

## **The Medicalization of Caregiving**

By Angus Campbell

When I was giving care to my partner, I never really thought about how much I was doing in terms of medical care. Giving 64 pills per day at seven different times was required and luckily that went well for us – I learned to fill a weekly dosette in 11 minutes. But caring for a frail paraplegic had many other challenges.

Nearly all caregivers are willing to do as much as they can, but is the healthcare system unduly burdening family and friends? When does insisting that caregiving tasks expand to include medical procedures normally done by a professional become too much? Family and friends currently give 70-80% of care at home, but where can caregivers draw the line?

Caregiving may include personal care, appointment scheduling, transportation, groceries, meals, household management, financial and legal matters... it can be a long list.

But some caregivers are also responsible for medical procedures such as injections, feeding tubes, ostomies (external pouches), dialysis, wound care, and more. Some caregivers enjoy rising to the challenge that each new procedure may bring, but others may be afraid or simply don't want to carry out such procedures.

One problem is that caregivers in our province report that they are seldom asked by medical personnel if they would feel confident or if they are willing to provide specialized procedures – it is just expected of them. Some caregivers have also stated that they do so much already that they don't have the mental stamina to focus on medical care.

In order to follow the Home First philosophy, which believes that most people wish to remain in their homes and avoid Long Term Care, we need to support caregivers in the right ways. Part of that support includes both not burdening them with too many tasks and by ensuring that they have sufficient respite, information, training, and support such that they can continue their caregiving roles.

Caring for someone in their dying days can be a very special time, and we often amaze ourselves with the inner strength we find to ensure the best home environment. Fortunately in Nova Scotia and PEI there is the Emergency Health Services (EHS) Special Patient Program that provides palliative patients and their caregivers with support, especially medical support regarding pain management. It often results in the patient not having to be transported to hospital.

The Special Patient Program is available to other types of patients as well.

For more information on the Special Patient Program and other services, contact Caregivers Nova Scotia at 902.421.7390, toll free at 1.877.488.7390, or at [www.CaregiversNS.org](http://www.CaregiversNS.org).

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