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Thinking Ourselves Old

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In her classic text, The Coming of Age that inveighs against the social and physical ravages attending old age Simone de Beauvoir noted that it is harder for individuals to think themselves dead than to think themselves old. She postulated that the simple and profound reason for our reluctance is that it damages our self-concept less to imagine our intact self negated than to picture it altered and diminished. Whether this explanation is valid, it helps this researcher understand some of the denial that attaches to the general antipathy to thinking that we too can become old-like them. This is our challenge: imagining our own old age is a necessary step to understanding how current health care does not meet the needs and preferences of older adults. We should make concerted personal, clinical and research attempts to identify and unmask the ingredients that comprise intolerable aspects of being old. This effort to think ourselves old should help us plan systems and processes of care that fit the needs and goals of older adults.

Health care reform has begun in the US and the tsunami of reorganization and realignment in health care institutions is upon us. As health care institutions and personnel rethink their processes of care to prepare for health care reform, we should train our efforts on fixing the banes of the system. Among the most intractable targets are long term care and transitions among sites of care.

I propose an all-out effort to find out what it is like for those who live in nursing homes and for those who undergo transitions in site of care. Too often, these are same people and they can tell us a great deal about what goes wrong and what could be done to improve the ways decisions are made and care is provided. Let us ask the basic questions, and listen hard: what is it like to live in a nursing home? Is daily life meaningful and if not, what would make it so? With what evidence and with what communication is the decision made to go to the emergency room or the hospital when a problem arises? Is an older adult asked for his/her preferences and goals for daily life in the institution or for transition to another site of care? How well do clinicians talk among themselves, the patient and the family to reconcile competing aims to construct a coherent plan?

No one looks forward to their living in a nursing home one day. Let us more fully examine the "culture change" movement in nursing homes which holds a potentially humane answer to caring for some of our most vulnerable and frail people. The culture change initiative aims to personalize care, reduce the institutional scale and feel of the facility, empower staff with career ladders, decision-making power and teamwork incentives, and make facilities home like and person-centered. More research is needed to know to what extent facilities that institute culture change practices are successful, related to measures such as satisfaction of older adults, family and staff; costs incurred; processes of care; and reduced and improved transitions of care. Let us ask older adults who experience transitions and their families to gain some clues. They can tell us how they never imagined dependency and frailty; they can tell us their ideas to improve their care and lot. Let us ask the health care personnel who are frustrated by constraints in the routines and systems of care for their ideas and what goes wrong and what would help. To improve the state of long term and multiple transitions, let us ask the experts, those experiencing and providing care, for their perspectives. In our listening, we must imagine ourselves in their shoes so we can forge a link between us and pave the way to a better old age for us all.

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