Saskatoon
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(ANSWER)

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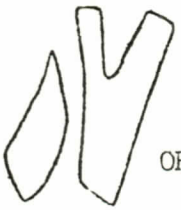

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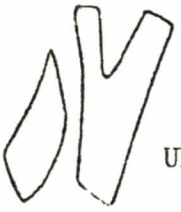

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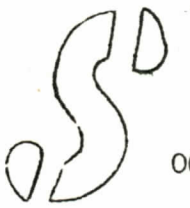

OCIAL

ESPECT

ESPONSIBILITIES

by Mrs. Vera McIver,
Hospital Services Director,
St. Mary's Priory Hospital,
Victoria, B.C.,
April 28, 1971.

John F. Kennedy wrote, "It is not enough for a great nation to have added new years to life; our objective must now be to add new life to those years". How will we manage this objective? Perhaps, today we can help each other see our role in a more positive way, and thereby, help to attain this objective for our aged and long term patients.

In the past, in ~~nursing homes~~ extended care hospitals, the emphasis was placed on curing and easing physical pain. We were not, however, aware of the destructive pain we inflicted on the spirit. The caring or concern for the patient, as a person, was generally, not understood. We know now that patients, in many cases, who are confined for long periods, will deteriorate mentally and physically. In the old days, when this occurred to the aged, we shrugged it off as senility, little knowing that we, in fact, were one of the contributing factors.

When a patient reaches a nursing home or extended care hospital he has to adjust to many changes, and the most traumatic are the social changes. The patient suffers much from this and can, finally, break down to mental deterioration, called social death. Social death is brought about with the loss of self respect and the identity. When a patient is allowed to make decisions, if his desires are respected and adhered to, he maintains his self respect, his identity - he is a worth while human being, he has status. This is only natural, to maintain our mental balance we must constantly feed our ego resources. Look how puffed up and elated I am to be here today! I have an identity, I am a wife and mother, a nurse, and I have been asked to promote an ideal which is dear to my heart. I am happy; my ego and I are great friends. I am not the only one who feeds my ego; everyone around me with whom I share pleasant experiences helps fill my storehouse of ego resources.

Who is there among us today who does not cry out for love, to be recognized, to be needed? Our ego demands to be nourished, it is our right - we have our identity to uphold. As nurses and doctors, what did we do? In our ignorance, we destroyed the patients' identity. We failed to embrace this human being with ego enhancing strategies. He needed assurance, love, understanding, and praise. We gave him bread, routines, schedules. He tried to tell us he had been a success, he had been honored, but even when he told it over and over again, no one heard him. He lost control, he conformed, he gave up, his ego resources were drained.

When social care is neglected, the patient, naturally, becomes depressed, and in this sorrow, mental and emotional deterioration sets in. Because the patient pines, appetite diminishes, food is refused, and in this condition heavy nursing is required to prevent decubiti. The decubiti is an ugly, festering, sore which points its finger at neglect, but mental impairment hasn't this ally to shout, "neglect", so blame for mental regression can be heaped on senility, thereby, exonerating nurses and doctors. This is where our education has failed us. We should suffer the same sensitivity of guilt at mental deterioration as we do when we see a pressure sore. Because we did not understand mental stagnation due to neglect, we placed the misguided emphasis on the body. The body can be pampered with daily, exotic, healing oils, and covered with the finest silk, and even add to this a most discerning gourmet fare, but you cannot stem the tide to regression if you rely solely on this. Beneficial results cannot be gained by pampering one and neglecting the other.

I have heard the statement in reference to some agencies: "Oh, they give excellent care, my wife gets good meals and she is always clean". This compliment regarding care does not convince me that it is necessarily excellent. I wonder if she ever smiles; does she sit by the hour looking into space,

withdrawn from a world which denies her her right for social health, but gives her hours and hours of boredom, frustration, loneliness, and heartache.

Years ago, doctors and nurses became aware that "Tender Loving Care" for infants and children was necessary; without such care, the infants were stunted mentally and physically, refused food, and finally, in some cases, death occurred. We understood this in children, saw the same symptoms in the aged, yet, failed to connect the two, so convinced were we it was "senility".

