Tuesday November 29, 2016

Speaker:
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Ethical Considerations and Challenges in Responding to Elder Abuse

Elder Abuse Ontario
Stop Abuse - Restore Respect

Funded by: Ontario
**Vision:** We envision an Ontario where seniors are safe and respected.

**Mission:** To create an Ontario that is free from abuse for all seniors, through awareness, education, training, collaboration, service coordination and advocacy.

**EAO** oversees the implementation of Ontario’s Strategy to Combat Elder Abuse
Welcome to EAO’s Webinar!

- All attendees will be muted during the webinar.

- If you are experiencing issues, please type into the **CHAT/QUESTION BOX** and send message to Mary Mead/Raeann Rideout.

- There will be 15-20 minutes allocated at the end presentation for **QUESTIONS AND ANSWERS**.

- You will be prompted to fill out an **EVALUATION FORM** once the session has ended. Please fill out the form as your feedback will guide us for our future webinars. You will also receive an email link to the evaluation after the session.

- Speaker **CONTACT INFORMATION** will be provided at the end of the presentation to connect directly if you have further questions.
Community Coordination

Elder Abuse Ontario (EAO) continues to offer webinars to elder abuse networks and community stakeholders to support knowledge sharing opportunities and to build capacity to respond and intervene in cases of elder abuse.

EAO partners and supports many organizations in the prevention and intervention of Elder Abuse. EAO has leveraged partnerships between agencies and hospitals to develop policies and procedures to assist older adults as well as consult on complex cases, in which ethical decisions are encountered.

We thank Blair Henry for providing his expertise in this field of ethics, to further our understanding of these ethical considerations.
Blair Henry, holds a Doctor of Bioethics from Loyola University and is a senior ethicist with the Ethics Centre at Sunnybrook Health Sciences. He also holds an academic appointment as Assistant Professor for the Department of Family and Community Medicine at the University of Toronto.

Following the completion of a Fellowship and Senior Fellowship in Clinical, Organizational and Research Ethics through the Joint Center for Bioethics at the University of Toronto (2005-2007), he has been working at Sunnybrook since 2007. Prior to working in the field of ethics, he worked as a case manager for a hospice organization for 10 years.
Ethical Considerations and Challenges in Responding to Elder Abuse.

Blair Henry, D. Bioethics
Senior Ethicist at Sunnybrook Health Sciences Centre
Asst. Professor, DFCM, University of Toronto

Webinar Nov 29, 2016
Whose on the line?
Motto:

Do Better

Know Better

Adapted quote from Maya Angelou
Objectives

Primer on ethics and ethical decision making

Define ethical principles that best apply to elder abuse and neglect

Recognize the community resources needed to help in this work

Identify barriers and limitations in the system

What tools do you use to assess elder abuse?

Basic
Establish common ground on the problem and its challenges
What do we know about the problem?
Make no assumptions about the baseline knowledge of participants
Discuss legal avenues available to support this work
What can we do to help?
Objectives

Primer on ethics and ethical decision making

Define ethical principles that best apply to elder abuse and neglect

Recognize the community resources needed to help in this work

Identify barriers and limitations in the system

Explore thresholds and appropriate approaches to report elder abuse

Basic
Establish common ground on the problem and its challenges
What do we know about the problem?
Make no assumptions about the baseline knowledge of participants
Discuss legal avenues available to support this work
What can we do to help?
Elder Abuse represents a health and social system breakdown

EA is predominantly rooted in this frequently incomprehensible construct known as family violence (adult – child; spousal; adult to adult) - but does extend to non familial situations

Identified as “battered elder syndrome” in 1979
The International Network for the Prevention of Elder Abuse (2009) has defined elder abuse 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.

2/3 of perpetrators are adult children or spouses 1/3 others

In one study 36% of nursing home staff stated they’d witnessed at least 1 physical abuse incident.

Every case reported to 5 cases unreported

1999 General Social Survey:
7% emotional
1% physical
1% financial
[North America 2-10%]

As our population ages and becomes more medically fragile and/or cognitively impaired- increased physical, emotional, and financial burdens on family members combined with increased vulnerability of the elderly person- will create an ongoing and dangerous environment in which elder abuse is a potential consequence.

