The Other Side of Growing Older

The 'New Approaches to Care' Series

Patients are people. They have feelings, families and fears. Whatever the cause for their seeking help, the caring professional will find that he or she will be concerned with these other issues. All illness carries with it anxiety and each person has very individual and important feelings about it; feelings which can easily be forgotten or neglected when nurses become preoccupied with the details of treatments, procedures and ward routines.

The *'New Approaches to Care' Series* aims to explore this 'other side' of care in a practical and realistic way, emphasising the importance of meeting all the patients' needs, whilst recognising the constraints and problems which so often make the 'other side' the forgotten side of patient care.

The books in this series examine the implications that treatments, procedures, investigations and routines can have for patients and their families. They also aim to help nurses gain some insight into the problems, feelings and anxieties which people can experience when they are being looked after in hospital or the community. The series will thus offer a tangible starting point for all nurses and other professionals, both in training and in practice, to give their patients the most complete and understanding care possible.

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THE OTHER SIDE OF GROWING OLDER

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Foreword

In dealing with people of any age — young, middle-aged or elderly — it is essential to remember that they are individuals and to resist any temptation to typecast them. Probably it is even more important to recognise and respect the individuality of the elderly person than of the teenager, because we who have reached or passed our ‘allotted span’ are less malleable.

Age is relative. We all know this. We all know, too, that ‘you’re only as old as you feel’. But sometimes it needs a jolt to make us realise that all such truisms are *true*. It was a shock when I first heard myself described by a younger colleague as ‘the doyenne of women’s page journalists’. It was a shock of a pleasanter kind when the 80-year-old mother of a friend hearing about my numerous activities said fondly ‘What it is to be young’, for I was then almost 60. And, when at the age of nearly 75 I was invited to give a talk on ‘The View of an Elderly Person’, I burst out laughing. What me? An elderly person? No, it’s the others who are old, and even elderly. I am *me*.

The elderly are not necessarily rigid in their thinking or impervious to new impressions and ideas, but their personalities have been formed by years of living and it is too much to expect them to fit easily or willingly into formal patterns of life devised by other, younger people for administrative convenience. We really should not expect the old lady who has run her own home for 50 to 60 years to accept without distress the idea of sharing a bedroom in an ‘old folks’ home’ with two or three total strangers. We cannot expect her to enjoy being called ‘Gran’ by all and sundry, even though she may smile at the good-natured ambulance man or hospital orderly who uses it almost as a term of endearment. We certainly cannot expect her to feel anything but outrage at being classified as a ‘geriatric’.

The rapid increase in the proportion of elderly and really old people in our population makes consideration of their needs and how to meet them imperative and urgent. But there is a danger in this concentration of attention on the older age groups — that they be lumped together in a ‘problem category’. Certainly people of retirement age have problems — so do people of any age — but Mr *A*’s problem may be arthritic joints, Mrs *B*’s of loneliness following widowhood, and Miss *C*’s and the Rev *D*’s where to live after retiring from ‘residential’ jobs. It is the problems that the carers need to think out and to deal with, rather than the age.

Pat Brown’s book is especially welcome because she deals with such a wide range of the problems of older people. It is still more valuable because of its straightforward jargon-free writing. Here is none of that sociological gobbledegook in which some writers on social problems wrap up their thoughts. She never uses phrases like ‘service input’ or ‘radical welfare pluralism’, but sticks to the simple straightforward language which is as meaningful to the ‘cared for’ as to the ‘carer’. Her language is an expression of her sympathetic approach. Sociological jargon tends to condition the thinking of the person who uses it, and to distance the trained person from the ‘customer’.

To me one of Pat Brown’s most important insights is into the difference between the ‘young old’ and the ‘old old’ — the two groups cannot, of course, be defined solely by age, but a rough and ready demarcation is between the 60 to 75-year-olds and the over 75s. Politicians, civil servants, trade unionists and, most of all, the elderly themselves, should devote more thought to what can be expected of, and what can be provided for, the ‘young old’ in comparison with the ‘old old’. Even as things are, the ‘young old’ should not be regarded as a burden on society, but rather as a resource, but if, as we must expect, the age of retirement is lowered, partly because of the economic recession and also because of changes in technology which means fewer people are needed to provide sufficient goods and services, a sizable proportion of our population may be pensioners for as much as 30 years, or one third of their life span. Only a teenager or a newly wed would think of a person of 55 as ‘old’. Yet

if people are retired on pension at that age they will inevitably be lumped in with the 'OAP's' and 'senior citizens' — unless society develops a new set of attitudes towards what we ought now to start calling the 'third age' — and indeed towards what retirement is and what it entails. The attitude of the trade unions still tends to be that forty or more years of hard work and of statutory contributions to the health service and pension funds have earned the worker honorable and well-supported retirement from daily, paid employment. Pat Brown is well aware of the many ways in which the brains, experience and energy of the newly retired can be harnessed and used for the common good, and the good of the pensioners themselves.

As Pat Brown and similarly concerned and caring nurses and social workers fully realise, activity is essential to health and well-being. There has been a lot of discussion in the last year or two of the need to take a new look at 'the work ethic'. Can men and women live happily without commitment to work — a job which, paid or unpaid, has to be done? I doubt it. One has known too many men who have lost heart and interest in life and died young when their paid employment ceased. (One of the reasons why women live longer than men is almost certainly that they continue to work by keeping the home going, etc. even if they are retired from business or the professions.)

