THE PLACE OF THE SENIOR CITIZEN IN THE EQUATION OF THE MEDICAL-SOCIAL SERVICES

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Abstract:

In order to prevent the apparition of the senior citizens’ dependency or to solve a dependency situation we must develop or organise certain specialised forms of monitoring and care. Among the benefits of these forms of services we may list, beside the wellbeing of the elderly patient, the reduction of the unwanted impact upon the family. As a result of the sanitary system reform, wards or entire hospitals have been closed or transformed, and medical care services have been stopped. Thus, the senior citizens form a disadvantaged marginalised group, subjected to a deep alteration of life quality caused by: inappropriate living conditions, precarious nutrition, seriously affected health condition. The University „EFTIMIE MURGU” Reşiţa is initiating an intervention project aimed at creating a new integrated socio-medical service in the town of Reşiţa, responding to an acute need of the elderly people (as there are no suppliers of medical recovery services to date) by medical examinations and acupuncture, physiotherapy, kineotherapy and medical gymnastics, social and psychological counselling. The direct beneficiaries are Reşiţa’s senior citizens (500 persons living in the old district of the town), and the indirect ones are the members of their families, the public health services (by lifting the burden from their shoulders as regards chronic patients or cases difficult to recover), as well as the local public authorities, through the apparition of a new type of medico-social services, which will gain public utility.

Key words: dependency, integrated service, beneficiaries, suppliers

The care in social work

The theory of care represents for the social workers the core of their status in society, providing them the most representative action field focused on the fundamental problems and requirements of their profession. While training for this activity, social workers
should be at the same time sociologists, psychologists, anthropologists, legal specialists, managers etc., although they will resort to the support of an interdisciplinary team in different stages of the fulfilment of the set social programmes. In the capacity of family counsellor or client's advisor, social workers must use all the talent, competency and experience acquired in order to gain the trust of the interlocutor, they must convey affection, care and warmth, show interest for the client and prove authenticity in all they say and do. Any client sanctions very harshly the lack of sincerity, the artificial approach in direct relations, the sentimental “artefact” or the “affective kitsch”, the brutal involvement in the private life, the abuse of trust, the breach of confidentiality of the information transferred within and through the interpersonal relations, the infringement of the ethic rules etc. – elements which the clients, although they do not know exactly (in a systematic or theoretical form), “can feel” with a remarkable force and exteriorise through acts that are often very violent (they abandon the dialogue, close within themselves, return to their old behaviours, hide from the family, refuse the contact with the social worker etc). All these risks cannot be ignored in the practice of social assistance. (Miftode, V., 2003, p.236).

The University „Eftimie Murgu” of Reşiţa is initiating an intervention project aimed at creating a new integrated socio-medical service in the town of Reşiţa, able to respond to an acute need of the elderly population (as there are no suppliers of medical recovery services up to now) through medical examinations and acupuncture, physiotherapy, kineto-therapy and medical gymnastics, social and psychological counselling.

The goals of the project are the following:

- To facilitate the access of as many persons as possible, persons who are dependent or in danger of becoming dependent on appropriate services of health care.
- The apparition of a new concept of health promotion among the population of doctors and patients implemented both through medical, social, psychological and legal counselling of beneficiaries and through the training of qualified personnel specific to the supply of integrated medico-social services.
• Lifting from the “shoulders” of public health facilities as many chronic cases as possible that are in recovery after an acute phase, or the cases clinically healed, but difficult to recover.

• Creating a new system of supplying integrated medico-social services, which may eventually be inserted into the network of public utilities.

• Improving the health condition and life quality of the target group members.

Situated in the south-western part of the country, the town of Reşiţa has at present 91,753 inhabitants, 44,617 male and 43,136 female. In the past year the birth rate was of 8.3 births per 1000 inhabitants, while mortality was 9.8 deaths per 1000 inhabitants. We may thus state that the population of the town is confronted to a phenomenon of decrease in number, ageing and feminisation.

The town fully experiences the transition shock, as the present economic trend has left few opportunities of professional readapting to the unemployed persons, appeared because of the closing or restructuring of the two main companies that used to absorb the majority of the active population, i.e. the Steel Works and the Machine Building Plant. At present there are 10209 unemployed persons in Reşiţa.

Reşiţa as an industrial town providing jobs and good wages used to be a magnet for people from diverse regions of the country. Today, these people have grown old and have no family to support them, and they cannot chose to return to their native place either, as they lost their family connections when they left home.

All the above facts are topped by the chaos in the sanitary system. In Reşiţa and Caraş-Severin county, following the reform of the sanitary system, one has closed wards and even entire hospitals, and one has discontinued services of medical care or medico-social facilities. Thus, we can affirm that the senior citizens form an actual disadvantaged group, or at least a marginalised one, with the profound alteration of life quality, triggered by:

• Inadequate living conditions (small spaces, disconnected from the hot water and heating supply networks, inappropriate hygiene);

• Precarious nutrition condition (caused by insufficient revenues assuring the daily minimum calories, food supplements or at least a constancy in procuring food);
• Seriously affected health condition (although the accumulation of several affections is a characteristic of old age, the members of this group “benefit” further from a difficult access to health services and are unable to procure by their own means, due to small revenue, the medication in the case of a gap in the free or compensated medicine supply).

The target group comprises 500 persons, most of them living in the old district of the town, where a recovery centre was set. The pathology in this group is the following: cardiovascular, neurologic diseases, sequels of professional diseases, effects of alcoholism.

