CASE REPORT

Financial abuse in a mentally incapacitated old man

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A mentally incapacitated 82-year-old man with no relatives was managed by a geriatrician-led multidisciplinary team when medical staff realised he was at risk of being exploited. They initiated a series of protective measures including an emergency guardianship application. The Guardianship Board appointed the Director of Social Welfare as his public guardian. This case illustrates that hospital staff should be alert to potential elder abuse to ensure timely protection of potential victims.

Introduction

Elder abuse refers to the commission or omission of any act that endangers the welfare and safety of an old person. The abusers are usually caregivers or other persons who stand in a trusted position to the elderly person. Common types of elder abuse include neglect, abandonment, physical abuse, psychological abuse, sexual abuse, and financial abuse.[1-3] With the increase in the size of the elderly population in Hong Kong, the number of elder abuse cases is rising.[4] Moreover, most people in Hong Kong are ethnically Chinese whose traditional culture used to put great emphasis on filial piety. Nevertheless, social changes in recent years have led to traditional Chinese concepts being somewhat diluted, leading to an increase in the number of elder abuse cases. Immobility, instability, intellectual impairment and incontinence are traditionally considered the "giants of geriatrics" as, despite frequently afflicting old people and having a severe impact on their well-being, they are often ignored.[5] Since elder abuse is a global phenomenon and of high prevalence, some geriatricians emphatically recommend that it should be included as one of the "giants" in geriatric medicine.[6-9] The following is a report of a mentally incapacitated old man being financially abused by his domestic helpers.

Case report

An 82-year-old man (Mr A) with a history of diabetes mellitus, hypertension, and renal impairment was admitted to Queen Mary Hospital for investigation of syncope. During his hospitalisation, he told the nurses that he had reasons to believe that his two domestic helpers were cheating him of his money, but he had no solid evidence. The nurses were alarmed by his plight. The case was reported and managed by a multidisciplinary team consisting of a geriatrician, a medical social worker (MSW), and a psychiatrist. The multidisciplinary team found that Mr A had poor short-term memory, disorientation in time and place, and nocturnal confusion. A Cantonese version of the Mini-Mental State Examination was performed and he scored 15 out of 30.[10] Mr A was diagnosed as suffering from dementia with Alzheimer's disease and incapable of managing his personal and financial affairs. A psychiatrist was consulted and he was also of the view that Mr A was incapable of managing his personal and financial affairs.

Owing to the high risk of financial abuse, a guardianship application was initiated by the MSW. Social enquiry undertaken for the guardianship application revealed that Mr A was a retired stock market broker. During the last 2 years, he had been living alone with his two domestic helpers (one was a local Chinese woman and the other an Indonesian) in his self-owned flat. He had no relatives but substantial assets, estimated to be around HK$70 000 000 (in savings, shares, and property).

Pending hearing of the guardianship application, and despite the fact that Mr A had been certified as incapable of managing his personal and financial affairs, Madam C (the local Chinese domestic helper) continued to arrange for Mr A to see a bank staff member and to sign a cheque for HK$100 000 in favour of a law firm.

The urgency of the situation meant that an emergency guardianship application was needed. At the conclusion of the emergency hearing, the Director of Social Welfare was appointed as Mr A's public guardian.

It must be noted that the Guardianship Board has limited powers under the Mental

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精神上無行為能力的長者的經濟虐待個案

一位82歲精神上無行為能力的長者懷疑經濟上遭剝削，他沒有親屬，遂由老年醫學專科醫生帶領的跨部門小組接管處理。小組為案中長者安排一連串保護措施，包括為他申請緊急監護令。監護委員會委派社會福利署署長作為他的公眾監護人。這個案顯示醫護人員必須要對老人虐待的懷疑個案提高警覺，從而及時保護受害人士。

Heath Ordinance. Apart from making a guardianship order appointing the public guardian for Mr A, the Guardianship Board may grant the following powers to a guardian so appointed:

- to require the person concerned to reside at a specific place;
- to bring the person concerned to a specific place and to use reasonable force (if necessary);
- to require the person concerned to attend at a place and time for medical or dental treatment, special treatment, occupation, education or training;
- to consent to medical or dental treatment if the person concerned is incapable of understanding the general nature and effect of the treatment;
- to require access to the person concerned to be given to any doctor, approved social worker or other person specified in the guardianship order; and
- to hold, receive or pay a specified monthly sum for the maintenance or other benefit of the person concerned (currently maximum at HK$10 500 per month).

