ELDER ABUSE, ETHICS, AND CONTEXT

John Hardwig

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ABSTRACT

Contrary to what is often assumed, elder abuse is a very contextual matter. There
are few, if any, activities that are always elder abuse. Whether something is elder
abuse depends on the situation of the caregiver and on the relationship between
caregiver and the "abused" person. Moral principles for a more context-sensitive
understanding of elder abuse are developed. Practical suggestions are made for
those who are contemplating or planning intervention into cases of "elder abuse".
An appropriately contextualized account requires that we sensitize ourselves to the situation of the caregiver and that we think in terms of what is fair to all, rather than simply what is best—or even not harmful—for the elderly. Though the stance of an advocate for the “abused” elderly may seem a noble stance, morally adequate analyses or plans for intervention cannot be generated from an advocacy standpoint.

I. INTRODUCTION

For me, the pivotal moment in the conference on “Violence, Neglect, and the Elderly” came fairly early. I find myself returning over and over to a story that Margaret Hudson told to illustrate her claim that elder abuse is not always a bad person doing horrible things. Often, it is a good person stuck in an intolerable situation.

The story was about an elderly man struggling to care for his wife who was a victim of Alzheimer’s. She had taken to wandering at night as well as during the day. As a result, she needed constant supervision—24 hours/day, 7 days/week. Her husband had no relief from this task; he was on the verge of physical collapse. One night in desperation he tied his wife to her bed. He then slept soundly for the first time in days and did not hear anything until she hit the floor.

A memorable story—it moved others in the audience, as well. But it was an aside in terms of Hudson’s analysis. Her argument was not affected in any important way by her story; it is not even included in the written text of her talk (7). She told the story only to make it clear that she is not insensitive to the problems facing caregivers who end up doing things that we might label abuse.

Still, we can wonder whether Hudson is sensitive enough. If she searches for a common meaning of the term “elder abuse” and in so doing effectively ignores the plight of caregivers, we can rightfully begin to wonder whether she is attentive enough to their problems. One wonders, for example, why the scenarios around which Hudson’s research is organized say nothing about the situation of the caregivers and the impact that giving care makes on their own lives. Presumably, Hudson thinks that the situation of caregivers is irrelevant to what is or is not elder abuse. She invites all of us to think so, too.

Hudson is not alone in this; she is in the mainstream. The entire conference was well within the accepted paradigm in this respect. We all pretty much ignored the problems facing caregivers. We alluded to them from time to time, but our analyses were not importantly affected by concerns for abusive caregivers. Their problems were dismissed with an occasional aside that someone—the government, perhaps—should do something more to support those caring for the elderly.

It might seem perfectly appropriate that we ignored the situation of abusive caregivers—after all, we were gathered to advocate for victims of elder abuse, not for their abusers. But I will argue that we can not get even so far as a definition of elder abuse without considering much more carefully the context in which the abuse occurs. The context must, of course, also be taken into consideration in proposing interventions into cases of possible elder abuse.

II. THE DEFINITION OF ABUSE AND THE SITUATION OF THE CAREGIVER

Is elder abuse wrong? That seems an odd question. Surely, if we can agree on nothing else, we can at least agree that elder abuse is bad, wrong, deplorable, and ought to stop. What could be clearer? The strangeness of the question—Is elder abuse wrong?—suggests that abuse (and neglect, as well) are inextricably moral notions. Other, equally strange statements point to the same conclusion. Do the following statements make sense? “Abusing his wife was the right thing to do in that situation.” “Her obligation was clear and it was to neglect her mother.” “His father was abused, but he was treated fairly.”

The notions of elder abuse (and neglect) seem to rest squarely on the idea that the abused person has been wrongfully treated. Thus, too, the powerful feelings of revulsion when we contemplate the topic; we do not have similarly intense feelings of revulsion or outrage about old people in other harsh or unfortunate circumstances, no matter how harmful the result. But if the concept of abuse implies wrongful treatment, we cannot ascertain whether an elderly person is being abused until we know what is morally acceptable and what is wrongful treatment. We will first need an account of what the moral obligations of a caregiver to an elderly person are. Wrongful treatment occurs when moral obligations are not met.

