

The Aging Population

Practice Matters

Dr. Amy D'Aprix:

So when you think about how older adults get treated in the healthcare system, one of the things that happens is it's often very paternalistic. And so we - we talk to older adults as if they are all cognitively impaired, and I'll give you a great example of this. My own dad, who in his mid-80s - he was in the hospital, and my father was cognitively perfectly fine but he had just had surgery, and so he was having some reaction to the anesthesia. And I watched how the medical staff treated him. And they would not talk to my dad; they would talk around my dad. They would talk to each other, and to other family members while ignoring my father. So on every shift I would pull the medical staff out of his room, and just very gently say to them, "My father lives independently. He is cognitively fine. He's simply having a reaction to the anesthesia." And they'd say, "Oh - we thought he lived in the nursing home." And I would smile to myself, and it was my dad, so I wasn't worried at that point about educating every healthcare professional, but I'd think to myself, "It doesn't matter if he's the man with dementia from the nursing home. The way you talk to him is no different. You treat him with respect." I would watch where they would pull back the bed sheet and not provide privacy for my dad, because they saw him as just an old man in the bed.

And that often happens in our healthcare system. Older people don't get talked to directly; their children get talked to instead of them. They're not treated with the dignity and respect that we would give someone who is middle-aged. And so losing the paternalistic language; calling people by their last name until being given permission to use their first name; not calling them 'dear' and 'honey'. My father used to say to me, "When did I become cute?" He really disliked the fact that all these people would call him cute when he was in his 80s. He said, "Cute!" There's no virile man who wants to be talked like they're a cute little child. So I think if we can shift our healthcare system to start treating older adults with dignity and respect, and checking the assumptions that everybody who's older has cognitive issues - and even people with cognitive issues, again, should be afforded that dignity, and spoken to like a grown adult. And then their family members will be able to come in and help support that. But everyone should be afforded that respect.

Dr. Don Melady:

Another message I guess that I always have for people providing care or people just talking to old people is remember that that's the person you're talking to; you're not talking to somebody else. One of the things that I see constantly of people when they're talking to an older person is they will address somebody else: "What does he want for his supper?" "What room does he stay in?" "What's his address?" And my reaction to that is, "Well, I don't know; ask him. He's sitting right here. He's completely capable of answering that question." So - and I know that it's a terribly invalidating experience for anybody; none of us likes to be ignored; and I think that is - that's one of the other pains that go along with being older is that you find yourself being ignored more and more. And so I find even in clinical situations, in the emergency department, addressing the person straight on, and involving the individual is essential. Even if the person has advanced dementia and it's clear they're not going to be able to tell you the reason - their past medical history, making an effort to engage the person is certainly - often provides you with information, it provides me with information about their ability to speak and focus and concentrate on the question. It's also, I think, very reassuring to their loved ones and family members that the doctor or the nurse is actually making an effort to treat this person as a person.