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# Letter to the Editor

## WHEN FAMILIES FAIL

When an elderly patient who is dirty and bruised presents to the emergency department, red flags go up everywhere. Caregivers are questioned and assumptions are formed regarding the lack of care or the possibility of abuse. Most medical personnel would not consider that a frail 70-year-old patient is in such a condition because he or she was intoxicated all week—no one except those of us who have dealt with similar episodes on a more personal level. Nor would most people realize how difficult it is for caregivers to care for parents in their time of need after years of suffering neglect and abuse at their hands. Not unless you have been there.

Last year I was not only 1 of the 28 million Americans who had an alcoholic parent<sup>1</sup> but I also joined the ranks of another 39 million households caring for someone older than 50.<sup>2</sup> When I first read the article “The Effects of Past Relationship and Obligation on Health and Health Promotion in Women Caregivers of Adult Family Members,” I felt excited and almost relieved to see research devoted to a subject that so closely reflected my own personal struggle. Personal yes, but isolated no; the article reminds us that 1 in 4 women has been abused by a conjugal partner, approximately 10 in every 1000 children experience abuse or neglect, and 17% of women have had one experience of incest before the age of 16. These same women are the 80% of family caregivers, both daughters and spouses, who in later years are expected to care for those who abused them.<sup>3</sup>

I hope this article will provoke those in the medical profession to think about each individual situation and consider not only what is best for the patient but what is right for the family. In our society it is unacceptable to just assume that the family knows best or that the family should or can take care of their elderly. I will personally never forget the physician who informed 5 grown children when he had never met that one of us needed to take our father home and care for him. Nor will I forget the feelings of shame and

inadequacy that he provoked when we refused. If the doctor had exerted the same amount of effort in obtaining our family history as he had on attempting to make us feel responsible for our father's physical condition, he may have understood our reasoning. Understanding that each family is different is instrumental in helping both the patient and the family in these difficult situations.

Each member of my family participated at different degrees in caring for my father; each was greatly influenced by experiences and current coping skills. In later years I became my father's house-cleaner, cook, nurse, and personal chauffeur, just to name a few titles. It was not an easy role for me to assume, but I am grateful for the few times where I could see small glimpses of the man my father could be when not clouded by the effects of alcohol.

Thank you for making others aware that not all family dynamics are the same and that care should be given not only to the patient but to the family unit as well.

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