

# Home Help

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“Your mother doesn’t have services because she hung up on us.”

“Really?” I ask, startled.

“I have it documented right here.”

In medicine, documentation rules, and I flush with embarrassment at the allegation. But as an irate physician daughter, I have no time for niceties.

“Mum, did you hang up on the council?” I ask, referring to the local government, which provides home services.

“I didn’t.”

“They said you did.”

After puzzling over the accusation briefly, she recalls, “Ah, that must be the time I was trying to adjust the volume button on my phone.”

“Answer the phone properly and tell Dad to turn down the TV,” I grumble, realizing that I’m taking my exasperation out on her.

Six months earlier, temporarily released from lockdown, my mother had eagerly returned to her gym. On her way out of the pool, she fell. When people rushed to her aid, she stoically waved them away and walked back to the car. My mother, who calls me three times a day to ask whether my (teenage) kids have eaten, decided the fall didn’t warrant mentioning — until the next morning, when she couldn’t move. I dashed to meet her at her doctor’s office, where she was limping when she arrived. By the time she reached the radiology practice, she couldn’t bear weight. From there, carrying the x-rays

showing multiple pelvic fractures, she went to the hospital, and a week later to inpatient rehabilitation.

The pandemic has been hard on all patients, but especially so on members of cultural and linguistic minority groups. My mother is Indian, with a good command of conversational English that serves her well here in Australia, but she still needs help navigating medical discussions. The Covid pandemic exacerbated her difficulty by necessitating that hospital personnel wear masks and face shields. The ban on hospital visitors was onerous, and there were no translators. When my mother could finally do slow laps with a walker, she not surprisingly wanted out.

She still needed showering assistance and couldn’t stand long enough to cook or clean, but the inpatient team reassured her that council services would immediately pick up where they were leaving off. It was the same assurance that I routinely give my own patients, implying that the process of getting from hospital to home is a seamless journey. As I would discover, the reality can be different.

A council officer came to my parents’ home for a consultation and an occupational health and safety check. I managed to get there to pick up all that was being lost in translation. After taking a detailed history (all of it already recorded on multiple occasions but not sent on to the council), the officer determined that my mother qualified for

subsidized showering assistance three times a week and 90 minutes of home cleaning once every 2 weeks, with the start date to be confirmed.

My mother is a devout Hindu who begins her day as the women in her family have done for generations: by washing her body and performing *puja* (worship) before breaking bread. It seemed wrong to ask a woman in her 70s to part with this ritual, and she hated the thought of my father having to “do everything” (never mind that she had “done everything” all her life). So while waiting for the showering assistance to begin, I drove to her house each morning to supervise her shower while my daughter laid out her clothes and sorted the laundry. Burdened by guilt over our “sacrifice,” my mother groaned herself to self-sufficiency.

By the time the council was ready to start providing three afternoons of showering assistance (noting that it wasn’t possible to offer every client a shower in the morning), my mother had decided that she could shower independently and the service could go to someone else.

Nearly a month later, she was still in considerable discomfort, but the cleaning help she’d been promised hadn’t arrived. A private cleaner came once a fortnight, and the council help was intended to fill the gap. My father did what he could, but alas, after more than 50 years of marriage, his admittedly lower standards were still not up to scratch for my house-proud mother.

My inquiries were initially hampered by privacy laws, until I told my mother to replace her phone number with mine for all health-related affairs. In light of my strong belief in the importance of self-advocacy, I felt like I was openly robbing my parents of agency, but I decided this was no time to stand on principle.

Now that I could speak to the council, I explained the possible misunderstanding with the volume button and clarified that my mother still needed cleaning assistance.

“Your mother said no to home cleaning.”

Knowing that this claim was incorrect got me thinking about how any elderly person or non-native speaker of the local language managed to navigate home help, which seemed to involve one twist after another. How many people had a doctor daughter who understood the system, knew the pitfalls, and knew when to request and when to insist?

I requested clarification and was told, “When your mother said she didn’t want showering assistance, we documented it as declining all services. We should have been more careful.”

The officer was apologetic, and it seemed churlish to point out how the assumption had inconvenienced an elderly couple who were reluctant to make a fuss and be perceived as “needy.” The officer then expressed relief that I was now their primary contact for my mother’s case, but to me, that was the disappointment. The system should have adapted to

the patient, I thought, not the other way around.

It took some more days for the cleaning service to start, but even then it was too early to celebrate. Now, amidst seeing my own patients, I started getting calls each time there was a miscommunication between my parents and council officials or cleaning staff. Sometimes those crossed wires meant that a cleaning was skipped, though I told my parents to pay the nominal bill anyway, so perhaps the council would have the resources to do better next time.

Doctors are under constant pressure to discharge patients to make room for more: the length-of-stay metric looms over us all. For years, I have reassured patients that they can go home even if it’s a little bit early, implying that home help will beat them to their doorstep. And although Australia’s generous health care system is linked to council assistance, my parents’ experience suggests that this assistance doesn’t always touch the people it’s meant for — the elderly, the disadvantaged, people who aren’t fluent in English, don’t hear well, or can’t adjust the phone volume in time. Getting home help requires the very resourcefulness that these patients lack. And though I realize we don’t have unlimited resources and that providers are well-intentioned, what I’ve learned is that we must investigate every headline health care policy to make sure that it’s reaching people as intended.

The headline policy in this in-

stance is, “Home help eases the transition from hospital to home.” But for that to be true, we must have clearer expectations and better communication. My professor father has successfully navigated life and academia on four continents, but getting access to council help tested his reserve.

By the time the cleaning service became routine, my mother’s condition had improved enough for her to resume housework as a way of staying fit during another lockdown. When I called the council, I discovered that if the suspension lasted more than 3 months, the service would be canceled, and a new assessment required. I cringed at the thought and weighed my choices: keep the service going and deprive someone else, or give it up in the hope that the next time would be easier.

In the end, I thought of all the patients like my mother who were on the wait list and replied, “Thank you, but we’ll go ahead and suspend.”

All too often, it takes a personal experience for us to realize what our patients go through. As I care for an aging population, I will continue to refer my patients for valuable home services — but now with an added awareness of the time, advocacy, and resources required to get that help into their homes.

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