Medical and legal aspects of elderly patients with dementia

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Abstract: The past 50 years is witness to a continuous process of demographic transition that affecting both developed countries and developing. World's population is aging and ageing itself is a triumph of our times, a reflection of improving overall health, hygiene and socio-economic development. On the other hand, the alarming rise in the percentage of elderly in the total population has generated problems with consequences reflected national and individual level. Alzheimer disease and other dementias represent a major public health burden associated with aging and will generate important social, economic and medical problems. For those patients it is necessary to assure the equitable access to medical care and treatment, the respect of patient's dignity, the support in struggling against the stigmatization, protection against any abuse. Age is the most frequently mentioned reason for discrimination in Europe and applies especially to old age. The existence of abuse at the elderly, especially to those very dependent, like patients with dementia, is well documented being a major concern and a subject for action in the EU.

Key Words: dementia, elderly, protection.

The number of old people is increasing in developed countries and rapidly in former communist Central–Eastern European countries (CEE countries) (Fig. 1). The ageing process in CEE countries is accompanied by a decrease of the total population. In the coming two decades, the number of people who are aged 65 years and over in Romania will increase by 5.4%, whereas at the same time the total population will decrease by 3.1%. [1, 2, 3].

Along with this phenomenon was observed increase medical services to this population-segment indicating also the fragility of the elderly. This fragility consists in polipatologia by organic diseases (cerebral-cardio-vascular and osteoarticular) but also (especially) cognitive impairment, dementia, profoundly altering the quality of life of these patients. A report by the Alzheimer Society of 2004 (Wimo A. et al.) brings up a troubling statistic: every five years the prevalence of dementia doubles life. So if the age group 65-69 years the prevalence of dementia is 1.5% at 70-74 years - 3% of the population 90-94 years the prevalence reaches 34% and over 95 years is more than 45%. Age can be considered the main risk factor for dementia. Age is also the most frequently mentioned reason for discrimination in Europe and applies especially to old age. In the last years an increase of 16% of discrimination against old people has been noticed [1, 4].

Dementia, a faster detection, less suffering

Dementia represents a group of affections characterized by a global intellectual deterioration,
progressive and irreversible, which is due to some neural-pathologic irreversible modifications, with multi-factorial aetiology. The symptomatology is heterogeneous: memory and language troubles, disorientation, personality and behavioural troubles (sexual desinhibition, hetero- and self-aggressiveness, sleep-wake-up rhythm troubles). A person with dementia cannot perform independently his/her daily activity because of the erosion of the cognitive function. There are more than 100 different types of dementia [5]. The Alzheimer dementia (> 50%) and the vascular dementia (22%) are the most common types of dementia within the old patient's range [6].

The early diagnosis of dementia represents a challenge, since the number of the old people has considerably increased, the disease incidence being superior within the ranks of the population of over 85 years old. Approximately a half of the patients suffering of dementia risks remaining not taken into account, without a correct diagnosis or treatment. Generally, the lapse of time between the manifestation of the first symptoms and the initial diagnosis is of approximately 2, 5 years. The early diagnosis does an early treatment and can increase the quality of patient's life and of his/her family's life. Dementia is not just a medical problem, but also one that determines important ongoing problems of social, cultural, economic and ethic type, that have to be addressed to immediately. The identification of the phases crossed by the patient until the diagnosis aims an early detection of the disease and an early initiation of the treatment. The ethic principles of caring and protecting the patient suffering of dementia must be included both in the EU legislations and in those of the governments, but also it is necessary for them to be known and applied by the members of the society.

The three steps to follow in early diagnosis of dementia are detection, positive and differential diagnosis, early treatment. An early diagnosis has a better effect on the treatment. The patients' family and the family doctor have a great responsibility in the early detection of the dementia and of its first manifestations. It is using for this group of patient's tests by orientation, memory, attention, language like Mini Mental State Examination (MMSE), Clock Test, based on medical evidences [7]. Other investigations required for a diagnosis of dementia is brain computer tomography. The specific medicines used in dementia treatment are cholinesterase inhibitors (donepezilum, rivastigminum, galantaminum) and/or NMDA receptors inhibitors of glutamate type (memantinum).