So the job of all 'carers', it seems to me, whether they are social workers, nurses or trade union officials, is to encourage the ageing to think of themselves as useful citizens who can earn the respect and gratitude of their fellow men and women by engaging in some voluntary activity. The great enemy of the ageing, as of the bereaved, is self-pity. I know this from the traumatic experience of being suddenly widowed, when I had to keep reminding myself, day after day, that there was always someone worse off, someone more to be pitied. This is true of being old, ill and poor as well as of being bereaved, and it is not for the friendly, healthy, well-provided-for young social worker or nurse to say 'Snap out of it Mrs *A*' or Mr *B*'. But I think it would be possible sometimes to drop a hint that Mrs *A* and Mr *B* might lend a hand to a crippled or confused neighbour — because it makes *them*

feel good to be in a better command of their faculties than Mrs X and Mr Y.

I personally am grateful to Pat Brown for bravely tackling the question of dying and death itself. Naturally and properly most younger people revolt against any discussion of death. But we who are 70 and over, know that our time is running out. It is right that we should be helped to think about how the end may come and how our beloved sons and daughters will cope? One of the most memorable things in Pat Brown's book is her story of Mr Richards, terminally ill with cancer, who finally lashed out with 'Why didn't you tell me the truth? God knows I asked often enough'. 'Why is it', asks Pat Brown, 'that so few of us can talk of death to the dying?' Her answer is that it is due to 'embarrassment due to the failure to cure the patient'. I think it is also due to the fact that, unlike our Victorian ancestors, we have grown up regarding death as a taboo subject.

I can discuss death easily and even cheerfully with my 97-year-old friend Gertrude. If a younger person heard us, even the most caring and concerned nurse, she would say, 'Now really, you don't want to talk about morbid things like that'. But it is not morbid for old people to learn to face the inevitability of the future. If only we could be helped to think of death as a doorway, how much less fearful we all might be.

Mary Stott, OBE

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Most of all my grateful thanks to all the people who over the years have allowed me into their homes and into their confidence. To all the 'characters' and eccentrics who have delighted me and others — long may they all continue.

Introduction

This is not just another book about nursing geriatric patients. It is about what happens when people grow old — it is about old age and the process of ageing; about society's attitudes to ageing; and about the myths and realities of old age. Old age is simply an extension of middle age — it is to be hoped that growing old is one thing that will happen to us all, because if you don't get old you're going to die young, and most of us look forward to a bit of enjoyable retirement after our working life.

The aim of this book is to explore all aspects of old age in the hope that a better understanding of the complexities and problems will result in the provision of better care. This book is intended primarily for the caring professions, especially those people working in the community, because that is where the action is. It is also written for everyone who is caring for an elderly person, whether they are relatives, friends or patients in hospital. And finally, this book is for the elderly themselves, in the hope that it will provide them with information, advice and enthusiasm for this time of life.

In the first part of the book an attempt is made to put growing old into perspective. In chapters 1 - 3 some of the facts and figures related to the elderly are examined; how many there are in the population, where they live, and the physical and psychological effects of ageing. The topic of retirement is analysed in detail and some of the commonly held misconceptions about ageing are explored. The next four chapters of the book examine some of the problems encountered in old age — problems of dependency, incontinence, alcoholism, vulnerability and loneliness. The very common problems of confusion and eccentricity are also explored in detail, using many anecdotes from the author's own experience as a community nurse.

Chapter 8 tackles the subject of death and bereavement in the elderly, and in the final chapter many suggestions are made for important changes in our current health care provision — changes which would benefit both the elderly population and those who care for them.

The funny thing about age is that it is a thing that usually happens to ‘other people’. We notice how our friends, our relatives and our work colleagues are ageing and tend to make the following type of remark: ‘Poor old Tom looks a bit haggard. I wonder when he retires. Can’t be long now, he looks as if he ought to have gone years ago’ or ‘Have you noticed how grey Mary is getting? She’s looking her age.

Of course, she's getting on'.

Our mirrors are much kinder to ourselves; we see little change as the years go by. We feel very little different from how we felt last year, perhaps a bit stiffer than we were 20 years ago, but not really very much. So when do we grow old? To an 18 year old anyone over 40 has more or less had it. The 40 year old probably thinks that people over 70 are getting on a bit, but the 70 year old enjoying his pint, his bowls, his darts or his garden would laugh at the idea that he is elderly or old.

Then when do we cross the magic dateline? When are we old? Is it on the day we first draw our old age pension, now thankfully referred to as the retirement pension, or is it on the day we get to 70, or 80, or 90?

To the majority of retired people age is a matter of dependence. You are not old while you are independent. They talk of 'poor old people' meaning people who need outside help to maintain their way of life. How many times have we heard someone say of a club or a residential home, 'I won't go there any more, it's full of old people'?

If we age in proportion to the amount of support needed, then the vast majority of our retired population are not old. They might be getting on a bit, they might even be creaking in the odd joint, but they are enjoying their lives without needing or requesting help from the statutory or voluntary organisations.

Ageing then is a gradual process. We all get older every day — in fact you have aged a minute or so while you have been reading this far. If the prospect of getting old frightens us, and there is no reason in the world why it should, then we might look at the sort of provision that we have made for our aged population. Is what we do for them today good enough for us tomorrow? If the system worries us, then we had better get the system right before we become part of it.

Everyone involved in caring for the elderly *must* accept that age is not an affliction, that just because someone is over 80 years of age does not mean that they are mindless idiots. It is also important to remember that the dependent elderly comprise a very small proportion of the population.

We might then be able to get the needs of the dependent elderly more in perspective and be able to utilise the tremendous amount of willing voluntary help which is available from the retired independent population. And if all that happens we might be able to give better care.