



## VIEWS AND REVIEWS

## ACUTE PERSPECTIVE

## David Oliver: Admission should allow for patient aids

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I've never believed that all hospital admissions are undesirable or avoidable. Sometimes admission is the best, only, or safest option. But it shouldn't avoidably make patients worse for reasons unconnected to the illness causing admission.

It's a bewildering enough start, to be whisked out of your home at short notice into an ambulance, through a busy emergency floor and into the alien environment of a hospital ward. So why compound it?

Patients often have walking aids and familiar chairs, as well as moving and handling devices they are practised with. Granted, some are unsafe. But rigid policies that prevent them being brought in with the patient or prevent hospitals from stocking or borrowing similar furniture don't aid recovery; nor does our tendency to lose the mobility aids that patients do bring. It's the antithesis of patient centred care.

Talking of losing things, it's still too common for patients to be admitted without their spectacles or to lose them when on the ward.<sup>1</sup> And we sometimes fail to make appropriate adjustments for patients with known visual impairment or to pick up previously undetected visual problems—despite their high prevalence,<sup>2</sup> especially in patients with presentations such as falls.<sup>3</sup>

Hospital staff's training in basic oral care is patchy and easily neglected. Yet, as inpatients have a high risk of malnutrition and dental and oral hygiene are key factors in hospital acquired infections, it's essential.<sup>4,5</sup> We compound this problem far too often by losing patients' dentures during admission.<sup>6</sup> The NHS often pays for replacements, but these can take days or weeks to arrive—while risks to nutrition mount.<sup>7</sup>

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Too often we also lose patients' personal hearing aids. Hospital staff should improve their skills and systems for communicating with patients with hearing loss. We're not always knowledgeable about using, checking, or adjusting hearing aids. And we don't routinely access or use personal listening devices. But to compound this by losing hearing aids (which, like dentures, can

take a good while to replace even when we do pay up) is unacceptable.

You won't see much of this recorded on incident forms, discussed at root cause analysis meetings, or featured in mandatory training. But you will see it in many complaints. And the NHS pays millions each year in compensation for lost hearing aids, glasses, and dentures.<sup>8</sup> It's the kind of thing that can cause patients, and their families, to lose trust and confidence in our relationship.

More importantly, getting these care essentials wrong can inadvertently compromise patients' dignity and make them more disabled, disoriented, delirious, depressed, or dependent—to paraphrase Shakespeare: "Sans teeth, sans eyes, sans ears, sans taste, sans everything."

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- 1 NHS pays £70k compensation for lost possessions. *Edinburgh Evening News* 3 Feb 2014. [www.edinburghnews.scotsman.com/news/health/nhs-pays-70k-compensation-for-lost-possessions-1-3292280](http://www.edinburghnews.scotsman.com/news/health/nhs-pays-70k-compensation-for-lost-possessions-1-3292280).
- 2 Park WL, Mayer RS, Moghimi C, Park JM, Deremeik JT. Rehabilitation of hospital inpatients with visual impairments and disabilities from systemic illness. *Arch Phys Med Rehabil* 2005;358:79-81. [www.archives-pmr.org/article/S0003-9993\(04\)00271-0/fulltext](http://www.archives-pmr.org/article/S0003-9993(04)00271-0/fulltext). doi:10.1016/j.apmr.2004.01.021 pmid:15640994.
- 3 Royal College of Physicians. New bedside vision check tool to help prevent hospital inpatient falls. 23 Jan 2017. <https://www.rcplondon.ac.uk/news/new-bedside-vision-check-tool-help-prevent-hospital-inpatient-falls>.
- 4 British Geriatrics Society. Spring speakers series: why mouth care matters? 25 April 2017. <https://britishgeriatricsociety.wordpress.com/2017/04/25/spring-speakers-series-why-mouth-care-matters/>.
- 5 Health Education England. Mouth care matters—improving oral health. [www.mouthcarematters.hee.nhs.uk/](http://www.mouthcarematters.hee.nhs.uk/).
- 6 Shepherd E. How can you prevent patients losing dentures in hospital? *Nurs Times* 2014;358. <https://www.nursingtimes.net/how-can-you-prevent-patients-losing-dentures-in-hospital/5068496.blog>.
- 7 Johnston L, Davis M. Doctor . . . they've lost my dentures. *Daily Express* 6 May 2012. [www.express.co.uk/news/uk/318391/Doctor-they-ve-lost-my-dentures](http://www.express.co.uk/news/uk/318391/Doctor-they-ve-lost-my-dentures).
- 8 Wellman A. NHS pays out £41 million compensation to patients including for false teeth falling in the loo. *Daily Mirror* 19 May 2013. [www.mirror.co.uk/news/uk-news/nhs-pays-out-41million-compensation-1896977](http://www.mirror.co.uk/news/uk-news/nhs-pays-out-41million-compensation-1896977).

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