UPDATE ON ENDNOTES' "ALICE"

To the Editor:

I wrote a story published in the December 2013 issue of the *Journal of Gerontological Nursing* about a woman whose life was transformed from one of just existing to one filled with joy when she found a life-like doll that she believed was the infant taken from her at birth. Earlier that year, in August, the care home sent me a picture of "Alice's" 99th birthday party, where she was sitting in a wheelchair with the "baby" in her arms and a big smile on her face.

Endnotes

"At Last I've Found You"

Joyce Simard, MSW

Whenever I tell this story, my heart breaks a little. It's a story of how easy it is to miss diagnosing unhappiness.

Alice (pseudonym) lives in Park Avenue Care Centre, a nursing home in south London. Previously, she did not show signs of depression such as crying, poor appetite, or expressing sad thoughts. Alice stayed in her room quite a bit but as she had no family to provide a social history, the staff thought that maybe she had led a solitary life. She would occasionally attend a social function, ate her meals without much interaction with staff or other residents, and took her medication willingly. Alice, however, rarely smiled.

Her room was her home and it was where she appeared to find comfort. Staff were puzzled that she often took her room apart, perhaps looking for something; however, they just accepted this as normal behavior for her. Alice also became upset if anyone tried to help her with personal care. That in itself was not unusual, as many residents resist taking a shower or having staff provide such intimate services. Staff did their best to respect her wishes for privacy and provided personal care in a way that was least upsetting for her. Even in her room, Alice rarely smiled.

Park Avenue Care Centre is known for delivering excellent care and they usually have a waiting list of residents needing placement. Under the leadership of Arlette Barbosjean, a nurse who is the Registered Manager of this nursing home, was the first to implement the Namaste Care™ program in the United Kingdom. Namaste Care is a sensory-based program of meaningful activities offered with a "loving touch" approach (Simard, 2013). As part of the program, residents are offered a baby doll if staff believe that these items will bring pleasure to a resident. Some residents have their special "pet" waiting for them when the program starts. Others might see a pet or "baby" and hold it for a while but then lose interest, discarding it when something more interesting catches their attention. As a result, babies and pets are placed around the room so that residents have easy access to them.

Alice did not participate in Namaste Care. She did not have a diagnosis of dementia and she would have been uncomfortable with the "loving touch" approach that is the foundation of Namaste Care. Staff would have never even thought of including Alice because of her aversion to being touched. In the Namaste Care program, faces are lovingly washed and a moisturizer is applied. Residents' hair is brushed and they are offered a manicure at least throughout the day. This, as they might say in the United Kingdom, was not Alice's "cup of tea."

The door to the room where Namaste Care takes place is usually kept open so that any resident or family member can join the program at any time.

Park Avenue Care Centre resident Vera Lucking holds a baby doll similar to how Alice, the subject of this essay, cared for her own baby doll.

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During a visit to the United Kingdom in October 2013, I had the opportunity to visit Park Avenue Care Centre and see Alice. She was sitting in a wheelchair with the baby in her arms and a big smile on her face. Alice died in January 2014. According to staff, the last week of her life she chose to stay in bed with her baby next to her. She told everyone that she was dying and not to leave her alone; with the baby by her side, she did not die alone and was not buried alone. This brought me to thinking about person-centered care, which everyone claims to do, but then the social history is hidden in a chart so that the nursing assistants—those closest to residents—never see it. Nor does the housekeeping staff who cleans their rooms or the maintenance crew who are an important part of every facility.

Sometimes I think the social history is the best-kept secret. Why not keep a copy of it at the nurses' station and require all staff to read it? However, it is important to keep in mind it is a "history" and may not reflect the resident's life in the facility now. Every health care community should have a system in place to share and update important non-medical information so that all staff know all of the residents as individuals. *That* is person-centered care.

REFERENCE

Simard, J. (2013). "At last I've found you. " *Journal of Gerontological Nursing, 39*(12), 55-56. doi:10.3928/00989134-20131028-01

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