

Pamela Wells

Campaigning for Quality Care in Care Homes

Pamela Wells
E-mail: Pado99@btinternet.com
July 2009
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This report is about my concerns regarding the neglect and abuse of the elderly that still continues in many care homes today.

In 2005 I was invited to serve, in a voluntary capacity, as a carers' representative on my local Older Adults Partnership Board (OAPB) and Carers Strategy Group. A great deal of hard work by many people has resulted in carers' issues being acknowledged and placed firmly in the arena for discussion and action.

I have now shifted the emphasis of my work toward the grave issue of neglect and abuse occurring in many care homes. My report is being sent to individuals, organisations and official bodies. It forms part of my campaign to remove any element of fear, anxiety or loneliness from the lives of residents who are entitled to receive quality care in care homes.

I am deeply concerned about the abuse and neglect that is still happening in far too many residential and nursing homes in England. I am concerned that the often insidious nature of this abuse is not being recognised and therefore cannot be dealt with.

Abuse continues despite government initiatives and all the encouraging words that have been spoken. Abuse continues despite the media coverage of concerned organisations and by radio programmes, undercover journalism and letters in the press from worried citizens.

Abuse continues despite well known and respected celebrities speaking of their concerns about their experiences when family members have been resident in care homes.

The trio of hard hitting stories published in The Times on the 14th 15th and 16th January 2009 paints a very disturbing picture.

I am not speaking about occasional occurrences in one or two homes by a few members of staff but as can be read in:

Safeguarding Adults. A Consultation on the Review of the 'No Secrets' Guidance.

Foreword (iii)

"There are frequent reports of abuse of, and crime against, people who have been in vulnerable situations. ... living in care homes, in hospitals or in supported housing. This consultation document is about how we empower people to prevent and to stop this happening, with and without the help of government ..."

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"In our early consultations we heard examples of staff trying to raise the issue of adult abuse ten years ago but also of some politicians, managers and professionals not wanting to hear the concerns, and not being able to understand the issues. ..."

Secondly, stakeholders have told us that implementation was slow and inconsistent; ..."

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My knowledge of abuse in care homes began when my husband had to enter a residential/nursing home where he spent the last 2 years of his life. I should say that what I shall be describing is likely to be experienced to one degree or another by very many carers.

My caring role began in 1999 and continued throughout my husband's 2 years residency in a residential/nursing home until he passed on in 2007.

On entering this care home we were shocked at the way we were treated. It felt like a body blow at a time when we were both so vulnerable. There wasn't any understanding shown of the grief my husband and I were feeling at having to be separated. We had lived and worked together every day of our 40 years of marriage.

The manager had deceived us in regard to the home's standard of care. The majority of the staff were totally unsuited for caring work and my husband found himself a victim of indifference, inefficiency, abuse and neglect.

The care workers tried to shut me out of my husband's care. They did not want to learn anything from me, the wife who knew her husband so well and had spent years managing his care. It was as if I was of no consequence.

I felt so alone and desperate for support and protection. A retired social worker advised me that, in fact, my social worker should have been in contact with me throughout this traumatic time. Once I had telephoned him (after 4 weeks of hell) he proved himself a very able advocate on our behalf.

Three months later we were told that the home had been sold. The new manager was professional and a caring individual. I thought that our nightmare was about to end and I stopped looking for another home. But our hopes were dashed.

The manager, good as she was, needed a deputy and a house manager to run the home efficiently but neither materialised. The biggest problem, the staff she had inherited, remained. So the situation remained stressful but I realised that the only way to protect my husband was to try to develop a working relationship with the staff.

My husband found it very difficult to settle and would constantly call out for me. At my request the staff would ring me, sometimes at 2 or 3 o'clock in the morning and I would go in and stay until he fell asleep. So I was able to observe and note what went on during those early hours. Sometimes breakfast would be very late but the staff were not kind enough to give residents an extra cuppa to keep them going.

Despite their behaviour I continued to help the staff in any way I could saying that I understood their problems, which I did. Care work is not easy and management did not always respect them. By the second year we had a working relationship of sorts but the stress of it all continued to take its toll on my health. Every day I went in I knew there would be issues to deal with and I always left with a heavy heart not knowing what I was leaving my husband to. I spent more time with him than I spent at home. Actually it wasn't home anymore because my husband wasn't there, it had become just a house and I was suffering bereavement.

