

THE OVERLOOKED PATIENT

ETHICAL AND CLINICAL CONSEQUENCES OF ELDER NEGLECT IN SURGICAL CARE



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The neglect of elderly patients is a problem that is frequently overlooked during medical assessments. Elder neglect—or a caregiver's ignorance of the physical, mental, and emotional needs of a patient—is becoming an increasingly prevalent problem in society. This project explores how this form of maltreatment affects surgical patients, examining it from moral and clinical perspectives. The results show that elderly neglect alters the results of surgical care, such as the infection rate, time to heal, and hospital readmission. For neglected patients, the information depicts a troubling situation. Most arrive at the hospital needing immediate care to sustain life. The findings indicate that mistreated older patients frequently develop increased problems after procedures, compared to older patients who do not experience this form of mistreatment. The data acts as a call to action for not only the maintenance of ethical guidelines in hospitals, but for an increased amount of incidence reporting and advocacy to protect vulnerable patients.

INTRODUCTION

As the bulk of the population grows older, hospitals are seeing more and more elderly patients being admitted for surgery. Some of them come in after receiving excellent care from their families and doctors, but others arrive in a heartbreaking condition. During my time shadowing Dr. Solomon, I saw this firsthand. Several elderly patients came in with severe wound infections that had clearly been untreated and unnoticed for a while. It was hard not to wonder: How did these wounds deteriorate to such a state without medical attention? Why did the caretakers fail to intervene?

Elder neglect is far more common and far more hidden than most people realize. It's not always overt abuse. Often, it's quieter: missed medications, poor hygiene, untreated wounds, or just no one noticing when something's wrong. But when someone in this state needs surgery, the consequences can be dire. These patients tend to arrive in worse shape and face more complications during recovery. Beyond the medical challenges, there are deeper, more ethical questions we can't ignore, and what it really means to care for someone.

This research project homes in on the intersection between elder neglect and surgical care, drawing on both clinical data and published research. It also explores how healthcare systems can better identify signs of neglect and intervene appropriately. The goal of the project isn't just to understand the medical outcomes, it's to start a conversation and spread awareness about how we, as a society and as healthcare providers, recognize neglect and respond to it.

METHODOLOGY

Data from online publications and peer-reviewed studies were utilized for this research project to analyze the connection between elder neglect and surgical outcomes. Since access to hospital patient records was restricted due to HIPAA, the data came from a plethora of reliable resources that focused on geriatrics and surgery, including the American Journal of Public Health, the NIH, and the United States Office of Justice Programs. The study focused on 3 main areas. It compared post-surgical complications, including infection rates, delayed healing, and readmission rates within 30 days, between non-neglected and neglected elderly patients. It also examined healthcare entry points to understand how neglect postpones care until treatment becomes an emergency. Finally, the study addresses the prevalence of elder abuse types to contextualize the study's focus on neglect. The data that is collected will be quantitative, as it will allow data to be sorted more efficiently and will not result in any gray areas that could hinder the results of the study. These findings would back up the hypothesis that elderly patients who experience neglect tend to have worse surgical outcomes and face higher ethical risks.