Still, we may hesitate to embrace the conclusion that abuse is essentially a moral concept. Right and wrong, good and bad, moral and immoral are all very messy concepts. It is notoriously difficult to get agreement about moral concepts. If we hesitate, we might get some help from Thomas Murray (2). During the final presentation of the conference, Murray distinguished three senses of “abuse” or “neglect”—the purely descriptive or objective, the moral, and the legal. If that distinction
holds, we would be able to say that abuse in the moral sense is, indeed, an inextricably moral notion, but there is another, objective sense of abuse not dependent on moral notions.

But we cannot avoid the nasty problems of ethics by simply sticking to an objective definition. In the first place, we have just been wondering whether there really is a purely descriptive sense of a term like “abuse.” But even if there is, it will not do the work we need. A purely descriptive or “objective” definition of elder abuse would be morally neutral; as such, it would not enable us to draw any conclusions about whether the activity so described is right or wrong, unjustified or perfectly appropriate. For that, we need a moral sense of the term.

The justification for legal intervention also rests on the moral definition of the term. Our strong sense of family privacy would shield a family from any intervention not wanted by all members of the family, unless someone is being wrongfully treated.

For these reasons, I will focus on the moral sense of elder abuse and elder neglect. I will cast my argument in terms of elder abuse, though it applies to elder neglect, as well. I will argue that elder abuse is a very contextual matter, heavily dependent on precisely what the conference ignored—the situation of the caregiver. Consequently, we need a very thick description of a case in order to tell whether or not something is elder abuse.

Let us return to Hudson’s example. Is tying your demented wife to her bed elder abuse? That seems an easy question to answer. Of course! Surely any time anyone ties an elderly, demented person in her bed, it is elder abuse! Hudson also thinks it is clearly abuse—otherwise this narrative could not illustrate her point that people who abuse the elderly are often stuck in intolerable situations. I assume Hudson will find that most Americans agree.

But we still need to ask, what should the husband have done? Maybe he should have handcuffed her in bed. Would that have been better? With the 20/20 vision of hindsight, we might agree that it would have been. And it might have been better yet if he had used one of those restraints that many seem to believe should be entirely eliminated from nursing homes. Presumably, though, the husband had neither on hand—these are not common household tools. With the wisdom of hindsight, we might also think he should have anticipated this problem a month earlier, installed a lock on his wife’s bedroom door, and locked her in her room each night when he went to bed.

Notice that we are tempted to call all of these alternatives elder abuse. Still, we cannot simultaneously recommend them to the husband and also say that they are elder abuse in the moral sense. If the most sensitive and humane option available to the husband was to restrain his demented wife in her bed or lock her in her room at night, then doing so cannot be elder abuse, not in the moral sense.

Now let us imagine a modified version of Hudson’s case. The husband is a wealthy man. He can easily afford to hire round-the-clock care for his demented wife. He is well rested, for even if his wife becomes obstreperous in the middle of the night, it does not bother him—he sleeps in another wing of the house. Nevertheless, he ties his wife in her bed out of sheer malice or because he simply does not want to pay for someone to look after her. In that case, we have elder abuse. Given that scenario, what the husband did is clearly wrong and blameworthy.

Elder abuse in the moral sense can be identified only with the help of a thick description of the case, including many features of the situation of the caregiver. To ascertain whether an act is or is not elder abuse, we will need to know who cares for the “victim” and why, how long the caregiver has been providing care, what alternatives are available for giving care, what opportunities for relief the caregiver has, the physical and emotional reserves of this caregiver, the kinship relationship (if any) between caregiver and “victim,” and much more.

It is worthwhile to pause here to note that the preceding arguments about the situation of the husband/caregiver can be extended to institutions and the paid caregivers who work in them. In his paper, Ben Rich pointed to many kinds of abuse of the elderly in nursing homes (3). But I found elements of his discussion similarly unattuned to the situation of the caregivers. Granted, the situation of the staff of a nursing home is rarely even remotely as desperate as that of the husband in Hudson’s story. If nothing else, you work your shift and then you can leave the whole situation.

