



Family Violence Death Review Committee
Case Review Public Report No. 5

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Incident

In 2014, a woman died in her family home as a result of blunt force trauma. The husband of the woman was arrested and charged with second degree murder and possession of an offensive weapon. A court ordered psychiatric evaluation determined the husband was medically unfit to stand trial due to a permanent cognitive impairment.

Background

The couple came to Canada with their children in 2000. In 2010, the husband was diagnosed with a cognitive impairment. In 2011, the husband was diagnosed with cancer and the family reported that his cognitive impairment became more severe after he received cancer treatments. The family sought medical care frequently for their father from 2010 to 2014. According to the health records, doctors provided the husband and his family with education and advice regarding dementia.

The husband was diagnosed with dementia and over time the condition led to a decline in his cognitive abilities and his intellectual capacity to reason accurately. As his condition worsened, the husband experienced hallucinations and paranoia which may have caused him to make threats towards his wife. If an individual does not receive the proper information about the condition and how to manage it, they may not know where to go for help when they can no longer manage without assistance. In this case, the family cared for the husband at home and sought the help of spiritual leaders in their community.

Approximately a month before the incident, the wife contacted various family members on three separate occasions concerned that something was wrong with her husband and feared for her safety although her husband had not physically harmed her. The family contacted the police and it was suggested that he be moved to another family member's home to de-escalate the threat.

Key Findings / Analysis

Systems Involved

Health System

Because of the family's numerous interactions with the healthcare system, it is important to acknowledge the role of the healthcare system in this case. The husband visited the doctor regularly and consistently in relation to his dementia diagnosis. Most visits were to the family doctor's office but he was also treated at the hospital. The wife was also a regular user of the healthcare system, mostly visiting the family doctor's office.

Law Enforcement

Police were called to the home a week prior to the incident after the husband threatened to harm his wife. The family requested police take the husband to the hospital. Because the husband had not physically harmed his wife, police suggested that he be relocated to another family member's home, in order to mitigate the threat. No additional information is available as to what other advice, strategies or information the responding officers may have provided to the family.

Recommendations

Alberta Health should work in collaboration with physicians and nurses in Alberta and consult the Ministry of Seniors and Housing and the Office of the Seniors Advocate. They should create and develop a plain and easy-to-read best practice guideline for accommodating and managing behavioural and psychological symptoms of dementia. This guideline should be targeted towards families and caregivers who are providing care at home to a family member who has been diagnosed with dementia in order to reduce and prevent aggressive and violent behaviour. This behaviour can result in the occurrence of family violence or a family violence incident that can potentially result in death due to a dementia patient's actions (as a result of agitation, delusion or confusion). The guideline should be provided to families and caregivers as soon as possible after diagnosis and include:

- a) Information to caregivers and families about resources available in their community and where they can obtain additional health or social services and supports to help care for their loved one and manage their condition so they can live at home as safely and independently as possible;
- b) The guideline should provide specific information to caregivers on how and who to report incidents of aggression, violence or paranoia to when caregivers observe these behaviours. It should also include information and strategies about how to make the home safe to prevent harm from occurring to caregivers and family members, as well as list the nearest agencies they can contact to assist them in developing a safe-at-home plan.