Risk Factors

- Abuser
- Abused

• Shared living (can’t escape)
• Social Isolation (closed doors)
• Mental/Economic/Substance problems
• Older individuals with health problems
Barriers

To tackling elder abuse

Elder Abuse is........
hidden
silent
a betrayer of trust
destroyer of human dignity
feeds on vulnerability
What do you perceive to be barriers in your addressing elder abuse in your area of practice?
My lens for answering this question is—surely if they told us we’d do something about it!

So they must not be telling us?
Patient Barriers to Disclosure
There are a wide variety of reasons why an elder or dependent adult patient may not tell you about abuse or neglect:

• not cognitively aware
• denial
• afraid that by telling, the abuse will escalate (this may happen with destruction of personal property, injury to pets, or increased physical harm, even death)
• they don't think people will believe them
• pride - they want to maintain autonomy and not admit vulnerability
• fear of dependency and poor care
Patient Barriers to Disclosure

• shame, embarrassment - especially if sexual abuse is involved, or they have been a victim of a monetary scam
• wanting to protect relatives, usually abusive children, from possible prosecution or public censure
• cultural boundaries prohibit talking about this situation outside of the family
• feeling disgraced that children/relatives would treat them this way
• not wanting to initiate legal action
• belief they are being "paid back" for their earlier behavior in life
• may believe institutionalization is the only other option, and want to avoid (solution to the problem worse than the problem)
Barriers (some)

• Lack of clinician education

• Discomfort regarding this topic
Abuse frequently goes undetected until an observant professional intervenes (YOU)

-it requires alertness
-an understanding of family dynamics
-skills to help families resolve problems
-knowledge of the law and resources to support you
Unlike many cancers, chronic illness.............
Elder Abuse is 100% Curable
Ethics (should)
Values

Value are traits, actions, beliefs than an individual-group hold as important.

Morals

Values inform how someone will act in a manner that is moral.

Ethics

Ethics involves the use of systematic methods of ethical examination in reasoning (theory) about moral problems.
Goals of Ethics

- Prevent unnecessary suffering
- Improve quality of life
- Be patient and Family centered
- Aim for the intersection of the most honesty and freedom

Yes of course........ do the right thing
Introduction to ethics

Our care for patients should be based on sound judgement

• ..some of this judgement is about having a strong sense of what is right or wrong
• ..having a strong sense of what we should be doing and shouldn’t be doing as nurses
• ..having a strong sense of what our priorities ought to be

— Is this enough?
What is an ‘ethical issue’?

- When you have to judge what is right or wrong
- Choosing between options
- Deciding whether to do something or do nothing
- Should I or shouldn’t I?
- Weighing up the potential impact of your decisions or actions
- A dilemma – making a difficult choice
Ethical issues in health care

- We usually think of the ‘big’ issues
e.g. definition of life, what is a person, quality of life, prolonging life, ending life, human rights.

- But day to day ethical issues can involve:
  - Respecting people
  - Treating people with dignity
  - Treating people fairly
  - Supporting patient’s choices
TAKE OUR POLL
Some ethical theories

- Consequentialism
- Deontology
- Utilitarianism
- Principilism
- Ethic of Care
- Virtue theory
Consequentialism

• Actions are right or wrong according to the balance of their good and bad consequences

• the right act is the one that produces the best overall result

• Utilitarianism (what action has the greatest utility - use/benefit/positive outcome) is a type of consequentialism
Consequentialism

• Problems:
  – Can we know the likely consequences of our actions? What if there is great uncertainty?
  – Impartial moral theory ↔ Some would say that we have a duty to be partial.
  – Certain rules may be ignored (yet some forms of consequentialism take some deontological principles into consideration)
Deontology

- Duty or principle based theory
  - An act is right if it conforms to an overriding moral duty
    For example – do not tell lies, do not kill.

- E.g. Christian ethics – The Ten Commandments
  But Christian ethics are not important for some people in the world
  so moral duties vary between cultures and societies

- A moral duty or principle is one that is:
  - laid down by god / supremely rational being
  - or is in accordance with reason / rationality
  - or would be agreed by all rational beings

- Codes of Conduct is a product of Deontological ethics – it guides
  action based on a set of principles/duties.
Deontology

• Problems:
  – Always following rules of conduct can lead to negative consequences
    • e.g. allowing a massive bomb to explode by refusing to torture someone
4 ethical rules

• **Veracity** – truth telling, informed consent, respect for autonomy

• **Privacy** – a persons right to remain private, to not disclose information

• **Confidentiality** – only sharing private information on a ‘need to know basis’