In formulating plans for a restorative program you will, probably, see problems, and the most ominous which might appear is economics, but, I can assure you, that to begin with, a true restorative philosophy is free, add to this a little skill, ingenuity and originality and many obstacles can be overcome. This philosophy, however, is impeded, not by cost, but by many negative attitudes toward the aged and long term patients. The owners, the public, nurses and doctors alike, share these misconceptions, therefore, growth is restricted and as long as these notions prevail, a restorative program will suffer. An optimistic, progressive philosophy can be cultivated through education and a sincere desire to see human dignity emerge from an incontinent bed. Resistance and inertia will be replaced by a compelling drive to embrace the total care concept.

Another aspect of economics is staffing. In long term hospitals, we try to develop programs to keep our residents busy and happy, but there is always the workload to contend with. We cannot have the staff necessary for a full restorative program to meet all needs, including social health; there is always the matter of budget which does not stretch. So, what happens when staff is reduced to maintain only minimum custodial care? The emphasis goes back to the body, the spirit is neglected, and we are back to the decline of the individual. Here, the volunteer can be of tremendous value to the program. Even though we could have all the staff we needed, hospital personnel cannot meet the psycho-

social care volunteers can offer through their connection with the community.

They can assist in maintaining or restoring the patients' identity by allowing him to play his role, created by our culture, within the framework of the family, the community, and religious beliefs. Family involvement is a vital ingredient to the program and should never be neglected. If families are absent, a family substitute should be found.

There must be community involvement for and with the patients, participation of the community to assist the patients in the program, and the participation of patients in contributing to the community. Community involvement stimulates, encourages socialization, and assists in a social structure which promotes more effective living. I would like to say that the volunteers are a must in a progressive program, and I am not thinking of them as a monetary gain, although even here, they are invaluable.

All personnel must be responsible in developing a program and the motivation must come from the top. Doctors should also be interested in the program. I would like to see doctors as pace setters, but, generally, they do not see themselves in this role. Administrators, however, can do much to interest doctor in this activity.

The environment should be homelike and this can be accomplished through a happy, motivated staff. We must not forget we, too, are part of the environment; our attitudes show, so let it be positive toward rehabilitation to instil hope and confidence. The visual surroundings play a great role in the lives of the patients. If the surroundings are drab, the emphasis is on the sick role, which deteriorates the spirit, therefore, every effort should be made to introduce change, warmth, and color.

We will now view the film, which is based on our work at the Priory, on patients whose average age is 85.

FILM -

You saw the sad, pinched, faces turn to smiles and that an activation program can restore a patient's mobility and identity, from a severely regressed state. Therefore, much can be done to prevent this dehabilitation from occurring. The program should include habit training in acts of daily living. Self care enhances the ego; exercise promotes mobility, thereby, preventing contractures and deformities. Social participation, meaningful and diversional activities provide motivation toward a richer life. The staff soon see the fruits of their labor and are pleasantly surprised when they find they are working with the patient, instead of for him. Instead of an added burden,as anticipated, the workload is eased, patients are less demanding and less dependent. Think of the boost to the patients' ego resources! Resolve today that you will become a doer. If you do not have a restorative program, start one, and convince others of the need of it.

There are several ways of approaching this, but the most important is through education. You must dispel the negative and erroneous notions that symptoms of regression are by-products of aging, and that these are inevitable. Let it be known that these symptoms are, in many cases, due to neglect by the persons concerned, by those who care for them, and the environment under which they live. In fact, Dr. Maurice Linden, an American Psychiatrist, states that oldsters are, generally, considered senile, when, in fact, in his examinations, generally, only a handful belonged to this category.

Teach the fact that an active, happy life can ward off symptoms of regression. The public, generally, must understand this, but especially those who embrace the aged under their care. They, in some cases, also feel that if they give the aged shelter and a good diet, they have fulfilled their obligation. Filling only this aspect of life lays the groundwork for regression. I have

heard remarks from proprietors such as, "If people want to sit, that is fine with me." Sitting would be fine if it did not lead to crippling deformities, pressure sores and mental stagnation.

Another was, "We don't need volunteers, all our patients are senile." It is precisely for these that we must show concern. Hopefully, this day will bring to light many aspects which will improve our attitudes so that we can all work toward our objective, namely, adding new life to the years remaining for our patients.