Still, even in the setting of a nursing home, context is relevant to identifying elder abuse in the moral sense. If the demented residents of a nursing home are being sedated or physically restrained so that the staff can sit and gossip in the staff lounge, that is abuse. But if the staffing is very thin and there are so many things that must be attended to, perhaps restraining a resident or locking her in her room is the best, most fair, most humane thing the staff can do. I see no way to eliminate the situation of the caregivers—whether institutional or family—from a discussion of what elder abuse is.
The need to consider the situation of the caregivers reveals what I take to be a major difficulty in Hudson's research program. The scenarios she gives her respondents to test their intuitions about elder abuse are far too incomplete. Her respondents cannot or should not judge whether the activities she describes are abusive in any sense that is incompatible with their being the right thing to do. I suspect that what Hudson's respondents are doing is imaginatively filling in the needed details and then judging a much richer picture they have constructed, not simply the one-sentence description that Hudson has given them. When Hudson finds significant disagreement among her respondents, one major reason for this disagreement may well be that they are imagining different case scenarios. The agreement Hudson finds could also be spurious because people may be giving the same answer about what are really different imagined scenarios.

III. PRINCIPLES FOR CONTEXTUALIZING OBLIGATION OF CAREGIVERS

Because the situation of the caregivers is relevant to judgments of abuse in the moral sense, we will not be able to come up with many, if any, actions which will always be elder abuse. (The only examples I can think of rest on a description of the action that is already pejorative, e.g., beating, drugging.) But it does not follow that there are no moral principles to help guide us in defining the moral concept of elder abuse. Some of these principles will be principles that point to morally relevant features of the caregiver's situation and her relationship to the elderly person she cares for.

It is these principles to which I wish to call attention. They tend to be forgotten. They certainly were forgotten at our conference. We tend to focus on the problems of dependent old people. When we do so, caregivers fade from view or are conceptualized as "problems" (abusers or neglecters), as "family support", or "family resources" for providing care for an elderly person. This is especially true if we see ourselves as advocates for the elderly.

What, then, are the moral principles for defining a caregiver's obligations to the family member she cares for?

1. Ought implies can. No one is obligated to do more than she can. Consequently, the care an elderly person should receive from her caregiver depends on the caregiver's resources—mental, emotional, physical, social, familial, and economic. However,

2. Can does not imply ought. No one is obligated, except for a very short time, to do "all they can" for someone else, not even for a member of her family. To think someone is so obligated is to treat that person as a mere means to the ends of that family member.

3. Often, it is WRONG to do all you can for an elderly person, even if that is what you want to do. Virtually everyone has other, conflicting obligations which must also be met. If nothing else, there are usually other family members whose needs and interests must be considered. Thus, a woman with children may well owe her mother less care than one who has no children; indeed, a woman who pays little attention to her children because she wants to give the best possible care to her mother is doing something wrong (even if she cannot be said to be abusing or neglecting them). Moreover, if an elderly person must be ignored, or even restricted or restrained so that time and attention can be devoted to fulfilling the caregiver's other obligations, it will sometimes be right to do so (providing other, more suitable alternatives are not available).

It may be possible to define a minimal level of care due to any member of one's family within the limits defined by these three principles. If there is enough food so that everyone can eat, old persons should be fed; if there is enough money to heat the house, an old person should also sleep in a heated room. But even this minimal level of care is conditioned by these three principles: if there is not enough for everyone to eat, it may be wrong to feed the elderly. Moreover, this is a minimal, even rudimentary level of care. Once a minimal level of care is being given, additional principles come into play to help determine whether a less minimalistic level of care is morally required.

4. The wants and interests of caregivers are also relevant to defining the limits of their moral responsibilities to the elderly. This follows from the moral principle that no one is to be treated as a mere means for satisfying other people's ends. Thus, although "what is best for the elderly person" and "what the elderly person wants (or would have wanted)" are always relevant considerations, they are not by themselves sufficient to determine what should be done (4). Family caregivers have lives of their own. Increases and decreases in the quality of life of the
caregiver are just as important to moral judgment as changes in the quality of life of the dependent elderly. Appropriate care must be determined on the basis of fairness to all members of the family.

Some have admitted that fairness to all is the appropriate standard when someone is being cared for at home, but they argue that the wishes or best interests of the patient are the standards for defining appropriate care in hospitals and other institutions. But this is a deeply incoherent position: hands dealt in the hospital often must be played out at home. In fact, harsh as it may sound, it could be right either to refuse to hospitalize an incompetent elderly person or to withdraw care from her in the hospital on the grounds that her continued existence is too burdensome for her family, especially her caregivers. To think otherwise is to reduce the caregiver to a means to the ends of the elderly person.