• **Fidelity** – loyalty, maintaining the duty to care for all no matter who they are or what they may have done
Utilitarianism

• most prominent consequence-based theory

• based on the principle of utility

• actions ought to produce the maximal balance of positive value (e.g. happiness) over disvalue (e.g. harm)
Principlism

• autonomy
• beneficence
• non-maleficence
• justice

Autonomy

• Respect a person’s right to make their own decisions

• Teach people to be able to make their own choices

• Support people in their individual choices

• Do not force or coerce people to do things

• ‘Informed Consent’ is an important outcome of this principle
Beneficence (to do good)

- Our actions must aim to ‘benefit’ people – health, welfare, comfort, well-being, improve a person’s potential, improve quality of life

- ‘Benefit’ should be defined by the person themselves. It’s not what we think that is important.

- Act on behalf of ‘vulnerable’ people to protect their rights

- Prevent harm

- Create a safe and supportive environment

- Help people in crises
Non – maleficence (to do no harm)

• do not to inflict harm on people
• do not cause pain or suffering
• do not incapacitate
• do not cause offence
• do not deprive people
• do not kill

• Both Beneficence and Non-maleficence underpin EBP
Justice

• Treating people fairly

• Not favouring some individuals/groups over others

• Acting in a non–discriminatory / non-prejudicial way

• Respect for peoples rights

• Respect for the law
Distributive Justice – sharing the scarce resources in society in a fair and just manner (e.g. health services, professional time)

- How should we share out healthcare resources?
- How do we share out our time with patients?
- Deciding how to do this raises some difficult questions

Patients should get.....

- an equal share?
- just enough to meet their needs?
- what they deserve?
- what they can pay for?
What is an ethics framework?

- An aid to decision-making
- A deliberative tool
- Identifies values to guide decision-making
- Characteristics – flexible, relatively general, pragmatic and oriented toward action
Purpose of a Framework

- To provide a step-by-step, fair process to help guide healthcare providers and administrators in working through ethical issues encountered in the delivery of healthcare

- To guide decision-making and actions about ethical issues that arise from the bedside to the boardroom
A Good Enough Ethics Decision Procedure

1. Recognize that a case raises an important ethical or professional problem
2. Define the problem to be solved.
3. Determine reasonable alternative courses of action.

1) Adapted from Dr P Hebert’s “Doing Right”
A Good Enough Ethics Decision Procedure

4. Consider each option in relation to three main principles
   a) Autonomy – what does the patient/healthcare provider want?
   b) Beneficence – what can be done and what are the harms and benefits?
   c) Justice – are the patient’s/healthcare providers’ requests fair and possible to satisfy?
   d) Context – are there other situational factors?
A Good Enough Ethics Decision Procedure

5. Decide on a resolution.

6. Consider your decision critically.
   a) Your conscience
   b) Publicity rule: how would you feel if the decision were public knowledge/your mother knew
   c) Do you need help

7. DO THE RIGHT THING(S)!
Case 1

76 yo widower named Ivan living alone since his wife died 5 years ago
He’d immigrated from Russia when he was 24 with his wife
He has 3 children- his son Max and family live nearby and are fairly close
He does not have a close relationship with the other two children who live abroad
One year ago he suffered a mild stroke
His son Max has a job that requires him to be out of town most weeks but his wife and two children (16 and 10 year old) have a good relationship with Ivan
They agree that he move in with them and so far things are working out
Two months ago Ivan suffers another stroke which has left him considerably more weak- he can eat on his own if the food is cut up and he has special plate and cutlery. He is not incontinent but needs help with transfers. He also needs help with most ADL
Case  Continued

Ivan is admitted to hospital due to pressure sores
He requires daily dressing changes
On discharge you are asked to follow-up on his care at home

You observe that his dressing are not changed frequently
When you visit you find him sitting in a wheelchair in his room alone
The family is out except the 10 yo is left to keep an eye on him
You worry about his intake of food and hydration

When you ask him about his care he is adamant that his family is looking after him and that everything is wonderful

You mention the idea of a LTC where he could have more socialization and consistent care- he gets very angry and says he never wants to go to such a place and that he is happy here.
What is the ‘ethics issue’ to be solved?

How would you state what the work of ethics might be in this case?

