

Social problems

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I want to talk briefly about the problems of the early rheumatoid arthritic patients who are perhaps not so severely handicapped that they need the aids and practical help about which Dr Ansell has told us so much. They do need a great deal of support and help in adjusting their way of life, even if it is only in small ways. If we recognize that stresses and strains, whether physical or psychological, adversely affect rheumatoid arthritis, efforts must be made to help the patient to avoid these or to come to terms with them in some way.

One particular group I have in mind is the young housewives who possibly have had rheumatoid arthritis for only a year or so and are slowed down by it and get depressed and frustrated. They cannot work as fast as their contemporaries, they cannot manage to do a job as well as running their home, they feel a drag on their husbands, they feel inadequate, they cannot play games with the children, and they get gloomy. Then they see the doctor who probably tells them to rest, and they say 'I cannot rest', and it is difficult for them to believe that this is possible or helpful. We can try and get home helps for them, but these are erratic and their quality varies in different areas. Perhaps we can get younger children to nursery schools, or persuade headmasters to take them a little younger than five if the mother is willing, but the main problem seems to me that the patient and her family, particularly her family, her husband and other relatives should understand her situation and problems.

A reasonably intelligent woman with two children aged about six and four, whose husband was the headmaster of a primary school, said they could not afford to pay for home help, and it took a great deal of discussion of ways and means to work it out that it would be well worth going without one or two luxuries for a while to have a home help, and also that it would be well worth spending some money on useful aids in the home and sending the sheets to the laundry. Fortunately, this patient did eventually realize all this, and now when she has bad spells she sometimes comes and asks the doctor if she can go away to a convalescent home to have a rest, or she may get her mother to come and stay.

Another patient liked walking and was rather surprised because her feet then hurt. I had long talks with her about whether it was better for her or her husband to use the car. Eventually they moved and he could get to work more easily by bus; it was a question of getting her mind to adjust in small ways and to cope with her problems. Dr Ansell was talking about motivation and doing what the doctor wants or what the patient wants. I have had one or two patients sent to see me by the consultant who said they ought to give up work and rest more, but it often transpired that the job itself was far more restful than housework. You can *sit* and do a clerical job. In telling a patient to give up work in order to rest, we do need to consider the whole situation and imagine what that patient would do if she was not working. She would probably be sitting at home getting frustrated, trying to do more housework and seeing the dust, which otherwise she would probably not notice.

When older women get rheumatoid arthritis, they need to meet yet another difficult problem, their feelings towards their parents. This particularly applies to single women who live with their mothers and reckon to look after them. They often start by being resentful that mother, aged 75 or more, is fit and spritely while the patient comes home from work feeling tired out. They may manage to come to terms with that, and then

mother gets older and frailer and they begin to feel guilty about mother trying to do too much. They need a lot of help in deciding how they can meet this problem, how they can get enough rest themselves, how they can persuade mother that some domestic help is needed, and how they can cope with the moment when mother may have to go into an institution and their guilty feelings will come up again about 'putting mother away'. Whatever sort of home it is, whether rich or poor, we come across these feelings. If the daughters get too anxious their arthritis will tend to flare up, and the problem becomes aggravated and a vicious circle sets in.

Young men or any men who develop rheumatoid arthritis also have these feelings of guilt and inadequacy. One said to me rather gloomily that he could work but he was too tired to do anything else. That is often the case; they feel they ought to be doing the garden, decorating and such like and cannot. There is nothing practical to be done about it; there are no social services to help with that problem. The question of giving up one job and changing to another is another big problem. When is the moment you decide to retrain? It depends on so many different things, the type of work, wages, age of the children, opportunities, whether the wife is working, whether she is prepared to go on working while the husband is getting a small maintenance grant and on the prognosis. Having decided to retrain, the delays can be so frustrating that a number of patients almost give it up; the doctors, social workers and everybody have got to stand by and encourage these people not to lose hope.

The patient's motivation and attitudes are absolutely vital when it comes to the question of work. We have two exactly opposite patients that come to my hospital. One is crippled with rheumatoid arthritis, using elbow crutches, but he drives a railway engine. He was advised five years ago to give it up and he went to see the railway doctor and persuaded him that there was one place where he could drive his own car on to the platform; and where he could get into his cab. He went on doing this until his hips got worse. Then he got a wheelchair and his fireman pushes him from the platform into the engine cab. He is still teaching other engine drivers. Then we had another man who is not nearly so disabled with rheumatoid arthritis; I know he gets pain, but he is so afraid that his knees will hurt if he walks to the end of the road, that he cannot even think of doing a job.

From time to time we need to look afresh at the arthritic patients from the social angle and reassess their social problems. We find quite often that patients have attended the hospital for a long time and everybody thinks they have everything they need and are managing all right, and then you suddenly find that they have never seen the occupational therapist because when it was mooted before, they did not want any help. Some new problem comes to light, and their attitude changes.

One thing I find again and again is that patients say to me, "It's absolutely wonderful; the doctor says I can come again in three months, and he always seems pleased to see me, and I know that if I get worse I can come and see him". A lot of them say exactly the same about their general practitioners, "Oh yes, I can go and see him if I am feeling worse". It is this feeling of being wanted and not being a nuisance because you have got something as dreary as arthritis which is so important to these people.