The direct beneficiaries are represented by the elderly population, and the indirect beneficiaries are their family members, as well as the public health care services, as they are taken away the chronic cases or those difficult to recover, and the public local authorities, by the apparition of a new type of integrated medico-social services, which can become of public utility.

We are witnessing in our country a phenomenon of increase of longevity with triggers also the apparition of new situations of social risk. Thus, we also witness an increase of the number of elderly people living alone, as the changes in the family structure, life style, transfer of the young population from native areas, poverty etc. trigger the limitation of the family support and the reduction of the number of traditional caretakers. Most of the times the caretakers are the spouses of the dependent aged people and the health condition of latter may also be deteriorated, and the younger caretakers frequently experience depression phenomena. The use of qualified caretakers or the appeal to specialised recovery services could eliminate these problems and would ease the family budget.

In Reşiţa there is no supply of care services at the domicile of the patients from the part of local administration and moreover there is no NGO involved in this type of activities. There is the Mayor’s Office Social Assistance Service in the town, but it does not supply services of medical recovery nor integrated socio-medical services.

There are 49 family doctors, in charge of the care of 73,658 registered persons, the rest being uninsured or ineligible for medical insurance plans. The County Hospital Reşiţa has three buildings and 1,095 beds for patients, 72 physicians and 1,011 nurses and auxiliary personnel. There are 18 physicians and 76 nurses.
operating in the private system. There are 28 pharmacies, of which 2 in the public system and the remaining 26 in the private system, 3 private polyclinics, 5 private laboratories, 22 dentists’ offices, 20 private dental laboratories.

In the field of senior citizens’ care, there is a hospital-retiring home with 120 places, insufficient compared to the demand, in which these persons are merely institutionalised.

The prevention of dependency apparition or the recovery of a dependency situation supposes the development or organisation of certain specialised forms of monitoring and care. Among the benefits of these new forms of services we can count not only the patients’ wellbeing, more reduced costs compared to an institutionalisation, but also the diminishing of the unwanted impact on the family, induced by the existence of a dependent person.

In order to provide services of medical recovery it is important to develop the social infrastructure able to support a true network of services, offered in close connection with the other medical and social structures on the territory and the training of qualified personnel in the domains of care, recover and dependency prevention.

The University „Eftimie Murgu” of Reşiţa is initiating a pilot project aiming at creating a new integrated socio-medical service in the town of Reşiţa, able to respond to an acute need of the population, as there are no suppliers of medical recovery services, neither in the public nor in the private sector.

The centre has the following sectorial composition:

- Medical examining rooms:
  - medical examinations and acupuncture
  - physiotherapy and massage
  - kinetotherapy and medical gymnastics
- Ward room able to temporarily accommodate the persons requiring recovery when released from hospital, or whenever necessary (temporary care centre)
  - ER ward: - physician
  - nurses
- Administrative offices (three)
  - Counselling ward (social, psychological, legal)

Each of these wards / rooms are equipped, accordingly, with separate bathrooms. For the good operation of the centre one will also set a laundry room (equipped with three washing
machines), locker room for the staff with private bathroom and a kitchen with locker room and separate bathroom.

Apart these wards there will be a space for instrument sterilisation, equipped with autoclaves and their access will be limited only to the authorised personnel.

The care room has six beds, with separate bathroom; all the surface are of washable materials, appropriate for the prevention of infections and antiseptic purposes.

The activity of the centre is focused on medical services and recovery services and will take place according to a previously set schedule in three shifts in the temporary care centre (care room) and in accordance with a previously set schedule for examining rooms.

The medical services provided are:
- Infection prevention
- Monitoring of vital functions (pulse, blood pressure, breathing)
- Correct administration of oral or injectable medication including endovenous drips
- Cure or prevention of decubitus ulcers
- Antisepsis of urinary or endovenous cataters
- Antisepsis of tracheostomas and colonostomas
- General medical examinations

The recovery services may take place both in the room, at the patients’ bed, and in the specialised cure rooms, and are the following:
- The most precocious mobilisation following an affection which led to the affectation of the motor capacity (sequels of a cerebral vascular accident, fractures, heart attack, serious surgery, traumas)
- Muscular rehabilitation (massage, kinetotherapy, acupuncture)
- Regain of joints’ mobility (massage, kineto- and physiotherapy)
- Retraining of the sensorial and motor capacities (electrostimulation, physiotherapy, acupuncture)
- Pain therapy (acupuncture, skin electrostimulation)

The temporary care centre (ward) will benefit from the services of four nurses and two caretakers, and from the supervision
of a physician. The nurses will work in three shifts, and the doctor will be on call whenever the cases in the centre require it.

In the specialised examining and treatment rooms the activity is focused especially on services of recovery: massage, kinetotherapy, medical gymnastics, physiotherapy, acupuncture, provided both to the beneficiaries of the centre and the population. The activity of these treatment rooms will be an important source of financial support of the project after the termination of the PHARE financing, and by providing recovery and medical services for a fee, for the population outside the target group.

The counselling office (psychological, social, legal) will provide specific services for the beneficiaries of the centre, aiming thus at the improvement of their life quality, and ensuring a rapid social reinsertion, by overcoming the unfavourable situation.

The social worker must understand and participate, together with the client, in his / her difficult life, to have an appropriate training level, to know the theoretical basics of the issue and to master the intervention techniques specific for each case.

Although these care programmes are modest in their goals, their achievement may generate significant effects, with the immediate effect of legitimising the activity of the social workers before the public opinion, and in the long run opening the way toward the awareness of interhuman care.

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