Case Report

Intentional Self harm by a Victim of Elder Abuse

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Abstract:
The number of elders is increasing in developing world. Today, the ageing scenario in India is that there are 77 million elder persons in India, and the number is growing. But old age has never been a problem for India where a value based, joint family system is supposed to prevail. Indian culture is respectful and supportive of elders. Hence elder abuse has never been considered as a problem in India and has always been thought of as a problem of west. But as the India is growing old, the cases of elder abuse are rising due to fast pace of modernization that has been taking place and the challenged coping capacities of the younger generation and elder members of the family.

We report a case of an elder abuse wherein an elderly man ill-treated by family members, got disgusted in life and committed suicide.

Key Words: Ageing scenario, Elder abuse, Joint family, Indian culture,

Introduction:

Elderly Abuse is defined 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‖.[1] The ancient Roman literature often describes it as elders with derision and loathing.[2] Elder abuse can destroy an elderly person's quality of life in the forms of declining functional abilities, increased stress, depression, dementia, malnutrition and death. The risk of death for elder abuse victims is three times higher than for non-victims.[2] Types of elderly abuse are Physical, Sexual, Psychological, Neglect, etc…In India the prevalence rate of elderly abuse is about 14%.[2] Among the common forms of abuse prevalent in India, disrespect tops the list followed by verbal abuse and economic exploitation.[3]

Case Report:

History:

A 65 years old male was suffering from depression for the last 7 years, but was not on medication. He committed suicide by jumping in to the well nearby his house. He was disgusted in life due to lack of care from his relatives. This was the well-thought-out motive for the suicide.

On Autopsy:

The External Examination revealed the body of an adult male with cachexic features. Further examination revealed that the grey colour mucoid fluid present over both the nostrils. Soddening of the hands and feet was present bilaterally. He was severely malnourished with weight of 38 kilograms (Fig.1). The mud stains were present over the body as well as on the apparel. The fingernails had a bluish discoloration. There was presence of faecal staining on the undergarment worn by the deceased. A variety of ante mortem injuries were present over the body. Multiple abraded contusions of varying dimensions were present over the chest, back, right shoulder and the iliac crest on both sides. A notable injury, split laceration measuring 10 cms was present over the right mastoid.

Internal Examination revealed a gross distension of gall bladder as well as a loss of abdominal fat. It also showed the scalp contusion measuring 6 x 3.5 cm present over the right parietal region. The Dura was intact and tense on examination. The brain was softened, congested and oedematous. Diffuse Subarachnoid haemorrhage was present over the

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base of frontal lobe bilaterally. Both the lungs were firm, congested, oedematous, crepitant and purulent frothy fluid oozed out on cut section. Right and Left lung weighed 810g and 645g respectively. The right Lung showed an incidental finding of fibrotic changes in the upper zone of the upper lobe. The Trachea showed signs of congestion and some reddish brown fluid. All the other organs were unremarkable.

Cause of Death:

The deceased died due to asphyxia consistent with the features of drowning.

Discussion:

We are challenged to be aware of the many faces of elder mistreatment and to understand it in the broader context of domestic violence. We should learn how the signs of elder abuse differ from the normal ageing process.[4,5] The center for elder abuse and neglect under the University of California has maintained that all injuries must be treated as abuse unless otherwise proved.[6] The pattern of bruises inflicted as a result of abuse is distinct from that of accidental trauma and is shown to be more pronounced in areas as the face, lateral aspect of right arm and posterior aspect of the torso.[7] On many occasions the elderly need counseling and repeated assurances to make them reveal presence of abuse.[7] Primary care physicians hold the key to diagnosing or detecting elder abuse and must be involved to look for psychological and physical signs of abuse.[8]

In the context of the present case, there were specific findings of neglect in the form of starvation signs viz. gall bladder distension and loss of subcutaneous fat. Another factor to be noted involves the history wherein the relatives have accepted that the deceased was kept in a confined space on suspicion of mental disease. However further probing by the investigators revealed that no medical opinion, assistance or intervention was sought for the alleged mental disease history.

Modern reports of elder abuse were first noted in the medical literature in England in 1975 when the British Medical Journal published a report of __granny battering".[2] Methods to prevent elderly abuse are to implement Advocacy, which is defined by Advocacy charter, UK (2002) [9] as ―taking action to help people say what they want, secure their rights, represent their interests and obtain services that they need.‖ Respite care—having someone else care for the elder, even for a few hours each week—is essential to reducing caregiver stress. Social contact and support are absolutely essential for the elderly who have undergone the abuse.[5] In the medical specialties of forensics, geriatric medicine and in the emergency room, there must be an active thought process to look for signs for abuse of the elderly, both psychological and physical. Effective interventions can prevent or stop elder abuse.[5]

Conclusion:

Elderly Abuse is no longer a theoretical concept but entity with valid and pressing needs for resolution. Elder abuse, like other forms of violence, is never an acceptable entity as per the law. Stricter legislation and their effective implementation along with setting up of old age centers for this vulnerable geriatric population can help in curbing the problem of elder abuse.

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Fig 1: Severely malnourished elderly male