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WORLD MEDICAL ASSOCIATION DECLARATION OF HONG KONG

on

THE ABUSE OF THE ELDERLY

adopted by the 41st World Medical Assembly
Hong Kong, September 1989

and

editorially revised at the 126th Council Session
Jerusalem, Israel, May 1990

Elderly people may suffer pathological problems such as motor disturbances and psychic and orientation disorders. As a result of Elderly people may suffer pathological problems such as motor disturbances and psychic and orientation disorders. As a result of such problems, elderly patients may require assistance with their daily activities which, in turn can lead to a state of dependence. Such a situation may cause their families and the community to consider them to be a burden and to limit care and services to a minimum. It is against this background that the subject of abuse of the elderly must be considered.

Abuse of the elderly can be manifested in a variety of ways, such as physical, psychological, and financial and/or material, medical abuse or self-neglect. Variations in the definition of elder abuse present difficulties in comparing findings on the nature and causes of the problem. A number of preliminary hypotheses have been proposed on the etiology of elder abuse including: dependency on others to provide services; lack of close family ties; family violence; lack of financial resources; psychopathology of the abuser; lack of community support; and institutional factors such as low pay and poor working conditions that contribute to pessimistic attitudes of caretakers, resulting in neglect of the elderly.

The phenomenon of elder abuse is becoming increasingly recognized by both medical facilities and social agencies. Physicians played a prominent role in the child abuse movement by defining and publicizing the problem and in shaping public policy. Elder abuse, however, has just recently attracted the attention of the medical profession. The first step in preventing elder abuse and neglect is to increase levels of awareness and knowledge among physicians and other health professionals. Once high-risk individuals and families have been identified, physicians can participate in the primary prevention of

maltreatment by making referrals to appropriate community and social service centers. Physicians may also participate by providing support and information on high risk situations directly to patients and their families.

The World Medical Association therefore adopts the following General Principles relating to abuse of the elderly.

I. GENERAL PRINCIPLES

1. The elderly have the same rights to care, welfare and respect as other human beings.
2. The World Medical Association recognizes that it is the physicians' responsibility to help prevent the physical and psychological abuse of elderly patients.
3. Physicians whether consulted by an aged person directly, the nursing home or the family will see that the patient receives the best possible care.
4. If in terms of this statement physicians verify or suspect ill treatment, they will discuss the situation with those in charge, be it the nursing home or the family. If ill treatment is confirmed, or death is considered to be suspicious, they will report to the relevant authorities.
5. To guarantee protection of the elderly in any environment there should be no restrictions to their right of free choice of physician. National member associations will strive to make certain that such free choice is preserved within the socio-medical system.

The World Medical Association also makes the following recommendations to physicians involved in treating the elderly, and urges all National Medical Associations to publicize this Declaration to their members and the public.

II. RECOMMENDATIONS

Physicians involved in treating the elderly should:

- Identify the elder who may have been abused and/or neglected
- provide medical evaluation and treatment for injuries resulting from abuse and/or neglect
- remain objective and nonjudgmental
- attempt to establish or maintain a therapeutic alliance with the family (often the physician is the only professional who maintains long-term contact with the patient and the family)
- report all suspected cases of elder abuse and/or neglect in accordance with local statutes

- utilize a multidisciplinary team of caretakers from the medical social service, mental health, and legal professions, whenever possible
 - encourage the development and utilization of supportive community resources that provide in-home services, respite care, and stress reduction with high-risk families.
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