EDITORIAL

General Practitioners And Health Care Services For The Elderly

Approximately 4% of our elderly in Hong Kong are in long term institutional care, in both private and public sector. We are also seeing an increasing demand which is reflected by an upward revision of estimated planning ratio of these institutional places, which is reported by the Working Group on Care for the Elderly released in August 1994.[1]

On the other hand, the same Working Group accepted the concept of "ageing in place" or "care in the community" by providing appropriate support for older persons and their families to allow old people to grow old in their home environment with minimal disruption pivotal to the provision of services for elderly people. This is consistent with the opinion around the world where it is generally agreed that elderly citizens should be encouraged to live in the community.[2-4] They are likely to be happier and healthier at home than in institution.[4-11] Therefore, it is reasonable to expect our elderly to be happier and healthier at home, just as elderly in other countries.

As general practitioners provide continuous and comprehensive care to patients in the community, they are at a particularly advantaged position to look after elderly patients. Apart from caring for their chronic illnesses, they can also identify elderly at-risk of institutionalization as they often have the opportunity to care for the whole family. If general practitioners can identify the elderly at-risk of institutionalization and intervene by providing community support to families early, they may be able to encourage more families to keep their relatives at home.[6,8,12-16] Powers[17] reported that the physician's assistance was crucial in helping family and patients decide on the optimal level of care. Knowledge of patient's medical status, family and patient resources and preferences, cost factors and the patient's functional status would make the physician an effective counsellor for elderly patients and their families faced with deciding between nursing home and home care. Kleh[18] documented that chronically ill aged patients could stay at home with support from family and community services. Collins *et al*[19] reported that 40% of family caregivers would have delayed the nursing home placement of their demented relatives, had at

least one additional community service (adult day care, in-home services and physician home visits) been available to them.

In countries where institutional care of the elderly is largely subsidised by the governments, the money saved by having fewer elderly in institutions can then be used for other areas of health care. In a wider community context, if general practitioners can help reduce admissions of elderly to institutions, be they private or public, it is probably a significant saving for the community.[5]

In Hong Kong there are long waiting lists for various categories of government subsidised long term care for the elderly, for example, up to four years for Care and Attention Homes. Consequently, if general practitioners can succeed in maintaining more elderly in the community, they will indirectly help the other elderly who are in greatest need of such admissions by reducing the duration of their waiting time.[8]

What are the factors influencing the decision on seeking admission to institutions for the elderly? Social factors seem to be just as important as physical disabilities in determining whether the elderly will be cared for at home or in institution.[4-5,13-14,16-17,24-25] The Framingham study revealed that for those who survived a stroke at least 30 days, independent living was determined by social factors as much as by severity of disability. Family and social factors had an equal impact in determining final outcome from stroke.[14]

It is well recognised that the attitudes of family members towards the elderly have very significant effects on institutionalization of the elderly.[17] Deimling & Poulshock[19] reported that caregivers' attitudes concerning institutional care were at least as important as elder's physical and emotional health. In Hong Kong, family members' attitudes are especially important in terms of deciding on the institutionalization of the elderly because most of the elderly people are supported by their families. Many elderly patients are not financially independent and this limits their self-determination and preferences.

In conclusion, general practitioners should be effective counsellors in helping patients and their families decide home care or institutional care. They should also arrange appropriate community support to help those patients and families who need them. Community-based general practitioners are indeed central to the success of the concept of care of the elderly in the community. ■

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