As can be seen, because the powers of the Guardianship Board are primarily limited to those relating to the victim's person, the Guardianship Board has very limited power to deal with the victim's financial affairs. Where additional powers are needed to protect a person, they are dealt with in terms of recommendations. In the case of Mr A, the Guardianship Board recommended that the public guardian do the following:

- report Mr A's case to the Central Information System on Elder Abuse Cases.
- make an application to the Court of First Instance under Part II of the Mental Health Ordinance, for an order to manage the property and financial affairs of Mr A (Mr A had assets over which the Guardianship Board did not have jurisdiction), and to seek urgent provisions under section 10D of the Mental Health Ordinance.

The Guardianship Board also made certain recommendations to Madam C and the Indonesian helper:

- They should surrender all personal items belonging to Mr A to the public guardian, including his identity card, door keys, bank statements, bankbooks, and cheque books.
- They should leave the patient's premises (together with their own belongings) immediately.
- They should return all the valuables, money, or cash taken from Mr A during his hospitalisation.

The Guardianship Board also recommended that the guardian should consider whether to file a complaint with the Hong Kong Police in case of non-compliance or failure to produce the above items on the part of the helpers. Mr A was eventually admitted to a private aged home.

Discussion

Financial abuse, one type of elder abuse, refers to any act that involves the misuse of an elderly person's funds, properties, and assets. Such acts include obtaining money or property without the elderly person's knowledge or consent or by using undue influence.[1,11] The case reported here illustrates that many mistreated elderly people are socially isolated and therefore 'hidden' in the community. Financial abuse often goes undetected for a long period of time. It may start off as small-scale misuse then increase as the elderly person becomes more trusting of the other party and problems go increasingly undetected. An unexpected visit to the hospital may be the only opportunity for detecting elder abuse. Hence, doctors and frontline hospital staff should equip themselves with sufficient knowledge to detect, prevent, and manage elder abuse cases.

There are many reasons why elderly people are targets for financial abuse. Elderly people, while rich, may not know the exact value of their assets, especially if their properties have appreciated markedly. Older people are likely to have disabilities that make them dependent on others such as children and domestic helpers. These carers may have access to the elderly person's home and assets, and can have significant influence over the elderly person. Older people tend to follow predictable financial arrangement patterns. For instance, they like to receive monthly cheques, so abusers may know when they will have money on hand or will need to go to the bank. Older people are unable to take action against their abusers as a result of illness. Abusers believe that the frail elders will not survive long enough to bring legal actions against them or they will be unable to present convincing evidence in court. The elderly victims may also be worried about retribution if they file an abuse report. Some older people are ignorant about

financial matters. Advances in banking technology, closing down of bank branches, increased reliance on automated teller machines (ATM) and internet banking have made managing finances more complicated for them.

It is difficult to obtain accurate information on the prevalence of elder abuse, financial abuse in particular, as underdiagnosis by clinicians and non-reporting by the victims are common.[12] A survey conducted locally by the Chinese University of Hong Kong showed that the prevalence of elder abuse is up to 20%.[13] The study reported that verbal abuse is the most prevalent form of elder abuse (20.8%), followed by social abuse/neglect (3.9%), and physical abuse (2.0%). The commonest abusers are their adult children (75%), followed by their spouses (21%), and grandchildren (4%). Abused elderly people are more likely to report bodily discomfort, anxiety, depressed moods, and poor social relationships. According to government figures, the Social Welfare Department (SWD) reported a total of 284 cases of elder abuse in 2007 locally.[14] The most common abusers were spouses (65.5%), children (15.8%), and domestic helpers (8.1%). Financial abuse accounted for 12.3% (35 cases) of all cases reported during 2007.

