

Enabling voting for inpatients at geriatric rehabilitation hospitals

The majority of older people want to exercise their right to vote, but being in hospital while elections are being held can prevent some older people from voting. Healthcare professionals should make every effort to enable such patients to express their political views.

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The UK general election in May 2010 resulted in the first hung parliament for 36 years. The huge media interest in the election, stimulated by the first televised party leader debates, led to a surge in interest in domestic politics particularly among the younger generations. However, the impact of the elderly vote on the election outcome should not be underestimated.

Seventy five percent of the population aged 65 years or older voted in the May 2005 UK general election.¹ Elderly people often have strong party allegiances and political opinions, but voting access for this population can be restricted. Poor health, physical disability and lack of transportation are some of the factors affecting access for elderly voters, and patients admitted to secondary care and geriatric rehabilitation units face even further obstacles.

Unprecedented controversy surrounded voting access on May 6th 2010. Throughout the UK, many voters reported being

turned away from polling stations and not being able to vote. Voters in at least 14 constituencies in the UK were refused access to polling stations, resulting in chaos and frustration.² Little focus has been made on the large numbers of geriatric inpatients, particularly those in rehabilitation units, who were unable to vote as a result of hospital admission.

The decision to vote is an opportunity to exercise autonomy and policy making, having a direct effect on the welfare of a society that elderly people may have lived in for many years. The process of voting encourages community integration and may help to prevent isolation and social withdrawal, which is common in elderly populations. Hospital admission should not be a barrier for geriatric patients to express their views in a general election.

Access to minority voting groups will be a key focus for political parties if a general election is repeated in the near future. Hospital patients, particularly those in geriatric

units with lengthy inpatient stays, are a valuable voting subset who may be denied access to voting as a result of admission. This raises the issue of provision of voting access for inpatients at rehabilitation units, and the need for close collaboration between healthcare and electoral services to facilitate the voting rights of this population.

A survey performed at two Leeds hospitals prior to the 1997 general election, interviewed 115 geriatric inpatients who were eligible to vote. Only 19 of these patients voted in the election, and 66 of the remaining patients expressed a desire to vote if they had been at home during the election. All of the patients who did vote in this survey used the postal voting system.³

Voting is compulsory in Australia, and penalty fines and even court proceedings can be imposed if a vote is not submitted.⁴ Mobile polling teams from the Australian Electoral Commission visit voters unable to attend polling stations, including

electors in selected hospitals and nursing homes. In the UK, where voting is not a legal requirement, access to voting for the elderly population remains poor and is sometimes unaddressed.

Discussion between healthcare professionals and inpatients regarding the desire to vote should be encouraged in rehabilitation units, and provisions to facilitate the voting process should be considered. Both patients and staff need to be aware of the different voting options available, so that the method of voting can be chosen and arranged well in advance.

A postal vote could be a suitable method for inpatients at rehabilitation units to exercise their vote. In the 2005 general election, only 5.4 million postal votes were issued out of an overall total of 27 million votes.¹ This is particularly suitable for patients with lengthy admissions who would be expected to be an inpatient on polling day. Encouraging relatives to bring in the postal vote, and ensuring it is submitted prior to the polling day requires collaboration between patients, families and the healthcare team. Patients with more lengthy admissions may require a postal vote application to be made directly from the unit.

Voting by proxy can be arranged in advance if a person on the electoral register is unable to access the polling station. This would include hospital admission and incapacitation by illness. Arranging a proxy vote requires the completion of a form including a signature from the patient.⁵ This may be difficult for patients with physical disabilities (ie, previous stroke).

An emergency vote by proxy can be submitted if a medical emergency has occurred within six days of the election and prevents attendance at a polling station.⁵ This can be submitted on the polling day and requires the signature of a supporting professional, who may include a doctor, nurse or social worker.

Patients at rehabilitation units may be able to attend a local polling station personally if they are medically and physically able. This would be a situation less commonly encountered in secondary care. This decision may require input from medical staff, physiotherapists and relatives, and could be considered as part of the multidisciplinary assessment prior to an election. Patients may be accompanied by relatives or taken in an organised visit by the unit. Consideration of transportation, mobility and access to polling stations should be taken into account and will require prior planning and organisation by the healthcare team. Funding for this service is also a key issue.

Raising awareness of voting access for patients in rehabilitation units is a valuable way for healthcare professionals to facilitate democratic choice and individual rights for geriatric patients. There are clearly timing and resource implications that need to be addressed, but it is clear that there are simple methods (eg, postal/proxy vote), by which this can be achieved and encouraged.

Suggestions for clinicians regarding voting access in rehabilitation units include:

- Increase awareness of voting options available in the UK among healthcare professionals

- Promote discussion between healthcare professionals and inpatients regarding chosen method of voting in advance of an election
- Consider voting access and patient choice as part of the multidisciplinary team patient assessment prior to an election
- Facilitate and increase awareness of postal voting for inpatients
- Consider the use of emergency proxy votes for patients admitted within six days of an election who have not already submitted a postal vote.

Conclusion

The right to vote is an important part of the democratic process, and efforts should be made to enable elderly inpatients to exercise this right.

Conflict of interest: none

References

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