



Revised 1/5/82

Memorandum

Date . December 22, 1981
From The Surgeon General
Subject *Reflections on* SDA on Long-Term Care Which We Both Attended on December 17
To The Under Secretary

~~One of the things that always impresses me about SDAs that have to do with health is that I am the only one around the table who has ever been at the receiving end of government programs and has worked in the marketplace in reference to health care delivery. I think I bring a perspective which the Secretary needs (I'm never asked for an opinion and on this occasion there was no opportunity for general comments). I think this kind of expertise and opinion is one of the strengths I bring to the Office of Surgeon General. The following few comments may serve to put that particular SDA in perspective for you indicate some of the initiatives we might take if we want to be innovative and take a crack at reducing the exorbitant expenditures.~~

- One would*
• ~~Wanted~~ to get the impression that long-term care and the care of the elderly are synonymous. It should be remembered that there is a large segment of long-term care which is dispensed for children, adolescents, and young adults with disabilities that make long-term care a necessity *for* life and one which continues for many more years than is the case with the elderly.
- Of the dollar figure of 32 billion that was presented ~~to us,~~ *as the annual institutional bill* probably 16 billion of that is spent because of ~~the problem~~ of urine and/or fecal incontinence. Many elderly people are in long-term care institutions for no reason other than incontinence and if the incontinence could be alleviated *meaning* ~~they~~ could be returned to their homes. There are two methods of managing incontinence: biofeedback procedures and surgery. Biofeedback would require ~~of~~ personnel to work for hours per day with the patient for several weeks, ~~instead of the 12 1/2 minutes of RN care reported.~~ Surgery for incontinence consists of many things the simplest of which is a colostomy for fecal incontinence. A colostomy merely puts the end of the fecal stream someplace on one's anatomy where he himself can manage it; contraptions to control fecal incontinence are unmanageable because of the situation of the rectum between the folds of the buttock.
- *CONSTIPATION*
Some ~~consonation~~ was expressed concerning the fact that only 30 out of a staff of 600 in one of the hospitals studied was

interested in making home visits. That percentage is more than ten times the percentage of physicians in America who, by questionnaire, express a particular interest in the care of the elderly. This is one of the basic stumbling blocks to good geriatric and long-term planning. The solution is not easy but must include a new kind of education beginning early in medical school where the elderly are considered to be something other than old crocks.