5. **What is owed to mentally competent elderly persons depends partly on how they act.** Competent elderly persons who act badly toward their family and/or caregivers merit less care, and care of lower quality, than those who behave well. In fact, an elderly person who behaves badly enough (in avoidable ways) may even merit her “abuse”. Acknowledging this point is part and parcel of treating the elderly as morally-capable persons: any competent member of a family who regularly behaves badly enough toward the others merits less care from them. People, morally-competent people, of any age can be nasty, mean, brutal, hateful, selfish, domineering, petty, vengeful, excessively demanding, etc. Members of their families rightfully may and often should take steps to protect themselves and their lives from such a person.

6. **What is owed to an elderly person, competent or incompetent, depends partly on how they treated others when they were younger, especially on how they treated those who now care for them.** A woman who, as a girl, was physically and sexually abused by her father certainly owes him much less when he becomes old than she would if he had been loving, generous, and supportive. Thus, not only the present situation, but also the history of relationships is relevant to defining the obligations of caregivers.

7. **Grossly imprudent earlier activity diminishes an elderly person’s claim to assistance.** There is a bumper sticker that sometimes appears on the back of motor homes: “I’m spending my children’s inheritance.” While it may (or may not) be morally permissible to spend your children’s inheritance, it is not permissible to spend lavishly and then come to them for financial assistance in your old age.

These, then, are a few of the moral principles that we must use to contextualize our accounts of elder abuse. Of course, such principles are not formulas which will enable us simply to read off the answer to questions about elder abuse. But they are considerations always to bear in mind when formulating judgments about cases of possible elder abuse.

### IV. SOCIAL ABUSE AND NEGLECT OF THE ELDERLY

At this point, if not long before, some will want to object strongly: “Any demented woman who is locked in her room or tied in her bed is being abused! Only she is being abused by society, not by her caregiver. Perhaps her husband is being abused by society, as well.”

“After all,” the objection continues, “if appropriate social services were in place, this old couple would not be in such a desperate situation and there would be no need and no temptation to tie the wife to her bed. Recognizing the responsibility of society for its elderly citizens would allow us to identify cases of elder abuse in the moral sense without examining the situation of the caregiver. It is social abuse of the elderly that Hudson’s story illustrates.”

Our conference dealt largely with elder abuse on an “up close and personal” level. That seems to make sense, since abuse requires an abuser, presumably some specifiable individual. It also makes sense if our goal is to identify specific activities that constitute elder abuse, or if we are wondering whether or not to intervene in a particular situation.

But the individual level is also the level on which we Americans are most comfortable with moral analysis. Social responsibility or community obligations do not get very far with us. This preference for individual responsibility can easily slide into a kind of moral isolationism: “I’ll take care of me and mine; you worry about you and yours.”

Such moral isolationism would leave us with insoluble problems about dependent elderly people who have no children, no surviving children, or children who either simply cannot or will not care for their parents. If we do not think it appropriate for elderly people with limited financial resources and no family caregivers simply to be left to die in the streets or in their apartments, such moral isolationism cannot be justified.
If moral isolationism cannot be justified, and if we nonetheless wish to keep our moral discussion on the level of individual responsibility, we need to learn to ask: What do we individually owe to old people who are not part of our families or personal friends? We also need to ask this question whenever our social institutions fail to meet their responsibilities to the elderly.

I cannot even begin here to give an account of the social obligations to the elderly, but a few basic points will suffice to show that the notion of social responsibility to the elderly must also be contextualized.

1. **In order to generate a theory of elder abuse by society, we will need a theory of what a society such as ours owes its older people.** “A society such as ours”—social responsibility is thus contextualized from the very beginning, as wealthy societies owe their elderly much more than societies that exist on the margin of subsistence.

   Even in a wealthy society such as ours, this theory of social responsibility cannot simply be a litany of what old people need. Just because someone has an un-met need, it does not follow that society has an obligation to meet that need. There may be some needs, e.g., the need for individual affirmation or personal care, that just cannot be met by any society. In addition, it may be impossible to meet everyone’s needs, as satisfying one person’s needs is incompatible with satisfying the needs of others. For example, a frail, terrified, old man may need his daughter around at all times, but she needs time to herself.

