OPENINGSREDE

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INLEIDING

TERWYL die Gesondheidsjaar nou sy einde nader, is dit dan ook gepas dat ons hier saam is om 'n konferensie oor bejaardesorg by te woon, want geriatrie impliseer inderdaad die wegvloeiende gety van die lewe, tanende vitaliteit, afnemende gesondheid en 'n fase van diepe afhanklikheid op gespesialiseerde en insiggewende helpers.

Dit is 'n wêreldwye tendens dat hoër ouderdomsgroepe in verhouding tot ander groepe van die bevolking steeds toeneem. Volgehoue afname in vrugbaarheid asook mediese en tegnologiese vooruitgang is enkele redes vir die veroudering van 'n bevolking. Daar word in die algemeen bevind dat ontwikkelende gemeenskappe oor 'n jonger bevolkingstruktuur beskik, maar soos hulle vrugbaarheid 'n afwaartse neiging aanneem en hul lewensstandaard verhoog, kan dit egter verwag word dat die verhouding van bejaardes tot ander ouderdomsgroepe vinnig sal toeneem met 'n gevolglike groter aanvraag ten opsigte van maatskaplike en gesondheidsdienste.

Owerhede skenk al hoe meer aandag aan probleme met betrekking tot veroudering en die toenemende getalle van verswakte bejaardes asook hoe verbeterde dienste in die bestaande gesondheids- en maatskaplike sisteme vir hulle ingepas kan word. Dit word algemeen erken dat die beplanning, organisasie, administrasie en finansiering van geriatriese dienste 'n hoë prioriteit geword het.

Daar is 'n groeiende besorgdheid in die beskaafde wêreld oor die gesondheid en sosiale behoeftes van bejaardes. Dit is veral so in die nywerheids- en ontwikkelde lande waar die verhoudingsgetalle van die bejaarde bevolking steeds toeneem en groter probleme by oumense skep, wat dikwels behoeftig en in swak gesondheid verkeer. Menige is sonder familie of vriende en ondervind ernstige sosiale en emosionele probleme. Die meeste oumense het dieselfde basiese behoeftes as hulle jeugdige eweknieë, naamlik doeltreffende huisvesting, finansiële sekuriteit, sosiale en gesondheidsdienste, arbeidsgeleenthede, òf as stokperdjie òf vir geldelike wins, asook ontspanningsgeriewe volgens hulle fisiese vermoëns. Dienstesentrums en klubs wat deur middel van vrywillige organisasies met die bystand van die Departement van Volkswelsyn en Pensioene gestig is, het grootliks daartoe bygedra in die voorsiening van sommige van hierdie benodighede en het baie bygedra om bejaardes in die gemeenskap te betrek en te verhoed dat hulle in isolasie verkeer.

Geriatriese sorg is per slot van sake 'n spanpoging en dit kom ook duidelik na vore weens die feit dat die Departement van Volkswelsyn en Pensioene, in noue samewerking met die Departement van Gesondheid, hierdie konferensie as 'n bydrae tot die Gesondheidsjaar gereël het. Geen groter bydrae kon gelewer word nie as om aksie-programme te ontwikkel ten einde personeel en vrywillige werkers by te staan sodat die lewens van bejaardes en standaarde van bejaardesorg verhoog kan word. Persone wat uitgenooi is om die konferensie by te woon, sluit in dokters, verpleegsters, fisioterapeute, arbeidsterapeute, welsynsbeamptes en vrywillige helpers. Elkeen vorm 'n belangrike en noodsaaklike deel van 'n multidissiplinêre span wat gemoeid is met die daarstelling van dienste aan bejaardes.

Spesiale aandag sal gegee moet word om hierdie dienste te voorsien, aandag aan die bewaring en herstelling van gesondheid, rehabilitasie, gereelde fisiese ondersoeke en voortdurende sorg. Dit is voorwaar 'n groot uitdaging in ons komplekse en veelrassige situasie waar elke gemeenskap sy eie indiwiduele, kulturele en sosiale patroon het.

