

Editorial

The elderly: A personal perspective

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Caring for our elderly parents, and our elderly patients, is both a privilege and a test of patience and tolerance. I say this with the assurance of a long and personal involvement in both. My practice population has aged with me and much of my day is spent in longer consultations. This means sorting multiple complaints into manageable problems and mixing and matching different medications – all the time being aware of the potential for iatrogenic disease.

Frustration is real at times as many elderly patients dress and undress slowly and “tell you all” in case they miss a symptom or sign of importance. It is rewarding and fun on the other hand as older people often use humour to illustrate symptoms, and small health improvements can mean continuing independence and improved quality of life.

Nothing can really match the instant patient gratitude from a draining catheter for acute urinary retention or the magic of frusemide in acute heart failure. Both these problems cause distress calls in the early hours, as an inventory of my night calls will testify.

Early in my experience in general practice I learned a lot about the elderly from wise rest-home nurse managers. Simple advice such as signing the death certificate is the last important act in a continuing relationship with an elderly patient. And I often reflect on the experiences of the deaths of my elderly patients for they have taught me important lessons in life and practice.

My father-in-law died at home with his family present. It was our home, too, at that time and the experience was personal for our two young sons. Their grandfather’s death finally seemed to make sense to them some years later when we talked together about his debilitating, chronic illness but will to live. His spirit seemed to be present as the smoke of a holiday bonfire went heavenward.

It seems to me this is not an uncommon experience. GPs often talk about the importance of quality of life but some of our patients value quantity foremost.

My parents’ final illnesses were personal, too. Both were cared for at home by my youngest sister. They died two years apart and both spent their final months in Katikati.

Their illnesses were in stark contrast. One developed dementia and we mourned the loss of a fine mind long before the body became a victim to decay. Longstanding rheumatoid arthritis created havoc in the body of the second but left a lively brain intact. My mother remained vitally concerned about the welfare of her friends and family to the end. We often joked about what one good body and brain together might have achieved.

My mother-in-law continues to live with us and we struggle at times to adapt to her dementia. Repetitious questions and comments, constant stories of the past and the daily effort to energise her takes its toll. She recognises at times how restrictive her life has become but small triumphs and joys are quickly forgotten. Caring for the carers is personal for us and the emotional and physical support of friends and family is very important.

The focus on the elderly in this issue will strike a special chord for GPs. It is bursting with practical advice and support from a variety of excellent

authors, all with experience of managing and supporting the elderly.