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Protecting Our Vulnerable Population:
Screening for Mistreatment in Palliative Care

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Background

- ***Mistreatment is intentional actions that cause harm or create a serious risk of harm to a vulnerable person***, which can include physical, psychological and sexual abuse, neglect and financial exploitation.[1]
- ***Those at highest risk for mistreatment are vulnerable populations, such as the elderly and disabled***, where incidence of mistreatment approaches 10-50%.[2]
- ***Palliative care (PC) patients, both young and old, are also a vulnerable population*** as they are, in general, more dependent and isolated as a result of physical and functional decline.
- Due to the prevalence of mistreatment in other vulnerable population, **PC patients are likely at similar high risk for mistreatment**.
- There is very little research to date on mistreatment in the PC population and **a better understanding of mistreatment at the end-of-life is needed.**
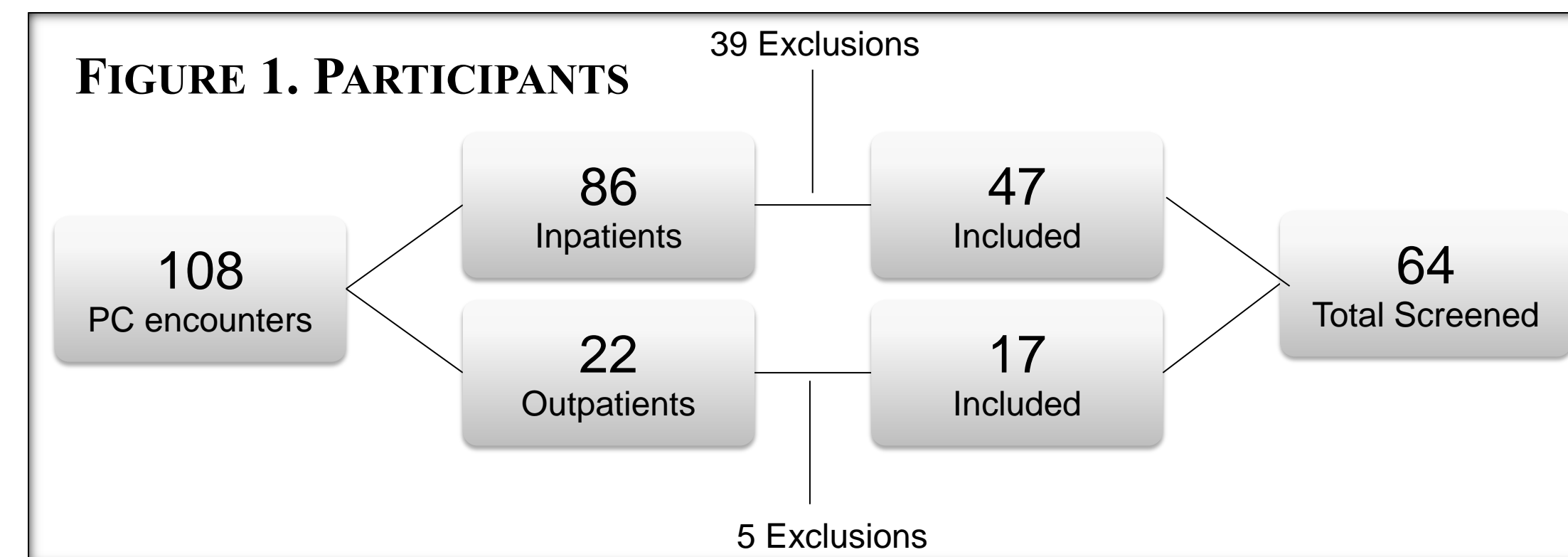
Objectives

- To assess rate of PC patients who establish concern for mistreatment (ECM)
- To identify risk factors for mistreatment in this population