HUIDIGE SITUASIE

Volgens die 1970 sensus is die samestelling van die bevolking van die Republiek soos volg:

Blankes	4 408 000
Kleurlinge	2 494 000
Indiërs	778 000
Swartes	16 214 000
Totaal	23 894 000

Die toenemende verhoudingsgetal van die hoër bejaardegroepe tot die ander word deur statistieke gedemonstreer wat die persentasie-verspreiding van die ouderdomsgroepe 65-74 jaar en 75 jaar en meer vir die jare 1911 en 1970 asook 'n voorspelling vir die jaar 2000 aantoon:

Jaar	Ouderdomsgroep	Bevolkingspersentasie
1911	65-74	1,96
	75+	1,08
1970	65-74	2,71
	75+	1,31
2000	65-74	4,99
	75+	2,39

Volgens beramings is daar in die Republiek van Suid-Afrika 250 000 Blankes wat ouer as 65 jaar is. Agt persent van hierdie word in ouetehuise gehuisves, terwyl die grootste meerderheid 'n normale lewe in die gemeenskap voer òf onafhanklik òf met die bystand van familielede en die Staat. Vyf-en-twintig persent benodig mediese behandeling en verpleegsorg in spesiale inrigtings of deur tuisbesoekdienste. Die verswakte en bedlêende bejaardes het vernaamlik opgeleide verpleegsorg nodig.

Daar bestaan geen twyfel nie dat bejaardes wat onafhanklik in hulle eie huise of by familielede of vriende woon, veel gelukkiger is. Uit n ekonomiese oogpunt word die beleid van 'n onafhanklike bestaan al hoe meer deur Westerse lande aanvaar, omdat die oprigtingskoste en onderhoud van inrigtings astronomies gestyg het.

Die Wet op Bejaarde Persone, 1967 (Wet 81 van 1967), wat deur die Departement van Volkswelsyn en Pensioene geadministreer word, maak voorsiening vir die oprigting en instandhouding van ouetehuise asook vir die subsidiëring van geregistreerde tehuise, klubs en dienstesentra wat deur vrywillige organisasies daargestel is.

Ouetehuise is noodsaaklik vir die huisvesting van diegene wat alleen in die gemeenskap woon en sorg en toesig benodig. Verhoogde vermoedelike lewensduur veroorsaak groter getalle fisiese en geestelike verswakte bejaardes, wat, hoewel hul nie werklike mediese behandeling nodig het nie, nogtans toelating vereis tot 'n plek waar daar in hulle gesondheids- en sosiale behoeftes voorsien kan word. Dit is betekenisvol dat hier, soos in ander dele van die wêreld, die patroon van ouetehuise met verloop van tyd verander het en baie groter voorsiening word gemaak vir die verswaktes en bedlêende bejaarde pasiënte wat nie in hulle eie huise versorg kan word nie, dog ook nie toelating tot 'n hospitaal vereis nie.

Verpleegdienste in hierdie tehuise word meer en meer belangrik en ons moet in die toekoms kyk en seker maak dat 'n werksmag van geskoolde en simpatieke personeel daargestel word wat bereid sal wees om die uitdaging van hierdie veeleisende taak te aanvaar.

Die veranderde omstandighede van 'n onafhanklike leefwyse na 'n inrigting, is vir baie bejaardes 'n traumatiese ondervinding en ernstige ontwrigting in hulle lewe. Hulle voel beangs en onveilig en het groot begrip en ondersteuning op hierdie tydstip nodig. Wanneer die besluit geneem is om 'n familielid na 'n tehuis te neem moet daar tyd gegun word sodat die beslissing aanvaar kan word en die bejaarde persoon gereed is vir die verandering, sodat daar nie 'n gevoel onstaan dat hulle deur familielede en welmenende vriende oorhaastig in die situasie gedwing is nie. As die tehuis 'n standvastige, verdraagsame en gelukkige atmosfeer en die gevoel van aanvaarding weerspieël, dan sal die bejaarde persoon meer inskiklik wees om sy nuwe omgewing te aanvaar. Die houding van die matrone en personeel teenoor die bejaarde inwoners in 'n ouetehuis is van veel meer waarde vir hulle emosionele stabiliteit en geluk as die fisiese omgewing.

Die geestesveranderings wat met die verouderingsproses gepaard gaan is in baie gevalle meer belangrik en soms meer verminkend as die fisiese. Geheueverlies, emosionele onstabiliteit, persoonlikheids-veranderings, verwardheid en seniliteit of ander tipes van demensie plaas 'n geweldige las op diegene wat verantwoordelik is vir die sorg van psigo-geriatriese pasiënte. Groot verdraagsaamheid, vriendelikheid en professionele vaardigheid word vereis vir hierdie veeleisende taak. Ongeveer 2 627 psigo-geriatriese pasiënte word jaarliks in psigiatriese hospitale van die Staat versorg. Baie van hulle kan in die gemeenskap versorg word en in ouetehuise met ondersteunende daghospitale, klinieke en tuisbesoekdienste.

