

Father Tucker :

Dr. Lindell, distinguished gentlemen behind me, and still more distinguished people in front of me, first of all I would like to say how honoured I feel to have been asked to address this gathering composed to a very large extent of expert people in their own domain. I am afraid that I can make no claim of being an expert, except that I have had some fifteen or sixteen years in trying to do what I could to help ageing people, and I have also had some personal experience now of what old age really is like. So except for our two special guests down here, I expect I can claim to know more about this problem than anybody else in the hall because I have had more experience of old age. May I also take this opportunity of expressing my appreciation of what medical science, of which the Hospitals and Charities Commission are a part, and the wonderful contribution they have made over the years for the welfare of old people. They are living now for ten or fifteen years longer than was the case a few years ago, and this is of course due almost entirely to medical science. One thinks of that wonderful job—I sometimes wonder if the ordinary public realize what is being done in this particular sphere. Mount Royal, for instance, is something that the whole of Australia can be proud of. Yes, medical science is making and has made very valuable contribution to the welfare of the old people, but I am still rather fearful if we are keeping up with the medical people and their standards. This ten or fifteen years that have been added to the life span of many people, that of course makes the whole problem more complex. A few years ago an elderly person got pneumonia or something, well they soon popped off. Nowadays you get pneumonia, your local doctor will come along and put a needle in you and you pop up again, and so it is. It is not only that life is being made prolonged but many of the disadvantages of old age have been taken away. Old age can be a very much happier, more interesting, more useful time than it was some years ago. The thing that I query is, are we, who are responsible for the welfare of old people apart from the medical profession, doing our part? I do not know but I think that the three essentials for a happy, useful old age are—first of all, independence. That is something we like, a natural desire of us all, and that desire does not just go away when you get old. Somehow or other people think that when you get grey hairs and wrinkles and look ugly you become nice and docile all of a sudden, that you do not mind being pushed around. Well, you do mind being pushed around. You want that independence and I think our attitude sometimes—I know it is often meant kindly—the attitude you young things down there of forty, fifty and sixty, your attitude towards we older ones, you convey it very kindly, sometimes

it is patronising you know, we are put in a class by ourselves. I do not know why old people should suddenly become "dear old souls". Why should they? I have been called many things in my career but something rather upset me the other day. I was walking away from a number of people to whom I had been speaking and they said "Isn't he a dear old gentleman". Well, that is a nice thing to call a man, isn't it? I think this is rather typical of the patronising attitude that people are inclined to take. I know it is meant kindly and it is only a small thing perhaps, but small things added up make big things.

This independence enables people, as long as possible to carry on by themselves. There is a little too much pampering of old people. I know you have got to have a kindly eye on us when we walk downstairs, but do not take our arms as if we are ninety-odd. This particular attitude, independence.

Well now, under that heading I would put a home of their own, an individual home. Dr. Lindell said that I am a non-conformist, I am afraid I am in some ways. You have asked me to speak so I will tell you what I think. I am not altogether happy about some very beautiful comfortable homes, those nice easy chairs that Dr. Lindell spoke about, every comfort, nice food, kindly people, talking in a kindly way. That in itself is not enough. There is a tendency for old people to give up and sit back, but that should be discouraged, and it is not good. Whatever a person is able to do, they should be encouraged to go on doing it, and I do not think it is good at all to put old people in a comfortable easy chair and tell them to sit there until they die. The very fact that they have to look after their own home or their own flat is good for them. Do not do too much for them.

I am not happy about the segregation of the sexes. I go to places, and I see a big building on one side, and they tell me "the old men are there", and a distance away, perhaps a fence between, that is the home for old women. Well now, why is that? Do they think the old gentlemen are going to get fresh, or what is it? In fact, it would not be a bad thing if they did, to a certain extent. You see I think that is important, because women are prone to retain their youth, their brightness, longer than men. Men are prone to go downhill far more quickly than women, and so it is very good to have the women near at hand to encourage the men, and of course it is only natural, so I do not approve of the segregation of the sexes.

This question of the first heading of independence, a home of their own, built accordingly to their individual needs. When I am thinking in this way, I am thinking of a set-up specially set up, a village or flats prepared specially for elderly people, single people, married people. It would want particularly, if possible, a village with land sufficient for the individual home, individual private garden, but I know with the expense involved nowadays, the cost of land and so on, this is not always possible. I visualise instead of that perhaps, flats, and not three-storied. I wonder who the cruel person is that builds houses and flats for old people and they have to go up three

storeys, three sets of stairs. It may be they can get up there without great difficulties, but you want to be able to come and go as you like. I should think the people go up to the third storey, and then would want to stay there until they have to come down. So, specially constructed houses suitable for elderly people.

I wonder—it is advocated sometimes that old people should stay on in their homes as long as possible. Now I have seen too much of that. People will stay on in their home where they have brought up their children, the children have left the home, and now there is the biggish house, a house too big, and they struggled on to keep it going. When there are two, the husband and wife look after each other, and they can just about cope. Then one is taken, and the other left, generally it is the woman, the man usually goes first, and she tries to cope with this over-big house, she is lonely, unhappy, and naturally because she is lonely and unhappy she has a tendency to go downhill more quickly. We advocate making preparation for real old age as soon as possible, in fact every period of life should be a preparation for the next. Before people get really old they should begin to think how they are going to spend the time when they resign, do not resign or retire and then look around for something to do, have something ready to get into straight away. Whatever you do it has to be something constructive, so put up your flats or your village, and think of people going there before they get really old.