Identification of potential financial abuse cases requires that medical be unalert to the risk factors. The elderly victims may be unaware of the abuse, especially if they have cognitive impairment and they are totally dependent on their carers to handle their money. In addition, unlike physical abuse, financially abused victims usually lack telltale symptoms or physical signs to alert the clinicians. There are several risk factors that can help clinicians to pay particular attention for signs of different kinds of elderly abuse. These include a shared living situation with the abuser, physical disabilities, dementia, loneliness, social isolation, and lack of familiarity with financial matters, abusers suffering from mental illness or alcohol misuse, family members who are unemployed or having financial problems.[15] Because of the difficulty in making the diagnosis, a checklist that may point to the possibility of financial abuse has been developed (Box).[1] The presence of these red flags should alert clinicians to the need for further investigation.

Since it is often not feasible for health care professionals to substantiate cases of elderly abuse, which involve legal processes, any suspicion may warrant reporting to enable investigation. Whenever financial abuse is suspected, it is recommended that expert advice be sought. An experienced multidisciplinary team, consisting of geriatricians, nurses and MSWs, should handle elder abuse cases. If the subject is found to be cognitively impaired, psychiatrists should be invited to perform an assessment of the victim's mental capacity. Occasionally, police can assist in situations were there is serious fraud or potential violence.

BOX. Specific signs and symptoms of financial exploitation

Sudden changes in a bank account
Inclusion of additional names on an elder's bank signature card
Unauthorised withdrawal of funds using an elder's ATM card
Abrupt changes in a will
Unexplained disappearance of funds or valuable possessions
Provision of substandard care or bills unpaid despite the availability of adequate financial resources
Discovery that an elder's signature has been forged for a financial transaction
Sudden appearance of previously uninvolved relatives claiming rights to an elder's affairs and possessions
Unexplained sudden transfer of assets to a family member or someone outside the family
An elder's report of financial exploitation

When elder abuse is confirmed, a clinician's priority is protection of the elderly victim. Two key questions need to be addressed: firstly, does the patient accept or refuse the intervention? Secondly, does the patient have the capacity to accept or refuse the intervention?[3] Any patient suffering from cognitive impairment should be assessed thoroughly for mental capacity by a psychiatrist. Application for guardianship is an effective way of dealing with financial abuse if the victim is a mentally incapacitated person (MIP). The Guardianship Board is a legal quasi-judicial tribunal of Hong Kong (http://www.adultguardianship.org.hk). It has the legal power to make guardianship orders to appoint a private guardian (family member or friend) or a public guardian (the Director of Social Welfare). The Guardianship Board grants the guardian the power to make decisions for the MIP. The guardian can also give consent to medical or dental treatment and has the legal power to manage a limited amount of that person's money. The current maximum is $10 500 per month. It usually takes several weeks for a Guardianship Board hearing to take place after an application has been made. Nonetheless, as in this case, the Board can hold an emergency hearing if maintaining the victim's safety and welfare requires speedy action.

Early detection of financial abuse and timely intervention are important for safeguarding the welfare of older people. To achieve this, it is vital to increase public awareness. If the above patient was not admitted to a public hospital, he would have been 'hidden' in society and been continuously financially abused by his domestic helpers. Some of the SWD social service units, such as District Elderly Community Centres and Neighbourhood Elderly Centres are already providing public education on the prevention of elder abuse to encourage elderly people and their family members to seek early

assistance in cases of need.[13] More education via the media and networking between the government and non-governmental organisations may help to detect 'hidden' cases so that timely interventions can protect the welfare of our elderly citizens.

Conclusion

It is easy for clinicians in busy clinic settings to overlook elder abuse cases. Yet, frontline hospital workers play a pivotal role in identifying and providing timely management for abused elderly people. These victims are best handled by an experienced geriatrician-led multidisciplinary team. Where indicated, a psychiatrist should assess the victim's mental capacity. Referral to the Guardianship Board is an effective strategy for protecting the interests of victims who are assessed as MIPs. It is the duty of clinicians as well as the public to defend the interest and welfare of older people in our society.

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