Adding Life to Years

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ALTHOUGH nursing in its organized form is a specific health discipline, it is first and foremost a fundamental human activity and one which has been practised since time immemorial. Basic nursing has its origin in fundamental and universal human needs. The primary responsibility of nursing is to assist people to make the most of their own abilities and functions within varying states of health and at all stages of their lives. This means that the discipline is concerned with each period of our life-cycle, from conception to death.

Nursing science is an organized body of knowledge and nursing art is the use of that knowledge for the well-being of all people, including those adults who happen to have lived longer than the rest of us: people in old age. Nursing can use its body of knowledge creatively for the well-being of these old people to enhance their lives at every stage—in health, frailty, sickness, disability, and death.

Common Need

One of the most common needs of people in old age is for care. Not just being "taken care of", but being "cared for" and being "cared about"; care which provides comfort and support in times of anxiety, loneliness and helplessness. This includes listening, and then intervening appropriately and effectively. This care is the primary component of nursing in every country of the world.

Elderly people are vulnerable people. They are susceptible to physical and mental deterioration and to social crises; frequently these are inter-related. In all settings and in all cultures, nursing intervention at crucial moments in the lives of old people and their families can lead to positive outcomes. Innumerable stresses in today's world play upon every individual at any age: how the individual and his family respond to these, the adaptations they are able to make, strongly influence their level of health and their quality of life. Identified at an early stage, many potential health and social problems of old age can be controlled or avoided. This implies continuous surveillance of the elderly at the primary health care level—but with sensitive awareness of every person's right to privacy.

Nursing care includes teaching the elderly person and his family how to maintain independence. Elderly people, like everyone else, have the right to take risks, but they also have the right, like everyone else, to a health service which supports their efforts to maintain health. Help may take many forms from advising on food and medicines to dental care, or supplying a piece of equipment or devising strategies that can reduce feelings of worthlessness at crises such as retirement or bereavement.

Self-care should not be elevated to the level of an ideology, nor should it be seen as an alternative to, or a substitute for, informed care provided by another. Often in the lives of aged people there is a thin border line between self-care and self-neglect. This line must be watched for and recognized promptly if the quality of an old person's life is to be maintained.

Family Patterns

It is necessary to be realistic about the amount of time and support families can give to their elderly members; even in developing countries, where extended families still exist, not all are able to provide the necessary care and company. And family patterns are changing. In many parts of the world there is a decided shift of younger generations away from villages to urban areas. Women, the traditional providers of care, are assuming new responsibilities outside the family, while ageing of whole populations means that inevitably, children of the very old are themselves likely to be elderly. Nevertheless, evidence from all over the world demonstrates that the most prompt and continuous support of old people comes from their relatives. A major objective of the formal nursing services should be to support, and not supplant, this continuing care. Family members should know that they may expect to receive immediate help, relief and advice when, and wherever, they need it. Nursing personnel can help the public to understand the physiological, social and psychological processes of ageing so that they are accepted as a normal part of the life cycle.

Because their contact with the community is usually extensive and intimate, nursing personnel have its confidence and are in a strategic position to mobilise local resources, to encourage development of appropriate aids and to put scientific information into simple, everyday language which will be easily understood, accepted and acted upon.

A network of nursing personnel working at the primary health level can perceive, recognize and act when an elderly person shows the first sign of impairment or difficulty. Appropriate nursing intervention may be all that is required, but if assessment reveals the need for referral, immediate "sign-posting" to the appropriate health ser-

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vice or organization may prevent disability or dysfunction. Where nurses have knowledge and experience of both hospital and community settings, and enjoy good working relationships with members of related disciplines and professions, they are able to synthesize the needs of old people and synchronize health and social services to ensure a continuum of care. In some of the more industrialized countries this may include day hospitals, mutual help groups, hot meals and club or transport facilities provided by either formal agencies or volunteers.

Accommodating Illness

If the old person does develop a chronic physical or mental condition, nursing can help the patient and his family to help themselves for the rest of that elderly individual's life. The basic life pattern will remain, but the nurse will guide and support to a way of life which accommodates illness. She will place emphasis on adequacies and abilities rather than upon deficiencies and limitations to help the patient remain in command of life in a new situation. The nurse discovers the patient's interpretation of "a good quality of life" and sets nursing goals to help attain it.

Reliance upon the family must be selective and if the aged person is alone, or removed from any living relative or friends the nurse should make arrangements for more intensive services from professional or voluntary agencies.

Notwithstanding, for a minority of aged people with impairments, transfer to a hospital or another care institution will be unavoidable. The nurse can make sure that the elderly person and his family or friends are familiar with all the options.

By appreciating the effect of institutionalisation upon aged individuals displaced from a normal environment, the nurse enables them to remain in control of personal activities wherever possible. The nurse will try, by planning with the patient, to ensure that a normal pattern of daily living is continued.

Total nursing services are likely to be needed by the aged person's family and friends during and after dying. For the dying person himself, nursing should provide constant human care which can make the last weeks of life a valuable experience instead of a period of humiliation, deprivation and suffering. While physical symptoms of distress may be effectively alleviated by nursing, the response to the emotional state of a dying person is more difficult. The nurse needs to be aware of local customs and of the social and religious aspects of dying. Nursing includes care of the dying person's family and friends, in the form of practical services and psychological support. Especially for an aged bereaved spouse, the nurse can provide appropriate facilities, care and comfort during the period of stress and grief.

Future Aged People

The efficient and effective use now, by all countries, of the nursing networks for their aged people, could bring far-reaching benefits. Nursing personnel are in a strategic position to help people, from an early stage, to avoid life-style practices that are likely to lead to disease or disability in later life, and to develop practices which can contribute to a healthy old age. In industrialized areas, nurses should be aware of the employer's and employee's responsibilities in achieving optimal performance at any age and also to prepare for retirement, thereby reducing the effects of transition from being "employed" to being "retired".

Foresight in planning for future old people, and the development of a fine sense of timing in relation to today's old people, should be two priorities in nursing services everywhere, if the world is to achieve life-with-quality in old age.

Australian Institute Clones Harmone

THE Howard Florey Institute of Experimental Physiology and Medicine in Melbourne, Australia, has made a discovery that could lead to a big reduction in childbirth injuries and an improvement in the treatment of arthritis.

The Institute announced recently that its scientists had cloned the hormone relaxin. Relaxin is a hormone which, when present in the correct quantities, controls the ligaments of the pelvis and the uterus in the latter stages of gestation and childbirth.

The Institute's Director, Professor Derek Denton, said more than 50 per cent of cerebral palsy and spasticity was caused by injuries during childbirth.

"We expect a lot of these injuries could be prevented by being able to ensure the correct supplies of relaxin," he said.

"There's also a sporting chance, and an interesting one, that it could eventually be relevant to the treatment of arthritis, because relaxin acts on fibrous tissue and it could be of benefit to the tissue around joints of arthritis sufferers.

"During pregnancy a rheumatoid arthritis sufferer will often show a substantial amelioration in her condition."

Professor Denton said the Institute team had, as well as cloning the relaxin hormone, determined its molecular structure in a rat. The team expected to have the human gene isolated some time next year and hoped to be able to snythesise it chemically.