Care of the elderly: Parallel Thinking

Sir,

The article “Status of long term care in Saudi Arabia” was very informative and interesting. The author has concentrated mainly on care of the elderly or geriatric care, though the heading would include many other problems even in young patients having diseases needing long term care. For example, a child with cerebral palsy, a young man with traumatic paraplegia, or for that matter, a patient with chronic liver, heart or renal disease. Coming to the subject which the author discussed, we fully agree with him that Saudi Arabia is predominantly composed of young people. In Riyadh, only 3.3% of the population is above 65 years and a mere 0.8% are above 75 years. With improved economic standards, improved health care and better education, this proportion is expected to show a steep rise in the coming years. Therefore to be prepared for the future we have to think now and take concrete steps as early as possible. However, we strongly disagree with the author regarding the solution proposed for such an expected crisis. We have a parallel view on the management of the elderly in Saudi Arabia in particular, and all the Muslim countries in general. Our views are based on the very same studies quoted by the author and are as follows: 1. Sixty eight percent of Saudis would not send their elderly patients to nursing homes. All the respondents in this survey agreed that sending one’s relations to a nursing home would attract disrespect from their peers and colleagues. 2. It would be religiously condemnable and socially reprehensible for a son to send his parents to a nursing home instead of taking care of them at home. Seventy four percent of the sons and daughters of elderly patients who were admitted in acute care hospitals believed that nursing homes would provide poor quality of care. All the above studies show that Saudis have negative attitudes towards nursing home care. This is partly religious and partly moral. Many Saudis, and in fact many people in the developing countries believe that the nursing homes in the West are convenient dumping grounds for the elderly. The developed countries have made a vital mistake by taking an individual as a unit of society, whereas Muslims take the family as a unit of society. By doing so, the West has separated the parents from the family and kept them in nursing homes, or homes for the eld. Then the children have been kept in day-care centers and later in boarding schools. To complicate matters, they have brought up the concept of single parent homes due to the high rate of divorce there. This has led to multiple problems including orphans, divorcees, alcohol and drug abuse and unrestricted sex with its attendant risk of sexually transmitted diseases as well as AIDS. Lack of family atmosphere leads to poor care for children and poor moral guidance for adolescents. In the United States alone, more than one million adolescents become pregnant every year. We have been following the West blindly especially in the field of science and technology, acknowledging the contribution made in these spheres and thereby improving the welfare of mankind. This does not mean that we should follow them in social, family and individual matters. By recommending the use of nursing homes and especially the use of Imams for this mission, will be the first blow to an Islamic social fabric. All other changes will then follow automatically, disrupting the most important and vital structure of human society, that is family.

Our views are therefore consistent with religious teachings, and, if implemented properly, could even provide an alternative model to the developed countries. Families should be encouraged to take care of their elderly themselves at their homes. The following steps could go sequentially: 1. Registering all elderly who need assistance or long term care. 2. Assessment of the disability and level of care by an expert geriatrician based at the regional level. 3. Training a few close relations of the affected elderly, usually a son or daughter or even spouse and training them in the care of the elderly. They could be taught basic nursing care like changing catheters, frequent change of position, methods of feeding especially by nasogastric tube, dressing of bedsores etc. 4. Making common items for care available at the regional center, like catheters, Ryle’s tubes, dressing material and syringes and providing the same to the registered patients at a reasonable or subsidized price. 5. Establishing a regional office for geriatric care with a 24 hour help-line for expert advice on the phone. 6. Trained nurses can be sent to visit homes for monitoring of care and continuation of the education of home care providers. 7. Governments can even provide or reimburse the money involved in the elderly care. All these things apply to those elderly who have a social support system (family available). If the family cannot reasonably cope with the care, it invariably means that the patient is very sick and probably will need hospital care. Those who do not have family do obviously need institutional care. The proposed home-based nursing care would have the following distinct advantages. 1. The frail and elderly will feel psychologically more comfortable with his own relatives around. He will thus feel a
sense of fulfillment and attainment with his life and satisfaction with the offsprings. We all very well know the psychological upset seen in elderly patients admitted to the ICU where no relatives are allowed. 2. Family members taking care of their elderly parents at home have a sense of duty. Satisfaction results by serving the parents and a psychological feeling that they have been able to pay back the services, which their parents rendered during their upbringing. The offsprings who cannot attend their parents at the terminal stages of life suffer from guilt throughout their life, which is responsible for many psychological disorders. These psychological upsets can thus be avoided. Further, these family members get a very clear view of old age and become mentally prepared for that stage of life. 3. Third generation children growing under such an environment get practical demonstrations and training of care of the elderly and find religious teachings more meaningful. 4. An elderly person is a source of wisdom and also serves as a judge in many social and emotional upheavals in the family. 5. Care of the elderly might serve as a reason for close cooperation and cohesion between family members, which may be close to disruption. 6. Relatives, friends and neighbors visiting the sick also serve as a source of social cohesion and cooperation between different families. 7. The care provided by the family members will be more complete and tender than the best care in a nursing home. Relatives know the personality pattern, the likes and dislikes of the patient and can understand and serve him better while he is sick. Thus, we believe that attitudes of Saudis are not purely cultural but are religious, moral and humane. We believe that Imams have an important role to play to convince the people that parental care is the top priority even in the changing social circumstances. This law of care is eternal and very vital for the survival of a human civilization. No amount of sacrifice is unnecessary when it comes to the care of the elderly parents. The government, while taking any steps in this direction, should therefore hold extensive debates and discussions between different religious, ethical, moral and technical experts before formulating any policy regarding care of the elderly.

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Reply from the Author

In response to my article, “Status of Long-term Care in Saudi Arabia”, Dr. Latif Khan and Dr. Sarosh Khan are certainly entitled to their opinions, which I do respect. However, from a practical point of view, our culture can and does enforce habits, some of them considered religious, when in fact they are not. All religions state principals, those of which encourage taking care of our elderly, without elaborating on details or methodology. Our culture is encountering a multitude of changes, making this a factor for consideration.

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References

2. Umeh JC. Attitudes of Saudis towards institutionalization of the elderly and chronically ill. Unpublished research study, King Saud University, Riyadh, 1989.