



Imparting
the basics of caring
for the elderly

PROFESSOR BRENT TIPPING

Distinguished Visitor Award

To enable increased training in assessment and care of poorer older persons from rural areas at the Tintswalo Hospital.

The only problem with geriatric care is that you deal with children all day as opposed to paediatricians, who deal with parents all day. By sharing this ironic truth, Professor Brent Tipping, Head of the Division of Geriatric Medicine at the University of the Witwatersrand, reveals the quirky humour that endears him to rural healthcare professionals he's teaching geriatric care skills to, in Mpumalanga's impoverished Bushbuckridge district.

He's delighted at the uptake of his Distinguished Visitor project to increase training in the assessment and care of poorer older persons from rural areas at the 432-bed Tintswalo District Hospital. The hospital is among a handful of health facilities that serve some 550 000 people in 135 settlements, close to South Africa's borders with Swaziland and Mozambique. An estimated 34.4% of people here are unemployed, with malnutrition, HIV and TB, STIs and drug abuse rife. Only 20% of toilets are connected to a sewage system and just 22% of homes benefit from weekly refuse removal.

One of the most worrying statistics for the slowly growing network of people caring for the elderly, is the 20% of their patients who are HIV positive.

Admits Professor Tipping, "Until you actually see the conditions and chronic diseases, you don't realise the challenge. Sometimes healthcare doesn't cover any of it."

He says chronic diseases like HIV and TB, diabetes and hypertension tend to age people far quicker.

The folly of treating only symptoms

"A lot of patients are not just old but have become ill. Many healthcare practitioners write off their complaints and put them down to age – it's an entrenched treatment behaviour that a lot of symptoms and disabilities are put down to age, when it's actually disease. It's our job to manage disease.

There are also a lot of simple things we can do. Like explain to a Gogo that you won't get a knee replacement because your knee is sore, but the physios can teach you how to exercise and walk with a stick. We aim for the low-hanging fruit and to improve the clinician's confidence in a basic assessment. If we do nothing else but generate enthusiasm for the concept that old people are very important in the community, we'll have got somewhere," says Professor Tipping.

He says very few countries in Africa pay old people to stay alive. "The rural and pension grants are very important to them. We're not trying to change the world here, we're just focusing on how we can improve confidence in the care of old folk."

He outlines how Tintswalo's long-standing links with Wits University's medical campus has resulted in a steady stream of young medical students and doctors being posted at the hospital for their rural training – and how it has evolved into his current training project.

"I've only been involved for a year, but Wits has been sending students there for many years. One of my old class mates is now a senior doctor at Tintswalo, which is some 470km from Johannesburg," he says.

Tintswalo is a primary referral centre for all psychiatry patients in the area and Professor Tipping says rural and semi-urban health services are neglected in terms of support for training in subspecialist care, including that of older persons.

Research-based on-site training

Wits is involved in longitudinal ageing studies within the Bushbuckridge area, providing vital baseline demographic and disease information about the older population.

Besides medical practitioners, Professor Tipping and his expert South African Geriatric Society colleagues will train nurses at the nursing school attached to the hospital and Clinical Associates.

He shares the “opportunity to serve,” sentiment with so many others, but adds that it’s also an opportunity for personal growth.

Asked to single out the most important lesson for anyone caring for old people, he says without hesitation, “Just listen to your patient. We have to understand our patients and listen to them. It’s one of the tricks in geriatrics. For example, they’ll leave the hospital complaining of a sore foot and one week later, they’ll be back with the same problem because nobody listened to the problem. Doctors end up managing the symptom, not the problem.”

Professor Tipping and his wife, a specialist physician in bone health, have next-door private rooms at the Donald Gordon Medical Centre. They have two children, a girl aged five and a nine-year-old boy. Asked about his seminal influences, Professor Tipping says he knows one thing for sure, “I hated obstetrics when I was an intern and trainee specialist. Geriatric practice allows permanent avoidance of obstetrics.”

Boosting grassroots geriatric care

“We know exactly what’s wrong with people, but we need to get out to the clinics in the research areas and improve care at that level. There’s an interesting change in dynamics in the care of older people. The previous care model was that the family looked after them. Now there’s a need for old age homes. With just 13 geriatricians in South Africa (six in Gauteng, with one in training), the value of his project cannot be underestimated.

Tintswalo Hospital and the 14 primary healthcare clinics it serves, will benefit from the training over the next two years. “There’s a Wits rural conference centre about 10km from Tintswalo Hospital where we’ll offer a basic geriatric programme from the South African Geriatric Society. When I first mentioned the idea, there was tremendous enthusiasm for it, so the uptake will be good,” says Professor Tipping.

The most important thing is to try and understand our patients. The lovely thing about old folk is they always say thank you. There’s also a pride and ownership of “their” doctor who looks after them regularly. You become part of their lives. It’s kind of an old-school gratitude and very rewarding.

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