

Recognizing the importance of long-term care

As scandals at long-term care centres emerge, to the delight of the media, and apathy about the vulnerable members of society spreads, what is the role of professional orders and where is the respect for human dignity?

Last fall, the events at the Saint-Charles-Borromée centre made media headlines and trained the spotlight on residential and long-term care centres (CHSLDs). Minister Philippe Couillard placed the centre under trusteeship and, on January 15, announced a plan to conduct inspections at some forty public CHSLDs by late April, to assess human, physical and administrative conditions at each institution. It is vital that the Minister take a clear stand on the importance of long-term care and make it a priority.

In the January 6 edition of *Le Devoir*, historian Yolande Cohen wondered where the health professionals were who, she felt, had failed to speak out against the situation at Saint-Charles-Borromée. She also pointed a finger at the professional orders concerned, claiming that they did not step in frequently enough to prevent the kind of abuse suffered by long-term care patients.

The role of professional orders

To the best of my knowledge, the nurses at this centre gave the investigators appointed by Mr. Couillard a report on how nursing practice there had deteriorated. At the Ordre des infirmières et infirmiers du Québec (OIIQ), the Bureau intends to use the authority granted it under the *Nurses Act*, and has resolved to conduct an investigation of its own into the quality of nursing care and report to the Minister. We hope that this investigation will help the trustee carry out his mandate.

Respect for human dignity

must apply to everyone.

It is not negotiable.

In recent years, our organization has made many public statements and submitted many briefs on inadequate

care and funding, and even on abuses and offences against human dignity. The most recent of these briefs was submitted to the Commission on human rights and young people's rights, in 2001. That Commission in fact devoted a great deal of attention to the mistreatment of the elderly in institutions. In January 2002, we published a study on the quality of nursing care in Quebec health institutions. Other professional orders have already sounded the alarm: the Ordre des diététistes du Québec produced a report on the abysmal quality of food at such centres. The orders' mandate is to ensure that their members possess the necessary skills. Aside from the Collège des médecins, our organization is the only one with broader investigative powers into the quality of health care.

Should we make more frequent use of our authority for **preventive** purposes? Inadequate care does not necessarily amount to an attack on human dignity, as in the case of verbal or



Photo Marcel La Haye

physical bullying, which can be prevented through adequate supervision and a zero-tolerance policy. Consequently, our organization will act only in explicit cases of abuse.

Moreover, when the budget for long-term care centres is not sufficient to meet the criteria in evaluation grids, it is clear that insufficient care has become a fact in Quebec; however, our organization cannot transform itself into a watchdog and call attention to problems caused by the State itself.

Compassionate social ethics

The lack of compassion shown by society in general and the State can prevent caregivers from living up to their responsibilities, forcing them to learn to treat patients at sub-professional standards. Yolande Cohen reminds us that caring cannot be left up to the nursing profession or even to the health professions in general, but rather is a basic human virtue. Despite all the televised exposés, scandals and reports, widespread apathy about the vulnerable members of society persists. Yet respect for human dignity must apply to everyone. It is not negotiable. You cannot have 60%, 70% or 80% respect, as the bottom-line approach seems to be insidiously suggesting.

In his 1996 book¹, bio-ethicist Hubert Doucet mentions the work of an American philosopher, Daniel Callahan, who calls for the emergence of caring as a social imperative; he even goes so far as to say that other curative services besides caring are morally optional. The moral fabric of a civilization can be seen in how it treats its most vulnerable members, as they say. But first a society needs to acknowledge the needs of those members!

Long-term care centres adrift

Over the past ten years, CHSLDs have become “living environments” rather than “caring environments.” In an effort to de-medicalize or justifiably ease the rules applying to hospital settings (e.g. strict hours, aseptic conditions, etc.), directors of long-term care centres have adopted the so-called “living environment” approach. Indeed, this is the approach advocated by the MSSS.

Recognizing the importance of care in CHSLDs calls for a concerted effort.

Unfortunately, this approach was developed without taking account of the roles of health professionals, and nurses in particular. First they abolished the position of Director of Nursing; at best, a front-line nurse was appointed “nurse in charge of nursing,” with no authority or responsibility. This was followed by drastic cut-backs in nursing and nursing assistant positions. Part-time nurses or nurses from private agencies, who don’t know the patients very well, visit them from time to time to perform specific nursing tasks. This all distorts any contribution that nurses could make to assessing the physical and mental con-

dition of symptomatic residents. In addition, nurses no longer have any authority over attendants, who report directly to a manager responsible for a “care unit” (who in many cases is not a nurse). We even found one institution where the nurse on duty was not allowed to communicate with a physician without the manager’s permission!

I could continue in this vein, but you will have grasped by now that the management of a “living environment” has too often ended up de-professionalizing health care and depriving patients and attendants of nursing expertise. In this connection, nursing practice in long-term care has frequently been looked down on, even within the profession, and the expertise required has not been properly valued. In some cases, CHSLDs have provided jobs for nurses who lack some of the skills they would be expected to have in order to work elsewhere in the system.

Recognizing the importance of care in CHSLDs calls for a concerted effort by all parties. In fact, I feel that some people’s attempts to transform them into recreational centres denies patients their right to care. We must seek a balance that respects CHSLD residents. ●

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1. DOUCET, H. *Au pays de la bioéthique: l'éthique biomédicale aux États-Unis*, Geneva, Labor et Fides, 1996.