"a critical analysis paper of life and death in assisted living facilities" criti...

Life, Home



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The population of the United States has reached the point where the Baby Boomers are becoming elderly. With advanced age comes the problem of maintenance. At the end of World War II in 1945 there was an explosion of births leading to the Baby Boomers. As the population of the United States ages the number of individuals who will be considered elderly will increase tremendously from this initial wave of the Baby Boomers. The documentary presented by Frontline titled "Life and Death in Assisted Living Facilities" addresses the problems faced by this expanding population group. In a series of interviews and specific examples the reality of assisted-living was addressed by this program.

An elderly population has specific problems related to healthcare unlike those in the younger population. There comes a point in time where an elderly individual may not be able to take care of themselves independently or where they reside may not have available the constant care that they need. When someone lives independently they must provide everything for themselves. Shopping, housekeeping, hygiene, and activities of daily living may become difficult to impossible without assistance. Families may not want to keep such an individual within their household for fear of harm to that individual or being unable to cope with the situation. Not everyone is able or willing to take care of an individual that needs special assistance. Caregiving distress results from the guilt and burden placed on the caregiver by themselves or from the person that needs care. Coping with this situation is a matter of deciding whether to keep the person needing care within the household or placing them in alternate housing where their needs can be

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met. A hospital, hospice, and nursing home can provide formal caregiving under guidelines directed by law. An assisted living facility may not have such restrictions.

An assisted living facility, as described in the documentary, was initially conceived as a place where elderly individuals would be able to live as if they were in a community of like individuals sharing apartment living. Unfortunately, those who are entering assisted-living are suffering from disabilities, both physical and mental. Cognitive impairment appears to be the most significant problem in the group that enters assisted-living. This means they are in need of more than simple daily help. An assisted living facility was described with ample parking and spiral staircases, neither of which were needed by the elderly residents, since they were hardly ambulatory and did not drive by themselves. The primary instrumental activities of daily living are simple: obtaining adequate attrition, maintaining proper hygiene, and remaining safe. These are activities which become increasingly difficult in the cognitive impaired. In the past the younger generation would take care of the older generation as long as necessary. A new norm has appeared in which there is no longer a caregiver remaining in the house the entire day. Husband and wife of necessity both have jobs. This leaves any elderly relative without assistance during work hours.

Consequently, when the working spouses return home, they may be too tired to cope with an individual that needs attention.

Assisted living provides an opportunity for an elderly person to continue independent apartment living in a community where there is, theoretically, full-time assistance whenever necessary. The assistance may be from

individuals who have little professional training and are not licensed by any governmental agency. These paraprofessional caregivers are responsible to no one except the corporations that hire them to do their job. In the documentary the corporation Emeritus was cited for hiring individuals to distribute medications and provide care without formal training. The possibility for errors and direct harm was noted as enormous. The documentary went to describe the situation where there were not enough caregivers to provide the attention advertised. Examples were given where there were periods of time when no individuals were available to the elderly residents. This resulted in one incident in which a toxic liquid was ingested and the patient died of the result of the poisoning.

There is an incentive to increase the profit margin in these facilities. The monthly charges of an assisted living facility may range from \$4000-\$10, 000. There is always a pressure to increase numbers of residents. In addition, a multiplicity of services are generated and sold to the residence. This leads to the concept of elder abuse. Abuse is not simply a physical assault. Abuse may take the form of omission of services, application of inappropriate services, and simple neglect. An example given in the documentary was a woman who was admitted to assisted-living and her skin condition kept hidden from her family so that additional services could be sold. A person with dementia may be difficult to handle. An improperly trained staff person may use inappropriate language and rough handling with such an individual. This is clearly abuse because the person cannot defend themselves. Abuse comes in the form of fraud where services may be advertised as given and not. A large corporation such as Emeritus hires

untrained individuals and keeps its facilities understaffed to control costs.

There is also the element of trying to cut labor to save money.

Suicide is a regretful outcome for anyone. Anyone living in assisted living may feel they are abandoned and unwanted. It is incumbent on the facility to provide services which will counsel the elderly and prevent them from self-destruction. Since many of the elderly are mentally incompetent, many will not even consider suicide. A successful suicide is only possible with a person in full control of their senses.

Gender is a problem when dealing with assisted-living. It has been the norm for women to take care of the hygiene of both men and women. When men act as caregivers there is always a potential problem when they have to deal with women. In most instances it is more appropriate to have a woman take care of a woman's personal needs.

