

Elderly-main essay

[Business](#), [Management](#)



The elderly is one of the subgroups of the population which require special care and specific needs. So much in fact, that there is a specialty field in medicine dedicated to the medical care of this group: geriatrics. The demand for healthcare by this group is steadily climbing, fueled by an increasing number of aging baby boomers.

The American Association of Colleges of Nursing (2007) reports: a serious shortage of nurses is expected in the future as demographic pressures influence both supply and demand. The future demand for nurses is expected to increase dramatically as the baby boomers reach their 60s and beyond. This rise may give rise to a health crisis indeed. And the healthcare shortage, which is being fueled by the demands of the aging populace, may prove to be a catastrophic one if dire measures are not instituted. With this in mind, there is a need to be aware of the medical and psychosocial problems of aging, be it by medical personnel or laypersons and relatives of the elderly. Aging and the elderly is still much considered a taboo in society. Day et al states: American society in general glorifies youth and fears or even despises old age. This is not the case in many other societies where age is associated with wisdom, knowledge and special status.

.. We laugh at their misdeeds and forgive their mistakes knowing in the back of our minds that they are old and can't help themselves. We view them not as capable as younger people. It is rarely that we see older people depicted as decisive, strong or as leaders. We see this same attitude with large corporations and government employers...As Americans age we fear the deterioration of our bodies and the possible lack of security due to low income — a byproduct of old-age. Why make it a taboo? More often than not,

it is a fear of the inevitable, that they themselves may be in the elderly's position that makes them avoid the topic, even when it comes to loved ones. This may prove dangerous.

The elderly are prone to many diseases and risks of day to day living. The reason is mainly biological. The elderly are more prone than their younger counterparts in society to have medical problems (Dalus, 2004). This contributes to a senior citizen's self-perception that he or she is a weight on her caregivers and relatives, useless, and a drain on resources.

This then feeds complacency, a lack of self help described by Day et al:

Many elderly buy into the notion that they themselves are no longer useful and as a result make little attempt to keep themselves healthy and active. After all, they are getting closer to the end of their lives and have no desire to try new things or to challenge themselves or to eat or exercise properly. For the purpose of illustrating the changes in the elderly, two common diseases in this population segment have been chosen: stroke and cancer.

Cancer. Cancer puts a special strain on both the caregiver and the patient because of its chronic and often terminal nature. The patient's self-perception is distorted, with the feeling that something is "eating them alive". The cachexia (wasting) associated with malignancies contribute to the negative self and body image of the patient, and the side effects of chemotherapy (alopecia, vomiting, local pain) worsen it. In cancer victims operated on, the loss of a body part (breast and underlying muscle in mastectomy patients) may cause a feeling of self loss and incompleteness.

Paralysis induced by compression of nerves by cancerous growths brings about a sense of helplessness, and the added strain to caregivers and relatives in adjusting to the patient's disability adds to tension in the household. Cancer often brings about changes in sensorium due to electrolyte and hormonal imbalance (Carcinoid Syndrome and SIADH), and may affect the patient's interaction with the environment (Bhushan et al, 2006). In cancer patients, pain is a common complaint, and the proper and ethical management is essential. Medications should be tapered from ones requiring less and dosages and less toxic ones upward. The use of medications weighed against the risk of addiction is also important (Kang et al, 2004). This is an often encountered medical dilemma in geriatric care: choosing between palliation of pain over the side effects of analgesic. Many elderly cancer patients however, have a different outlook on their mortality as compared to younger patients. Stroke Stroke remains a disease of debilitation, with the degree of impairment related to the part of the brain deprived of oxygen.

From simple difficulty of swallowing and facial expression asymmetry to full-blown paralysis to coma, the manifestations of stroke have a wide variability. The effects to a patient therefore, vary. Stroke patients with debilitation feel a sense of uselessness and helplessness not unlike those of cancer patients. Therapy for stroke patients is a long process, and frustration may occur, which oftentimes is transferred to household members. As a result, the relatives of these patients take long to adjust to the permanence and chronicity of the disease. What are the roles of a community health nurse in caring for this population? First should be that of an emphatic health care

provider. The problem with health workers when dealing with the elderly is that they attribute every complaint to old age, neglecting to address them as they would to a younger patient. Day et al illustrates the problem: Many in the health-care profession consider old age to be a disease itself.

Any medical problems are inappropriately attributed to old age as if it were a medical condition. And since there is no cure for old age, appropriate tests and treatment are never performed. Thus, medical problems that may not be related to age and may just as frequently occur in younger people are often not treated. A second role would be that of a teacher. Patients should be educated on what they can and should not do, with emphasis on what they can. This espouses self help in the elderly, improving their self-image and correspondingly their holistic well-being. The family members should receive the same education, especially to help them break free of any prejudices they have regarding their elderly.

A third role would entail advocacy. Healthcare centers should be made aware of the growing need for geriatric care. More training programs for geriatrics should be initiated. This would ensure a larger pool of experts to refer patients to whenever the need would arise. Fourth in the possible roles would be that of a bridge for elderly people to reach out to others in their age group and to their relatives. The isolation of traditional nursing homes should be shattered if the elderly's well being is to be improved. Avenues should be provided for experience-sharing, such as support and activity groups, preferably involving family members. The last and most important role a community health nurse should assume is that of a friend.

Approachability is a must, in order to instill to them a familiarity with health care providers, encouraging them to seek help whenever necessary. In keeping with social justice, it should be remembered that the elderly have the same rights as any other segment of the populace, and that right extends to access to healthcare. Fortunately, many state and federal agencies have been created for this purpose. Agencies involved in the welfare of the elderly include the Department of Human Services, Division of Intergenerational Services , Community Care Program for the Elderly and Disabled (CCPED), The Pharmaceutical Assistance to the Aged and Disabled (PAAD) program, the Lifeline Program, and the Hearing Aid Assistance to the Aged and Disabled (HAAAD), National resources U. S. Administration on Aging (AoA) and the Elderly Federal Housing Programs and Supportive Services. The elderly play an important role in society, as they provide a link to our past and are a gold mine for time-tested wisdom.

Neglecting their care would be a big mistake and prove to be a healthcare catastrophe. As in medicine, prevention still is the best cure. The changes we institute at present may affect the care of us all in the future. WORKS CITED American Association of Colleges of Nursing.

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