

Let's give our aging population choice, comfort and dignity

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Seniors already constitute the fastest growing population group in Canada.

But next year, the grey wave will start swelling into a grey tsunami as the baby boomers (those born between 1946 and 1965) start crossing the rubicon of 65.

According to Statistics Canada, there were 3.9 million seniors in 2001. By 2021, there will be 6.7 million seniors. In 2041, there will be 9.2 million seniors in Canada - one in every four citizens.

The aging population will undoubtedly have a dramatic impact on our health and social services systems, and on society more generally.

A little taste of the challenge that lies ahead can be found in a report released earlier this week by the Alzheimer Society of Canada. It showed that, in the next generation, the number of people living with dementia will grow to 1.1 million from 500,000, and the economic cost of the illness will grow tenfold. If current trends continue, by 2038, there will be a shortfall of more than 150,000 long-term care beds just for dementia sufferers, and the burden on family caregivers - the vast majority of whom are older women - will grow tremendously. And dementia is just one of the chronic conditions on the rise.

The aging of the population has been obvious and predictable for a long time, but the planning and policy adaptations have been virtually non-existent.

We owe it to our seniors, and to ourselves, to have a plan and a vision.

But it is frustrating and troubling to consider just how poorly prepared we are.

First and foremost, let's dispense with the canard that the greying of baby boomers will bankrupt our medicare system. That's nonsense based on the presumption that all seniors are hopelessly doddering. What it means to be a senior is undergoing a dramatic shift. The over-65s are more educated, more active and wealthier than they have ever been; as a result, they are much healthier.

Today's retirees have a whole life ahead of them. According to Statistics Canada, the average 65-year-old can expect to live to at least 85. Many will live beyond 100.

The big killers and disablers in modern society are chronic illnesses, diseases of aging such as cancer, heart disease, stroke, diabetes, arthritis and dementia.

The reality is that, whether you're 40 or 90, the majority of your lifetime health costs occur in the last year of life.

Still, most people, by the time they reach their "real" senior years - 80 and over - will be living with one or more chronic illnesses and many more minor conditions that are offshoots. But, increasingly, these conditions are manageable at any age.

Only a minority - let's call them frail seniors for lack of a better term - will require intense medical care in an institutional setting.

The rest can and should be active members of the community. The health system should be designed to facilitate healthy living and, when required, care at home.

The challenge for the health system - and society more broadly - is twofold: to delay the debilitating effects of chronic health conditions; to provide appropriate care and supports as they are required.

Right now, our health system is almost purely reactive. There is little prevention and health promotion. We wait for people to get sick and then we treat them.

Unfortunately, our health system also tends to operate on the premise that when old people get sick, they will invariably deteriorate and require higher levels of care until they die. That is no longer the reality.

The care journey is no longer a one-way trip downhill, so there needs to be more flexibility, more co-ordination and more continuity in care delivery. While we treat illnesses well, we do not treat people well, and we treat the families that provide so much of their care even worse.

The single most glaring failure in our health system today is the care of frail seniors. This is frightening because this challenge is going to grow exponentially in the coming years.

Far too many people with chronic health conditions are stuck for long periods of time in acute care hospitals - here they are resented as "bed-blockers" and at great risk of contracting deadly infections.

Another large population of frail seniors (many with dementia) is being cared for in the home by loved ones. These informal caregivers face a crushing burden with inadequate training and supports.

This situation exists because there is a shocking lack of long-term care beds and the numerous barriers (financial, geographic, emotional, etc.) to getting continuing care in a nursing home or in the community.

There is also a glaring lack of investment in home care and home supports. The research - and Canada has some of the best research in the world in this area - clearly shows that home care is a cost-effective, efficient and humane alternative to institutional care. Home care, done properly, complements family care and institutional care; it is not a substitute, nor is it an afterthought.

The reality too is that most people want to live - and die - at home, and on their terms. They don't want to be shunted off to a home, the modern-day equivalent of the ice floe.

A new survey, commissioned by Living Assistance Services, shows that more than 70 per cent of Canadians want to "age in place;" overwhelmingly, they believe that living at home ensures more dignity, more comfort and more choice.

Choice. Comfort. Dignity.

Three elements that are in all-too-short supply in our health system. Yet, they are obligatory if we want our population and our medicare system to age gracefully.

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