

CASE REPORT

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Fatal neglect of the elderly

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Abstract Maltreatment of the elderly is a common problem that affects more than 3% of the elderly. We report on two cases of fatal neglect. Risk factors of victims and caregivers were analysed in the context of the social history. In both cases, the victims had a dominant personality and the abusers (the sons) had been strictly controlled and formed by the parent. The victims showed typical risk factors such as living together with the abuser, isolation, dependence on care, income and money administration. Initially, the victims declined help from outside and self-neglect occurred. The unemployed perpetrators lived in social isolation and depended financially and mentally on the victims. In both cases no mental illness was present but there was a decrease of social competence. Legal medicine is predominantly involved in fatal cases in connection with external post-mortem examinations and autopsies. Also in the living, the medico-legal expert can assist in the identification of findings in elderly persons in cases of suspected abuse.

Key words Neglect · Malnutrition · Abuse · Elderly

Introduction

Abuse of the elderly has come to the public attention as an important aspect of social violence but receives less attention than other forms of domestic violence. It occurs within the context of long-term care and most cases are hidden to others (Kosberg 1988; Meier-Baumgartner and Püschel 1996). In extreme or fatal cases an examination may be initiated by the state prosecution department (Heinemann and Püschel 1994). The recognition of such cases is often based on nursing injuries which are observed during the external post-mortem examination of

the body. However, most practising physicians do not routinely consider abuse of the elderly (Kleinschmidt 1997) even if the corpse presents obvious findings. Also, the signs of neglect may mimic the symptoms of commonly found chronic medical conditions in elderly patients (Eisenmenger 1989). Therefore only severe physical indications (e.g. large bruises, severe malnutrition or fractures) lead to recognition whilst mild and moderate signs are often ignored or attributed to the multimorbidity of such patients. Two cases of extreme long-term neglect are presented in the context of the social history.

Case 1

Case history

An 82-year-old woman had been bedridden for 6 years and received care from her son only. Food was brought to the front door by a charity institution. After the son had declared the death of his mother, a doctor was notified who documented an unexplained cause of death and informed the police.

The scene of death (Fig. 1) was a cold attic (6°C) where the naked body was lying on a dirty mattress and was covered only with a blanket. The corpse was in an embryonic position with contraction of the knee and hip joints. The mattress below the buttocks showed a hollow filled with excrement. When the body was turned over, the right tibia fractured at the site of a deep bedsore. Abundant dirty tissue papers as well as some food and drinks were present.

Autopsy results

- Extremely poor care condition with soiling over the whole body and additional excrement on the trunk. Claw-like toe and finger nails. Matted head hair.
- Severe marasmus (body weight 40 kg, body height 160 cm). Atrophy of the subcutaneous fatty tissue, the skeletal muscles and the parenchymatous organs.
- Exsiccosis: dry fatty tissue, skin folds remaining elevated, dry and scabby tongue, 400 ml dark coloured urine in the bladder.
- Superinfected, greasy covered pressure sores at the right shoulder (12 × 8 cm), the right side of the back (15 × 9 cm) of the right leg and the left leg with local osteomyelitis of both tibiae, left femur and right scapula.
- Signs of hypothermia: petechial bleedings of the stomach mucosa.



Fig. 1 The scene of discovery in case 1

- Severe arteriosclerosis of the great arteries with moderate stenosis of the coronary arteries. Mild to moderate fibrosis of the myocardium and lipofuscinosis. Arteriolosclerosis of the kidneys.
- Chronic lung emphysema, purulent bronchitis and bronchopneumonia.
- Acute inflammation of the spleen;
- Chronic blood congestion of the liver. Mild fatty inclusions and lipofuscinosis of the hepatocytes.

Cause of death. Septic-toxic heart failure

Medico-legal opinion. Advanced preceding illness was not a plausible explanation of death. Neglect with a lack of nursing care, immobilisation, exsiccosis and food shortage led to severe injuries and was causal for the occurrence of osteomyelitis, pneumonia and death.

Additional information

Statements of the son to the police. Over the last months, his mother had only eaten bread with bananas. She complained of constipation some weeks previously, he had no longer turned the blanket. "Altogether it has been a poor but sufficient care. One becomes very quickly accustomed to these poor conditions." The radiator was faulty. The mother declined help from outside and professional care was not possible for financial reasons.

The mother had transferred the ownership of the house to the son. He wanted to sell the house. Potential buyers had visited the house but the son would not allow access to the attic where the mother lived.

Judicial psychiatric report. The mother had obviously determined the structure of the family and the son was always subordinated to the mother.

Verdict. The legal proceedings were withdrawn after a fine of 10,000 DM was paid.

