



Judy Cassidy
EDITOR

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Common Callousness

These people treat old people every day. Wouldn't you think it would dawn on them that most older people have hearing problems? Why do they refuse to speak up?"

In complete frustration, my sister fairly shouted these words at me when she returned from spending five hours in the emergency room with my 80-year-old aunt and then accompanying her through the admitting procedure. As my aunt answered doctors' and nurses' questions, she repeatedly asked them to speak more loudly. "Only one person raised her voice—and then only for the next question," my sister said.

"And of course, they never tell you anything," she continued. "At two o'clock, they told us they were admitting her, but they didn't take her to a room until after four. *When* they took her didn't really make that much difference" she acknowledged, "but for an old person who is already anxious and upset, it would have been nice if someone could have had the courtesy to tell her what to expect."

Anger unexpectedly swept over me. Everything my sister said echoed what I had said five years ago while caring for my mother through several illnesses prior to her death. I remembered finding her lying on a gurney in only a hospital gown in an air-conditioned corridor (her weight had dropped from 125 to 98). Should I have had to go searching for a blanket? Where was not only common courtesy, but common sense? I remembered many appointments where I watched a caregiver page through her chart while mumbling questions with his back to her.

"Has no progress been made in five years?" I asked. But I knew the answer. Over the past four years I have helped my aunt through two hip replacements, laser surgeries for macular degeneration, and a hospitalization for pneumonia.

In all these encounters with the healthcare system, whether in physicians' offices or hospitals (most of them Catholic), I have seen my elderly family members treated in ways that reveal either ignorance about how to care for older people or basic insensitivity. I think the latter is the case. Caregivers' behavior simply reflects society's general attitude toward the old and frail. After all, how much training does a university-educated person need in order to know that she should look at an 80-year-old and enunciate when speaking to her? Or that older people often aren't able to ask for help or to manipulate equipment as easily as younger people? We are quick to blame short staffing or curtailed budgets for callous attitudes. But often a lack of consideration and respect for people is the real problem.

I wish I could believe my experiences are the exception and not the rule. Of course, I have met sensitive caregivers, but too often these positive experiences have been the exception.

SOUND OFF Agree? Disagree? Please send us your responses, and we'll publish your letter to the editor. Or please answer our "Putting Patients First" question on p. 21, which asks how your organization is improving care for aging persons.

WE'RE PUZZLED Our May-June "Putting Patients First" question asked how you protect patient privacy in an electronic information environment. We received no responses to this question. Does the silence mean nothing is being done? We hope you'll clear up our confusion by contacting us. Write to Health Progress staff at 4455 Woodson Rd., St. Louis, MO 63134; fax: 314-427-0029; e-mail: jcassid@chausa.org.