

the other person's PERSPECTIVE

by Henry Lew, psychologist

For family members and caregivers, looking after an elderly patient can be full of challenges. For the elderly person transiting into the role of a patient, receiving help from others can be equally difficult.

Among the many families whom I have come across in my work, both caregivers and elderly patients obviously love each other a lot and more often than not have good intentions and each other's interests at heart.

However, very often, the demands of the illness create a rift between them. They inadvertently begin to exhibit disdain for each other.

We look at what each side might be feeling and thinking and struggling with in three different situations and offer some practical advice and tips on how any unpleasant feelings and friction can be minimised or avoided.

SITUATION 1 Medical Appointments

The elderly says

"I don't understand why there are so many medical appointments. I am confused about the various appointment dates. I also feel rather lost when I reach the clinic as I have to navigate around a few stations within the clinic. I don't want to trouble my family too much and I feel bad about the inconveniences I cause them."

The caregiver says

"I feel frustrated and stressed. Sometimes I wish he would go for the medical appointments himself. What could be so hard? It is all written clearly on the appointment card. There are signs and staff to direct him. Honestly, it is a challenge taking leave from work. It's not that I don't care. I really do. I don't want him to feel lost when he goes alone either."

The psychologist says



Recognise that as our loved ones age, it is normal for them to experience some decline in memory. In most cases, it is not because they do not understand; it could be because they have forgotten the reasons for the appointments. Be patient if they ask again and again. Give them time to absorb and clarify.

Try to get support from friends, extended family or the community to help the elderly get to their appointments without undue stress.

SITUATION 2 Lifestyle Changes

The elderly says

"I don't mean to create more problems. It's not that I don't care about myself or deliberately forget to take my pills on time. I get tired easily these days. I don't have the energy to get back to exercise. I don't want to disappoint my family, too."

The caregiver says

"I have been trying my best to remind him as best as I can. I even prepared the pill boxes but he continues to be inconsistent with his oral medication. Although he tells me he is trying, I cannot help but feel that he is not even trying. I am lost!"

The psychologist says



Create an environment that facilitates the behaviour change. In the case of medication, a timetable, a post-it note, etc, may be essential to help the elderly remember his medication pill box.

Incorporating changes into his daily life routine may facilitate the new habit. For example, asking the elderly to go for brief walks before he buys/eats his breakfast.

SITUATION 3 Everyday Tasks

The elderly says

"I really don't mean to mess things up. Since my hands and legs started to go numb or painful frequently, I am not as good with some household chores. But I still want to help out in the home. I don't want to feel useless."

The caregiver says

"I would rather complete the tasks for him than have him injure himself. And it is so much faster for everyone if we do it ourselves."

The psychologist says



Generally, the elderly should be encouraged to continue tasks within their abilities. This continuity helps boost their self-confidence and sense of accomplishment. However, if they have problems with balance, tasks that may pose a risk of falling should be avoided.