   What is more, there are other Americans who have needs every bit as pressing as those of the elderly. Thus, huge questions of intergenerational justice will have to be addressed. For example, old people get better health care than children in this country, and it is arguable that they get better health care than working people, as well. Is that just? We provide nursing home care for elderly people who have no where else to go. We do not, however, provide a shelter of even remotely comparable quality for homeless people, including homeless children. Is that just?

2. **We will also need a theory of what ought to be done if a society is not going to meet its obligations to all its members.** We face a burgeoning taxpayer revolt in this country. In this context, it may well be that our society simply will not meet its theoretical obligations to all its members in need, either through public or private assistance. We citizens of the United States simply may not feel the obligations which a theory of justice to the elderly states that we have.

   Where there are severe budgetary constraints, should we provide decent shelter for all Americans before we provide nursing home care for the demented elderly? Is hunger in children less morally justifiable than hunger in the elderly? Should we provide basic health care for all Americans before we contemplate transferring elderly people to hospitals for expensive, high-tech care? Answers to questions like these are what policy-makers must need, not an account of what a wealthy society theoretically owes each of its citizens.

Thus, even the concept of **social** abuse of the elderly has to be contextualized. In the setting of the United States in the 1990’s, we might argue that American voters are abusing the elderly. However theoretically sound such an argument might be, it does not seem likely to get very far. Alternatively, we might argue that politicians who divide up the tax money ought to have been more generous with funding social programs for older people, but it is far from clear that that is true.

Still, even if such arguments were successful, they show only that our social situation should be different. They do not tell us what should be done for old people in our situation. Answers to the question of what social agencies should do in our situation might throw the couple in Hudson’s example back on their own resources. Given our limited social will to help others in need, it may well be that we ought not to devote the available resources to nursing home care for this man’s demented wife or even to temporary relief for him.

Thus, we again face the very real possibility that the demented wife is not being abused. Given limited funding, social institutions ought not assume care of this demented woman. So, given the context, this couple is not a victim of social abuse in the moral sense . . . unless perhaps by American voters. Since her husband is providing the best care he can for this woman, she is not being abused in the moral sense by him, either.

**V. ABUSE, INTERVENTION, AND CONTEXT**

Increased attention to the situation and interests of caregivers could, I think, yield genuine benefits. I turn now to a few practical implications of a more contextualized discussion of elder abuse.
We must sharply distinguish abuse in the moral sense from virtually any list of abusive activities. There will be only an extremely short list, if any at all, of activities which are always abusive. The fact that an elderly person is physically pushed into her room and locked there, physically restrained, threatened with physical harm, shouted at and frightened, or even hit does not necessarily mean that she is abused. To find out whether she is abused, we must know much more about the situation.

We must also recognize that “abusive activities” are not necessarily signs that genuine care or concern is lacking. Since many apparently abusive activities are not abuse in the moral sense, these activities do not necessarily reflect badly on the intentions or character of the caregiver. Blame and accusations will, in such cases, be inappropriate. Moreover, even if something genuinely is abuse (in the moral sense), it may be that the caregiver should be excused for what she did. We all experience lapses from good behavior even within contexts of genuine care—when we are angry, tired, harried or rushed, depressed, or simply frustrated due to lack of time to do what we want. Like the rest of us, caregivers will occasionally do things that are wrong, but for which they should be excused.

Where genuine care is present, it may be possible to help the caregiver to reform or to “do better”. But we must also recognize, that attempts to get caregivers to reform or to do better may be misguided. The husband in Hudson’s story got into trouble because he was already trying to do too much for his wife. But even more important for our purposes, “doing better” would often only require even more heroic sacrifices on the part of caregivers; and that might well mean that their legitimate interests would be even more dramatically short-changed. When this is the case, it may be wrong even to suggest that the caregiver try to do better. Such suggestions may be rightfully resented.

If we are to respond effectively to the plight of those who seem to be victims of elder abuse, we must, paradoxically, stop focusing exclusively on harm to them. We must also consider the situation of the caregivers. If we can get some relief for the husband in Hudson’s story, it will translate into better conditions for his wife, assuming he still genuinely cares for her. If we cannot get relief for him, no amount of investigation and intervention short of removing her from her home will help her much in the long run.