Methods

- Adult in- and outpatients seen by PC service at a tertiary care hospital over a 30-day period. (excluding ICU)
- Screened for mistreatment using validated tools for elder mistreatment: Elder Abuse Suspicion Index (EASI)[3] & Caregiver Abuse Screen (CASE)[4]
- EASI – Patients able to participate in a survey
- CASE – Patients unable to participate <u>and</u> those who rely on a caregiver.
- ECM = EASI score ≥1 (max 5) and CASE ≥4 (max 8)

Results

FIGURE 1. PARTICIPANTS

39 Exclusions

108 PC encounters → 86 Inpatients → 47 Included → 64 Total Screened

22 Outpatients → 17 Included

5 Exclusions

TABLE 1. SCREENING RESULTS

	Screened n	Score min,max (M,SD)	ECM n (%)	Score min,max (M,SD)
EASI*	60	0, 3 (0.19,0.5)	10	1, 3 (1.2,0.63)
CASE^	19	0, 4 (0.28,0.84)	2	4,4 (4,0)
Both	15		1	
Total	64		11 (17.2)	

*EASI Total = 60, EASI only = 45; ^CASE Total = 19, CASE only = 4

TABLE 4. QUESTIONS & APPLICABILITY TO ECM

Test Question / Question Result	ECM y (%)	ECM n (%)	2 No y (%)	2 No n (%)
EASI	10		50	
2 – *Prevented from needs**	2 (20)	8 (80)	0 (0)	50 (100)
3 – *Verbal shaming /threatening*#	8 (80)	2 (20)	0 (0)	50 (100)
4 – Forced to sign papers/money	1 (10)	9 (90)	0 (0)	50 (100)
5 -- Unwanted touch /harm	1 (10)	9 (90)	0 (0)	50 (100)
6 – Doctors exam c/w abuse	0 (0)	10 (100)	0 (0)	50 (100)
CASE	2		17	
2 – *Pt difficulty controlling temper*^	2 (100)	0 (0)	0 (0)	17 (100)
3 – Remorse about actions	0 (0)	2 (100)	1 (5.3)	16 (84.2)
4 – D*ifficulty manage pt behavior**	2 (100)	0 (0)	1 (5.3)	16 (84.2)
5 – Forced to be rough with pt	0 (0)	2 (100)	0 (0)	17 (100)
6 – Can't provide for pt	1 (50)	1 (50)	3 (17.7)	14 (73.7)
7 – R*eject or ignore pt*^	2 (100)	0 (0)	0 (0)	17 (100)
8 – Too tired to meet pt needs	1 (50)	1 (50)	4 (21.1)	13 (68.4)
9 – Yells at pt often	0 (0)	2 (100)	1 (5.3)	16 (84.2)

*p≤0.05; ^p≤0.005; #p≤0.001

TABLE 2. DEMOGRAPHICS

	n (%)
Elderly (≥65)	18 (28.1)
Female	37 (57.8)
Sex	
White	22 (34.4)
Hispanic	34 (53.1)
Married	31 (48.4)
Cancer	40 (62.5)
Caregiver (CG)	35 (54.7)
CG - Spouse	12 (34.3)

TABLE 3. RISK FACTORS

Risk Factor	X^2
Age	3.86 (p=0.79)
Sex	0.45 (p=0.79)
Race	6.29 (p=0.18)
Marital Status	7.74 (p=0.17)
*PC Diagnosis**	14.5 (p=0.01)
Caregiver (CG)	0.43 (p=0.50)
CG Relationship	16.6 (p=0.12)

*p≤0.05; ^p≤0.005; #p≤0.001

Conclusions

- The rate of Palliative Care patients who establish concern for mistreatment is **similar to rates of mistreatment in other vulnerable populations**.
- There may be a **relationship between risk for mistreatment and Palliative Care diagnosis**.
- Further risk factor identification was limited by sample size
- Mistreatment screening tools validated for the elderly population have **variable applicability for PC population.**

Implications for Practice

- Larger scale studies are needed to **identify risk factors** for PC mistreatment and **develop validated PC mistreatment screening tools** ultimately to improve patient-care and quality of life for vulnerable PC patients, as well as, target risk factors such as caregiver burden.

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