

Helping families find care for loved ones

Peter Silin has seen it all in his 30 years in geriatric care. He talks about what he has learned

By Karen Gram, Vancouver Sun - January 9, 2010

In his 30 years in geriatric care, Peter Silin has seen his share of horror stories. Still vivid is the story about the woman with moderate dementia in a \$6,000-a-month private facility. Because she stopped eating, staff assumed she was ready to die and decided to withdraw food supplements and medication to let nature take its course.

Silin, author of the newly updated *Nursing Homes and Assisted Living*, the family's guide to making decisions and getting good care, persuaded staff to keep her off the psychiatric meds he thought were inappropriately prescribed and try pain medication instead. He also brought in his own staff to feed and walk her. Five months later she had gained seven pounds, she ate on her own and walked almost independently. While she still has dementia, she is responsive and alert.

"If I hadn't been there and asking those questions and watching what is going on they would have let her die," he says, noting that his book gives family members a little of his expertise in the hope that they too can prevent such tragedies.

First written 10 years ago to help people choose appropriate care, and learn how to advocate for their loved ones, Silin updated the book for the second edition to include more on assisted living, which has greatly expanded in the last decade. He also added sections on death and dying and how to finance care. He says he wants to offer a sort of education to people thrown into a difficult situation with no training.

For example, he warns readers not to accept "old age" as a diagnosis.

"If someone tells you the changes in your father are due to old age, they are not telling you anything. Dig deeper. Ask for a more precise reason. If no one can tell you, then ask what they need to do to find out," he writes.

Silin said that just like any job, lack of training for family members makes doing the job more difficult, confusing and stressful. But when it comes to elder care, the results of poor training, including exhaustion or marital breakdown for the caregiver or elder abuse or premature death for the elder, can be devastating.

"I am not saying the families will, even after reading this book, have the same professional knowledge and expertise that I will, but at least it will teach them to ask questions and it will teach them that yes, they have the right to say what their opinion is."

Silin says there are four elements to maintaining good health in old age: good nutrition (including fluid intake), exercise, social interaction and mental/cognitive stimulation.

"They are essential to all of us but with elderly persons, deficits in any of these areas can mean a much shorter route to ill health or even death," he writes in the book. "Pay attention to all four," he advises no matter where your loved one lives.

The book also explains the difference between dementia and delirium, noting that dementia gets progressively worse while delirium often appears the same but comes on more suddenly and is caused by an underlying condition such as urinary tract infections, chronic pain or sleep disorder. It can be cured when the cause is treated.

Silin suggests that family members facing the prospect of putting a loved one into assisted living or complex care get to know the system ahead of time.



B.C. residents need to understand that in the public system, there are two primary rules for complex care: the first bed available and the three-month wait rule.

"If you apply for complex care, you have to be willing to go in the next three months and you have to take the first bed available if it fits your relative's needs. You can't put a relative on a list just for insurance and then say you aren't ready."

That doesn't mean family members have no say, he says. But if they know their loved one's needs they can reject facilities that don't meet those needs.

For instance, the relative of a father who is legally blind and hard of hearing could argue that a large facility with confusing hallways would put his father at risk of falling or getting lost. Likewise, a relative could argue that placing a woman in a double room, even though she became agitated when she shared a room in hospital, is inappropriate.

"You can negotiate at least."

With private care, decision rests with the elder and her family, says Silin, adding they should choose carefully. Tour many facilities, he urges.

"Pay attention to what you feel, what you see, what you hear. Watch how the staff interact with each other and the other people around. Does it have a warm atmosphere or a sterile atmosphere? Look at the food, look at the activities, even participate. If something is not striking you as the way it should be, that is what you stay away from."

And if there were one reason to avoid a certain facility, Silin says it would be one that opts too quickly to prescribe psychiatric medications to control behaviour. "Behavioural changes and adjustments in aging is a complicated process and facilities and staff should be doing really good investigations on what is going on with your loved one. If there is an issue they should be keeping you informed and you should be problem solving together."

"Sometimes medication is the right answer," he says. But often the problem is delirium brought on by a urinary tract infection, or issues like loneliness or anxiety.

Silin says there are two components to a quality care facility: good care and good caring.

"You can have very caring people who don't have very much knowledge and you can have really, really knowledgeable people who don't really care," he says.

"It is rare to find both, but you can find them in the public domain and in the private domain. Some of the best care around is in the publicly funded non-profits and the worst is in the private ones where people pay \$6,000 per month."

kgram@vancouver.sun.com

© Copyright (c) The Vancouver Sun