Family Practice Forum

Expanding Geriatric Treatment in Family Practice

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Psychosocial needs in the rapidly increasing senescent population of this country are creating new imperatives for the medical profession. Aside from the longer life expectancy and increasing numbers of senior citizens, the very nature of the aging process and its concomitant concerns begs additional attention from existent health support systems, and most especially, from the family physician.

To satisfy these growing needs, the family physician may wish to spend more time talking and listening to elderly patients. One way this service may be offered is by the addition of a staff counselor to the health care office team. A sensitive and competent counselor relating to geriatric patients within the framework of a private family practice, can serve the interests of the physicians, patients, families, and community agencies.

As an extension of the physician and an ombudsman for the patient, a counselor can determine the nature of the patient's social needs, suggest community resources relevant to those concerns, assist in the deliberation of alternatives and priorities, reassuring while reducing anxiety and providing reinforcement to the physician's directives.

The counselor, although also a well-trained professional, does not present the authoritative image projected by a physician. By employing nontechnical and consequently nonthreatening language, the counselor can neutralize the authoritative atmosphere prevalent in most medical environments, inviting openness and introducing new therapeutic avenues for patient-to-physician, physician-to-patient communication.

Depending on the nature and extent of a family practice, the counselor's role need not be full time, with selected patients scheduled only on certain days. Ample time, however, should be allowed for uninterrupted exchange between the patient and the counselor.

Aside from insightful use of counseling skills, the most important tool the counselor must develop to help geriatric patients is a complete and constantly updated file of community resources that relate to the elderly.

It should include local housing options, such as congregate, low-income, and residential health care; Social Security, Medicare/Medicaid and welfare schedules; information on the Visiting Nurses Association and programs for handicapped persons; recreational, educational, rehabilitative, part-time employment, and volunteer opportunities; data on day care centers, nursing homes, dining sites, telephone checks, and transportation for the elderly; and meeting times and places for Alcoholics Anonymous, Overeaters Anonymous, and Make Today Count (support group for dying patients and their families).

A current reference of individuals who are available for specialized services, such as companionship and sitting with invalids, cooking, housekeeping, or driving, should also be kept.

To introduce a counselor into a family practice,

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it is appropriate for the physician to suggest to selected patients that the counselor might assist with the resolution of a problem, explaining that the counselor is employed specifically for that purpose, and there is a time charge.

Elderly patients will be curious about the functions of a counselor in a family practice, perhaps even puzzled, shy, and defensive at first. A simple and forthright explanation will mitigate anxiety and also communicate a message of concern—the physician cares enough about the quality of the patient's relationship to his/her environment to detail a staff person to assist in maintaining and improving a wholesome and satisfying emotional and social life-style.

The concerns of geriatric patients presenting in a primary care practice run a broad gamut: loss of purpose, status, power, and independence; constant pain and discomfort accompanied by diminishing sensory acuity in a shrinking environment; feelings of isolation, abandonment, and self-imposed withdrawal; and loss of hope and self-esteem, frequently resulting in the greatest ogre of them all, depression.

And, as their needs become more intense, geriatric patients are not alone in manifesting some quietly raging affects. Their adult children, strained emotionally and/or financially with the added responsibility of parental care, feeling guilty, ambivalent, helpless, and angry, are grateful for a neutral agent with time to listen—a counselor to whom both patient and family can relate.

As a caring team, the family physician and the counselor can be a strong force in preserving the dignity and self-determination of elderly patients. The physician can propel the patient toward self-help techniques, suggest new behavior, encourage the use of enriching community services, and treat physical ailments. The counselor can guide the patient in considering new alternatives and setting realistic goals, nourish positive behavior, and reinforce the physician's social prescription, while coordinating the efforts of various supportive systems and interpreting the patient's needs to agencies and families.

There is already a mandate for expanded geriatric training in medical schools and more continuing education. A staff counselor in a family practice also can help meet the challenge of innovative and effective geriatric treatment.