RESULTS

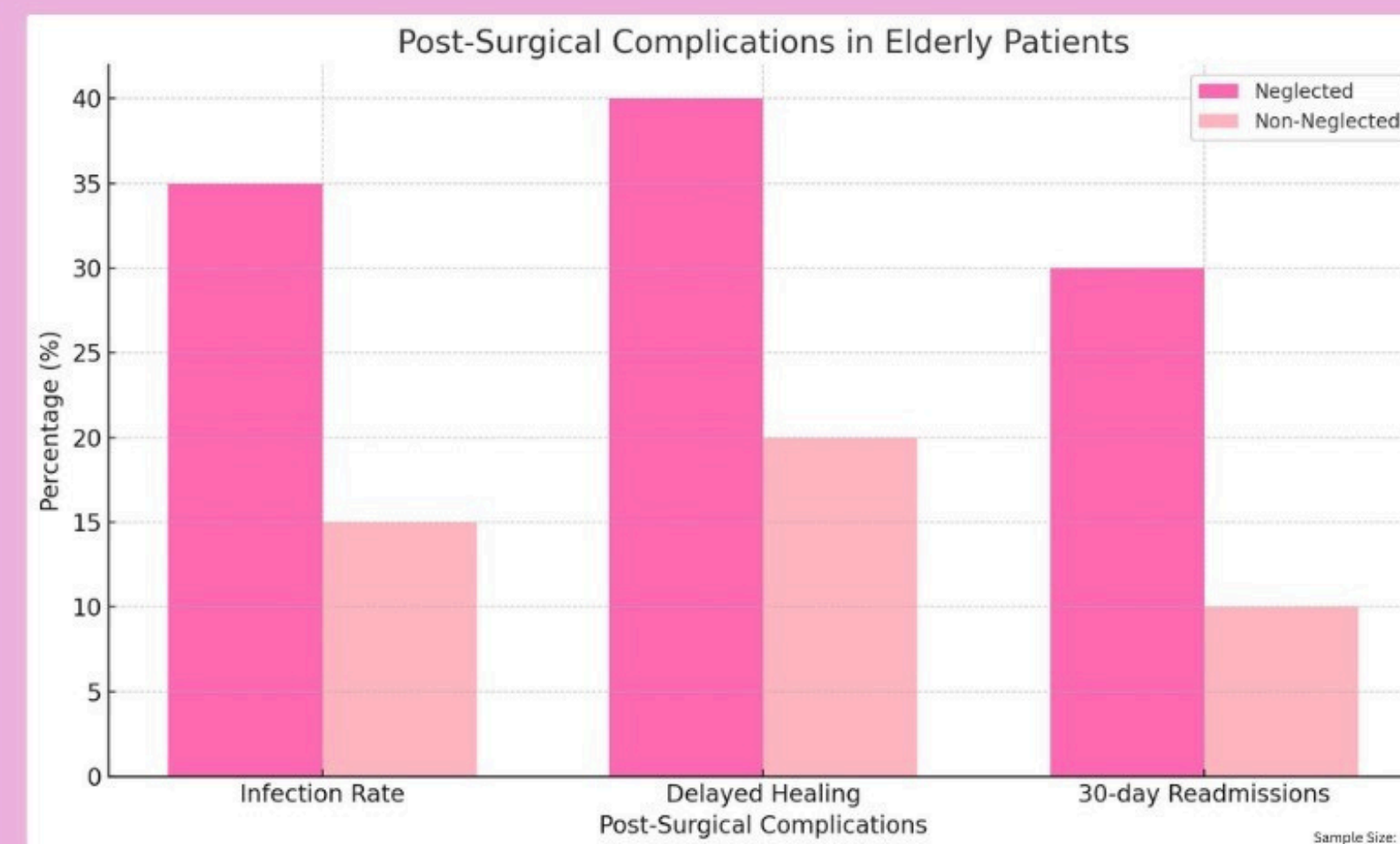


FIGURE 1

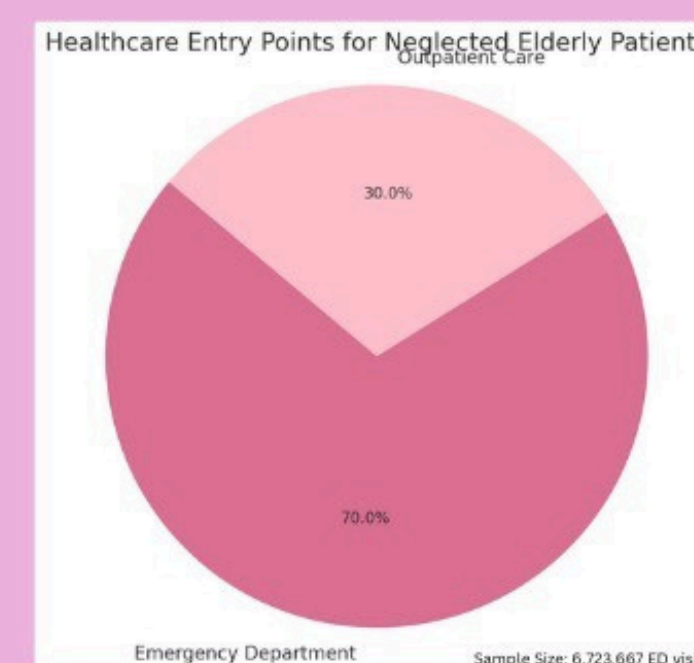


FIGURE 2

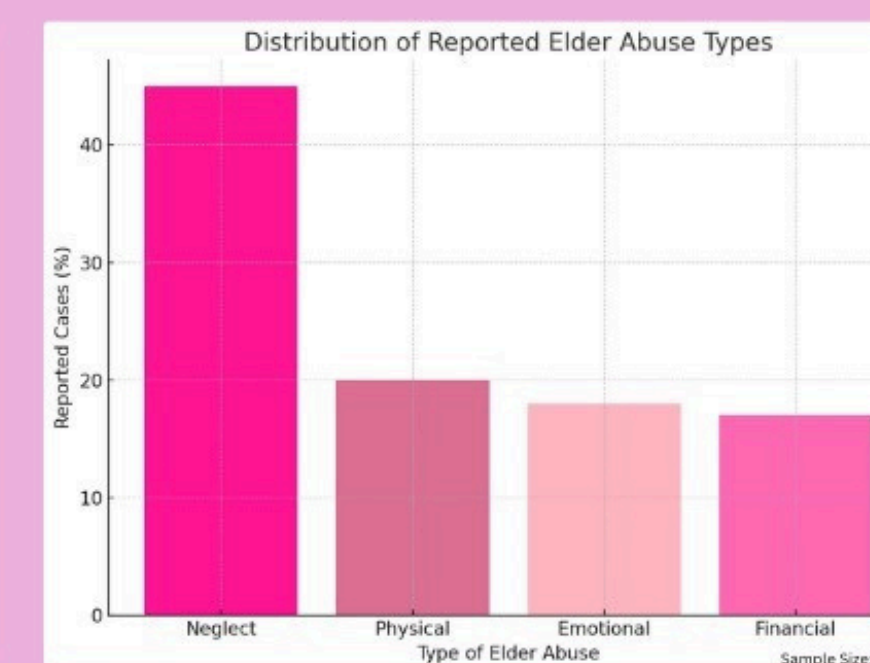


FIGURE 3

CITATIONS

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4. Makary, Martin A., et al. "Frailty as a Predictor of Surgical Outcomes in Older Patients." *Journal of the American College of Surgeons*, vol. 210, no. 6, June 2010, pp. 901–908, <https://doi.org/10.1016/j.jamcollsurg.2010.01.028>.
5. "Prevalence and Correlates of Emotional, Physical, Sexual, and Financial Abuse and Potential Neglect in the United States: The National Elder Mistreatment Study." Medscape.com, 2025, reference.medscape.com/medline/abstract/20019303?
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FINDINGS

The results reveal a connection between the neglect of elderly patients and complications in surgical outcomes. Patients who experienced neglect were prone to higher infection rates, recovery times, and readmission rates (Figure 1). The frequency of such problems in neglected patients was shocking. Not only does it negatively effect patients, but it also effects healthcare services. It results in resources being spread thin--resources that could have been more effectively used in other ways.

A significant amount, nearly 70%, of neglected patients enter the hospital through the emergency department, not during a scheduled doctor appointment (Figure 2). This data indicates that the pain of the patient when unnoticed until their condition worsened to the extent that it became an emergency between life or death. The data also shows that neglect occurs as the most frequent form of abuse towards elders. It accounted for a greater portion of reported incidents in comparison to physical, emotional, or financial mistreatment (Figure 3).

