

gynaecology, dermatology and orthopaedic outpatients have long waiting lists. On the other hand, when I ring the hospital or pathology laboratory, the staff are charming and helpful. Everyone uses first names and seems anxious to help, instead of interrogating you at great length about your request for admission or information

and making you feel a nuisance and unworthy of attention.

What do I miss? Not the pressure and time constraints, not the mounds of repeat prescriptions and not the annual appraisal system. I miss the patients I knew for years, their stories, humour and the even bigger mix of nationalities

I came across working in Leeds. I miss the camaraderie between colleagues that comes from working in adversity. But overall I think the Kiwi approach is refreshingly honest, good humoured and the standard of medicine extremely high. I am grateful to be working in such a system and to have been welcomed here with such enthusiasm.

## A type of lady's corset?

### Support for older people

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#### ABSTRACT

'Older people need support.' What sense do older people themselves make of this apparently simple statement? Comments drawn from qualitative research underway with older New Zealanders highlight the gulf between the language of older people and the well-meaning assumptions of primary health care professionals about support needs. These thought-provoking vignettes show it is crucial to delicately negotiate the ways that support is offered and delivered to people who have long achieved the autonomy and self-sufficiency prized in Western societies.

Support for older people. 'What on earth is it? A woman's corset?' says the 75-year-old ever-single woman. 'Smothering,' say the over-70s focus group members, discussing what support can mean for older people. 'Propping someone up,' they add. 'I hate it when someone grabs my arm as if I can't manage. I'll ask for help if I need it!' says Lois, 86. 'You lose your ability if too much support is given,' says Maggie, who at 93 moved out of an eldercare 'serviced apartment' because she didn't need the mandatory cleaning and laundry services provided; she could do her own.

Busy physicians are supposed to ensure patients have adequate support, as well as to deal with all the difficulties of the ageing body before them. Ample research has provided evidence for the necessity of 'good social support' to buffer morbidity associated with loneliness and social isolation. But our recent research is showing a yawning gap between professional and lay views on the

idea of needing 'support', highlighting what an emotionally-laden and socially-difficult concept it is. We suggest this has significant implications for health practitioners, and that recognising and understanding these complexities may bolster our abilities to enhance the well-being and resilience of older people in our communities.

What support have you given or received in the past week? 'None,' says the 86-year-old childless man who lives alone. Later, he speaks about the neighbour with whom he exchanges the daily newspaper (so she would take action if he didn't appear), his 'mate's wife' who visits weekly, the godson who helped him buy a new car, and the man who comes to mow the lawn (which was 'organised by the doctor').

Another focus group shares stories of 'maintaining their independence'—the daughter who helps them out, the grandson who does the garden and the son who tackled that useless tradesperson are

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all incorporated into their tales of living 'independently', not put in that strange box labelled SUPPORT that somehow exists outside of family life.

Self-sufficiency and independence are widely prized in Western societies, yet older people are supposed to quietly reverse the socially sanctioned habits of a lifetime and graciously accept 'support' at some ill-defined moment of clock-time (over 80? 90?) or decrepitude (nearly blind? Parkinson's bad?). The 88-year-old woman notes with pride that having someone clean her house isn't yet 'necessary', even though her

Plenty of state-funded 'support' was offered to 83-year-old Maria, her Parkinson's suddenly severe after her husband died. But the prospect of having someone come to shower her in the morning when it's 'bad' (emotionally and physically) before she has a chance to 'dress up and tidy up' feels too exposing, even though showering is getting difficult with her shaking hands.

'It's my place' (literally and figuratively) to cook meals, she says—'how could I have someone in my kitchen?' The complexity of her grief, for a husband she didn't love for 50 years, is hard to speak

sit, it might look lonely or risky. But maybe there are some assumptions to reconsider before you panic that your patient doesn't have 'enough support'.

The advice from the older people to their physicians? Problem-solve together with us. Be willing to make deals and have a laugh. Daphne, 82, virtually blind with macular degeneration, appreciates her GP's sense of humour and willingness to negotiate—he won't insist she uses her white stick, if she promises to use a disability parking permit, so her friend can drive up close to the shops. For Daphne, the white stick is a disability-aid-too-

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retirement-village neighbour, who is only in her 60s, has such help. Her lawns are mowed 'as part of the contract' (rather than because of 'need'), but she proudly points out that she still does her own gardening. Similarly, the childless couple (both aged 76) think that gardening support is only for the 'elderly' or 'disabled', categories that apply only to others, even though the husband is seriously ill.

What nonsense to ask about 'emotional support' when talking to an 85-year-old man, inculcated with the virtues of bravery and stoicism through wartime and the Depression. Talk about whether he had a good chat with his old soldier mates down the pub and you might get an account of solid connections, though perhaps profoundly non-verbal, and certainly not labelled 'support'.

of in the face of the jolly sympathy for a new widow that is routinely dispatched. Her coiffed hair and slender, upright frame would have her pass for someone younger—'You want I should be a little old lady, a target for robbers, by using a walking frame?'

No, we don't want that, Maria. We want a society where your age would be richly valued and a target of honour, not ridicule and risk.

Meanwhile, back at the medical centre, the poor flat-out doctor is wondering how reading this is supposed to help. (You see? You don't want help either.) Yes, there's an ageing body before you, but there is also a feisty, wily survivor of far more than you can ever know, who's been running a life in the way that works for them. From where you

far; the parking permit is tolerable. For someone else, it might be the reverse. Let us have choices wherever possible. We're the ones managing the delicate balance between a lifetime of capability and problem-solving, and the surprising thrills and spills of growing older.

### ACKNOWLEDGEMENTS

Projects supported by the Hope Foundation for Research on Ageing and the Health Research Council of NZ.