The obstacles in the early disease detection are due either to the insufficiently attentive families towards their elder relatives, without an adequate preparation or information concerning this disease, or to the family doctor who has a very busy schedule, who has a bureaucratic way of acting, without any direct and personal contact with the patient. This may be considered a real discrimination against the elderly with this pathology. An explication about this situation of elderly discrimination is negligence, unknowing or less compassion. The medical and auxiliary personnel are not yet prepared in an adequate manner with the growing confrontation of the older patients and their medical or ethics specific problems. Attending a patient with dementia can be consumptive from physical and emotional points of view, so that some advices can help the care givers. Resorting to counselling in temporary caring centres can be of help in overcoming the difficult moments or of the stressful periods.

**Protection problems of the aged persons suffering of dementia**

The ability of the elderly to adapt to the changing conditions is limited, and they usually wait passively for services. On the other hand, family ties continue to be an important form of emotional and instrumental support between children and elderly parents [8]. Dementia, decrease mental ability, mental disorders and cognitive
or functional impairment, intellectual deficit represent the principal diseases of old patients for which the family, doctors and the entire society must have knowledge, compassion and take care. If these affections are early diagnosed, the persons suffering of a mild form of dementia can be implied together with the family doctor and the attending persons, in elaborating some plans for the future and to organize the day-to-day activities [9]. The family doctor/the attending physician must re-evaluate the functioning level of the patient, every 6 months, and to draw the attention on the financial and legal plans that would be necessary.

Once the dementia diagnosis has been determined, the patient must draw a testament and a document empowering a lawyer to make the decisions concerning the medical care. These documents will be a guarantee that the will of the respective person, concerning the medical care, especially those relative to the life maintaining treatment, will be accomplished. Also, the family members must ensure that all the necessary documents for the regulation of the financial and legal businesses are in order. These can include the taxes, the health and life insurance policies, the pension, the commercial shares, the mortgages, the bank accounts, the investments relative information, etc. The ageing of the population will cause significant social changes, especially concerning the financing of retirement schemes and the delivery and financing of care [2]. Such changes may create a negative attitude and discrimination towards persons in old age. A decade ago, European elderly reported they received more respect than less, but the last decade this trend is reversing [10]. This all may result in more sensitivity to experience discrimination because of age. These old citizens may see discrimination because of their old age as a serious matter [11].

Another ethic-juridical problem of the aged persons suffering of dementia is the abuse. Elderly abuse is a major concern and a subject for action in the EU. The existence of elderly abuse, especially the abuse of the very dependent ones, is well documented [12].

Table 1. Persons at risk of being abused (Action on Elder Abuse, USA, 2010)

<table>
<thead>
<tr>
<th>Field</th>
<th>Risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Advanced age over 75 years</td>
</tr>
<tr>
<td>Characteristics</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td>Marital status</td>
</tr>
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<td></td>
<td>Inadequate skills to communicate</td>
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<tr>
<td>Physical and</td>
<td>Decrease mental ability, dementia</td>
</tr>
<tr>
<td>mental health</td>
<td>Mental disorders-depression</td>
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<td></td>
<td>medication use</td>
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<tr>
<td></td>
<td>Cognitive or functional impairment, intellectual deficit</td>
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<tr>
<td></td>
<td>chronic diseases</td>
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<td></td>
<td>Special care needs</td>
</tr>
<tr>
<td>Factors social /</td>
<td>Social isolation</td>
</tr>
<tr>
<td>relational</td>
<td>Dependent on care</td>
</tr>
<tr>
<td></td>
<td>Cohabitation with potentially abusive cares</td>
</tr>
<tr>
<td>Economic factors</td>
<td>Lack of close family relationship</td>
</tr>
<tr>
<td></td>
<td>Lack of support in the community and access to resources</td>
</tr>
<tr>
<td></td>
<td>Inadequate or unsafe housing situation home</td>
</tr>
<tr>
<td></td>
<td>Obviously financial exploitation</td>
</tr>
</tbody>
</table>

International press describes numerous models of elders abuse, like: In southern India the families kill their elders sometimes because the inability to look after [Los Angeles Times, January 2013] In Romania are published hitting situations of elderly hospitalized Assistance Center (agency Agerpres (Thursday, January 24, 2013), Japan’s finance minister said the elderly should be left to die and thus relax the pressure that their medical care makes the country’s finances (22 January 2013 the Guardian). Violence against elderly has a fairly short history. The first descriptions of the abuse of elders are in 1975 (Baker) and 1977 (Burdston), after which those images increased in institutionalization centers for elders. The old people are considered the black sheep of the current social and economic problems being a real potential person at risk to be abused (Table 1). In any area of abuse risk elderly person may be found due to age as such pathology (dementia, chronic polipathology, etc.), social and economic status. Because of their frailness and of their incapacity of defending themselves, the aged persons suffering of dementia are vulnerable, becoming sometimes victims of some abuse forms.

