

DAILY CARES

Wisdom From Those Who Give and Receive Care

© Getty Images



Behind the Curtain

A Caregiver Restores an Abused Client's Dignity

— by Skye Moody

Note: The author uses pseudonyms to protect privacy.

When Dave Martin was born with cerebral palsy his family had little hope that the boy would survive long, let alone live to adulthood and attain senior citizen status. This year, Dave Martin celebrates his sixty-ninth birthday.

After Dave's parents passed away, he became a client of the State's Department of Social and Health Services (DSHS), moving into a State-funded nursing home, and then into his own apartment in an "affordable housing" facility where he was assigned a male caregiver. Then Dave's physical condition gradually worsened, his leg muscles weakened, he became prone to debilitating muscle spasms, projectile vomiting, and incontinence, and his speech became harder to understand. This is where DSHS-certified caregiver, Betty Taylor, entered the picture, but not before Dave had endured twelve years of horrific neglect by his previous caregiver.

Some people merely see "what's left" in a disabled person, while others see the person's essence. Betty Taylor sees that essence, the whole person; she has been caring for elderly clients since age fifteen, when her mother signed off on a work permit and Betty got a job at a nursing home. There, Betty learned the basics of caring for bedridden elderly, including disabled and terminally ill patients. By the time she inherited Dave Martin as a client, Betty Taylor had accumulated five decades of caregiving experience, yet she had never taken on such a chronically abused client.

"Before I entered Dave's life," says Taylor, "he was miserable. His male caregiver hadn't bathed Dave during the entire twelve years he was assigned to him. It took weeks of scrubbing to get the stench off Dave's skin. Then his skin broke out in rashes from all the scrubbing, all the new, fragile skin surfacing. We finally got it under control. This former caregiver never cooked proper meals, just heated up canned food, basically."

Dave's plight had denied him virtually all aspects of human dignity. Betty Taylor's job was to turn things around. Taylor has now been Dave's caregiver for eleven years, and in that time, Dave's health has improved, he has gained weight, recovered his personal self-respect, and naturally sunny disposition. A neighbor who observed Dave's transition from former caregiver to Taylor's rehabilitation efforts, remarks, "If not for Betty, Dave wouldn't still be with us. He was mis-

erable before she took over his care. We love him. He makes everyone around him feel happy."

But the road wasn't always smooth. "I understood Dave's initial embarrassment with my helping him bathe," says Taylor. "In the beginning, helping him undress and get into the shower, I would, you know, sort of look the other way. I would close the shower curtain, hand him a washcloth and he would clean his private parts. I would scrub everything else. Of course, I had to wash his backside. He was embarrassed. I was too, probably. But after a few weeks we got used to each other, and now neither of us thinks twice about it. Sometimes he's incontinent and I clean up after him. He can't do it. He's apologetic. But we've become used to each other, which makes it easier, and now he's not shy. We laugh a lot, which helps."

Betty's matter-of-fact attitude conceals her innate gifts of sensitivity and compassion, and still, her struggle with revulsion at such moments. The ease with which people dismiss the elderly and disabled is partly this revulsion, and partly a self-preservation tactic: "There but for fortune go I," can be a frightening thought.

Yet some individuals like Taylor seem created for the challenges of caregiving, often going the extra mile to enhance their client's comfort and personal dignity. Betty isn't sure what draws her to caregiving; having worked in other occupations, including managing an apartment building for seniors and disabled, she returned to caregiving, "I'm more gratified helping people on a one-to-one basis," she says. "I feel more effective in this role. It suits me, I guess."

Dave is still agile enough to propel his electric wheelchair, and so can take himself outdoors where he often sits for hours enjoying the fresh air and pace of life in his neighborhood. If he tires of the outdoor scene, or when it rains, or the winds blow too hard, he propels his wheelchair along the special ramp back into his apartment building, lets himself into his apartment unit, shifts into his mechanized lounge (purchased by Betty with her own money), and watches television while waiting for Betty to arrive home and prepare his supper.

"We like to say we're like a married couple at this point," Betty jokes. "We laugh, you have to laugh, but we do spend a lot of time together and know each other's quirks." ♦

The Importance of Dignity,

Calnan et al, (2003), cites a European Union-funded study carried out in 2002 that used focus groups to explore how important dignity was to older people, what it means to them and how they are treated. The results of the study showed that dignity was important to older people, although they found it easier to talk about its absence, or when they had been treated in an undignified manner. The key examples of lack of dignity related to:

- Lack of thought given to helping people with their personal appearance;
- The attachment of labels to older people such as 'bed-blockers' or 'geriatrics'.
- Exposing a patient's naked body to strangers or to other patients when using a hoist;
- Not asking the person how he or she would like to be addressed;
- Lack of thought being given to the gender of the caregiver;
- Mixing tablets into food.