

DEPARTMENT OF PUBLIC WELFARE

TO: All Institutions
Attention: Medical Directors
Administrators
Directors of Nursing

May 25, 1964

FROM: David J. Vail, M. D.
Medical Director

SUBJECT: Attack on Dehumanization -- Rising, bedtime and related issues

This report back to you is unfortunately long overdue. Please understand that it was necessary to amass, organize, analyze, and summarize a vast amount of information. A more difficult problem has been, What to do next? After some thought, I have decided on the following general course of action:

- (1) Furnish you with a full compilation of the analysis for the study. It is a treasure house of information and insights into institutional life and should give you clues for your own continuing work in the attack on dehumanization. The report should be read by as many people as possible in the institution. Circumstances will be disguised so as to avoid embarrassment. The report will be sent separately after suitable editing.
- (2) Propose a list of questions which the institution staff should discuss at all levels up and down the staff hierarchy. These questions should also be furnished to patient councils for their consideration (see below).
- (3) After you have had a chance for review and discussion and have conveyed your suggestions to me, I will formulate a brief policy statement that will set forth some basic standards and principles for the entire system. I would like from you your recommendations on such a policy statement, by no later than August 1, 1964.
- (4) We will discuss on June 12, 1964.

The questions referred to above are:

Must breakfast be mandatory?

Could patients on this ward be supplied with alarm clocks so they could assume responsibility for awakening themselves and be given the choice whether to arise in time for breakfast or only in time to report to the first assigned activity?

Can any changes be made in physical plant of this ward (e.g., providing some simple bedside table) which would permit patients to keep their own toilet supplies?

When patients do not have funds to purchase their own clothing and toilet supplies, might these be individually-assigned instead of distributed from a community supply?

Can any arrangement be made, such as a closet pole installed in the sleeping area, so patients can hang up their clothes at night and select their own garments in the morning?

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Can self-help training be given (not necessarily by ward personnel) in care of one's own clothing (washing out underclothes, pressing, mending) and in toileting (e.g., training built into the supervised shaving)?

If patients are up early, or if they choose to skip breakfast, could they make a pot of coffee on the ward?

Must the activity area and outside ward doors be locked from the general bed-time to the general rising hour? Or might patients on this ward who want to stay up late, awaken during the night, or arise early have access to the area and, some, be free to go outside?

Do many patients on this ward want to go to bed shortly after supper? Do most accept an unusually early bed-time without protest? If so, does this reflect an emptiness in the hours after supper?

Are activities brought to the ward, so that patients are not totally dependant on their own resources for finding interesting ways to fill their evening time? Might remotivation programs be offered by aides during the post-supper period? Could patient committees be formed to plan p.m. activities?

Might some leeway for individual preferences in rising and bed-time alleviate to some extent the pressures on staff to help patients in need of toileting and dressing assistance and/or training?

Could some change be made in the physical plant to offer privacy — e.g., curtained dressing areas, partitions or curtains around toilets, individual shower or tub stalls (or a staggered bathing schedule which provides privacy)?

DJV:rcj