Summary

While elder abuse is not a new phenomenon, the increasing of the ageing population worldwide leads to an increase of its incidence and prevalence, along with devastating consequences for older people. This has become a striking public health issue that is yet underlooked and undetected. As at the very core of elder abuse are fundamental loss of respect and deprivation of basic human rights, IFMSA heartfelt believes widespread ageism across all sectors of society is an important factor at the recognition and prevention of elder abuse. It is the responsibility of governments, non-governmental organizations, medical students, daily carers and general population to put a step forward into this “hidden” but common phenomenon and truly give rise to actions.

Introduction

According to the United Nations, 60 years is the age used to refer to older people, but in many developed countries 65 years old is seen as the time at which ageing starts.¹ The ageing process is a biological reality which has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. In many parts of the world, chronological time has little or no importance in the meaning of old age, and their socially constructed meanings of age are more significant such as the roles assigned to older people.²

The process afore mentioned is continuous and irreversible, and occurs at a biological, psychological and social levels, determined by the history, culture and socioeconomic situations of the people. Each individual experiences ageing in a different way depending on their innate characteristics, that are acquired through the experiences and circumstances faced during their lives.³

Ageing involves the loss of roles accompanying physical decline. It is highly important to remark that old age is considered as a stage at which functional, mental and physical capacity is deteriorating and people are more prone to disease or disabilities.⁴ There are three types of ageing: pathological, healthy and
successful. The health elderly person, is that one, 60 years old or older, able to adequately face its process of change and adapt functionally to it, keeping its independence.

According to the WHO, Between 2000 and 2050, the proportion of the world's population over 60 years will double from about 11% to 22%\(^5\). Twenty-four data sets with information on full Mini Nutritional Assessment classification from researchers from 12 countries showed that the prevalence of malnutrition was 22.8%; with considerable differences depending on their settings (rehabilitation, 50.5%; hospital, 38.7%; nursing home, 13.8%; community, 5.8%)\(^6\).

As a result of the increase in the number of older population, the number of elder abuse cases will also increase and the impact of elder abuse as a public health issue will grow.\(^7\) For a better understanding of the problem that we aim to expose, it is necessary to define elder abuse. Defined by the WHO 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.\(^8\)

This definition was then ratified at the 2002 Ontario Declaration, and classed as a violation of human rights and a major cause of harm, illness, loss of productivity, isolation and despair.\(^9\) The American Society of Psychology details different types of abuse: psychological abuse, sexual abuse, emotional abuse, financial exploitation, neglect, abandonment, and self-neglect.\(^10\)

Elder abuse and neglect is estimated to affect approximately 700,000 to 1.2 million elderly people a year, worldwide, with an estimated annual cost of tens of billions of dollars.\(^11\) Despite the large population at risk, its significant morbidity and mortality, and substantial cost to society, elder abuse continues to be under recognized and underreported, having that for each case of abuse or neglect detected in this vulnerable population by authorities in the United States, 23 cases go undetected.\(^12\)

Many factors play a role in the underestimation of the number of abused elders. Patient factors include fear, shame, guilt, or ignorance. Healthcare providers underestimate and underreport elder abuse due to decreased recognition of the problem, lack of awareness of reporting requirements, including who to report to, and concerns about physician-patient confidentiality.\(^7\)

The medical profession occupies a crucial position in the detention of abuse and carries a major responsibility to raise awareness of the needs for interventions to solve this problem. It is for this reason that we advocate for students to drive the change.
Main text

Elder abuse is a social and healthcare related problem that has been ignored and therefore postponed on the governmental agendas. Due to the imminent changes in demographics, the International Federation of Medical Students Associations - IFMSA - endorses the urgent implementation of combined actions which strongly appeal to worldwide awareness, prevention and adequate management of elder abuse, as well as transforming the stigma that surrounds ageing to an attitude of non-discriminatory treatment.

Calls:

1. IFMSA calls upon National Member Organizations and individual members to:
   a. To raise awareness around the problem surrounding elder abuse and abandonment within their universities, as well as the general population.
   b. To lobby for mechanisms and protocols to be in place to identify and report cases of abuse as well as to protect the elderly person from the abuser.
   c. To lobby for geriatrics and gerontology to be addressed within the medical curriculum to ensure future health professionals can meet the needs of the ageing population.
   d. To create projects that provides psychosocial support to elderly person in conditions of abandonment.

2. IFMSA calls upon Medical faculties to:
   a. Expand the academic opportunities in the field of geriatrics and gerontology for health professionals.
   b. Increase awareness about these issues between medical students by providing training that allows them to identify cases of abuse.
   c. Train current professionals on identifying and reporting elder abuse.

3. IFMSA calls upon Non-governmental organizations (NGOs) to:
   a. Promote campaigns of social inclusion of elderly person, addressing the need to strengthen decisive aspects of the process of ageing such as self-care and self-esteem.
   b. Create alternatives that bring physical and emotional support to elderly persons that are in conditions of abandonment or suffering from abuse.
   c. Provide access to information and training to carers on the care of elderly persons.
   d. Promote awareness campaigns around elder abuse and abandonment targeting the general population.
4. IFMSA calls upon Governments to:

a. Ensure that supportive environments are available through the creation of services that provide support and management of cases of elder abuse.
b. Assure that the rights of elderly persons and their legal entitlements are respected.
c. Establish systems that allow for cases of elder abuse to be reported by healthcare workers.
d. Encourage and support investigations to look into the problem of elder abuse and change the perceptions around it with the aim of tackling this problem.
e. Promote the development of efficient tools to detect elder abuse and training of social and health workers.

5. IFMSA calls on World Health Organisation and UN Population Fund to:

a. Enhance their current work in the field of elder abuse and health needs of the ageing population.
b. Ensure implementation of current guidance regarding elder abuse and abandonment throughout all countries.
c. Monitor the fulfillment of countries at implementing and following this guidance to reduce the cases of elder abuse.

References


