What do Dutch 'Nursing Home Medicine' doctors do?
Unpublished Interview with Dr. Theo Hagen on July 15th, 2006, Amsterdam

There are various signs of life visible on approaching a large Dutch 'Combination' Care Home in south-west Amsterdam: some residents are playing 'jeux de boules' with a member of staff; four ducks are swimming on a large pond in the inner courtyard area; children are playing outside the staff crèche/ day care, and visitors are taking residents to see the animals at the adjacent 'petting zoo'. From inside, groups of people are sitting on balconies watching the sights below, some, calling out to them aloud. A florist is delivering an orange arrangement. In the large communal room/auditorium area there is a special clothing and shoe sale on. An art exhibit hangs on a large wall; many brightly coloured paintings attract one's gaze. Sparrows are flitting inside the cafeteria from the balcony area; they rest on wicker chairs picking at morsels on the table, dart into the large planters and then fly outside again. It is an interesting, inviting place to enter.

My reason for being here is to meet with Dr. Theo Hagen and Dr. William van der Eerden, both 'Nursing Home Medicine' doctors. They will be visiting some care homes in the UK this autumn to share their expertise. (This speciality branch of medicine has been developed in the Netherlands over the past twenty years, to provide expertise in the wide range of difficulties that elderly people can have: from being 'frail', through to having major physical illness, injuries and disabilities, strokes, dementia, and also learning disabilities.)

Dr. Hagen has volunteered to be interviewed; he comes across as having a relaxed but curious and humourous nature, which undoubtedly assists him in his work. The delicate gestures which accompany his words cannot be readily described.

Q. Can you explain your work to people in the UK who might be unfamiliar with the job of a 'nursing home medicine' doctor?

"Basically, a 'nursing home medicine doctor' is a GP who has specialized in the care of elderly persons who reside in nursing, residential homes and specialist care facilities. The advantage of this specialty is that we can spend a lot more time with older persons than GPs, and, we have more familiarity with what their often complex and linked problems are. Another way of explaining it would be to say that this work involves the medical treatment of the elderly together with all the other professional disciplines, in a multi-disciplinary team approach.

The former job of 'geriatricians' has really now been turned into two types of geriatric practice over here; 'general geriatrics'- which is really what I do, and 'clinical geriatrics' which is like a sub-speciality of internal medicine and would be practised in acute care hospitals."

Q. You speak of having more time to spend with older persons than GPs. Can you give me an example of the time you have, for example, to spend in one of the 25 bed dementia units here?

"I have 10 hours per week allocated for a unit. The 10 hours is for seeing people and includes time for team meetings, administration, and meeting with family members of residents."

Q. In watching you interact with the residents, staff and family members, it is obvious that you still like your work. What drew you to it in the beginning?

"It stemmed from my interest in the elderly globally. I didn't have many interactions with grandparents as a child really, but I've always liked older people. I also like the atmosphere of nursing homes. [Dutch care homes are large by UK standards, and offer variations of residential and nursing home care in the same building. All professionals are on site in the care home, and hence a genuine multi-disciplinary to care is possible. This care home is like a small village set within right in a suburb of Amsterdam. With 550 beds, it is the largest in the Netherlands. It also has a day care, and links to various community services for the elderly.] After completing my GP training I had the chance to work in a nursing home and decided to specialize in this type of work. It was a brand new specialty then, so I've seen it grow."

Q. How many years does it take to specialize in this area of medicine?

"It used to be two years, but as of next year, it will be three."

Q. You've worked in this field for 25 years now. What changes have you seen in that time?

"Most obviously, a large increase in the number of elderly persons in the Netherlands, like elsewhere. The specialization of 'nursing home medicine' for their care really has taken off in the past 15 years. But this specialization has also been seen in other professions particularly physiotherapy, occupational therapy and nursing."

"Some decades ago, care of the elderly was largely controlled by head nurses who seemed to have only one motto 'cleanliness and tidiness'. Slowly, things have evolved to keep persons more connected to familiar people, routines, and activity patterns. The care units look more like home now, instead of sterile hospital wards. The head nurse is not in charge of everything anymore; there is real multi-disciplinary team planning of care. The residents themselves and family members are included in this."

Q. Part of your work involves giving people diagnoses about conditions that are not welcome or easy to discuss, including dementia. Have you developed a particular approach or method to tell people such a diagnosis?

"No, I don't have a particular method. I try to do it softly and gently, but without beating around the bush; I am honest with people and do not avoid giving a diagnosis. If the word 'dementia' is not familiar to a resident, I mostly use a term such as 'serious memory difficulties that are not going to get better'."

Q. Not all older persons are 'nice, wise and pleasant to be with', as we sometimes think in childhood. What attributes do you notice when you are with an older person? Have you ever been afraid of a resident here?

"More, their character….so many characters, so many ways of 'being'. It's amazing. I don't even notice 'niceness' or 'not-niceness' as such anymore. No, I've never been afraid of a person here, [laughs], but that's because of working in acute psychiatry for 18 months; there I LEARNED not to be afraid of people, and to maintain eye contact with them."

Q. If you could say one encouraging thing to caregivers, to convince them to stay in the field of work with elderly persons with dementia, what would it be?

"To work with people, older people, is an amazing thing. The contact possible is amazing; you get a lot of rewards back too, in many forms. Sometimes though, it is not in the form of immediate gratitude. [laughter] To caregivers I would say, "I see so much need for this work. This work needs so much to be done, and done well". There must be special care for this group of people. [After reflecting a while] I also have noticed that the staff members who have stayed the longest in this work, 10 to 15 years or more all say that they 'like people'. They have their heart open for them. If you like people, stay in this work please. You are much needed."

Left: Dr. William van der Eerden, right: Dr. Theo Hagen