

Psychological Transformation of Family Doctor's Visions in the Process of Caring for Elderly Patient

Abstract: In this article Dr. Olga Polezhaeva is sharing her experience to work like geriatric doctor, lessons which she gets from elderly people concerning ageism and frailty and some statistical information from the famous closed psychiatric institute in Moscow.

My Heavenly Father.

I pray for my mom Helen. She didn't feel good in these 2 weeks.

We had to call ambulance for 3 times. We are going to expedition in the beginning of September, but I didn't know how to be with her... Sometimes I sent her to her sister in Tula. I've seek the will of God and I very hope He will organize everything better, than I do. I also pray that someday our country would have such a system like Western countries do, where would care about such people like my mom with a compassion and love of Agape. My mom had a stroke 2 years ago and she is near 90 years old now. Prayer request.

Part I – The Plight of the Elderly

This prayer request letter was written 6 years ago when my mother was still alive.

At that time, I served on 1- to 2-week medical expeditions to the rural areas of Russia with an organization called Agape.

Now I would like to share some interesting moments... How we care for our elderly people in Russia.

The elderly often live with us in our flats. It's good if they have their own independent rooms. All members of family help and the babushkas help, too. They help with the cooking and they help with caring for the grandchildren.

But if they are really sick, they are sent to the hospital. Sometimes they are sent to the elderly home or a special home for people with dementia. The conditions in these institutions are not good. The food is not healthy and many of them have malnutrition. Because of these conditions people do not live long and they die there. It is very sad.

Some elderly people do not want to live in these enclosed institutions and their adult children buy the smallest, cheapest houses in the villages. These houses have primitive heating systems with old style ovens and outdoor toilets. Often the houses don't have electricity. It is difficult for the elderly to live by themselves, chopping wood for the fire and taking care of the chickens. In the winter, sometimes the animals must get out of the cold and stay in the same room with them.

The elderly don't have proper medical care. Aging is associated with rising levels of dependence and comorbidity. And the older population accounts for the majority of costs in health services, but in the rural areas, there are NO medical services and often no food at all because it is impossible to go out in the harsh winter weather. Nobody cleans the roads that are full of snow.

These elderly can survive when a social worker comes to help, but the social worker cannot do everything. Sometimes they have no money for transportation or no money to buy food for the elderly. The government bureaucratic machine is slow to respond and to give funds. These elderly people need more help; they are isolated from support systems and live like they are on a confined Indian reservation, away from activities that can give them hope and give them a better quality of life.

We work as family physicians for Agape, a medical center in Moscow, Russia. We travel to rural areas in Russia to provide holistic aids to people with lack or no access to medical facilities. Sometimes we return to the same regions several times to follow up with patients that we had seen before.

In every expedition, we also observe the conditions where these patients live in to know how to help them holistically. For example, if they have insufficient amount of woods that are to be used to heat their homes, we will provide the necessities for that purpose. Other than that, we do provide imperishable food supplies to families that are poverty-stricken, and renovation and repairing of houses can also be done if required.

As part of an effort to ensure continual support, we cooperate with various NGOs and social workers in these areas to form a conjoint effort in order to provide for these patients optimally and necessarily.

Part II – Care Facilities and Lessons Learned

Another charitable medical program which we do through Agape is in private homes set aside to care for the elderly. The conditions in these places are good. There are nurses and cooks and nurse helpers who help patients shower and give patients their medicines on time. These helpers also clean, take the elderly outside the building, and do exercises with them. These situations are absolutely different from what you find in the rural areas. You can send a relative for a short period of time if you can't take care of the elderly person yourself.

Sometimes it is better than a hospital because hospital staff doctors tend to prescribe many medicines and not all of them may be needed. In these private homes, the nurses give out the most important medicines in consultation with the doctors.

Here people can walk around, do exercises, build relationships, enjoy, and encourage each other. They can play games and go outside in the fresh air and they are served better food.

Lessons

Ageing population (a global issue - United Nation)

- From the year 2007 - 2050, the proportion of people older than 60 years increases from 10 - 33%, equivalent to 2 billion people.
- From 2050, the number of elderly people in some countries is twice the number of children.
- In Russia, the proportion of older people will increase to 29% by year 2031 (22.9% in 2013).
- The expected life expectancy for male has increased from 69,7y.o to 73.3yo, as for female, from 75.5yo to 82yo.

