

Candy Striper, circa 1985

Category: Dementia

written by Pamela Adelstein | March 31, 2025

As a teenager I donned a cheap polyester red-and-white striped smock, pantyhose, and a white blouse, and officially became a candystriper at a local hospital.

I offloaded tasks from hospital employees whose skills were needed elsewhere. I compliantly carried unbagged urine specimens with my bare hands from patient floors to the lab, pre-universal precautions. How gross in retrospect. I delivered flowers to patient rooms, dropped off meal trays, and refilled bedside water pitchers.

During dinner I assisted patients unable to feed themselves. Dinner trays held round aluminum containers containing brown mush (presumably meat), tan mush (perhaps potatoes?), and an orange mush (likely carrots). I patiently spoon-fed them, scraping excess puree that dribbled from their mouths onto their stubbly chins. Pacing was important – if I fed them too slowly their rheumy eyes implored me to hurry. If I fed them too quickly, they aspirated and coughed.

These patients could not speak and were not oriented. Propped up in a bedside chair or by pillows on their electric bed, the tiny bedside television set blared soap operas or game shows constantly. Patients wore flimsy hospital gowns, often with their nether regions poking out, their toothless mouth agape, and their wispy white hair unkempt. Nary a person paid a visit, though the occasional family photo stood on the nightstand. I never knew patients' admitting diagnoses nor their discharge plans.

A fellow candystriper whispered to me one evening, "Watch the sleeping old men – they masturbate in their sleep!" Sure enough, when I passed the patients after dinner, I saw the sheets moving as dreams punctuated their slumber.

Disoriented patients who cried out too loudly were relocated closer to the nurse's station so staff could "keep an eye on them." This backfired – patients hollered more loudly, perhaps wishing someone would attend to them.

Most upsetting was when a patient's bony, age-spotted, crepey hand reached out and grabbed my wrist with iron-clad strength and moaned what sounded like, "Help me." Shaken and clueless, I stared blankly into her tortured face, unsure how to respond.

Years later, during my residency a co-resident suggested giving patients with dementia a stack of washcloths and towels to fold as a behavior management technique. Patients perfectly and repetitively folded those linens, providing us with a hazy glimpse into their competent selves from long ago.

Can we care for our elders better than occupying them with folding linens?

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