Veroudering is 'n normale deel van die lewenssiklus van die mens maar bejaardheid opsigself is geen siekte nie. Die klagtes van bejaardes is gewoonlik tewyte aan siekte en dit is nie buitengewoon vir 'n bejaarde pasiënt om aan verskeie siektes gelyktydig te ly nie. Aangesien baie van die siektes waaraan bejaardes onderhewig is, neig om van 'n langdurige aard te wees, word geriatrie dikwels vereenselwig met 'chroniese siekte'. Indien ou mense onaktief gehou word en vir lang tydperke in die bed vertoef, versleg hulle toestand baie vinnig. Rehabilitasie beteken om die pasiënt se funksionele onafhanklikheid te herstel en is deel van bejaardesorg wat geensins verwaarloos moet word nie.

Sterwensbegeleiding is 'n onderwerp wat tans baie aandag geniet. Dit is onvermydelik dat diegene betrokke by geriatriese pasiënt gekonfronteer sal word met spesiale probleme rakende die pasiënt en sy familie tydens die aanbreek van die sterwensuur. Medelye en 'n hoë mate van professionele vaardigheid word vereis en die rol van die verpleegster in besonder is van primêre belang want op hierdie stadium kan blote aanwesigheid of 'n deernisvolle handdruk van groter belang as behandeling en medisyne wees. Ou mense behoort toegelaat te word om in vrede en met waardigheid te sterf. Verpleegsters is by uitstek in staat om 'n bejaarde persoon in sy sterwensuur by te staan. . .

Besides the private sector, health services for the aged are presently provided by the Department of Health, provincial administrations, local authorities and welfare organisations. Due to a lack of communication, these services are not co-ordinated in many areas and a shortage of suitably trained personnel has led to an inadequate geriatric service to cover the needs of an in-

creasing aged population. The old people themselves are often unaware of available resources in the community, so that services are not fully utilised leading to unnecessary disability and interference with a normal active lifestyle.

Time does not permit of a detailed discussion of all the services for the aged provided by official authorities and welfare organisations, but it can truthfully be said that there has been considerable expansion and development during the past few yars. Local authorities have become more aware of their responsibility in preventive geriatrics and have established screening clinics and health educatin programmes emphasising aspects such as nutrition, accident prevention and personal care. Provincial hospitals have set up assessment units, day hospitals and improved out-patient facilities for the aged. District surgeons provide medical care to State pensioners in old age homes and in the community. Screening programmes by community health nurses have been instituted in many areas. These nurses also assist district surgeons in this work and relieve them of unnecessary follow-up visits. To ensure that adequate standards of health care are provided for inmates, regional nursing staff inspect old age homes in liaison with the relevant social welfare officers. Additional senior nursing posts, specifically for geriatrics, have recently been created at all the regional health offices. When appointed, it will be the function of these nurses to organise, control and co-ordinate nursing services for the aged in their areas.

There is growing awareness of the need to improve knowledge and skills in caring for the rising number of elderly people in the community and for the planning and provision of comprehensive geriatric services. New health legislation makes provision for the co-ordination and integration of services at hospital and community level. In terms of section 6 of the Health Act, No. 63 of 1977, a Subcommittee on Health Services for the Aged has been appointed to investigate the needs of this segment of the population, and to report to the Health Matters Advisory Committee. Ultimately recommendations and policy matters on geriatrics are then laid before the Minister.

Representatives on the Subcommittee come from all the agencies involved in caring for the aged of all population groups and it serves as a forum for communication between different organisations. Its terms of reference include investigating methods of co-ordinating services and the involvement of the community in sharing responsibility for the care of the aged.

An Interdepartmental Committee for Geriatrics has also been established, with representation from the Departments of Health, Social Welfare and Pensions, Indian and Coloured Affairs and Co-operation and Development. This committee aims at closer co-operation and consultation on all aspects of geriatric care between State departments. Mutual socio-medical problems are being investigated and a solution sought for a holistic approach to the complex needs of the aged in relation to the family and the community.

The education and training of health personnel to give adequate care to old people and especially to the very old, has not received much attention in the past. In a comprehensive geriatric programme, a multidisciplinary group of professional personnel are involved. The basic team consists of a doctor, nurse and social worker but a number of the aged require the attention of allied professions including physiotherapists, occupational therapists, chiropodists, speech therapists, pharmacists, dentists and specialists in many branches of medicine.