A lesson about ageism

Negative stereotypes in relation to elderly people

- Social-economic stratification
- Professional discrimination of age

- Discrimination in the access to health care and quality medical services
- Insufficient distribution and prestige around the world and in Russia's geriatric medicine, there is a lack of appropriate expertise
- Unavailability of geriatric psychiatry (unavailable statistical reference, classification of ICD 10, 11)
- Neglect of the elderly, inadequate provision of services, wrong diagnosis and treatment being administered.
- Insufficiency of protection and support provided by social and legal rights
- Perceptions of old age as a synonym for state of dementia
- Cruel and dismissive attitude towards elderly people

Maltreatment

- Physical
- Sexual
- Psychological
- Emotional
- Financial (exploitation and abuse, deprivation of rights of inheritance and properties, limitation of free will and manipulation in the preparation of wills)
- Abandonment
- Disparagement (improper attitude and treatment in social and medical institutions: physical confinement; provision of excessive or insufficient amount of medication; deprivation of the opportunity to choose casual employment; lack of care - bed sores)
- Violence against people suffering from senile dementia and depriving them of dignity!

Data from the European Region – WHO

- 29 million people (19.4%) experienced psychological violence
- 6 million people (3.8%) were victims of financial abuse
- 4 million people (2.7%) were victims of physical violence
- 8500 deaths as a result of murder
- 2500 (30%) of these were done by members of their families
- 1 million people (0.7%) undergone sexual violence

Risks of maltreatment

- Disability
- Psychiatric disorders and dementia
- Physical, financial, emotional dependency
- Social isolation
- Cohabitation with the perpetrator and financially dependent on them
- Abuse of the elderly is most often done at home and in nursing homes
- An elderly person is likely to refuse to take legal action against the perpetrator and usually, the family will help the perpetrator from being punished

Situation in Russia

- The growth of violent aggression against the elderly
- The growth of fraudulent activities aimed at taking possession of their properties, including the commission of various acts of civil law and drafting of contracts of sale, gifts, wills

- There is an increase in the number of elderly people, most of which are deprived of legal capacity, directed to live in psychoneurological boarding houses (Increase number of examinations to determine disability in Russia from 18.4 to 38.4 thousands between year 1996 - 2010)
- Faulty institutions for people with incapacity and inadequacy of guardianship as a source of abuse and human rights violations
- There is an increase in the number of forensic psychiatric examinations for elderly people (23.5%)

Elderly people who are deprived of legal capacity – it is original research from the Serbskiy State Scientific Center for Social and Forensic Psychiatry

- Interdict: 96.4%, reduced - 3.7% of the elderly
- With children - 78.4%
- Alone - 77.5%
- Disabled - 66.7%, Diseases - up to 20 diagnoses, up to 10 diagnoses - 63.1%
- Living in psychoneurological boarding houses - from 1 to 5 years - 44.1%
- Dementia - 81.7%
- Emotional, psychological neglect, social isolation, unsatisfactory somato-neurological condition, ineffective provision of medical aid

According to the opinions of the some psychiatrists from Serbskiy State scientific center for social and forensic psychiatry in Russia...

- Favorable aging, in which continues a normal evolutionary development of elderly people is normal
- Age particularities of intellectual sphere is normal

Presumption

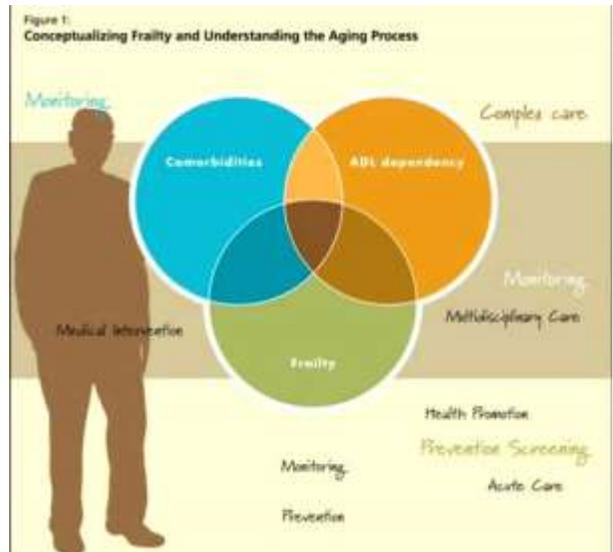
- Psychiatric health of elderly people
- Sanity
- Ability to execute civil transaction
- Capacity

