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egative events in life bring about a different perspective. Most of the time it is a lesson in disguise about the broader path in life we should take; an opportunity to change our perspective and grow from that experience. This is not so in this book. The negative experiences highlighted here are the systematic result of a system designed for profit. Nothing good comes of these negative events as we do not learn from them. We blame individuals but continue to fail to see how institutions created the abuse. The negative events portrayed in this study result in permanent and fatal consequences.

Abuse might not be intended but is the direct consequence of intentional management practices that produce predictable and expected negative outcomes. This is the “critical” aspect of the title of this book. Older people that are abused, especially by institutions, carry a cascade of repercussions with them until their premature death. The abuse of older adults who are at their most vulnerable is an inhuman act not only because of the abuse itself but also because these vulnerable beings lose their self-respect and dignity forever. On a personal level, when an individual experiences abuse, it denigrates the core of who they thought they were. Collectively, abuse diminishes our humanity and our shared expectation of being civilized.

After a lifetime of striving for a life worth living, victims of abuse are denied their humanity. This is the legacy that we will chart in this study. We have an obligation to learn from this exploration of institutional abuse and change it. Without confronting institutional abuse, the *status quo* will remain. Focusing on the institutions rather than the individuals who perpetrate the abuse is a critical approach in aging research. It brings hope that we can change and regulate how institutions themselves are set up to treat patients and their staff. Only then will we see long-term positive change.

In what could be a parody of *The Christmas Carol* by Charles Dickens, this study takes us on a journey of the past—to see how institutions evolved; the present—to see how aged care programs function and the abuse of older adults emerges; and the future—on the basis of how institutions are changing and evolving.

Like the Christmas ghosts, we can lay out this context of institutional abuse, but whether we have the will to change the future is up to us, not individually but as a community. The book defines how to bring about this change in a practical and meaningful way. We need to collectively contribute toward this change, and we can do it within the existing regulatory structure; we just need to ensure that the regulatory agencies are functioning as they were intended to.

Life is but a transitory passage, which the health care business knows only too well. This system of care continues to evolve and become more refined, not just to provide more efficient and, in some cases, effective care but to extract as much money out of individual patients as possible. This is the business model of health care prevalent in the US. This is neither good nor bad as there is no morality in business, just legal and illegal. The foot soldiers that work within this system are not oblivious to this reality, but they assume that their passion to help and care for vulnerable people forms the core of their industry. Such an anthropomorphic perspective—the belief that our good intentions are at the center of events—is not only wrong but outdated and misinformed.

The expert reviewers of this book had much the same reaction as foot soldiers fighting an unjust war. They did not want to accept that their discipline could create such abuses. Not that they were questioning the veracity of the facts—they are very well documented in this book and known by those working in the field—they were questioning the intent. They themselves would not contribute to abuse—it would not happen on their shift, this would never happen here, and these are historical events. Of course, these are current events, they happen everywhere, and they will continue to occur in the foreseeable future, and we are all colluding in maintaining these abuses whether we are aware of them or not.

This is a book about change. Doing nothing is not an option. My intention is to make you so uneasy about the status quo that you feel compelled to change it.

Each chapter ends with a playbook about how each aspect of the care industry exploits older adults. These playbooks are fairly easy to address through policy. The issue is not whether we have the political will to bring about these policy changes—we do not—but whether we can start exposing these abuses and then start expecting our existing regulatory agencies to rebuke the culprit organizations. We need to make these regulatory agencies work as they were designed to work. Business is amoral, its aim is to generate profit, but the business of care can still make a profit without breaking the law and without harming older people. It is law that imposes morality on businesses.

Businesses that do not conform to legal expectations will need to be eliminated in order to allow for better competition. Such is the ambition of this investigation.

Critical age theory focuses on bringing about this change as we highlight care institutions and their business culture. Our current regulatory agencies are pivotal in this push for change. We have the tools to bring about change today; we just need to learn how to use them better. And for that, we need to understand how the health care industry plays us.