

OLD AGE – HOW DO WE FEEL ABOUT IT?

Hopefully most of whom read this article will be lucky enough to enjoy a reasonable state of health for their old age. I know I have always said that I would like to live until I reach 100. Two of my great aunts did. One was 105 and the other 107. I may have inherited the genes of longevity. I have told my daughters and husband Clive I may just hang around for a while!

When I hear and read of cuts in funding and services for the care of the aged, disabled and mentally ill, I now ask myself “do I now want to hang around?” It is ok if both the physical and mental states are intact. But what happens when health, whether physical or mental, goes into a decline? Is that generation able to stay in their own homes, with adequate services in place? If the services are not adequate where do they go? The only answer one can draw upon is **‘residential care’**. (Nursing home, hostel etc.). God help them! Well some of them anyhow.

Residential care – a plus or a minus?

To be placed in residential care is an extremely stressful decision for the caring partner. Many things would be racing through the partner’s mind. What quality of care will the ailing partner receive? Will their personal needs be met? Will they have enough to eat? Will the appropriate activities be offered to stimulate their physical and mental states? Or, if a problem should arise, who will be the advocate? The client themselves, their partner, a family member or an *interested party* chosen on their behalf? How many times do we hear or read about incorrect diagnosis? Dementia and depression closely assimilate. To be misdiagnosed may also mean

being inappropriately medicated, the outcome of which could be life threatening. Drugs have side effects. For an aged or disabled person who is struggling with health related issues initially, unwanted side effects e.g. loss of concentration, confusion, blurred vision, ‘spaced out’ feeling or giddiness could precipitate a fall and cause more anguish to an already *‘out of control’* life.

Grief or loss issues not dealt with

This presents a dilemma for an aged couple who have planned to spend their twilight years together. To be parted at this stage in their life, when most family members and friends have passed away is tragic. It can be a very lonely time. The grief and loss issues, if not appropriately dealt with may result in a reactive depression. It is heart wrenching. If residential care is the only option, then the partner will chose the very best their money can afford for their spouse, and for the peace of their mind. It may mean selling the family home to finance the care needed. So what happens to the healthy partner, do they also have to seek alternative accommodation, **prematurely**, to enable them to seek the appropriate care for their ailing spouse?

Be careful – correct choice is imperative!

Some residential care facilities cater adequately for the needs of their residents. After all, it is the home in which the resident will spend the rest of their lives. But some don’t offer adequate care. Does the resident have a say in the decision making? If there are issues pertaining to their very existence in their environment, the resident may feel threatened to challenge, they may fear reprisals. Due to the nature of their illness

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they may be unable to speak or advocate for themselves. So where do they go from here? ***Be careful that the correct choice of care is made in the first instance.***

Some care units experience cuts in their funding to such an extent that the resident may experience sub-standard care. This can result in cuts to nursing staff. Less staff, less activities, or may be no activities. So what do the residents do from dawn to dusk? If there is no one to supervise activities there is nothing for the resident to do except sit around and watch television. The right to choose programs may not be offered with a communal television. The choice to go for a walk may be withdrawn if there is no staff available to supervise, then the resident will have to remain indoors. No stimulation leads to boredom, agitation and depression, (if already depressed, the resident's depressive state deteriorates). So what's the answer? Medication? The doctor is called in to write a script for an antipsychotic, antidepressant, Valium or a sleeping tablet. To ***manage*** the resident's agitated state. The ***quick fix*** to the problem. But is it a ***quick fix*** solution? Most cases it is not. Why not look for the cause of the agitation or depression. Look at the core, not at the skin. Treat the underlying problem, the reason for the behaviour. The side effects of some medications can feed depression, which in turn exasperates an existing condition. So where does quality of life stand?

Do the elderly have the same rights and access to services as the young when 'quality' of life is considered, or are they discriminated against to the extent that services are chosen on their behalf? Is the necessary information provided and explained clearly to the elderly and their spouse, or is it considered that because of their age or mental state there is no need to explain, they are too old to understand? Near enough is good enough! Where do justice, rights, advocacy and dignity lay? Why disempower the aged?

Challenge – carers have rights!

If you have an aged parent who is in this situation, advocate for their needs and rights. Think of their dignity. Play a mind game and step into their shoes – ask yourself 'if it were me what would I like for *my* existence, would I be prepared to accept a decision made on my behalf which is considered adequate for my state of health? Would I like to be placed under medicated control without my consent? (A form of abuse). No I would not?' The family should be consulted by the doctor or staff of the home whenever there is a change in a medication routine. Unfortunately, sometimes this does not happen; the family is not consulted. If this happens, challenge, carers do have rights!

Tragically my mother had a stroke just over twelve months ago, she was in her 79th year. Mum does not have a hemiplegia; her disabilities are hidden, profound and cruel.

My Dad desperately wanted my mother to return to her own home, but the professionals were adamant that it would not be possible. "In which nursing home are you placing your mother?" It was becoming like a broken record. It was at this stage that I offered my services to my family; I volunteered to become the family advocate.

This would be the second time around for me, just six years prior, Clive, my husband, suffered a massive stroke. I jumped off the deep end and became his advocate, with very satisfying results. He is living in his own home, and as far as quality of life goes, both Clive and I share what I consider a 'first class' life together, taking into consideration the legacies of his stroke.

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After a few conflicts with the professionals and my strong advocacy skills, my mother did return to her own home. Because Mum's drug situation was not stabilised, I visited my mother's doctor whereby a management plan was implemented. I arranged for services to help my parents manage. I pledged my services one day a week, I either take my mother over Friday night and return her on Saturday night, or I take her for the whole day on Saturday, and on some occasions both my parents come home to Clive and me for the weekend. A part of the plan for Dad's respite.

Actions are just as powerful and words!

At this stage I have to acknowledge Clive's unselfish understanding, he only too well knows how it feels to suffer a severe stroke. Although Clive has little speech and can only offer a few words of encouragement to Mum, he extends out his one arm, pulls her close and offers her a kiss of welcome. Sometimes actions are just as powerful as the spoken word. There are not many husbands who would be as tolerant towards their mother-in-law as the tolerance I see being endured by Clive.

Although my Dad may seem a little 'gruff' on the exterior, he speaks and treats my mother like a queen. He tells her how beautiful she is, her care is his utmost priority.

The wrong decisions can be a life sentence!

I am not saying that life has been easy for my parents. Mum has been placed in alternative care to give Dad respite. What I am saying is, that if one is given the chance to have a say in what one wants done with the only life one has, to prove that with appropriate services in

place, the professionals just may be wrong. A carer needs to have the opportunity to give it their very best, and if after a reasonable trial period, the carer is unable to manage, then the decision to seek alternative care may be a little easier, and the cloak of guilt may not hang so heavy on their weary shoulders.

This year my mother celebrated her 80th birthday, and my father celebrated his 84th birthday, **in their own home together!** If I had a gold medal, I would not hesitate to pin it on Dad's gallant chest. I am so proud of what my parents have achieved.

If the services offered to the aged are considered inadequate advocate strongly for change. To remain silent will result in no change to the present system. When one hears funding is cut or funding granted for services, think from what source it is taken and to what source it is granted. Is it just a mere shuffling of funds? If so, then the elderly, disabled and mentally ill become pawns in the political game of chess.

If you have concerns with advocacy and aged care, contact:

**Health Complaints, Office of the State
Ombudsman, South Australia (08) 8226 8699**
or
**Aged Rights Advocacy
(08) 8232 5377**

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