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GPs can be key advocates for older patients

WHEN MY AUNT WAS IN HER 80s, SHE WENT WHITE WATER RAFTING IN

Canada. Marie had never married, having lost her sweetheart in the war, and had worked for most of her life as a hospital dispenser. When she retired she was determined to go on having fun. She travelled widely and lived life to the full.

Friends who told her that she was 'too old for that sort of thing' were laughed aside with: 'If it kills me - what a way to go!'

The one thing she dreaded was being admitted to a geriatric unit, full of 'old people'. They were another species as far as she was concerned. She believed that they would be sat around with nothing to do, patronised by young nurses, and treated as if their brains had softened. Not the way you want to be treated if you are still white water rafting at the age of 82.

In the end it was breast cancer not a canoeing accident that killed Aunt Marie.

One of my patients well into his 90s was playing golf three times a week. Jack had as bright and active a mind as many people a third his age. You've got patients like Marie and Jack too. And you know just how thrilled they are when they are seen at a hospital and treated differently because they are 'elderly'.

It is all very sad. The vast majority of care of the elderly specialists that I have met in my career are tremendously dedicated doctors, determined to offer the very best service to their patients. However,

there remains a tendency for many older people to believe that if they are being treated by someone who specialises in their age group, then somehow their care will be less good, rather than targeted, appropriate, relevant, and wise.

'It is all the more important that those of us in general practice really do act as the powerful advocates for our patients that we can be'

Why is this? After all, paediatrics is quite markedly different. No one likes to be in hospital, but many paediatric wards have become such pleasant welcoming places that children who need regular admissions are intensely disappointed if a place is not available on 'their' paediatric unit.

Why couldn't the same apply to care of the elderly units? They could show favourite films, have rooms for visiting grandchildren, and a special menu of favoured foods.

Maybe there is a GP somewhere whose older patients beg to be admitted to the local care of the elderly unit, rather than a general medical ward. I do hope so because therein lies the patient-centred answer to the problem.

However, many older patients

worry that they are receiving less care than their younger counterparts for the very good reason that the care they are receiving is less good.

Look at some of the terrible stories in Robert Francis' review of events in Mid Staffs. Heartbreaking stories of indifference and callousness. Look at the Care Quality Commission's DANI reviews on dignity and nutrition in care homes and hospitals. While much care is good, fewer hospitals than on previous inspections were shown to be respecting people's privacy and dignity, with nearly one in five failing to meet people's needs.

CQC inspectors saw call bells left unanswered, leaving people without help to get to the toilet and without support for other needs.

It is tragic. It is unnecessary. It is frightening for older people.

And it is all the more important that those of us in general practice really do act as the powerful advocates for our patients that we can be.

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