Tjg Io raev qh Afxapeg Catg Pnappkpi hqt Catg Hq o g Rgukfgpvu ykvj Dg o gpvka qp Hqurkvan Af o kuukqp apf Dgavj kp Ptghgttgf Pnaeg qh Catg

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Discussion

Psychiatry and Geriatrics have long been regarded as the Cinderellas of Medicine, but surely care home medicine is the real Cinderella. Despite being some of the most vulnerable members of society, care home residents o en have poor access to health care and very short life expectancy. Although functional decline and health crises are inevitable, they are o en treated as unexpected, and managed reactively by an outdated model of healthcare with acute hospitals at its heart.

So what are the alternatives?

ere is good evidence from Canada and Australia [1,2] to suggest that many of the health needs of care home residents can be managed in their own environment without resort to hospital admission, with no adverse e ect upon mortality and with greater satisfaction for both patients and carers.

As a liaison psychiatrist I had f rst!hand experience of the plight of people with dementia admitted to hospital, sometimes in their dying hours or days. Well-meaning and o en futile intervention was common, but profoundly distressing for both patients and their loved ones, who rarely had the benef t of previous discussion about health, prognosis and preferences. Our local surge in admissions of people from care homes in late 2009 was frustrating for doctors and nurses on the wards, since many of these patients seemed to be admitted solely to die, and the sta were aware of the inadequacies of the system but felt unable to inf uence it. Knowledge of the literature and the fortuitous meeting with a member of the Bromhead Medical Charity at a dementia workshop led to a successful application for a grant to set up a service for people with dementia living in care homes in Boston, Lincolnshire.

e service comprised two Registered General Nurses experienced in ta s 0K 0J ƒ Hp 2@p € 0…p,`…p,` 2@$ G &@ D€ •&d @