Case 2

Case history

A 72-year-old man who, according to the son, did not have a severe medical history. One year before the death, a swelling of the right arm and an open wound at the elbow occurred. As the wound



Fig. 2 The corpse in case 2 with signs of neglect



Fig. 3 Pressure sores of the right arm in case 2 correspond to the surface of the armchair

was leaking the man had fixed a bucket under the elbow which he emptied frequently. The wound had also been infected by maggots. The last 2 months before death he had only been sitting in an armchair. He had hardly been eating and had defecated only at the beginning of this period. The son had occasionally given him food. One evening the man was found dead by his son and the family doctor was informed the next morning. He documented an unexplained death and called the police.

Autopsy results

- Severely reduced nutritional state (body length 170 cm, weight of 50 kg). Reduced subcutaneous fat tissue. Atrophy of the skeletal musculature. Empty small intestine. Hard dry stool in the colon.
- Exsiccosis: Dry skin, and musculature. Skin folds remain elevated.
- Signs of neglect over a long period (Fig. 2): Soiled and matted head and facial hair. Claw-like finger and toe nails. Pressure sores at the lateral aspect of the right upper arm (Fig. 3), of the right elbow, at the finger joints of the right hand, of the back and especially at the lateral aspect of the right leg and at corresponding areas of the inner aspects of both legs. Chronic bursitis of the right elbow. Osteomyelitis of the right humerus, right tuber ischiadicum and right femur.

- Mild tracheobronchitis. Pleuropneumonia due to multiple pulmonary infarction. Septic infarctions of the spleen.
- Signs of chronic hypertension with left ventricle hypertrophy (thickness: 2 cm). Severe arteriosclerosis of the great blood vessels. Older infarction of the left capsula interna.
- Coronary arteriosclerosis with moderate stenosis and with an old organised thrombosis. Infarction of the anterior papillary muscle in the stage of reparation.

Cause of death. Septic-toxic heart failure

Medico-legal opinion. Advanced underlying illnesses and complications due to neglect of physical care, immobilisation, food shortage and exsiccosis which in combination caused the death.

Additional information

Statements of the son to the police. He had not been able to contradict his father and had always acted in the way the father wanted. The mother had died under similar circumstances to the father and had not visited a doctor for 4 years following a tumour operation and subsequent irradiation. She had also been sitting in a chair for a long time period until death and had hardly been able to move.

Judicial psychiatric report. Extensive personality disorder in the sense of a dependent personality lacking self-confidence and having a tendency to self-neglect.

Verdict. The legal proceedings were withdrawn.

Discussion

The majority of elderly persons who are nursed by their family members are in good care, but violence due to friction between family members is not uncommon and the elderly are particular targets due to their frailty and living conditions. It is estimated that 3–5% of the elderly population are exposed to abuse (Pillemer and Finkelhor 1988; Kurrle et al. 1992). Abuse of the elderly can include psychological, social, physical and financial abuse, neglect and also the violation of individual rights (Quinn 1990). In general active and passive forms of violation can be distinguished and several types of mistreatment may occur simultaneously. The abuse may not be detected for several reasons, such as isolation of the victim, denial or shame of the abused and relatives, and inability of the caregivers to recognise the situation or morphological alterations. Self-neglect is a feature of the behaviour of elderly people and in both our cases, self-neglect was the first stage of a longer process.

Various risk factors for the victim and the perpetrator including their psychological situation have been described (Paris et al. 1995). In the cases presented, the victims showed typical risk factors such as isolation, dependence on care, income and money administration (Kleinschmidt 1997). Initially, the victims declined help from outside. Additionally both victims had a dominant personality and the abusers had been strictly controlled and formed by the parent. The personal interaction was structured to maintain this situation.

The perpetrator profile is also characteristic. Both persons responsible for care were unemployed, depended financially and mentally on the victims and lived in social isolation (Homer and Gilleard 1990; Kleinschmidt 1997; Lachs et al. 1997). In both cases, psychiatric exploration did not yield mental illness but a decrease in social competence with no friends, hobbies or contacts with other family members. The education level of the perpetrator seems not to be a risk factor (Paris et al. 1995); this is supported by our cases 1 (lawyer) and 2 (bricklayer).

Frequently, the family history offers additional cases of abuse (Homer and Gilleard 1990), this was so in case 2.

Essential to the prophylaxis of this form of violence is the recognition of this condition. This can be accomplished only by a few persons who are in close contact, especially by professional helpers, who frequently are the only contact to the outside world. In Germany relatives can apply for assistance from the compulsory nursing care insurance. A professional investigation is carried out before financial support will be granted. Professional helpers are in the best position to identify potentially abusive situations and to make attempts for early interventions. Therefore they should be qualified in identifying and intervening (Kurrle 1993; Saveman et al. 1993). In a multidisciplinary team the medico-legal expert can identify and document morphological alterations in suspected cases.

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