This question of staying on in the house as long as possible—I know people come and visit them and this valuable asset meals-on-wheels, and all those things, but far better I think, that people when they get to retiring age, move into something where they feel they are secure and can be looked after in some way and live, a home of their own and independence. They come and go as they like, and have their visitors, instead of perhaps doing, as is so often the case—grandma goes and lives with Gertie and Charlie, well that works sometimes but it often causes great friction on the other hand, the old lady or the old gentleman naturally lose their independence. I think, as far as possible, the age groups should be on their own, so often one hears of the old people—young people doing their best for them, but the two groups, the two age groups, do not fit in and there is often friction and unhappiness. So—independence is the first thing—a home of their own.

Then to me it is very important, freedom from fear. Now I believe there are many old people in hospitals. They are there primarily, or to a large extent, because of the fear of the future. What is going to happen to me when I cannot look after myself? I go back to the people who stay on in their own home as long as they can. They are wondering how much longer they can stay on. Now, when you get old there are certain disabilities. Perhaps the heart is not as good as it was. The blood pressure sometimes is a bit wrong, but if you are happy and interested, you can cope with those things. I think Dr. Lindell and other doctors would agree with me when I say that unhappiness, fear and frustration adds to these infirmities. You can cope with certain infirmities, on the other hand

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he was awarded the O.B.E. in 1958. I think we is a non-conformist in the true sense of the word; one must leader who has inspired by

if you are worried and anxious, the heart becomes more wonky and the blood pressure goes up and you become an invalid. When you set-up independent homes or flats with their own particular garden, you must also make provision for the time when they can no longer cope with their chores and so will be able to move on somewhere where there will be a trained nurse in charge to look after them. They should be encouraged to do all they can; still have their own flat, get their meals as far as possible. When they are in their homes they should know that if they become infirm they will be able to go on to the flats. We find that the flats, courts that we put up for the frail aged, are important from a psychological point of view as much as anything. They know those flats are there, and when they begin to get anxious about themselves, they know, well if I cannot look after myself I will be able to go up to the flats and Matron will be there and I will be all right. Then there must be some provision, a third step, a hospital. I do not know if it is economic to have a special hospital for the kind of village that I bear in mind, but some contact should be made with the local hospital, with a knowledge that when the people in the set-up I have in mind, become really sick, the hospital will take them. Now, we have an arrangement in a certain number of cases where people have had a stroke, for instance, and they have taken them in at Mount Royal and Mount Royal on the other hand, have sent them back to us, people whom they have put on their feet, because they do that wonderful job there. People who have had a stroke, get special training, special technique, and they are able to cope for themselves, so a certain number of them after being looked after at Mount Royal come down to our settlement at Carrum Downs, just being able to cope for themselves. Some of our people who have been unfortunate enough to have a stroke have gone to Mount Royal.

Independence, freedom from fear, occupation. Now, I said that fear is one of the bugbears of old age, one of the killers. I think the same could be said of boredom. Nothing is more—or there are few things more terrible, I think, than boredom. Many people look forward to retiring. They talk of what they are going to do when they retire, but after a time, become bored, and they join up with the bowling club. Now, I have no objection to bowling or to bowls, but I do not think that bowls is a full-time occupation for anybody. A man of sixty-five if you ask him what he is doing now says, "I am playing bowls". I do not object to him playing bowls in his spare time, but it is a dreadful thing for a man or a woman to have no other interest in life than playing bowls or doing odd jobs or pottering round the garden. There is this creative urge in mankind and it is there right to old age. Whatever the occupation is it must be a worthwhile occupation and must be creative. You see, when you get to a certain age the tendency is to feel you are finished, and so you are finished if you do not pass on to something worthwhile. It is very important that an occupation should be given to people in order that they might be able to feel they still are really worthwhile. We are so often told—going back to that thought of people staying in their house as long as possible—so often told that you cannot uproot old people. Well, I think that is entirely wrong, especially what I call youngish-old people. I found in my experience

that people literally take on a new lease of life, a new period, if they are able to get into a set-up where they have their independence, they have security for the future, they have an occupation and interest in life, feeling that they still are really worthwhile.

Now I think this is one of the things that we have to think of. I go back to where I started, thinking of the wonderful advances made in medical science, but I do think we have to think very carefully about how we are housing our old people. It is not enough just to put them into comfortable dwellings. You must enable them to retain as long as possible that independence. You must enable them to feel that they will be cared for to the end and you must give them occupation, something to do, something interesting. This is not only the right thing I think for old people, because I am one of those who believe that old age should bring its special interest, special kind of happiness. There are many disadvantages, of course, but on the other hand there are many advantages. I do not think we are thinking sufficiently of these essentials. First of all, for the welfare of the people themselves, and then from an economic point of view. Well now, I do not know a great deal about economics but I have got sufficient knowledge to realize that the longer you can keep old people active the longer you will put off the time that they are a burden to themselves and a burden to others. Now I understand—I do not know if I am quite right—but I understand that in many Government institutions there is one member of the staff to every two patients. Well, that seems to me a great many and I believe that if many of those people in those institutions had been given these three essentials, the great majority of them would have gone on to the end, not being burdensome to themselves, but making a real contribution to the welfare of the community in which they live. Those are my main thoughts on this subject and I hope that during this conference this kind of thing will come up, and I hope if I have been too critical, well put it down to "poor old bloke, he has done the best he can".