Measures to reduce the vulnerability of the elderly

- Pastoral care for the elderly people, including those who are mentally ill, their socialization, and spiritual nourishment
- “In the psycho-neurological boarding house... such individuals die from the lack of love” - Father Vladimir Klimzo (round table of social commission of inter-cathedral, 22.06.2015; Agreement between Russian Orthodox Churches and Russian Federation Ministry of Health, 18.06.2015)
- Raising the level of spiritual culture of people. The world's major religions do not accept deceit, violence and disrespect against elderly people
- The Fifth Commandment
- "Honor your father and your mother, that your days may be long upon the land which the Lord your God is giving you"

A lesson about frailty

- It is a relatively new concept for describing the multitude of problems older people frequently experience with aging. It provides a conceptual basis for moving away from organ- and diseased-based approaches towards a health-based integral approach.
- Frailty indicators are efficient in preventing further functional decline and to determine its definition, diagnosis and status of syndromes, independent from disability.
- Research has shown that the degree of frailty is a better predictor or selection criterion for treatment and intervention, than morbidity. Chronological age is a poorer indicator for biological age because the aging process is different among people. For genetic and environmental reasons, frailty is therefore more directly related than chronological age to adverse outcomes, integrating health and social care



There must be a balance...



The goal is to encourage people to live. Stimulation often is more important than medicines. Conversations about spiritual issues, prayer, and the care of the priest and church members are sometimes more important than medical care.

It is not only elderly people who have frailty. The elderly help us learn. Frailty can be in family relationships, among teenagers, and touches the whole world. So together we should care for each other, the world, and our earth.



Literature References

UN “Development in the condition of aging population”, 2007
 UN “Aging in the 21st century: triumph and challenge“, 2012
 WHO “Dementia - a public health priority”, 2013; Rosstat, 2015
 WHO “European Report on preventing elder maltreatment”, 2011; Russian data is unavailable

- Medical research practical journal “Russian family doctor” volume 14, 3 – 2010. Abstracts of all-Russian Conference Human Aging and Quality of Life, the Role of the Family Doctor:
- E.V.Frolova: Lessons learned from “Chrystal” project 6-7. St-Petersburg Medical Academy of Postgraduate Studies, Russia
- E.M.Korystina: Nutritional Status in Complex Geriatric Assessment 8-9. St-Petersburg Medical Academy of Postgraduate Studies, Russia
- J.Degrise: Frailty, an Emerging Concept on Family Medicine 10. Catholic University of Leuven, Belgium
- N.A.Gurina: Substance of Studying Frailty as an Option of Aging 11. St-Petersburg Medical Academy of Postgraduate Studies, Russia
- G.C.Spatharakis: Physical Activity for the Elderly – Interventions in General Practice 15. Public Primary Health Care Center of Itea, Phokida, Greece
- B.L.Movshovich: Medical Component of the Health Definition Given by World Health Organization: Time to Change Paradigm 18. Samara State Medical University, Russia
- N.K.Gorshunova, M.N.Kindras, A.E.Ermakova: Psychological Problems in Management of Elderly Patients by General Practitioner 29-30. Kursk State Medical University, Russia
- L.E.Pischikova, I.P.Mamonova: The Vulnerability of Older People in the Context of Contemporary Challenges. Federal Medical Research from the Serbskiy State Scientific Center for Social and Forensic Psychiatry, Ministry of Health of Russia. III National Conference 2015, A Society for All Ages
- Moira Allan: A Global Exchange for Positive Aging. Co-founder and International Coordinator. www.passitonnetwork.org, moira@passitonnetwork.org III National Conference 2015, A Society for All Ages