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Editorial

Abstract

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And more than a little absent-minded,
Astonished all St. James's Square one day
By giving long and unexceptionally exact
directions
To a little coolie girl, who'd lost her way".
— Robert Graves.

But what became of him later? If he had lived in Edinburgh his future would have been disturbingly bleak. At present the South-East Region has the least number of long-stay beds in Scotland. Care for the elderly has become one of the darkest betes-noires of the N .H.S., and, as far as expenditure goes, one with potentially the most voracious appetite.

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It is customary that certain platitudes about lack of finance be now meted out. This is readily understood, and yet, is the present situation economically logical? Owing to lack of more suitable facilities, many old people are now quietly slipped into acute wards in general hospitals although their diseases are more social than medical. At a rough estimation it costs £3,500 to maintain an old lady for one year in a teaching hospital — the house officers' despairing comparison with a year at the North British Hotel is perhaps unfair but nonetheless revealing.

In the wards the presence of long-stay patients in relatively large numbers poses certain very tangible problems. It is, apparently, a policy of the Royal Infirmary of Edinburgh that 20% of beds in every medical ward should be occupied by geriatrics, but in some wards this figure is greatly exceeded. At the time of writing, one female — officially on acute medical — ward in the R.I.E. contains 15 long-stay beds. It is obvious that with such a complement the space for truly medical cases is greatly reduced — thus the weary assembly of beds down the centre of the ward is started. These long peninsulas of beds make the patients feel insecure, make nursing extremely difficult and make the teaching of students well-nigh impossible.

Solutions to the problem have been assiduously discussed and sighed over. It seems that merely to build carefully-designed hospitals for long-stay geriatric patients would do little to alleviate the situation: the staffing problem would still remain.

Certain incentives for geriatric nursing do already exist. For instance, there is a special allowance of about £200 per year to State Registered Nurses who look after geriatric patients (for some incomprehensible reason not payable to nurses in the R.I.E.), but other inducements are obviously required. At present the only way of overcoming the chronic shortage of nurses is to indulge more freely in the use of the married (part-time) nurses who wish to return to work after starting their families. Obviously if they are to be enabled to do this crèches must be made available for their children. Financial gains must be increased — the problem cannot be resolved under the present tax scheme; an income tax incentive scheme is desperately required to tempt these nurses back to work; at present it is just not financially worth-while.

People generally look for romance before they leap on to a band-wagon. Care of the elderly offers little of this. It is, however, one of the few subjects that can do little but gain from repeated publicity. The maturity of a society is said to be reflected in the manner in which it cares for its most vulnerable members — for this reason, and for more selfish anxieties about our own future — we should take care to look after them well.