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As well as the daily visits I also went in very late in the evenings and early mornings. The staff never knew when I would be there. I learnt a lot during those 2 years.

Protecting my husband lessened some of his trauma but increased mine and has damaged my health which is a common occurrence for carers.

I am not saying all this to polish my ego but for you to appreciate how my daily experience over those 2 years gave me an insight into staff behaviour that is so difficult to detect. It has given me the authority to report the facts.

During those years I saw staff treat the residents with indifference, negligence and heartless behaviour. (I tried to intervene on their behalf whenever I could). There were a few staff that cared but most of them didn't, one said to me that it was better than stacking shelves. A kind and conscientious senior nurse left to work in a bank because management expected her to work far too many hours.

I saw how utterly bored the residents were and the hopelessness on their faces. The staff were instructed to talk to residents to keep them company but they seldom did this and they often ignored their calls for help. I say calls (as in vocal) because their alarm chords were usually out of reach.

Would you want to live in a Home like this?

I have been told that there are many very good homes with dedicated staff. Wonderful! If some homes can give considerate care, so can all the rest. But my report is not about the good homes. My report is about what **I saw** in **those homes** where abuse **is** occurring and where management **are** allowing it to happen.

Care homes are employing people whose indifference to residents' feelings denies the humanity of the vulnerable folk they are paid to care for.

As I have said I witnessed what was happening to the other residents and it is for them and all residents in uncaring care homes that I am campaigning for 'Quality Care'.

To gather additional material I have interviewed:

- Carers, former carers and visitors to care homes and hospitals.
- A professional chef, care workers and day centre staff.
- Carers who have experienced poor quality domiciliary care and respite care.
- A care worker too scared to name the home where abuse is happening.
- Carers who agreed to talk to me provided they were not identified.

And then there were the Carers who refused to talk to me at all.

A widowed lady shook her fist at me and shouted. "No I will not help you because you are wasting your time. You cannot win with them."

Another widow urged me to tell of her suffering at the hands of uncaring staff.

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You will see in the second part of this report that I have taken a sentence or two from my interviews to describe the grim reality of what is happening. I have used graphics, not to distract from the seriousness of the material but hopefully to lighten the subject matter which by its very nature makes for uncomfortable reading.

What is happening is deeply disturbing and has been going on for far too long.

Put yourself in the position of an elderly gentleman. Imagine you were being given a bed bath by a care worker young enough to be your grand daughter. She doesn't make any attempt to talk to you to help cover the embarrassment you are quite naturally feeling. She chats 'over you' to a colleague, making you feel invisible and totally humiliated. She doesn't make any attempt to cover you with a sheet so you are lying there completely naked stripped of all dignity. How **would** you feel?

This is what I discovered when I walked into my husband's room. It was so shocking that I could hardly believe my eyes. What attitude of mind, what kind of person could think that this appalling behaviour was acceptable? How could they so dehumanise him? My anger and outrage at their behaviour was overwhelming.

It is said that "Attitude Changes Everything". Can this kind of attitude change? It certainly does not have any place in a care home.

For many residents **it would be kinder** to have someone of their own gender to attend to sensitive and personal matters such as bathing and toileting and preferably an older person to lessen the embarrassment.

It would be productive if residents were able to hold a conversation with staff about 'the old days'. Discuss together what to watch on TV. Chat about home, children and family life. All of which would help to pass the time, stimulate residents' minds and exercise their vocal chords. It would help to alleviate feelings of loneliness and depression. Everyone would benefit from a much happier atmosphere.

Is this really too much to ask?

None of this is possible if management continue to employ people who lack a real desire to care.

None of this is possible if employees do not have a sufficient enough grasp of English to hold a meaningful conversation with the person they are caring for.

Cultural differences can also cause misunderstandings.

A senior nurse would not look at me when I spoke to her. This went on for over 6 months. When I finally lost patience and asked her to give me the courtesy of looking at me she went into a rage. The manager heard her and asked for an explanation. The nurse said that in her country it was considered impolite to look directly at anyone who was speaking to you.

