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In Support of the Natural Sociological Environment for the Elderly

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ABSTRACT: By emphasizing the natural aspects of the aging process and providing residence for the elderly in a homelike and cheerful environment consistent with their physical limitations, the need for early institutional confinement usually can be averted. The result is happier and more independent old people who retain dignity, self-respect and, as long as possible, self-sufficiency. Elderly persons need a sense of mature independence, self-earned security in congenial surroundings, personal use of treasured possessions, full release from family responsibilities, freedom to live without regimentation or classification as aged or senile, and the assurance that medical and other facilities are readily available in a friendly atmosphere for pleasantly prolonged living.

The most natural habitat possible for older people is the most conducive to their optimal individual stability for the maximal number of years. Maintained are self-esteem, independence, and the greatest degree of physical and mental health. Minimized are feelings of self-depreciation, dependency, and the compound-ing of physical frailties with pessimistic reactions.

APPROACH

A method is described for encouraging prolongation of the healthy and natural environment of the elderly in order to discourage the pathological process. Stressed is the preventive medicine approach, i.e., the prevention of illness by a program of health care emphasizing maintenance of the natural processes and minimizing the pathological disturbances. This prophylactic approach is more effective, in that health is maintained through the years with the aid of regular health examinations and treatment for acute episodes in time to prevent deterioration. This plan is especially effective if surgery is contemplated, since it is better to perform a needed operation at a time when the patient can best withstand it.

Early planning for retirement and the declining years is extremely important. Too much stress is placed upon the pathological aspect in the socio-economic and medical management of the problems of the elderly.

MODUS OPERANDII

As much as possible, the elderly are encouraged to live at home. When illness intervenes, medical visits and home-care programs (stressing nursing and restorative services) are available to them.

When excessive home size, physically and economically exacting circumstances, or a difficult family situation precludes this possibility, there is an alternative program.

It involves selection of a new home in a specialized community by the retired elderly married couple. The home is a small detached safe and comfortable house built on a single easy-grade level. It permits light housekeeping, gardening, and those activities which interest the couple, alone or together, on a "take it or leave it" basis.

Details of construction stress convenience, ease of housekeeping and maintenance but no

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obvious devices stressing the infirmities of the aged.

A feeling of permanency, pride of ownership, and the security of "belonging" to a settled community would be insured by the granting of "life's rights" to the occupants for a nominal amount. Consistent with the economic and physical limitations of the aged, the utilities, maintenance, garbage and snow removal, landscaping, policing of grounds, and local transportation would be provided with a monthly covering charge. Individual attention would be insured by limiting the number of units and providing adequate staffing by well-trained and compassionate personnel.

SUPPORTING SERVICES

The residents are not isolated but they become part of the greater stream of activity in the community. The living situation would be comprehensive by reason of the proximity of the living quarters to services such as shopping, hairdressing, the barber, theatres, restaurants, transportation, part-time employment, hobby and community social centers, churches, medical services (e.g., internal medicine, surgery, and eye, foot, and dental services), hospitals, extended care facilities, and nursing homes. However, it is important to return the patient to his home environment from extended care facilities as early as possible in order not to exaggerate illness or dependency and to pro-mote the restorative process and activities of daily living. Continuity of care would be insured through a home-care program.

The medical care of the elderly patient is largely in the field of practice for the internist or generalist. Nevertheless, the consulting services of physicians in the various specialties are invaluable in realizing the ideal of optimal preventive care of the patient for the maximal number of years. A patient benefiting from treatment of this high caliber is apt to be a happy one in the awareness that he, far from being neglected, is receiving sympathetic, sincere and sound attention.

Invaluable to the physician are such adjuncts as physiotherapy, hydrotherapy, recreational and occupational therapy, (possibly implemented by community volunteers), and laboratory and x-ray services. They are therapeutically productive, not only in the management of the specific disease entity, but also in promoting that sense of usefulness and active participation that us so vital to the older patient's wee-being ands sense of belonging and being cared for.

RATIONALE

The deleterious effects of the aging process on the total personality structure would be slowed or eliminated by approximating as closely as possible a natural environment, free of offending family or select one's own companion, to retain some of one's personal belongings, to have visitors as frequently as wished, to use the telephone, to manage one's own finances, to write letters, to receive mail without censorship, to observe any desired religious duties, to take vacations or weekend trips, to move from an unsatisfactory home, to engage in activities as one chooses, to feel mentally secure that one's health and general welfare are adequately considered, and to live out one's years free of family and financial worries, are essential in maintaining the integrity and self-esteem of one's personality structure.

The families would visit the old people and they would be free to return their visits. The small unit would be stressed in order to maintain a personal attitude toward the individuality and basic needs of the older person. General services and activities would be available on a community basis. Too often the institutionalized old person enters an impersonal environment where he must conform to the "built in" routine, suppressing his individuality and capacity for expression in-stead of making the environment more responsive to his needs and those of his age group.

The established system should bend to the requirements of the person, and not the person to the requirements of the system when it stifles individual expression and happiness. Promoted would be social, recreational and gainful pursuits and spiritual enlightenment directed toward consistent growth within the broader community. Avoided would be the early institutionalization of the elderly with the resultant burden on the taxpayers and the mental trauma to the old person and to the family of having the patient classified as "senile."

Although 38 per cent of all new patients admitted to mental institutions are past the age of 60, a closer scrutiny of the final diagnoses may show that this percentage is somewhat high with respect to the classification of mental disease, since lack of tolerance of the aged person in his home may lead to his admission. Twenty-seven per cent of all new patients admitted are found to have psychoses attributable to cerebral arteriosclerosis or other circulatory and senile changes; the former do not show the profound physical and mental deterioration that is characteristic of the latter, and they also have some insight into their loss of mental ability. The tendency toward suicide increases in late middle-age or old age, as depressive reactions become more common.

The elderly patient's reaction to old age may be one of resentment, resignation, or realism—realism being the most appropriate and desirable. There is less inclination to regress into illness (real or fancied) when the patient retains a sense of usefulness in work or activity and when he is strong in self-esteem and independence. Depression occurs less often when the socio-economic level, state of employment, and planned creative and recreational activities are enhanced.