What is the “should”?
You will find an answer to the question you are asking............ But is it the right question?
What is the value conflict in this case?
Values Conflict

Supporting Ivan’s autonomous decision

Is this a truly informed choice?

Preserving family relationship

Minimize and remove harm

Harms beyond the physical

Benefits beyond the physical

What does dignity look like here?
Principlism in Elder Abuse

Autonomy and self-determination: is the senior free from pressure or coercion? What is their decision-making capacity like? Considering: consistency, relationality, influencing factors, cultural issues.

Beneficence: working towards one’s best interest, striving for the patient’s welfare by balancing benefits and harms

Non Maleficence: considering the harm and neglect (in failing to act) and the indirect harm by fear of retaliation

Justice: attempting to uphold what is right with the fair distribution of benefits

Mechanism of response
Preventative Ethic: Increasing visits and check ins and supports
Paternalism: Not to limit another’s freedom in order to prevent harm excessively (my values are better than your values)
We typically approach ethics as a needed response to a “quandary”

- What is the ethics problem
- Should I speak up here
- Should I respect patient confidentiality
- Is it ok to not tell the truth in this situation

What about taking a larger or different view?
The Reference Scenario

[Graph showing trends in resources, industrial output, food, population, and pollution over time, with a comparison between the Original Report and Today.]
Ethics of Care

• The ethics of care is a normative ethical theory; that is, a theory about what makes actions right or wrong in human relationships.
• The basic beliefs of this theory are:
• All individuals and organisations, including nations are interdependent for achieving their interests
• Those particularly vulnerable to the choices of others and the outcomes of such choices deserve extra consideration to be measured according to:
  – the level of their vulnerability to other’s choices
  – the level of their affectedness by other’s choices
Ethics of Care

• According to Carol Gilligan "The shift in moral perspective is manifested by a change in the moral question from "what is just?" to "how to respond to those troubled situations?“ How to care!
Ethics of Care

• The ethics of care: A distinctive moral perspective that arose out of feminist concerns and grew to challenge core elements of most other moral theories.

• Traditional theories emphasize abstract principles, general duties, individual rights, impartial judgments, and deliberative reasoning.

• The ethics of care shifts the focus to the unique demands of specific situations and to the virtues and feelings that are central to close personal relationships—empathy, compassion, love, sympathy, and fidelity.
What is a virtue?

• Aristotle: a virtue is a state of character by which you ‘stand well’ in relation to your desires, emotions and choices:
  – ‘to feel [desires and emotions] at the right times, with reference to the right objects, towards the right people, with the right motive, and in the right way’

• Virtues are traits that are necessary for ‘living well’.
Virtue ethics

• Ethics isn’t just about acting, but about living
• An action is right if and only if it is what a virtuous agent would characteristically (i.e. acting in character) do in the circumstances
  – Knowing how to act takes practical wisdom, which involves experience and insight

cw.routledge.com/.../Virtue%20Ethics%20Powerpoint%20JM%2009_02_09.ppt
Virtue theory

• focus on the agent of action, rather than on rules or consequences
• Role-model
• Problems:
  – It may fail to guide our actions, as there are no clear, golden rules that can be applied.
  – What is ‘virtue’? Might ‘virtue’ be ‘vice’?
Another Ethics Framework
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>What is the main problem?</td>
</tr>
<tr>
<td>2.</td>
<td>Why is it a problem? What worries you about the situation?</td>
</tr>
<tr>
<td>3.</td>
<td>Why are you worried?</td>
</tr>
<tr>
<td>4.</td>
<td>What do you know for sure about it? What are the facts?</td>
</tr>
<tr>
<td>5.</td>
<td>What information is missing?</td>
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<tr>
<td>6.</td>
<td>What are your biases?</td>
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<tr>
<td>7.</td>
<td>What are your gut feelings?</td>
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<tr>
<td>8.</td>
<td>Where are these feelings/assumptions coming from</td>
</tr>
<tr>
<td>9.</td>
<td>What is your role?</td>
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<tr>
<td>10.</td>
<td>What are your expectations and goals?</td>
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Copied from the Patient Care Ethics Decision-Making Guide
Manitoba Provincial Health Network
In Elder Abuse you need ask yourself:

What do you think family responsibility in these cases should look like?

What is your attitude towards aging?

What are your guiding principles in these situations?