There is no way I could or should have known this fact but anyway I do not see this as acceptable behaviour. "When in Rome..."

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How can residents be cared for effectively if employees are unable to understand verbal instructions or read and carry out care plans which they are instructed to do before beginning their duties? How?

My husband was left in discomfort and sometimes pain because care workers were unable to read / understand two of his special care needs. So, depending on who was on duty, I had to cover for this.

A young couple ran the laundry room. Only the young man had a little English, so washing and drying instructions were seldom understood. So it could happen that cardigans and the like were returned shrunk or ruined or to the wrong room or lost. Shirts, blouses etc. were not ironed leaving residents, who had taken a pride in their appearance, upset at looking dishevelled.

At a meeting I attended about Dementia a care manager said that she was teaching some of her staff to read and speak English! (It appears that many care workers come from abroad and are often very young.)

In sharp contrast to this another manager told me that in her country care workers had to go through 6 months training before ever entering a Care Home. When she moved to Britain she was shocked at the difference she found here.

There shouldn't be any doubt that young members of staff have a very important role to play provided they can communicate and relate to residents.

Elderly people benefit from the company of young people and I believe that the young would find it interesting and educational to learn about residents' lives and perhaps speak about life in their own countries. They have something to offer each other. It is simply about using people appropriately.

It is claimed that the reason homes employ people from outside this country is because they cannot get staff here to apply. The words 'pay' and 'low' come to mind. However -

Until caring people are employed by management and paid a decent wage, commensurate with the duties they are expected to perform we will still be left with the same problems of -

Un-caring attitudes! Indifference! and Insensitivity!

In other words - unprofessional behaviour.

So, the solution lies partly in the selective process and payment of care staff.

- **If** management were to take on staff who are kind and caring and who have a desire to look after the frail and elderly then a major part of the problem would be solved.
- **If** staff were to be given the proper training and paid a decent wage they too would feel valued. They are entitled to be shown the same respect that we expect them to give to the people in their care.

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- **If** all managements were to arrange daily activities with interaction between residents and staff, and entertainment from outside groups, it would stimulate residents' minds giving them something to look forward to. The residents would be happier, the atmosphere would be lighter and everyone would benefit.
- **If more frequent spot checks of Care Homes** were undertaken this might go some way to identify those bad practices that are very difficult to detect.

We need to harness the power of the public and I am hoping that the nationwide **LINKs** groups will do much to accomplish this.

(Local Involvement Network (LINKs) is a government led initiative. Bringing together networks, organisations, communities and individuals to enable and encourage everyone to have a voice in improving their local health and social care services.)

One of LINKs areas of responsibility is to work to raise standards in care homes. With the daily knowledge that I gained over those 2 years I am now well placed, as a member of my local LINKs, to join their care home inspection team.

Any one of us could find ourselves having to enter a care home so surely it behoves us all, if for no other reason than self-interest, to ask what needs to be done and how can we all contribute?

It is vitally important that the authorities gain more understanding of the type of abuse that, being very difficult to detect, is going largely unrecognised and take steps to deal with it. I reiterate. Inspection, Inspection, Inspection.

Every day many frail and elderly people are suffering at the hands of care workers whose hearts are not in their work. They are subjected to:

- The insidious daily drip, drip, of indifference.
- Un-caring attitudes that leave residents feeling demoralised.
- Sheer unkindness of staff who blatantly ignore requests for help.
- Small spiteful actions that defy belief.

This behaviour undermines residents' emotional and physical health and denies them their human right to live a happy life free from the fear of abuse and neglect.

That isn't too much to ask is it?

A member of my local Primary Care Trust (PCT) was visibly shocked when I described incidences of abuse and neglect going undetected in some care homes. He asked me what I would put at the top of my list if I were entering a care home.

Without hesitation I replied, "Kindness, because from that, all else will follow."

I was encouraged to continue with my work.

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Now, although you cannot make a person kind you can draw out kindness, if it is there.

Often care workers in these badly run homes are as much victims as the residents. They are just as entitled to be treated with respect as the residents and I was aware that they were often coerced into working very long hours. It is a job that can be rewarding but at times, extremely difficult. Staff are entitled to be given sufficient breaks and time off if they are to work efficiently and happily with the residents.