We live in a society that does not accept death. Medical advances have significantly prolonged lifespans. This has created an increasingly elderly population which has remained healthy longer. Unfortunately, a person cannot live forever. There is a point in time in which death must be faced. Putting an elderly relative in assisted living is in essence a way of avoiding being a witness to a slow death of a loved one. Where it appears assisted-living will enhance the life of the elderly resident in fact the opposite may occur when there are feelings of abandonment and neglect from the family. Whenever there is a change in life status stages of grief may be seen. The first stage is denial that anything is wrong. This may go on for a long time before the next stage occurs. The second stage is anger that what is happening could happen to the individual. This is a very difficult stage for

anyone. The third stage is a recession into disbelief. The individual does not believe anything that is happening and appears totally unconcerned. The final stage is total acceptance of what is happening. The stages may be seen in families who put their families in any type of facility.

The difference in a nursing home versus hospice versus adult living facility is well defined. An adult living facility is a place where in theory a person can live as if they were at home in an apartment with total freedom and assistance when necessary. A nursing home is basically a hospital facility in which full-time medical staff is available to take care of the needs of the patient residents. All individuals in the facility must be fully trained and licensed. A hospice is a place which a terminal individual goes to receive palliative care while in the process of dying. Such a resident will die and not go home.

Every person has the right to die. Medical personnel are dictated by their training and by law to follow ethical guidelines. Families and individuals can decide in advance what they want to do when an actual emergency emerges where resuscitation is to be instituted. Advanced directives against resuscitation must be signed in advance by the individual who is in control of their faculties or in the event that is not possible the next of kin who is fully responsible. A living will provides instructions as to what is to be done with the patient once death has occurred. This can include such items as donation of body parts, autopsy, and manner of burial. In an assisted living facility resuscitation may not be available to the level necessary to save lives. The issue of assisted suicide is one that is relegated to few states in this country. While it is a controversial issue the fact is that few individuals

actually have undergone assisted suicide. It is an issue that must be decided in advance by the patient. Many individuals who decide may change their mind. The elderly with the hope may see this as a way out, however families may not want this to happen.

The documentary "Life and Death in Assisted Living" clearly showed the disadvantages of assisted living within a large for-profit corporation. The initial story of the football player who ended up in an assisted living facility was tragic. His decline from fame to obscurity in an assisted living facility was inevitable in terms of his ability to live with his family. The story went that he was cognitively impaired and wandered around his facility and found a bottle of toxic fluid which he consumed. Although he did not die instantly, he suffered. He died from complications from the poisoning. An investigation showed that there was no supervision for at least a half an hour at the facility. There was no excuse for this incident happening. Interviews with families of the elderly who had been improperly taken care of were eyeopening.

Another example was a woman who had been going to a distant facility but was enticed to move closer to her family for convenience. The care she had been receiving at the other facility was more than satisfactory. The woman was admitted to the assisted living facility and the family told not to return for several days in order that she become acclimated to the new surroundings. The family noted that their mother was heavily sedated, drooling, and still wearing the close with which she had been admitted. As time progressed skin wounds were kept hidden from the family. These wounds obviously necessitated additional care for which she was eventually

charged. The woman died in the family sued the facility. The facility was clearly in the wrong and offered to settle if all the records were expunged for \$3 million. The family refused and proceeded to court where a judgment of over \$20 million was assessed. The judge on appeal refused to set aside the judgment. The assisted facility companies are clearly hiding their liability. The need for governmental regulation is evident.

The instances where the elderly died from improper care showed more than the impersonal attitude of the assisted living facilities. The multimillion dollar judgments against the corporation in the deaths cited were turned down so that the story of abuse could be told. These families are courageous in turning down offers of monetary gain. The examples given here have not been enough to change the system. There has to be a change that will protect the elderly and their families. Either those who are in charge of assisted living are in denial there is a problem or there is a criminal element involved in garnering the most profit. Assisted living facilities are lucrative enterprises that need governmental oversight and supervision. Services are offered, but are not given. This is clearly fraud against the public good and abuse unsuspecting families and individuals of the highest magnitude. In conclusion, assisted living facilities appear to offer the best interim step from home living to a nursing home. All the comforts of home may be available in the assisted living facility which includes personal furniture, appliances, and wardrobe. Living in such a facility takes the elderly from a from familiar surroundings to a totally new environment. That environment should be as safe as the home if not more so. There should never be any excuse for accidents, missed medications, poor hygiene, or poor nutrition.

The documentary clearly showed there is a problem. With the elderly segment of the population growing, assisted-living will become more popular. This is a growth industry. When compared to the cost of hiring trained personnel to come into the home, the fees for assisted living are less expensive than hiring full-time help. This documentary should be viewed by everyone who has an elderly relative. This documentary is a total eye-opener. Every individual needs to realize that someday we may be in the same situation needing care outside of our home. Do we want to be abused and forgotten by an uncaring system just for the sake of someone else's profit? The system must be made to account for itself because in the end will not only be helping those who are in the system now but those of us who may be in it in the future. I recommend that this documentary be circulated in his wide a circle as possible to protect the public.

References

Frontline (July 30, 2013). Life and Death in Assisted Living. Retrieved from http://www.pbs.org/wgbh/pages/frontline/life-and-death-in-assisted-living/