Abuse of Elders: Physicians Are Confused
To the Editor.—In 1976, Alabama passed a statute (the Adult Protective Services Act) to prohibit the abuse, neglect, and exploitation of adults and mandate the reporting of mistreatment. Alabama focused its mandatory reporting requirements on all “practitioners of the healing arts.” To evaluate the efficacy of the statute, the Center for the Study of Aging at the University of Alabama conducted in July 1987 a three-wave mail survey of Alabama physicians to assess their knowledge of the law and their responses to elder abuse. The random sample consisted of 336 internists, family practitioners, and general practitioners in Alabama stratified by specialty and city size. The response rate was 46%. The physicians responded to a series of statements concerning abuse using a five-point Likert scale ranging from “definitely not true” to “definitely true.”

The results show that after 12 years, Alabama physicians are confused about the law and about the reporting requirements. While they recognized their legal responsibility to report elder abuse, over half were unsure about standard procedures and three fourths were unsure how to report. Half were unsure what state agency had primary responsibility for investigation and over one third identified the wrong agency. Half were unsure of their own legal immunity from prosecution for reporting and only 8% knew they could be fined for failure to report abuse.

A number of physicians were unclear about the definition and diagnosis of abuse. Two thirds were unsure if there were clear-cut American Medical Association definitions of elder abuse. One third were not sure whether experienced physicians could accurately diagnose cases of abuse. Many expressed ambivalence about the potential damage to the physician-patient relationship. While a majority did not believe the relationship between patient and physician would be damaged, 61% felt the family would suspect the physician.

Physicians also expressed skepticism about the reporting requirements and follow-up procedures of the law. Only 20% felt that prompt action would be taken if physicians reported a case of elder abuse, while over 40% felt that reporting would only make the abuser angrier. Only 30% said that their confidentiality would be maintained if they reported abuse.

Clearly, there is considerable confusion and skepticism about elder abuse legislation in Alabama. These data demonstrate that physicians, who are often the first non-family members to become aware of abuse and neglect, are not sure what to do when these cases arise. These conclusions suggest that state mandatory reporting laws that focus on physicians are largely ineffective. Mandated reporting in Alabama has not generated clear definitions of abuse, neglect, and exploitation, it has not created viable alternatives to institutionalization, and it has not prompted physicians to alter their responses to mistreatment. Moreover, reporting requirements place physicians in the position of weighing the well-being of the patient against the confidentiality of the physician-patient relationship. Under such conditions, mandatory reporting alone is likely to be ineffective and insufficient.

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