**Analysis of Inquest Into the Death of Marcia Clark**

                 Elder care is an important aspect when taking into consideration the safety of the elderly patients. Elder abuse has been described as the intentional act or a failure to act taking place in a relationship where there is a high level of trust expected causing harm to the older person in the relationship who needs care (Weiss, 2016). The situation of Marcia Clark whereby she did not receive the right care from her daughter Nardia Clark can be considered abuse. This implies that Nardia as the caregiver was guilty of neglect. Neglect can be intentional or unintentional. The inquest into the death of Marcia Clark is a classic example of elder abuse. The evidence which was obtained from the inquest showed various signs of caregiver neglect. When paramedics went to her home to take her to the hospital, they found her in a terrible state and in a horrible environment. The house which she lived being dirty and disorganized indicated that her hygiene was not taken care of. She was lying in bed covered in urine and feces which showed that she had not received personal attention for a while. She also showed severe signs of malnutrition as her lips were dry and she was highly dehydrated.

There is evidence which points to the possibility that abuse of Marcia Clark was unintentional. This is considering her primary caregiver, Nardia Clark, who was her daughter. The evidence collected from the inquest indicated that Nardia was possibly unable to take care of herself leave alone taking care for an eighty-three-year-old sick lady. The paramedics who visited Mrs. Clark at her home reported that Nardia was unkempt, dirty and appeared to be confused. Her sister had also reported that she was feeling unwell because of a virus. She was unable to give a clear history of the condition of her mother. She has also lacked insight into the medical condition of her mother. This points out to the fact that she was most probably unable to observe medical instructions regarding her mother. Two years after the death of her mother, Nardia disappeared under unclear circumstances and her body was found in a bushland two months later.

These circumstances point to the possibility that the caretaker lacked sufficient care of her own. Nardia was not qualified to provide quality care to her mother. Considering the advanced age of her mother and the possibility that she had suffered from a mental illness, there is a good chance that taking care of Mrs. Clark involved a lot of stress. There were also the financial expenses involved in the treatment process. This shows that mental and physical strength and financial stability are key factors required in order to offer quality care to the elderly.

A registered nurse is a health practitioner who has completed a nursing program and obtained a license from a governing body. In Australia, registered nurses are licensed by the Nursing and the Midwifery Board of Australia (NMBA). The registered nurse is mandated with various responsibilities. Nurses normally deal with all kinds of patients for long providing all the necessary medical care (Smolowitz et al., 2015). Their responsibilities include observing and recording the behaviors and symptoms of their patients, diagnose the disease through the analysis of the signs and symptoms of the patient. Nurses are also obligated to carry out the necessary treatment plans as directed by the doctor (Shanas et al., 2017). There is little no mention about a registered nurse in the inquest into the death of Marcia Clark. The registered nurse would have had the responsibility of taking care of Mrs. Clark before and after she was admitted to the hospital.

  Registered nurses are expected to possess great human relation skills. This is because communication between the nurse and the patients is crucial in order to increase the outcome of the relationship. They are also expected to be in contact with patients in order to observe their progress. There should be regular family meetings with the patient family, especially when the patients are elderly (Kröger & Yeandle, 2013). They are then expected to report on all the observations which are made during the meetings regarding the health of the patients. The registered nurse is also authorized by the NMBA to delegate their responsibilities to a nurse under their supervision if they are unable to attend to their assigned patients.

There are various legal factors which are considered in elder abuse and neglect. Australia has a federal system of government which is responsible for the majority of regulations regarding elder law. There are six states of Australia, New South Wales, South Australia, Queensland, Western Australia, Victoria, and Tasmania. There are also two territories; Canberra and Northern Territory. All these states and territories have some influence on the manner in which the elder abuse is handled by the judicial system (Croft & Croft, 2018). Before 2007, there was no federal legislation which handled the issue of elder abuse directly. The Aged Care Act which was passed in 2007 was the first legislation which touched on elder abuse. The acts deal with institutional care and require the reporting of any incidence which is observed in relation to the mistreatment of the elderly. Some of the shortcomings of the act are that it does not define elder abuse. The objects of the Act, however, encourage the high-quality care and accommodation of clients. It also requires that the protection of the health and well-being of the beneficiaries of the act (Dong, 2015).

The various states and territories have also passed laws which are related to adult guardianship and adult protection. There is, however, no law which clearly defines elder abuse. Most of them contain phrases which are related to the guardian having the responsibility to protect the elder person from abuse, neglect or exploitation. There are other states which mention abuse or neglect with respect to the investigative powers which are possessed by the authorities. In the majority of the states and territories, the registered nurse or authorized health professional is required to report on any activities which amount to elder abuse. There are mandatory reporting requirements for all residential care facilities in matters which involve serious physical assault and criminal sexual assault (Croft & Croft, 2018).

The legislation which protects against the elder abuse and reporting requirements are applicable to those health practitioners who are employed in Commonwealth-funded residential care facilities. This is according to the 1997 amendment of the Aged Care Act. This implies that any other registered nurse or healthcare professional is not compelled by law to observe these regulations. Elder abuse is yet to be covered in Australian law schools (Haas, 2013). It is the elder law relating to wills and successorship which is normally covered in legal practice. The absence of recognition of elder abuse in the various jurisdiction makes healthcare professionals who work in the residential care facilities to show reluctance when reporting on these issues.