Need for self-awareness
Patient Care Ethics

Decision-making guide

Now that you’ve considered the dilemma and your own position on it, think about the question a little further. What is the nature of the conflict and the problem that needs to be solved? Ethical dilemmas are often framed using the word “should”:

a) Revisit the facts.
b) What information is missing?
c) What are the issues that need to be addressed?
d) What else is needed to move forward with the decision-making process?
e) Who is the ultimate decision-maker?
f) What is the key question?
g) What are the underlying drivers?
h) What are the values at stake? Whose values are they? How does each value rank according to the individual at the centre of the situation?
i) Is this a clinical (care) issue, an organizational issue, or one that involves agencies, systems and/or the community beyond the organization?
11. Revisit the facts: what do you know and what do you need to find out?
12. What are the most important issues?
13. What do you need in order to move forward?
14. What is the key question to be answered?
15. What do you need in order to move forward?
16. What is the key question to be answered?
17. What values are involved? How much weight should they have in the final decision?
18. Who are the key stakeholders? What are their values?
19. Who will ultimately make the final decision?
20. Who will be effected by this decision?
21. Who else needs to be included in this discussion? What is their role?
Elder Abuse Assessment Tool

Elder Abuse Suspicion Index (EASI)

# ELDERS ABUSE SUSPICION INDEX © (EASI)

## EASI Questions

Q.1-Q.5 asked of patient; Q.6 answered by doctor

*Within the last 12 months*

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>Did not answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?</td>
<td></td>
<td></td>
<td>Did not answer</td>
</tr>
<tr>
<td>2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?</td>
<td></td>
<td>YES</td>
<td>Did not answer</td>
</tr>
<tr>
<td>3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?</td>
<td>YES</td>
<td></td>
<td>Did not answer</td>
</tr>
<tr>
<td>4) Has anyone tried to force you to sign papers or to use your money against your will?</td>
<td>YES</td>
<td></td>
<td>Did not answer</td>
</tr>
<tr>
<td>5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?</td>
<td>YES</td>
<td></td>
<td>Did not answer</td>
</tr>
<tr>
<td>6) <strong>Doctor:</strong> Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?</td>
<td>YES</td>
<td></td>
<td>Not sure</td>
</tr>
</tbody>
</table>

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Bomba Tool
Rights preamble

• The right to be safe
• The right to retain civil and constitutional rights, unless restricted by the courts
• The right to make decisions that do not conform to social norms if no harm is brought to others
• The assumption that decision-making capacity is present, unless the courts decide otherwise and
• The older adult may accept or refuse services.
Guiding principles

The best practice guidelines include:

- First, DO NO HARM
- The interest of the senior is the priority
- Avoid imposing your personal values
- Respect diversity
- Involve the senior in the plan of care
- Establish short-term and long-term goals of care
- Recognize the senior’s right to make choices
- Use family and informal support
- Recommend community-based services before institutional-based services, whenever possible
- In the absence of known wishes, act in the best interest and use substituted judgment.
Screening questions

1. Are you afraid of anyone in your family?
2. Has anyone close to you tried to hurt or harm you recently?
3. Has anyone close to you called you names or put you down or made you feel bad recently?
4. Does someone in your family make you stay in bed or tell you you’re sick when you know you aren’t?
5. Has anyone forced you to do things you didn’t want to do?
6. Has anyone taken things that belong to you without your OK?
Case 2

Mary is a frail 87 yo who has had a reported number of falls and has appeared in the ED

When asked Mary lives with her only son Steve. Steve is 55 and has been unemployed for several years. He’s had a drinking problem that’s modestly under control

However, whenever Steve goes out on his “binge”- Mary has the “fall”. When Steve gets home he’s remorseful and apologetic and promises he won’t do that again. He brings Mary to the hospital to have her checked out (again) where she typically requires hydration and nutrition.
What is symbiosis?

Symbiosis (Greek *symbioun*, “to live together”), in biology, term for the interdependence of different species, which are sometimes called symbionts.
Symbiotic Relationships

**Mutualism**
Both benefit

**Commensalism**
One benefits the other is unaffected

**Parasitism**
One benefits the other is harmed
Understanding the legal grounds

Canada has a federal Criminal Code (1985) to allow for the standardization of criminal justice across the country.

