

PSYCHOGERIATRICS IN BELGIUM

Tarefa:

1. Tendo em mente *Teoria da diversidade e universalidade dos cuidados culturais* (M. Leininger, 1991), **identifique no caso os factores culturais** que contribuem para o estado de saúde e para a oferta de cuidados de saúde.
2. Compare com a realidade portuguesa: quais as semelhanças e diferenças que encontra?
3. Que outra informação seria relevante para perceber as necessidades destes clientes e os cuidados a prestar?

Maurice is a 76 year old man who lives alone in the countryside. He is a widower since april 2005. His wife Louisa, to whom he was married for 50 years, died after a long illness. Maurice stayed at her bedside till the last moment. Maurice and Louisa have two sons. Both are succesfull entrepreneurs and live in the city some tens of miles away from their father.

Since the death of Louisa, Maurice lets himself go. He has told people that life for him doesn't make any sense. Most of all he would have liked to die together with his wife. His general practitioner feels very sorry for Maurice and drops by on a weekly basis. Week after week he sees that Maurice is slipping away : he uses a lot af alcohol (one bottle of hard liquor a day), he doesn't make any meals and neglects his personal hygiene. The doctor diagnoses him with a depression and starts up the medication.

The doctor also decides to tell the sons of their father's deteriorating situation. They are very concerned, but cannot assume the task to take care of their father. They propose to put him in a carecentre for the elderly.

When the doctor brings this up with Maurice, he is very sad...' why did this has to happen to him?!'. Maurice decides to tell the doctor not to pass any more and even breaks all communication with his sons. He is considering to take his own life.

The following day the doctor gets a call from Maurice's neighbour with the news that the shutters of the house stayed close all day long. She is very worried. He also didn't feed his chicken, something he does every day at 9 A.M. The doctor decides to check out the situation and finds Maurice on the floor unconsciously. Maurice tried to kill himself with an overdose of anti-depressants in combination with alcohol.

Maurice is admitted to the psychiatry ward of a nearby hospital. Through this unit Maurice gets transferred to a psychiatric hospital, about 50 km from where he lives. The following weeks are filled with big depressions and psychotic symptoms at which

Maurice refuses all nutrition. The psychiatrist decides to start up Electro Convulsion Therapy (ECT).

After a couple of weeks Maurice is doing better. His depression disappears and maintenance medication is started. Since his admission he didn't touch one drop of alcohol and this has a positive effect on him. Also his physical well being has improved a lot. He has been given a complete physical examination and specific treatments are given. On top of this his nutritional intake is stable.

There is a discussion with his sons and most of all Maurice would like to return to his own home. The sons as well as the treating team are very sceptical about this. The release manager is consulted and this person works out a careplan.

Maurice can return to his own home, given a couple of very clear changes. Every day he will get a visit from an independent nurse who takes care of medication and helps with the hygiene. Also a family-aid will take care of the cleaning of the house and for companionship. The neighbour will also call in every day (also in the weekends) to check up on Maurice. A psychiatric home-nurse will pass by once a week for a long conversation. Together with this nurse Maurice will screen 'the organisation of care'.

Three weeks after being released a care-discussion will be held by the intermediate of the local care-organisation. All people involved will be present : the GP, the independent nurse, the psychiatric nurse, the caretaker, the neighbour, the two sons and Maurice of course.

The evaluation is fairly positive. Nonetheless, Maurice says he is still going through difficult moments. Especially in the evening and during the weekends, he feels like grabbing the bottle again. On top of this Maurice also is worried about his financial situation : there are so many people involved in this process....can he continue to pay for all of this?!

A visitation schedule is drafted for the weekends so he can stay at his sons' homes. For the evenings they will look for a pass-time. Maurice has always been involved in the local church community but he had to stop after his wife got ill. During the care-discussion there is a brainstorm how Maurice could reassume his engagement. Maurice likes this and the neighbour will contact the local vicar.

To conclude this discussion, the care-taker of the welfare will do a diligent follow-up of all the financials. The GP will remain the central figure and the thrust-person and will continue to pass by every week. He will also do a follow-up of a preventative program that Maurice together with the psychiatric nurse has drafted. This last one will decrease the number of contacts and in a couple of weeks end the therapy.