In conclusion, the data supports the hypothesis that the neglect of elderly individuals complicates surgical outcomes.

DISCUSSION

Neglected patients have a higher likelihood of developing post-surgical issues. The issues include higher infection rates, longer recovery times, and increased hospital readmission rates. Early action like frequent patient repositioning or proper wound treatment, can stop many of these problems. This constitutes as both a social and medical issue, requiring immediate attention.

Determining fault after complications develop is difficult. Was it the fault of the caregivers who did not identify the problem in time? Or is it the fault of the physician who last saw them? Or is the fault of the hospital who failed to address indications of neglect, despite having preventative assessments? For older patients who cannot advocate for themselves or who do not have family representation, a document with a signature does not prove that they are aware of their risks or options. The patient's bodily autonomy to govern their body carries more weight than the signature.

The health care system carries its problems. One specific flaw is the Elder Mistreatment Assessment, an evaluation for elder abuse, that is not always utilized in a proper way. Sometimes physicians use the evaluation as a checkbox of completion instead of a reason for action. If one suspects neglect, improved rules and specific plans to help patients must be implemented. Social workers and adult protection services should contribute to this process. Their input should occur not only when problems become serious, but during routine care.

By identifying neglect in patients earlier, healthcare providers can improve surgical outcomes and protect some of the most vulnerable individuals in their care.