Our Elderly Don’t Care Wards

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Seeing what happened at Mid Staffs and understanding how very widespread what is nothing short of elder abuse in some hospital wards, I feel it is time to unburden myself of what I have witnessed in the hope that in some small way it might help to change things for the better.

I have been working as an occupational therapist (OT) in the NHS, mostly with elderly people, for 9 years. As a junior and recently qualified OT I rotated onto a 28 bed elderly people’s rehabilitation ward. There was one OT (me) and one junior physiotherapist to cover the entire ward. Most of the patients had complex medical conditions and often social issues which meant they could not be discharged home safely. It was regularly described by staff as the hospital’s “dumping ground”. I have intended to write this piece for many years, but have not done so until now. I have whistle blown 3 times during my career and it has had absolutely no effect on the quality of services. The first time I was moved to another ward and no further action was taken. The second time I was left on the same ward and no further action was taken. The third time I lost my job as I was a locum and as such had hardly any employment rights.

Here is what happened.

There was an man in his 80s who had been on the ward for some weeks, slowly deteriorating due to a number of medical problems. He then contracted a hospital acquired chest infection. He had reached the point where he could no longer get out of bed and found speech difficult; he was by then essentially “palliative”. It had been decided in the weekly multi disciplinary meeting to withdraw treatment. The ward staff interpreted this as “we no longer have to bother with this patient”. He needed assistance to eat and drink; he hadn’t eaten anything in days. I was on my morning round checking my patients (he was not on my caseload, a patient who was in the next bed was). I noticed that he had no water by his bed and that there was a tablet stuck to his lip that he had evidently been unable to swallow. It had just been left there, a little orange pill on his lower lip. I alerted one of the nurses and continued on my rounds. At the end of a very busy day, I went to check on him again. The tablet was still there and he still had no water by his bed. Again I alerted the nursing staff. I have always regretted that I didn’t act...
myself to remove the tablet and get him some water and assist him to drink it. But because I was so tired and I had so many other things to do, I left it up to the nursing team. This was on a Friday. By Monday morning he had died, possibly of dehydration. He had just been left to die. There had been no input by the palliative care team. No one to even hold his hand. He had no relatives.

A few weeks later, a woman in her 70s was admitted to the ward. She had severe arthritis in both knees and had been unable to get out of her chair at home for two days. Her concerned neighbour had found her like that. She also had no relatives. She had no other significant medical problems, but she found it incredibly painful to get from her bed to her chair and needed a lot of assistance, ideally two people and a bit of time. As she was a slight and small woman, she got neither ‘2 to assist’ nor the luxury of some time. I saw her one morning and noticed that she had two large bruises on both arms, just above the elbow. I asked how this happened. She told me that one of the nurses had grabbed her and yanked her up from the side of the bed, all the time telling her that she wasn’t trying and that this nurse was not going to get a bad back because a patient couldn’t be bothered to get out of bed. I told her she had to complain. She said she dared not because the nurse would then bully her even more. This was the point at which I went to the Head of Therapies to report what I was witnessing. I also spoke to the ward manager. No observable action followed; the nurse was still on the ward. Two days later the patient contracted *C Difficile* and died alone in a side room. She had come into hospital because of arthritis and gone out in a box. Her concerned neighbour was furious, he complained to anyone who would listen to him about what had happened. Nothing changed.

My last example was another elderly man. He had been on the ward for a long time. He could not manage at home anymore because of various medical problems and the ward had not been able to place him in a care home. He was Polish and had suffered greatly during the Second World War. He came to England as a refugee, and had made it his home. He had a cat. He repeatedly asked me if his cat was alright, and I assured him his cat was fine and being looked after by his neighbour. When he realised that he was dying and had given up all hope of ever recovering and getting home to see his cat, he asked me if I would help him to see his cat before he died. I tried everything. The neighbour was more than willing to bring the cat in. He could be moved to side room, I argued in the multi-disciplinary meeting, so that the cat wouldn’t infect anyone with some previously unknown to science fatal to humans cat disease from the confines of its cat box. It was not permitted. He was deeply depressed for
the last few weeks of his life and he died on the ward without getting to say goodbye to his beloved cat. I read recently that an old lady in hospital was brought her cat when she was terminally ill and she died cradling her pet and with a smile on her face.

When I reflect on these cases, I’m very aware of the fact that I myself could have done more. But when you have too many patients, not enough experience for the role you have been given, and a management system that is more concerned with targets and cost cutting than with patient care, this is the kind of thing that happens. Staff become burnt out. They get what I call compassion bypass syndrome, and patients needlessly suffer, especially those most vulnerable, those who are unable to speak up for themselves and who have no relatives to do so, and those who trust the system to care for them at the end of their lives and who would never dream of complaining because it is not in their nature or culture to complain. Some of those patients have survived two World Wars, but they have not survived the NHS.