I can still see the residents we left behind when my husband passed on. Their sad faces giving not a hint of the personality they once had. I went round to everyone to say goodbye and felt like I was abandoning ship. Sadly, I was in no fit state to do anything at that time but inwardly I made a promise that I would not forget and I would work to bring about change.

So, is this to be their lot or can we beat the tick tock of time before it runs out for them?

These people need us to fight for **their rights**. They are the same people some of whom fought for **our right** to live free from fear and tyranny during the second world war.

These are the same people who went without to bring up a family paying their own way and seldom asking for any help. To these vulnerable and defenceless people all hope must seem gone. 'No Knight in Shining Armour' to rescue them from 'God's Waiting Room'. That is how many residents referred to the care home.

So, why isn't there any public outrage?

Is it that people find it hard to believe that this could be happening or is it that they feel nothing can be done? Perhaps it is just too uncomfortable to face because it reminds them of their own mortality. Or is it that the abuse is so well hidden that it is -

Out of Sight and Out of Mind - Behind Closed Doors

Well it is not **out of my sight** and I will not close the **door of my mind** to their plight.

Harold Macmillan talked about "the wind of change." I think we need a hurricane to change this situation and awaken everyone to what is happening.

What is happening is a disgrace to our country and the truth, the whole truth **has to be communicated** to those whose duty it is to protect the vulnerable.

It needs to be communicated to those who can bring pressure to bear on others whose responsibility it is and who have the power to effect the necessary change.

Surely it is for all of us to acknowledge our 'duty of care' and to declare that -

Actually it isn't too much to ask.

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Remember, it could happen to any one of us.

Even with all my experience I had not thought about some of the following incidents I describe being classified as abuse. However, I have been advised that **it is abuse** to deprive someone of drinking water. **It is abuse** to put a person to bed against their will. **It is abuse** to deprive someone of mental stimulus.

You may well think that my representation just cannot be as dreadful as it reads.

May I ask you to suspend any lingering feelings of doubt and read on . . .

Thank you





Related by a chef at a meeting with a PCT Contracts Commissioner.

A gentleman was left in the toilet for an hour. The staff ignored his cries for help. In desperation he threw himself down on the floor to try to get out.
(Who did he have to protect him?)

My husband's urine bag was tied so tight under the crick of his knee that it had indented his skin. I pointed this out to staff but it continued. His bag was often left hanging so low down and not changed regularly that it over-flowed.
(This only happened when I was not there to protect him.)

A day centre reports: Care home regularly puts two oversize pads on this lady which is useless as each pad has a plastic covering. One is uncomfortable but two!

A daughter's tale:

Mum has dementia and we took her in for respite care on the Friday afternoon. We were asked not to come back until Sunday to let her settle in. We trusted them. On our return we found Mum sitting in her chair soaked through still wearing the same incontinence pad we had used on Friday. We took her away immediately.
(They were there for her.)

A similar incident:

A resident needed to go to the toilet but her calls were ignored. She wet herself. The care worker told her off as if she were a naughty child saying that she would have to wait until bedtime to be changed. So wet and smelly there she stayed.
(Without anyone to protect her.)

My husband's jagged thumbnail had not been dealt with so I asked a senior nurse to have it attended to. (I was not supposed to do it.) She then cut his nail so low down that it bled and was, of course, painful. I took this matter to the manager who admitted that this nurse had problems! *(I was unable to protect my husband from her!)*



My husband had been refusing to have a bath so I suggested to the manager that he might agree if he knew I would be with him.

However, I had to leave the bathroom to get something from his room. By the time I returned he was in the bath, the water hardly covering his privacy and without a flannel to protect him from the shampoo running all over his eyes. The window was open and my husband was shivering, his skin covered in goose pimples.

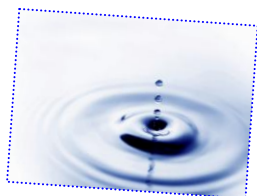
(Now I knew why he was refusing to have a bath.)

Do you fancy a break? Why don't you make yourself a nice cup of tea or coffee. You can, of course.

But if you couldn't? Imagine being very thirsty and you know it is ages to tea time. You tell one of the staff but they say that you will have to wait.



