

THE SOCIAL WORK ROLE IN DIFFICULT TRANSITIONS

The following situations are not hypothetical or composite: they touched SBW Partners personally within the last months of 2006.

Ms. W., a 92-year old single woman with multi-infarct dementia is doing well at home with the help of round-the-clock aides. Suddenly she stops eating, grows listless, and mute. She is taken by ambulance to the emergency room where she is kept overnight and released. A week later she falls and sustains multiple bruises. She is taken again to the hospital, a stroke is diagnosed, she remains for 3 days, and transferred on a Friday afternoon to the sub-acute floor of a nursing home where, paralyzed, non-communicative, and clearly suffering, she remains on Saturday and Sunday with minimal attendance amid more able residents who are undergoing rehabilitation. Monday afternoon she is deemed too ill for the home to accommodate her and is transferred back to the hospital where she dies on Monday night.

Mr. P., A 76-year old single man living alone requires an organ transplant. He receives a full physical and psychosocial work-up from the hospital and is placed on the waiting list. During this time he becomes increasingly ill, frightened and confused. A concerned neighbor calls the hospital and is told to call 911 to take him to the emergency room. When the ambulance arrives, the man refuses to go and they will not take him against his will. Several days later he collapses and is taken to the nearest hospital.

These institutions are not sub-standard: they are widely acclaimed care providers for older people in New York City - appearing in every "Best Of" list. Ms. W and Mr. P are not candidates for the New York Times Neediest Cases: They had sufficient financial resources to sustain them in late life. Yet they entered the health care system in triple jeopardy. Physically compromised, mentally frail, and without family members to act on their behalf, they were totally dependent on "the kindness of strangers." While they do not represent the majority of older adults we serve, they do represent a sizeable minority.

We applaud the efforts of the National Transitions of Care Coalition (NTOCC) (www.ntocc.org), a collaborative effort of 12 leading organizations serving the aged - a group formed to "address barriers and gaps that occur when patients change health care settings." The need for systemic changes and linkages is a critical issue, but there is a social work practice issue to be addressed as well - identifying and intervening in high risk situations. Although we are hampered by institutional boundaries and many duties that interfere with professional practice, there is always the possibility of change.

How can we reverse the trend toward dehumanization of care? How can we enhance our professional role at times of transition for the most vulnerable of older adults? We look forward to hearing from you on this critical issue.

SBW Partners is a fee-for-service firm devoted to advancing social work practice in aging. Services are provided by Dr. Barbara Silverstone and Dr. Ann Burack-Weiss, the firm's founding partners, and a group of associates. We provide consultation and staff development for agencies, supervision for practitioners and corporate training programs. For more information, please visit www.sbwpartners.com or call 212.337.2555.