Caring for the elderly

"Why should an old person be called a 'geriatric'?" someone asked at the last conference of the Royal College of Nursing. "We do not call a child a 'pediatric'." The need for more humanity in our dealings with the elderly is the central theme of a recent report by a working party from the British Geriatrics Society and the Royal College of Nursing. Sadly, there is no doubt that there are still many places where, though staff may be well-intentioned, patients are treated inappropriately, inadequately, or inhumanely.

The quality of an old person's life is of prime importance, and if it is to be spent in an institution this quality will be closely linked with staff attitudes and training. The staff of geriatric institutions have special problems engendered by the nature of their work, but when these are identified and dealt with patients as well as staff will benefit. Furthermore, the ward staff must be supported by administrators who are willing and able to give a lead and improve and correct material differences. Staff morale will rise in response to clearer insights into the needs of patients as people and in synergism with better working conditions and will result in more happiness and a better life for the whole community. "In hospital quality of life is closely associated with that of the staff, who share with the patient the common human needs for recognition of worth and for self-esteem."

Over the last few years the general public has been saddened by reports of institutions for the old and the handicapped.

One of the things that must pain all professionals is that sometimes old people on admission have spectacles, dentures, and hearing aids removed—a practice so common that it has a name, "stripping." People thus deprived of all sensory input and dignity can but deteriorate in spirit and intellect; and this fundamental right is recognised in the insistence in the report that hearing aids be kept in working order, spectacles cleaned, and the dentures worn to maintain self-respect.

Ideally all the staff who care for the old should form a team, and, while the doctor may normally be the leader, at some times and in certain circumstances the innovator may come from another grade. Relations should be such that ideas or suggestions can come from any level. While nurses spend most time with the patients, administrators have a major role in ameliorating conditions and morale, and in this the catering and domestic staff too hold key positions. While there should be more emphasis on ways of preserving dignity and a measure of independence for elderly patients, their material conditions should not be neglected. Safety and fire precautions, the maintenance of continence, and the provision of suitable clothing should all be considered.

A correspondent suggested recently in the BMJ that the old living in the community may be subject to mental and physical harsh treatment, and the Guardian has discussed possible "granny bashing" and how it may be identified. If this is indeed a problem it may be true that geriatric staff are not alone in needing support and counselling. The insistence of this report on the importance of individuality and identity to those in institutional care may be the key to initiating a new attitude; this may, perhaps, start a chain reaction in improving the life of all who must live in such institutions, and of those who work there.

Exeter meeting

Almost always the BMA's clinical meetings are arranged in places with other attractions for visitors, so that doctors can bring their wives and families for a few days away from home in the knowledge that they will find plenty to do. The spring meeting in Exeter from 8 to 10 April showed how well the package can work. The weather was perfect, as was the setting of the meeting in the university campus. Doctors attending the scientific sessions were entertained as well as being instructed (see report p 1007). Their families enjoyed visits to the cathedral and other local beauty spots or simply ran the gamut of the antique shops, and in the evenings relaxed in the warm atmosphere of Devon hospitality. Dr Jane Richards, the honorary general secretary; Dr B J Kirby, the science secretary; Professor David Mattingly, the chairman-elect; and Mrs B Chudecki, the convener of the ladies' programme, are to be congratulated on a happy, relaxed, and thoroughly successful occasion.