"Water, water every



where but not a drop for me."

Imagine if this were you:

A frail elderly man was being fed **an unsuitable Meat Bap** by an agency care worker. She was literally **stuffing** it into his mouth without giving him a chance to chew plus tipping drink into his mouth at the same time! When none of the staff took any notice I asked her what she thought she was doing. She just looked at me and carried on. I called the Manager who sent her back to the agency for further training.



I would say that's abuse, wouldn't you?

A professional chef new to post, reports:

I was shocked to see care workers (wearing their duty aprons) taking food from my kitchen. (Alert! – Hygiene!) When I challenged them they said that they were cooking their breakfast as they had always been allowed to do. I retorted – "Not in my kitchen you don't."



All of the residents were made to get up at 5 am whether they wanted to or not. The pull chords were usually secured to the wall so they could not call for help. Sadly the person who told me about this is too scared to name the home.

(So who is to protect them?)

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A severely disabled husband was constantly left upstairs when other residents were taken out to the garden. His wife was too intimidated by the staff to say anything. When she confided in me I encouraged her to speak up and from then on the staff included her husband. (*That uncaring attitude has no place in a nursing home.*)

I heard Sylvia tell a care worker that it was too early to go to bed (6 pm). Within minutes the care worker came back and without a word pushed Sylvia in her wheelchair to her bedroom. (*Her only daughter lives abroad.*)



Imagine this: A member of Staff "What's on TV then Annie, let's watch it together."

Back to Reality:



Unsuitable television programmes left on and much too loud. Residents were seldom asked what they would like to watch and staff spent very little time with them.

I switched channels and found a musical on half way through. Queenie loved musicals but she was hard of hearing with poor sight so I moved her nearer to the television. She and the others in the lounge thoroughly enjoyed the remainder of the show. Pity they couldn't have seen it from the beginning.

When I walked into the lounge there was a very noisy film playing. My husband was extremely agitated and calling to me to come quickly as there were snakes in the room. The snakes were actually in the film but in his state of mind he was unable to realise this. As usual the staff were oblivious to the effect that this kind of film could have on residents.

Why are all the televisions left on with different programmes blaring away late at night? "I cannot get to sleep. It's sending me mad"

I asked the night nurse if the TV in a lady's room could be turned down or off as she was asleep and my husband could hear every word from two rooms away. She went in to the room and - woke the lady to ask her permission to switch the television off!

What Can One Say

Related by a visitor to another home:

I saw a care worker walking towards an elderly lady who was fast asleep. As she went by she flicked the end of the lady's nose with her finger and thumb which woke her up with a painful jolt. When she returned she did it again startling the old lady who was left wondering what was happening. When I spoke to her she said that it was just a laugh.

I asked this visitor why she had not reported it to management. She replied "Because I know that they won't care." (*So who is to protect residents against this type of person?*)

Some visitors just concentrate on the person they are visiting and never look around to see what else is going on. So when they say a home is OK they really have no idea.

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There are families who only visit once a week or even once a month. They don't see what goes on. Others do but are reluctant to say anything. Why!

A widow's story:

"Indifference, Arrogance and Apathy are what I met with during my husbands stay in a bleak hospital ward and then a care home. The 2 or 3 staff who did show integrity were shunned and intimidated by their colleagues. I felt that my husband was dying but staff assured me that he wasn't. Then I received a phone call to say that he had been transferred to another care home miles away. I rushed over but only had a few precious hours with him before he died. Thankfully within a haven of peace and tranquillity in a home run by nuns."



At our Christmas dinner for residents and their families some had not booked a place. Staff decided to leave Arthur, a frail elderly man with dementia, completely ON HIS OWN in the lounge as they now did not have a place for him. This, a man whose only visitor was a brother who visited once a year! Staff refused to let Arthur have my place. So I went with a kind member of staff (there are some) brought him up to sit at a small card table beside us.

Goodwill to all men – but alas not to Arthur.



Further food for thought:

At mealtimes, everything was brought up together so by the time residents got to the pudding or cup of tea it would be cold. Staff were told, time after time, not to do this. Breakfast: Eggs were often hard and the bacon overcooked.