There should be no older person who should be subjected to abuse. There are various forms of elder abuse which include, psychological, physical, mental, sexual, emotional or financial. The law requires that the healthcare professionals working in residential care facilities should report on issues concerning elder abuse. The law is clear concerning the issues such as physical assault and criminal sexual assault (Weiss, 2016). This implies that the case relating to the neglect and death of Marcia Clark was not under the requirement of the Aged Care Act. This is because the factors which amounted to the abuse of Mrs. Clark happened at her home and not in a commonwealth funded residential care facility. The registered nurse who was responsible for her during her treatment was not under the obligation of the Aged Care Act to report on the issue.

There are however various issues which are of concern in regard to the doctor in charge of her treatment. The general practitioner had made several meetings with Mrs. Clark yet there was no evidence of him making inquiries about the health issues of the patient. As result, there was no substantial information which could help the investigation in determining the kind of help that the deceased sought. The indication that Nardia visited the doctor is noted in the records. There is also a lack of insight on whether the doctor inquired about the condition of Mrs. Clark. This indicates that the doctor may have been ignorant of the welfare of Mrs. Clark.

There are various ethical issues which are evident in the case of for Marcia Clark. Her daughter did not provide the adequate healthcare that she required. The evidence collected in the inquest showed that Nardia was probably unable to take care of herself in the first place. This is because the paramedics who reported at her home observed that she was dirty, unkempt and confused. she also lacked insight into the health condition of her mother. The officer in charge of the investigation also observed that the level of care and the living conditions of Nardia were inadequate.

Nardia failed to make various decisions which could have changed the situation. First, she was ignorant of the plight of her mother. She did not observe the hygiene of Mrs. Clark as she was found in a dirty and disorganized house. As the caregiver, she had the responsibility of ensuring that her mother was in a clean environment. The most shocking issue was that Mrs. Clark was found lying in a bed covered in her own urine and feces. This shows that Nardia had possibly spent days without visiting her mother. Nardia also failed to ask for help from the relevant sources. Although her sister describes her as adept, Nardia failed to contact for help when Mrs. Clark’s condition was worsening.

The treatment and attention that Mrs. Clark received from the general practitioner were inadequate in various forms. Considering the principle of beneficence, the GP did not act in the best interest of Mrs. Clark. This is observed through the failure to make all the necessary observations about the condition of Mrs. Clark. The general practitioner also made various meetings with Nardia in the absence of Mrs. Clark. There is, however, no record that the doctor inquired about the condition of Mrs. Clark. Considering the principle of autonomy, there is no record of the GP going against the wish of the family members. It is, therefore, the author’s assumption that the GP’s practice observed this principle. The principle of justice may have been violated in the practice of the GP. Mrs. Clark deserved better diagnosis and treatment by any health facility. The principle of nonmaleficence requires health practitioner to do no harm. From the coroner’s report, this principle was not violated in any recorded event. The principle of confidentiality was also observed by the practice of the GP. There is no instance in which the GP was observed to violate the confidentiality of either Mrs. Clark or her daughter in the report.

The registered nurse has the role of ensuring that patients receive the required attention even when in their homes. This is applicable in the general practice context where they are required to provide health care services to the public. They should, therefore, maintain contact with the patient and more importantly the caregiver in the instances where the patient is very sick. The role of the registered nurse would be ensuring that they maintain a record of the patient with all the necessary observations of their condition (Johannesen & LoGiudice, 2013). They are therefore obligated to making frequent physical visits with the patients depending on the arrangement between them and the patient. The registered nurse should also issue the caretaker all the necessary information required to adequately care for the patient.

Nursing practice requires a high level of professional care. It is therefore important to observe ethical standards set in the nursing practice. Considering the case of Mrs. Marcia Clark, there is a need to maintain a high level of ethical practice. This is especially in respect to a patient who for certain reasons such as financial constraints are unable to access the required level of care (Kosberg & Garcia, 2013). This calls for an arrangement where the patients can receive treatment even from their own homes. Respect is also crucial in nursing practice. It is therefore important to respect the needs of the patients and their families.

**References**

Croft, H., & Croft, S. (2018). The Australian Carer: A Training Manual for Aged Care Workers. Cengage AU.

Dong, X. Q. (2015). Elder abuse: systematic review and implications for practice. Journal of the American Geriatrics Society, 63(6), 1214-1238.

Haas, S., Swan, B. A., & Haynes, T. (2013). Developing ambulatory care registered nurse competencies for care coordination and transition management.

Johannesen, M., & LoGiudice, D. (2013). Elder abuse: A systematic review of risk factors in community-dwelling elders. Age and aging, 42(3), 292-298.

Kosberg, J. I., & Garcia, J. L. (2013). Elder abuse: International and cross-cultural perspectives. Routledge.

Kröger, T., & Yeandle, S. (Eds.). (2013). Combining paid work and family care. Policy Press.

Shanas, E., Townsend, P., Wedderburn, D., Friis, H. K., Milhoj, P., & Stehouwer, J. (2017). Old people in three industrial societies. Routledge.

Smolowitz, J., Speakman, E., Wojnar, D., Whelan, E. M., Ulrich, S., Hayes, C., & Wood, L. (2015). Role of the registered nurse in primary health care: meeting health care needs in the 21st century. Nursing Outlook, 63(2), 130-136.

Weiss, B. D. (2016). Health literacy. ELDER CARE.