ARE WE SENSITIVE ENOUGH?

"My name is Mrs. Simon," I is a beautifully written article documenting a ten-day hospital ordeal of an 85-year-old woman that ended with her death. The article, written by her daughter who is a medical writer, relates a series of cruel and insensitive interactions and actions committed by physicians, nurses, and aides, and orders that in a ten-day period transformed Mrs. Simon from a woman who "had been managing her large home on her own" the day before admission, to a patient in a hospital bed who "cowered in her bed and started to cry whenever anyone in a white coat came into the room."

Every time I read the article (I use it often in my teaching) my emotions of anger, disgust, empathy, sympathy, etc. rise to the surface.

Many of us in our daily activities encounter older people. How sensitive are we? We often forget that perhaps they can't see as well, hear as well or walk as fast as in former years. Neither are their powers of mental acuity as sharp as they once were. Many older citizens wear glasses, wear hearing aids or use canes and thus are alerted to the possibility of the individual having special needs. But other deficits, including decreased mental acuity, are not as clearly noticed nor are the implications of these deficits considered.

When Mrs. Simon was admitted to the hospital her dentures, eye glasses, and personal grooming articles were taken away from her for "safe keeping." The safe keeping of these articles meant she could not read the menus so was brought food she didn't care for and couldn't chew without her dentures. She couldn't read the newspaper or get well cards she received from family and friends or see the numbers on the dial phone next to her bed. Just the loss of her glasses was enough to begin a cycle of isolation.

Neither was Mrs. Simon accorded the respect befitting her age. She was not addressed as Mrs. Simon but called "Doll," "Grannie," "Annie," "Dolly"—hardly the way an older woman should be addressed by strangers working in a hospital, some of whom were younger than her own grandson.

And why are we so quick to label older hospital patients as senile? A younger person may become confused while hospitalized and we are all caring; but any confusion in an older person and we are quick to label the person as senile.

We need to be aware that when we are conversing with older people, assessment of their hearing, vision, and comprehension is essential. Remember to speak slower, distinctly, and in a lower tone since, as we age, the higher level tones are more difficult to hear. A patient in a hospital was labeled confused when she began talking about her "cats" and the nurse thought she was talking about her "casts" (her leg was in a cast due to an automobile accident). With a younger person we might have further explored the meaning of the conversation; with an older person we shrugged it off as confusion or senility.

I was conversing with a woman in her late 70s who had been diagnosed as having macular degeneration more than a year before. Her comment to me was that she couldn't carry on an intelligent conversation any more for the only news she got was what she heard on the radio or TV. This from a retired teacher, who most of her adult life had read up to three and four books each week plus the newspaper, New Yorker, Saturday Review of Literature and other magazines. Her sources of information about world and national affairs had become very limited and she was very aware of how this limited input impacted on her conversational abilities with others. We need to be sensitive to the broader implications of decreased vision.

Older people can learn as well as younger people. Yes, perhaps it takes an older person longer to respond, but they can and do learn and healthcare providers need to know this. A registered nurse working as a float nurse was assigned a female patient who needed a sitz bath three times a day. When asked how much teaching had been done, she was told the woman was 65 years old and too old to learn. With that, the float nurse instructed the patient in the procedure, had her return the demonstration later that day and the patient was discharged that evening. Age is not a barrier to learning!

As we age we often move slower. This may be due to changes in our musculoskeletal system brought on by the wear and tear of age, or perhaps osteoarthritis. But whatever the reason, we need to be sensitive to these changes. When shaking hands perhaps we should not clasp as hard, for arthritic joints can be painful. Are we understanding when an older woman fumbles around in her purse and takes a few extra minutes to get her money out to pay for her groceries? Are we aware that older people need more time to cross the street? Or are we honking our horns because we are in a hurry?

As we interact with older people we must be sensitive to, and understanding of, the changes wrought on them by the aging process. They are the survivors and perhaps if we are lucky we will also be survivors. The phrase "Old Age Is Not For Sissies" will probably have meaning to us as we ourselves age. But until then, are we sensitive enough?

References
1. Elliot, Emma "My Name is Mrs. Simon." Ladies Home Journal, August 1984, pp. 18, 21, 150.

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