Soup, far too hot to drink, served to residents to hold **in a glass?** This thoughtless and dangerous practice was only stopped after I spoke to management.

A care worker said that she was too busy to go and get sugar that had been left out of a resident's cup of tea.

A gentleman was told off by the manager for asking a care worker to get him a cup of tea because staff had not served him any breakfast. They often missed him out.

An elderly lady visiting her local day care centre told me that the menu at her care home was very basic and uninteresting. Any meat served was usually of poor quality and only frozen vegetables were served. This is the lady you read about on Page 10.

A lady complained that she was paying a lot of money to the Home but being served food she had said she did not like. The care worker took her plate away and did not return.

"Left alone in my room without any help to eat my breakfast. I have food running down my chin and cannot wipe it away." He was so unhappy.

Carelessness:

"My elbows are knocked when they push me through doorways or move me in the hoist."

"When they put me in the hoist my arms get bruised because the girls are clumsy and grip me too tightly. They do not seem to know how to stop the hoist from swinging and it scares me."

Humiliation:

Wheeled in and out of the toilet in the corridor, door left ajar. "They don't trouble to pull my clothes down."

The care worker left a gentleman, who needed to go the toilet, alone in the hoist in his room his lower half bare of clothing. The wife found him just hanging there. Because of his position he could not control his bowels and he messed on the carpet. When the care worker returned she made a half hearted attempt at clearing it up. She then pushed the hoist over the remains spreading it further over the carpet. To add insult to injury the care worker over-sprayed around the room trying to disguise the smell which only made it worse and uncomfortable to breathe. Unbelievable? Fact This was my husband.

Indifference:

False Teeth: All in a bowl together, no identification, bleached and taken back to whomever. Friends teeth not cleaned for 6 months, turned black. False teeth lost etc...

I discovered my husband trying to feed himself unaware that he had faeces under his nails and on his hands. I forget how many times I reported this yet still it continued.

I put my hand under the duvet to check that my husband's sheets had not been left crinkled. I was horrified to find that I had put my hand into a soaking wet bed! The bedclothes had not been changed from the night before, the covers just thrown back over. I spoke to the care workers but it happened many times and so eventually I had to take it to the manager.

You see unless you read about all of this how can you understand the gravity of the situation. I find it unforgivable. How can we allow it to continue?

I tried so hard to resolve issues with the care workers but often I did not have any alternative but to take matters to either a senior nurse or the manager. I would do this for any resident who was without support and asked for my help.

Convincing people to report abuse or talk about their worries is very difficult. There is fear of retribution on loved ones, fear of being asked to leave, fear of losing a job and fear that fellow workers will turn against you.

When people learn that confidences have been breached it destroys all the good work that is being done to persuade people to be confident about sharing their concerns.

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A daughter found her father eating a sandwich with faeces still on his hands that the staff had failed to wash clean. He didn't know this because he couldn't see it – he was blind.

Who is it that is blind Miss?

We cannot 'close our eyes' to this, we really cannot.

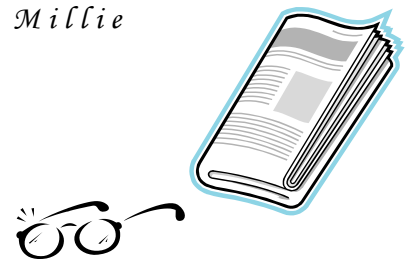
You have a cold and your nose is about to run, it's a horrible sensation, something akin to a dreadful itch you cannot reach. Staff walk by and take no notice.



...it's all so unkind.

Thank you so much for reading this.

Millie



I hope that I have convinced you that there is more going on behind closed doors than you ever would have thought.

"To be, or not to be: that is the question:
Whether 'tis nobler in the mind to suffer
the slings and arrows of outrageous fortune,
or to take arms against a sea of troubles,
and by opposing end them? "

(Shakespeare's Hamlet)

To speak, or not to speak: that is the question:
Whether 'tis easier for our minds to let 'them' suffer
the slings and arrows of outrageous fortune,
or take arms against the sea of insult and indignity
heaped upon these frail and helpless souls,
and by opposing end it?

To act or not to act
That is the question.

(Pamela's Plea)



Oh! How have I come to this?

