

Thoughts on the Care of the Aged

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All of us have had the personal experience with, or know of, the problem which so many homes face, as aged relatives begin to appear a burden rather than a blessing in the home. Society has made many jokes about the "mother-in-law", but when grandmother comes for a visit and does not leave she becomes a problem and has to be looked after, eventually being cared for completely.

With whom does the responsibility for the care of the aged lie? By natural law, some of the responsibility should lie with the family; by social law, some should lie with the state to which the older citizen had contributed during his most productive years; finally the medical profession should approach care of the aged with enthusiasm equal to that with which they approach the care of younger members of the human race.

Social reforms have increased the dilemma of the aged. Families no longer live together as they did formerly. After marriage, the younger members of the family obtain their own apartment or small home rather than moving into the old "homestead". They move away from home earlier and for further distances than before, making normal family communications more difficult than is compatible with proper "whole" family functioning. More women, both married and single, are working today further reducing possibilities for the proper care of the aged. While the home facilities for their care are being reduced, the aged are increasing in number, with compulsory retirement expanding their idle hours thus enhancing their perplexity.

The aged population can be divided into three groups:

- A. Independent and in good health.
- B. The semi-independent requiring some nursing care.
- C. The dependent requiring complete nursing care.

It is generally agreed that the home is the best place to carry out proper care, considering contraindicating exceptions such as circumstances which prevent the necessary nursing care. Such a situation is particularly applicable to the third group where the nursing care is not feasible in the home. Home care has the following advantages over institutional care:

1. It maintains an atmosphere and surroundings already adjusted to by the

elderly who are "set in their ways". This eliminates the difficulty encountered in adjusting to the boarding school atmosphere of an institution.

2. Individuals maintain independence and individuality more readily than when in an institution.
3. At home they are in the community and are a part of it. They can usually maintain the respect due to the "wise old". Motivated by living with all generations and with the opposite sex, pride in sex and position are established and a higher standard of living is maintained. They hear about the future and the present and are not preoccupied with the past glory of their generation.
4. They should have to eat the same food, wear the same clothes, and be subjected to the "routine" as do all the citizenry of an institution.

Certain conditions must be maintained in the home. Clean surroundings with a population of hopeful, happy people bring out the best in the old, encouraging them to respond and participate. This, with some understanding and guidance would certainly provide a happier environment for growing old.

In carrying out such a "home" program, the family needs cooperation of especially trained people and financial support of the state. There must be integration of effort between a staff of social workers, psychiatrists and nurses. The responsibility of these latter groups would be to clarify the misunderstanding the family might have, in regard to its elderly members, and to orientate and aid the family in smoothly carrying out the program in as normal a manner as is possible, without interfering with the normal activity of the family. In short, these are the people best qualified to provide "direction" to the obligation of the home.

Recently "home" type living areas for aged citizens have been developed. In the future these areas should prove to be even more successful than the home care program. Their success and financial feasibility remain yet to be established. In the meantime, institutional care for the aged must still be kept on as high a level as possible for those not afforded care at home. The state should bear a responsibility as regards caring for the health and happiness of its senior citizens. The family remains

a factor by visiting and aiding the institutions. Consultations by the medical staff with the family of the patient should be a principle in their care. There must be constant striving for proper upkeep and development of geriatric wards, institutions, and nursing education.

The following preventive measures would be useful in alleviating the social problems met with in old age:

1. Medical treatment of the patients with

an eye to the future.

2. Care taken to maintain and strengthen family ties.
3. Education of the middle aged in respect to developing outside interests and occupational skills which will be useful after retirement.
4. Research into the aging process with the aim of making the aged population healthy, useful and productive.

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