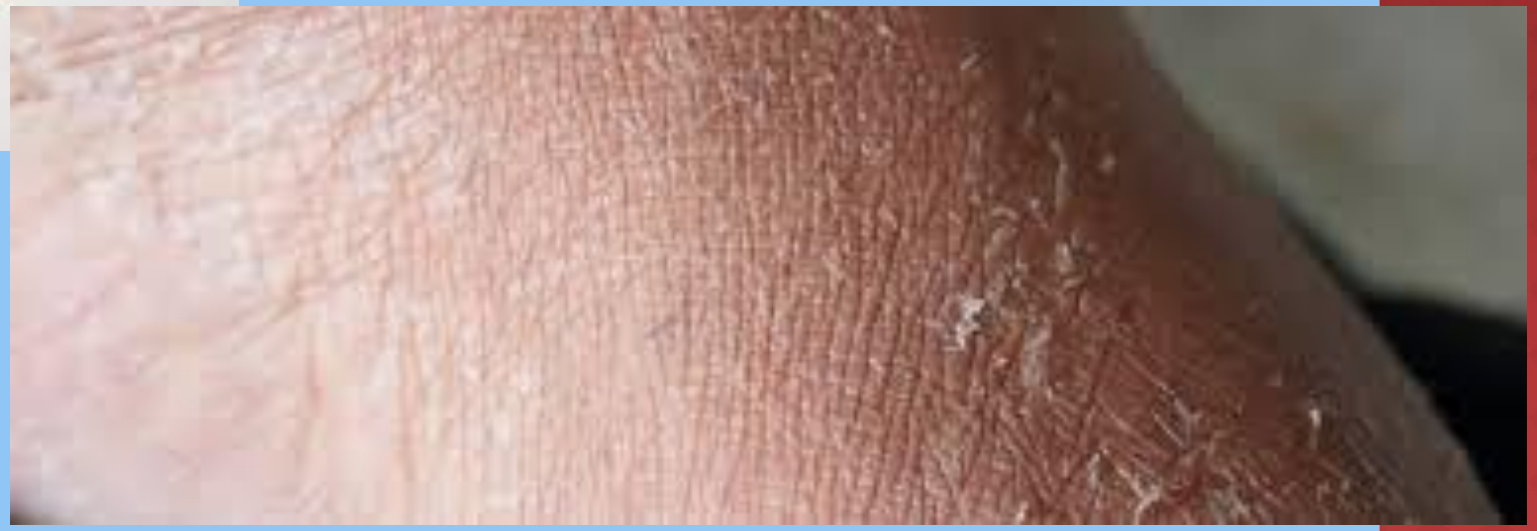


Figure 2.
Burn Marks



(Kennah, 2011)

DEHYDRATON



ABUSE OF MEDICATION

- UNDERMEDICATION
  - WITHDRAWAL DUE TO EXPENSE OR INCONVENIENCE
  - THEFT OF MEDICATION
- OVERMEDICATION
  - MEDICATION ‘RESTRAINT’
  - ACCIDENTAL EXCESS BY ELDER OR CAREGIVER
  - SUBSTANCE ABUSE
  - MEDICATION INTERACTIONS RESULTING IN EXCESS EFFECT
  - ALTERED PHYSIOLOGY (E.G. KIDNEY OR LIVER FAILURE, GENETIC OR AGING ALTERATIONS IN METABOLISM)

POOR HYGIENE

ENVIRONMENTAL

- Inadequate housing
- Unsafe home conditions

NEGLECT

- Withholding of maintenance care
  - Adequate meals
  - Adequate hydration
  - Personal hygiene supplies
  - Physician visits or therapy
  - Personal aids (eyeglasses, hearing aids, dentures, walker, wheelchair)
  - Communication devices (telephone, call devices)
- Failure to provide safety precautions
- Ignoring elder

PSYCHOLOGICAL MISTREATMENT

- Verbal berating, harassment, intimidation
- Threat of punishment or deprivation
- Treatment of elder like a child or infant
- Isolation from family, friends, neighbors, activities

FINANCIAL ABUSE

- Denial of residence
- Steal money or possessions
- Coercion into signing contracts or assignment of durable power or attorney
- Excess purchases
- Changes to will or trust
- Failure to use available funds and resources necessary to sustain or restore health or well-being
- Substandard care in home despite financial resources
- Sudden transfer of assets to caregiver

INSTITUTIONAL ABUSE

- Staff member, another patient, intruder, visitor
- Failure to carry out plan of treatment or care
- Unauthorized use of physical or chemical restraints
- Use of medication or isolation as punishment
- Inadequate training or experience of facility staff

INVESTIGATION

- Degree of independence; could the decedent make his/her own decisions?
- Living arrangements
- Who are caregivers and co-habitants and what is their competence
- Condition of scene/residence
- ARE THERE NECESSITIES AT HAND?
- Is the history consistent with the scene and physical findings
- Does the history change with re-telling/witnesses
- Are there indicators of possible abuse

INVESTIGATON 2

- Was there a history of DV or abuse? DHS?
- Did the decedent have access to a telephone?
- Did the decedent communicate with anyone outside of the home?
- Who prepared the meals? Did dec have appetite?
- Could decedent feed himself/herself?
- Who dispensed the medications?
- Were there any recent changes in the daily routine?
- Was the death expected?

INVESTIGATION 3

- Had the decedent's condition recently changed?
- For how long had the decedent been in the current/recent condition?
- Did the decedent go to the doctor? How often?
- Were there any recent injuries? HOW DID THEY OCCUR?
- DOES THE EXPLANATION MAKE SENSE????
- What was the decedent's source of income?
- How was the income distributed/cashed?

INVESTIGATION -4

- Was there insurance?
- What was the decedent's bank?
- Were utilities paid/functional?
- Where was the usual sleeping site?
- Are bed linens present and clean?
- Have trash cans been emptied?
- Any unusual items at the scene (e.g., antifreeze, empty medication bottles)
- What medications are at the scene? Prescribed correctly
- ME-7
- To whom are the medications prescribed?

INDICATORS--5

- Was decedent sexually active?
- Was there evidence of restraint?
- Did decedent need assistive devices (e.g., wheelchair, walker, eyeglasses, hearing aid), and were they *available*?

A SCENE RE-ENACTMENT MAY BE NECESSARY!

A FORENSIC PATHOLOGIST IS AVAILABLE 24/7 TO DISCUSS THE NEED TO AUTOPSY (OR NOT)


OLD AGE IS NOT A DISEASE... IT IS A TRIUMPH.
-Maggie Kuhn
Grey Panthers

Thank you!