Either we speak about abuse within the family (consider until quite recently as a tabu subject of the society) or we refer to the abuse within the public or private care institution, the abuse has the same nefarious consequences for the aged patients suffering of dementia. Abuse can take different forms [13]: negligence, psychological/emotional abuse, verbal abuse, abuse by omission, the physical abuse/violence (there are authors who consider that violence is the paroxysm of the abuse), the financial/material abuse, the medical, medicine, sexual abuse. The abuse implying the society is the social abuse (civic violence) by the lacking and insufficient legislation protecting the aged people, the lack of care to create special programs and the institutionalization abuse [14] on which the attention was drawn even since 1984, at the Social Gerontology Congress in Rome. This last form of abuse is too little taken into consideration, but it is still an increasing reality through the hospitalization without the patient’s consent (unconsented placement) of the subjects who are in the first stages of the disease.

For assessment of abuse is using The Test Elder Abuse Suspicion Index (EASI) or Hwalek-Sengstock

![Figure 2. Algorithm for evaluation and interventions for abused person (after Radu Vrasti, Canada Huron Perth Healthcare Alliance, Mental Health Programs Crisis Intervention Program Stratford, Ontario, 2012)
Elder Abuse Screening Test (HSEAST). Suspicion of abuse requires assessing the situation and determining the safety and potential risk, followed by drawing up measures safety plan (Fig. 2).

In the Fundamental Rights Chart of the European Union in 2000, the articles 25, 26 and 35 refer to the situation of the patients suffering of the Alzheimer disease and of other dementia. The United Nations Organization Convention concerning the rights of the handicapped persons protect the right to not to be discriminated, as well as the right to dignity and autonomy of the patients suffering of the Alzheimer disease.

An initiative of the European Commission concerning the Alzheimer disease reflects the necessity of answering to the priority need, that the member states of EU initiate actions in this field, as indicate the conclusions of the Council 9 adopted during the French presidency (in 16 dec. 2008). Moreover, the written Declaration 10 of the European Parliament (2008) calls the European Council Commission, as well as the member states governments to elaborate an action plan to fight against the Alzheimer disease.

The political leaders of European level can play an important role in making the population aware of this scourge and can encourage the member states to design the Alzheimer disease as a political priority, especially in the context of an ageing society and of the future costs in the field of health and in the social field that this will suppose. The EuroCoDe Project has generated data and precise qualitative and quantitative analysis concerning the burden represented by the Alzheimer disease in UE; the project was closed in July 2009, and now it is necessary to evaluate the options and the objectives in order to continue this activity. If the supplementary actions are lacking, the progress of this project could be lost, as well.

Instead of conclusions some medical and legal principles in assisting the patient suffering of dementia:

- The person suffering of dementia deserves the same respect as any other person in the society.
- The persons suffering of dementia have the right to be informed concerning their disease and the use of the medical, psychological, recovering and social services.
- The persons suffering of dementia must participate/give their consent, as much as possible, to take the decisions concerning their day-to-day life and the subsequent care.
- The community should provide resources to help the persons suffering of dementia and their attending persons throughout the evolution of the disease.
- Any person suspected of dementia needs an immediate medical examination and an evaluation of the treatment and care needs in order to improve his/her life quality.
- The care offered to the patients suffering of dementia is made by a team with a big responsibility which includes persons with the qualifications necessary for all the problems raised by the assisted old people, in order to react to the needs of this kind of persons.
- It is very important the quality of the care offered, as a consequence of a professional and moral competency that makes of this mission a real bio-ethical dimension.
- The role of the team will not be a purely medical-technical one, also a permanent psycho-affective support to the aged patient, respect for his/her personality aim to protect against discrimination.
- The aged people suffering of dementia need a sure environment, being protected against any abuse.
- Any suspicion of abuse requires specific assessing tests for some situation determining the safety and potential risk, followed by drawing up measures safety plan.
- To establish a policy designed to influence the authorities and to insure a quality assistance of the patients it is necessary to understand this situation from the point of view of the persons suffering of dementia and of those who assist them.

References
4. Eurobarometer 2009