
Letters to the editor

Letters received from readers in response to articles and ideas published in ANS are regularly featured, providing an opportunity for constructive critique, discussion, disagreements, and comment intended to stimulate the development of nursing science. Unless otherwise stated, we assume that letters addressed to the editor are intended for publication with your name and affiliation. When space is limited and we cannot publish all letters received, we select letters reflecting the range of opinions and ideas received. If a letter merits a response from an ANS author, we will obtain a reply and publish both letters.

ELDER ABUSE

To the editor:

Elder abuse is not an easy topic to study and Phillips and Rempusheski have written a thought-provoking article, "Caring for the Frail Elderly at Home: Toward a Theoretical Explanation of the Dynamics of Poor Quality Family Caregiving" (*ANS* 8:4, July 1986). Any investigation nurses undertake concerning violence raises difficult moral and legal dilemmas related to the obligation to report abuse when it is encountered. It is not clear from their article how the authors handled this problem. If caregivers they interviewed mentioned abuse to them, did they report it? To report someone who answered one's advertisement and is furthering one's research seems close to entrapment. On the other hand, neglecting a violent situation is equally problematic. Knowing the authors' approach to this problem would be helpful for those conducting future research in this important area.

*Diana W. Cundy, RN
Graduate Student
University of New Hampshire
Durham, New Hampshire*

Author's response:

In response to Ms. Cundy, I am delighted with the opportunity to discuss more fully the solutions we devised for dealing with the difficult ethical dilemmas associated with our work in elder abuse. The very issues she raises are ones that we discussed and debated with two ethical review panels and our legal counsel. Using newspaper advertising permitted us some latitude in protecting the rights of the respondents because a certain amount of information sharing could occur anonymously. In other words, without knowing the respondents' identity, we were able to provide detailed information about the conditions and implications of participation, to explore the nature of the concerns being voiced, and to make appropriate referrals.

Based on our discussion with the respondents, they were able to decide the course of action that suited them best. If the respondent chose to terminate further contact without participating in the study, they had received information about where help was available and had had an opportunity to discuss their concerns and frustrations without fear of retribution. If they chose to participate, since signed consent forms were not required, they could still remain anonymous (three subjects chose this option). For those individuals who chose to reveal their names and addresses, the subject consent form stated that referral to Adult Protective Services would be made if in the opinion of the researcher the situation warranted it but that the subjects would be aware of the decision to report prior to termination of the interview. Consequently, prior to giving consent, they were able to decide if participation was worth the risk. As a result of this study, we made no referrals to Adult Protective Services but were able to bring a number of troubled families into the social services and health care systems through other means (eg, referral to the visiting nurse service).