4. An “abusive” situation may be the best situation available for an elderly person, even if it is occasionally genuinely abusive. Removing “abused” old persons from their abusive environments may be contrary to their interests. If a husband still genuinely cares for his wife, then continuing to live with him may be the best alternative for her, even if she is “abused.” After all, he is familiar with her particular desires and emotional responses. For this reason, he may be both willing and able to respond more appropriately to those needs. In their home, he is also much more likely to be there when she needs him than if he must visit her in an institution. For that matter, their home is where she feels at home. Finally, there is genuine personal affirmation in being cared for by those who love us, even if they are sometimes abusive, rather than by paid strangers. In fact, an abusive situation may be the best situation for an old person even in cases that involve physical abuse and the risk of serious bodily injury.

This observation was recently corroborated by a social worker who reported that fear of being removed from their homes is one of the primary reasons elderly people do not report abuse (7). If she is correct, many old people believe they are better off where they are, their abuse notwithstanding. Moreover, if—as seems likely—social funding for alternatives to home care becomes more skimpy and families must shoulder even more of the burdens of long-term care of the elderly, there will be more and more cases in which an abusive situation is the best available situation for an old person. We must face the fact that this is one of the consequences of our declining willingness to provide a social safety net for people, including the elderly.

5. Since an abusive situation may be the best situation for an elderly person, intervention may be unwarranted in cases of abuse. Attempts to empower an old person so that she will request intervention may also be misguided. We must face the fact that an elderly person may not be requesting intervention because she quite correctly believes her present situation, abusive though it be, is the best available situation for her. Intervention may thus be paternalism gone awry—paternalism that does not even manage to promote the best interests of the victim. When the abusive
situation is the best situation for an old person, if no intervention seems likely to improve that situation, none is warranted.

6. **On the policy level, we must break the conceptual connection between intervention and abuse (or neglect).** In many situations, applying the concepts of abuse and neglect will actually be counter-productive. Abuse and neglect are accusations. Good people caught in intolerable situations rightly resent such labels. Those caring for the elderly often need assistance, and we must find ways to help them without resorting to the rationale that we are intervening to protect the elderly from abuse.

7. **Those working in social agencies must not see themselves as advocates for the elderly victims.** We must not focus only on harm to the victim of abuse even if our ultimate aim is to help the abused. More basically, our ultimate aim ought not to be simply helping the abused. Instead, those dealing with elder abuse must be sensitive to the needs and interests of all involved, fair-minded about what is reasonable to expect of caregivers in their particular situations, and genuinely interested in designing interventions that would improve the lives of all members of the family. If family caregivers recognized that they and their families were being approached in this fair-minded way, there would be much less resistance to intervention. Indeed, intervention would then normally be welcomed by caregivers as long-sought, much needed assistance.

8. **All of the above notwithstanding, there remain genuine cases of inexcusable elder abuse (in the moral sense).** Often, even criminal prosecution will be part of the appropriate intervention.

Although my purpose in this paper has been to call attention to a badly neglected "other side of the story," I certainly do not deny that there are also many cases of elder abuse in the moral sense. Caregivers are not all good people stuck in intolerable situations. The variation among caregivers is immense—caregivers (and the elderly) are just about as good and as bad as the rest of us. That is part of the reason we need a contextual account of "elder abuse". Intervention, too, must be tailor-made to the specific situation. Consequently, appropriate intervention cannot always be designed and justified by the one, simple rationale that intervention is needed to stop elder abuse or neglect.

In sum, we need richer, subtler, more contextual (and more complicated!) thinking and policies about "elder abuse". Both in our thinking and in our interventions, we need to contextualize—to consider the situation and intentions of the caregiver, the relationship (including the history of the relationship) between the elderly person and her caregiver, the situation they share, the available alternatives, and much, much more.

A contextualized account is a theoretically more sound account both of what caregivers owe the elderly and of what elder abuse is. It also yields important practical benefits. We must not only sensitize ourselves to the situation of caregivers, but also generate ethical analyses that adequately reflect such sensitivity. We must begin to think in terms of what is fair to all, rather than simply what is best, or merely not harmful, for the elderly. Though the stance of an advocate for the "abused" elderly may seem a noble stance, morally adequate analyses or plans for intervention cannot be generated from an advocacy standpoint. Advocacy in such situations implicitly reduces caregivers to mere means to the ends of the elderly and often one-sidedly misdescribes the moral situation. It also tends to obscure appropriate interventions. All are morally unacceptable.

**REFERENCES**