



COMMENTS

Old patients: unethical thoughts

Claudio Crisci and Biagio Arnone

The population of Europe and all technically advanced countries is getting older and older, thanks to advanced medical care and welfare services. Medical research helps us to live longer, but not necessarily better. To reach our 90s is not always a worthwhile goal. This trend is even more evident in rehabilitation wards, where the mean age of patients is increasing every day. The 'oldest old' patients (over 85 years) with a broken femur are a daily issue: orthopedic surgeons now treat patients in their 90s with few technical difficulties and, when their general condition is good, these patients' rehabilitation is not a big problem, or even the main one, for doctors. However, nurses have to deal with continuous requests, some of which are just requests for attention or dialogue, even in the night, when darkness increases anxiety and depression. To comfort a drooling smelly old person is not as rewarding as comforting a child ...

More problems arise when rehabilitation staff try to send these patients back home, pressurized by tired nurses. Old people often live alone, having survived their relatives, or the relatives are old and in bad health themselves.

Most elderly people become selfish and difficult to treat, and are hard to please because they demand too much attention. Nowadays there is no space, no time, no money and no love for them any more, so the most frequent request is that they return home in good shape, only to be left alone in their houses or as a resident in a care home. Those who return home of their own accord will probably be readmitted in a year or two after a new fall or with a new disease, maybe caused by loneliness or lack of care, malnutrition, depression or other factors.

The ones left in a wheelchair will cause an argument between doctors, who are trying to send them back home to free a bed for another old patient, and the patients' sons, nephews or other relatives, who are begging for a longer stay. Their excuses for this request are always the same: 'We are preparing a room for him (or her) and it will be ready in month or two ... we are looking for a carer or a place in a home ... we have health problems too ...'

There is no more space for old people in our society. Their experience is not useful any more because of new technologies, and our way of living leaves no time or space for them.

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Then why are researchers and doctors striving to cure Alzheimer's and other typical diseases of old age? Let us return to the good old days and the picturesque habits we have heard about in distant populations: the Eskimo people who left their old people alone on the ice to die; or those tribes in some wild place in the Amazon or Africa who ate their elderly people to absorb their experience and to quench hunger for a day.

We are exaggerating, of course, but it is basically true, at least in our experience, that some nurses and doctors are less patient and merciful with old patients than with the young ones. Why?

Many of us have old parents at home, with the same problems, and sometimes going to work is a kind of escape from them, but to find there a 'clone' of our old ones does not leave us any hiding places. Besides, we will hopefully all become old, but we fear we will get helpless, ugly, dirty and alone like those in hospital beds, without loved ones around us or with them trying to avoid our presence.

Old patients are a 'memento', a mirror in which we foresee how we may become and fear to be treated.

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Innovation in behavior patterns that characterize nurses

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The overall goals of nurses are to expand their knowledge and intellectual skills, to strengthen their practical skills, and to improve their behavior patterns and communication skills. Nurse practitioners can be described as disruptive innovators: they provide care of high quality, devote more time to patients during consultations than physicians do, and emphasize disease prevention and health maintenance to a greater degree. Because of advances in diagnostic and therapeutic technologies, nurse practitioners can now competently and reliably diagnose and treat disorders that would have required physician training only a few years ago.

Purposeful action and statements require behavior patterns. Good nurses and good nursing are defined by these patterns. It is therefore important for nurses to understand the behavior patterns with which they practice, so that good nursing practice can be achieved. Nurses' professional responsibility is building the behavior patterns and actions that characterize nurses. These behaviors share the values of collective responsibility for all members of a nursing team, including students. A professional culture emerges from that which is shared between colleagues in a profession, based on attitudes and beliefs and influenced by nursing values, nursing education and regulation by means of social control.¹

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