An approach has been made to the South African Medical and Dental Council to make geriatrics a mandatory subject for all undergraduate medical students. The study of adult human development and aging in all its physiological, psychological, pathological, clinical, epidemiological and sociological aspects should be included in such a course.

The first Chair in Geriatrics will shortly be established at the Witwatersrand University and the Minister of Health has approved of the salaries for the posts of professor and senior lecturer to be paid from State funds. Post-graduate courses in geriatrics will enable doctors to cope more adequately with medical problems of the aged and will lead to geriatrics having an increased status and higher priority in the eyes of the medical profession.

Nurses play an important role in caring for the aged in old age homes, in hospitals and in the community. There is a great need for education and training in geriatrics for them. The South African Nursing Council has approved a one-year post-registration diploma course in geriatric nursing which has already been published in the Government Gazette (No. 6608 of 3 August 1979). The course will probably be offered by provincial administrations.

The Department of Health in co-operation with the provincial administrations is offering two-week courses in geriatric nursing for registered nurses working in old age homes and in community geriatric services. The first of these courses will start in November in Pretoria and Johannesburg. Further courses will be offered in all the larger centres in the country. Successful candidates will receive a certificate in recognition of the training.

Education and training in geriatrics and recognition for this training is of high priority, as a larger number of medical and ancillary staff will be required to cope with the health and social problems of this growing proportion of the population. At present it is extremely difficult to recruit staff who are interested and willing to work in this branch of medicine and those responsible for running old age homes are probably very familiar with the problems of chronic shortages and rapid turn-

over of staff.

The South African National Council for the Aged has classified aged persons into various categories. There are the normal aged living independently in the community; the frail elderly with some loss of hearing and sight and limited in movement; the physically disabled with advanced arthritis, Parkinsonism, cardio-vascular disease or malignant disease; the mentally disordered aged; the aged with episodes of acute disease and the terminal aged patient. Although services are generally available that are suited to each category, they have developed on an *ad hoc* basis with very little consultation, co-ordination or co-operation between the authorities providing them. Common difficulties are experienced by the aged seeking medical attention at a hospital out-patient department, clinic or district surgeon's rooms. Hours are spent waiting in queues, unfamiliar doctors are seen, leading to lack of confidence, and problems occur with transport to and from the source of treatment. The inflationary cost of medical care is also having a deleterious effect, especially on those who do not qualify for state or semi-state assistance.

FUTURE DEVELOPMENTS IN GERIATRICS

The aged are a vulnerable group susceptible to physical and mental health deterioration and social crises, and socio-medical services should be within reach of all requiring care. This care must be provided by multidisciplinary teams in which each member contributes his own special skill to the care of the aged. A wide spectrum of co-ordinated and integrated preventive, curative and rehabilitative services are required for the provision of continuous care. Primary health services where elderly patients can be screened, minor ailments treated and more serious conditions referred to curative centres should be established in every local authority, service centre or old age home. Suitably trained nurses are key personnel in this situation. Domiciliary visits by health visitors or district nurses, especially to "at risk" elderly persons living in the community are essential.

Secondary geriatric services should be available at all hospitals, out-patient departments and in old age homes. Assessment clinics with access to all specialities where pathological conditions can be diagnosed and treated should be organised at all larger centres. Tertiary services, with physiotherapists and occupational therapists to rehabilitate elderly patients and restore them to society should be available in hospitals, in old age homes and in the patient's own home.

Ambulance services are an essential part of geriatric services. These services will, in the future, be co-ordinated by provincial administrations in terms of the Health Act. Part-time district surgeons will become the financial responsibility of provincial administrations in April of next year. This process of integration and co-ordination should result in more efficient services for the aged.

In planning future geriatric services there must be a responsible administrative structure and co-ordinating agency or committee at national, regional and local levels. Adequate financial provision is essential and should be separately identified in the general health budget.

Much still remains to be done in improving facilities for our aging society. The socio-medical care programme aimed at keeping the aged independent, happy and contented in their own homes as long as possible must be expanded. When extreme age, infirmity or other circumstances make this impractical, alternative accommodation in old age homes or institutions with skilled and sympathetic staff should be available. It must not be forgotten that the aged are also human beings who require respect and love. It is the responsibility of the whole community to join forces in caring for the aged, for whom in the past, relatively little has been done in comparison with other age groups of the population. Those already committed and active in the field of geriatrics will know of the hard battle which lies ahead, to change the attitude of an uncaring society and make it aware of the pressing needs of aged members.