

-QUALITY OF LIFE?

Since we commenced our reactivation program at St. Mary's Priory Hospital in '67 we have come across many problems peculiar to extended care, some we have been able to solve, for others we need the help of doctors. I have some interesting quotations from doctors and social scientists which plead the cause for us. Dr. Martin Cherkasky - director of Montefiore Hospital, New York, states, "The view of chronic disease held by the general public and even by some physicians is colored by a number of misconceptions such as: chronic disease is indolent; not much can be done for the chronically sick person; the chronically sick can be cared for in lesser facilities; not as much or as high-quality doctors' care is needed for the chronically sick as for the acutely sick; the most costly and complex resources are needed by the most acutely sick and not the chronically sick. These views lead to the greatest misconception of all -- that good care for the chronically sick is cheap."

This misconception is also held by members of government. In setting their philosophy and objectives they ask extended care to provide "social, recreational, diversional, and rehabilitative programs", yet they budget only for minimal custodial care which leads to deterioration of the patient.

Harold Baumgarten Jr., Faculty of Medicine, Columbia University, also confirms the Priory's observations when he states when comparing a mentally alert patient with chronic illness to his counterpart who is without the mental capacity to cooperate in his own care, that this latter group absorbs a far greater amount of staff's time and effort. The Priory's task of reactivating these mentally and physically regressed patients is extremely time consuming. Since doctors' requests bear more weight, you must come to the aid of nurses in this area, and insist on sufficient and qualified staff to carry out this program effectively and efficiently.

Reuben J. Margolin, Ed. D and Francis L. Hurwitz, Ed. M., professors of social science at Northwestern University, in speaking of the aged and chronically ill, state, "That doctors should pose a problem to developing rehabilitation programs is quite a paradox. The average doctor treating the geriatric patient is very cautious. Too many apparently feel little can be done for the patients in

the nursing home. Unfortunately, this judgment seems to be based primarily upon a subjective basis rather than an objective assessment of the patient's condition and his potential for rehabilitation. The truth of the matter is that many physicians are not far from being laymen as far as their understanding and know-how of rehabilitation is concerned. The need for orienting, education, and training doctors is an urgent one. Without his participation, rehabilitation in nursing homes cannot be properly developed." Administration and nurses at the Priory are the first to agree that our program cannot become truly viable without the full participation of doctors.

Maurice E. Linden, a psychiatrist in a mental state hospital, states that most physicians can't see the oldster for anything but his age and therefore, he is considered senile. In doing research he found only a handful were senile, in the main they were depressed, and meloncholic, and because of this they did not communicate. They looked confused, sounded incoherent, and developed a dejected look and for this reason only, they were diagnosed as senile. With a pleasant atmosphere, proper treatment and a lot of personal attention, the majority of these improved in the same ratio as the younger age level. At the Priory we have reason to agree with Dr. Linden in that we have had tremendous success in raising these individuals to a higher level of awareness through our philosophy and program.

Extended care is extremely challenging and rewarding. I know doctors would become true enthusiasts if only they allowed themselves the luxury of absorbing the true philosophy of extended care. Dr. F. N. Elliott, General Director of Mount Sinai Hospital, Chicago, in his speech presented at the 52 Annual B.C.H.A. convention in Vancouver, repeatedly referred to "quality of life". What quality of life are you as doctors prepared to give?

Reference: Concepts of Nursing Home Administration - Harold Baumgarten Jr.

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