The Criminal Code of Canada does not specifically address elder abuse.
Physical Abuse – Criminal Code Offences

• Assault (Sec 265 C.C.)
• Assault with a Weapon or Causing Bodily Harm (Sec. 267 C.C.)
• Aggravated Assault (Sec. 268 C.C.)
• Sexual Assault With a Weapon, Threats to a Third Party or Causing Bodily Harm (Sec. 272 C.C.)
• Aggravated Sexual Assault (Sec. 273 C.C.)
• Forcible Confinement (Sec. 279 C.C.)
• Murder (Sec. 229 C.C.)
• Manslaughter (Sec 234 C.C.)

https://www.durhamelderabussenetwork.ca/communicationtoolkitinstructions.pdf
Financial Abuse – Criminal Code Offences

• Theft (Sec. 322 C.C.)

• Theft by Holding Power of Attorney (Sec. 331 C.C.)

• Stopping Mail with Intent (Sec. 345 C.C.)

• Extortion (Sec. 346 C.C.)

• Forgery (Sec. 366 C.C.)

• Fraud (Sec. 380 C.C.)
Psychological (Emotional) Abuse – Criminal Code Offences

- Intimidation (Sec 423 C.C.)
- Uttering Threats (Sec 264.1 C.C.)
- Harassing Telephone Calls (Sec. 372.3 C.C.)

Sexual Abuse – Criminal Code Offences

- Sexual Assault with a weapon, threats to a third party or causing bodily harm (Sec. 272 C.C.)
- Aggravated Sexual Assault (Sec. 273 C.C.)
Active Neglect – Criminal Code Offences

• Criminal negligence causing bodily harm or death (Sec. 220, 21 C.C.)

• Breach of Duty to provide necessities (Sec. 215 C.C.)

https://www.durhamelderabusenetwork.ca/communicationtoolkitinstructions.pdf
Duty to Report in Elder Abuse in Ontario

Abuse in Long-term Care Homes
You can report abuse or neglect by calling the Long-Term Care Action Line at 1-866-434-0144. The line is open seven days a week, from 8:30 a.m. to 7:00 p.m.

Abuse in Retirement Homes
You can report abuse or neglect by calling the Retirement Homes Regulatory Authority at 1-855-275-7472.
Additional Supports

Seniors Safety Line - The Seniors Safety Line provides contact and referral information for local agencies across Ontario that can assist in cases of elder abuse. Trained counsellors also provide safety planning and supportive counselling for older adults who are being abused or at risk of abuse. Family members and service providers can also call for information about community services.
Tel: 1-866-299-1011

Office of the Public Guardian and Trustee (OPGT) – The OPGT is a government office that is responsible for protecting mentally incapable people, among other responsibilities. In cases of financial or personal abuse, the OPGT can apply to the Court to become the abused person’s guardian on a temporary basis. The OPGT can also help the person get access to other services. There must be evidence or reasonable grounds to believe that the person is incapable before the OPGT will investigate. They can intervene only if the person is believed to be mentally incapable and is at risk of harm or experiencing harm.
Guardian Investigation Unit: 1-800-366-0335 or 416-327-6348

In an emergency, call 911. If you are concerned about an older adult who is at immediate risk of harm, or requires urgent care, you should also call the police (911).
LTCHA Section 24 (1) - ‘Reporting Certain Matters to the Director’

A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

- Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident (LTCHA S. 24(1) 1).
- Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident (LTCHA S. 24(1) 2).
- Unlawful conduct that resulted in harm or a risk of harm to a resident (LTCHA S. 24(1) 3.).
- Misuse or misappropriation of a resident’s money (LTCHA S. 24(1) 4).
- Misuse or misappropriation of funding provided to a licensee under the Act or the Local Health System Integration Act, 2006 (LTCHA S. 24(1) 5).
Happy to take questions and comments.
AGING WELL: PRICELESS

Stop Abuse - Restore Respect

Elder Abuse Ontario
Stop Abuse - Restore Respect

For Resources & Materials, visit:
www.elderabuseontario.com

To find help call from anywhere in Ontario:
1.866.299.1011
Seniors Safety Line

Arrêtez les mauvais traitements - Restaurez le respect

Maltraitance des personnes âgées Ontario
Arrêtez les mauvais traitements - Restaurez le respect

Pour plus de renseignements, consultez le site
www.elderabuseontario.com

Composez la ligne téléphonique Aînés-Sécurité
de partout en Ontario et obtenez de l'aide maintenant.
1.866.299.1011
Thank you!

Raeann Rideout
Regional Elder Abuse Consultant – Central East
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