

Transforming Health Care to Meet Expectations of Elderly

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Older people expect to have sound health, financial security, secure housing, loving partner, good social relationships, friends, good neighbourhood, access to local facilities and services including transport and retain one's independence and control over life.

Many expect to have more time for their hobbies and family, want to undertake volunteer work, to travel more and start the second career. Besides this, older people expect to have recognition for their past contribution, respect, spiritual progress and dignified death.

For older people, interventions are needed to encourage productive life with community engagement along with effective coping strategies leading to happy and healthy aging. Successful aging means balancing fruitful life with self-satisfaction.

Majority of older people participate in religious activities and recognize the need for spiritual growth. Spirituality is one of the social determinants of health. There is an interaction between spirituality and physical and mental health in older adults. Use of spirituality may help to enhance the healing process and improve health outcomes and disability. Spiritual beliefs help in coping with death and dying, especially in the palliative and long-term healthcare settings and hospices.

Integrating use of spiritual interventions like meditation, yoga, mindfulness and Tai Chi enhance individual capacity to cope with stress. It is likely to improve overall functioning and well-being in older adults. Since old age is confronted with the issues of loss, physical illness and mortality, there is a need to understand an individual's spiritual perspective to help to face them. Spiritual practices change one's attitude toward death and dying. They are likely to improve the experience of death and dying for the patient and their families particularly in the settings such as palliative care, hospice, long-term care and in primary care settings. An effort should be made to train health care providers in appropriate assessment and integration of patient's spiritual beliefs in healthcare decisions.

Though death is a natural part of the life process, yet few discuss end of life matters. Issues of death preparedness like having a will for their belongings, decisions about medical treatment and care when they are dependent are not commonly discussed. For death preparedness, there is a need for free communication between older subjects and healthcare provider that leads to awareness and/or acceptance of the end of life followed by a discussion about end of life care plan. Commonly expressed expectations by older people are being active to the very last, respecting one's will and being allowed to die, not being in pain, being amongst persons close to one and dying in the home. An appraisal of attitudes towards death and one's mortality precedes the concept, followed by an improved quality of death and dignity at the end of life. Dignity in dying includes an intrinsic, unconditional quality of human worth and external qualities of physical comfort, autonomy, meaningfulness, usefulness, preparedness and interpersonal connection. End of life care should take into consideration cultural, spiritual and religious needs and other life circumstances. There is a need to improve advanced directive planning and acceptance of palliation for chronic health conditions.

With demographic and epidemiologic transitions, increasing number of dependent older adults require care. Caregiving has important implications for the health, social and economic well-being of the caregiver. The issues and challenges faced by family caregivers need to be acknowledged and considered as an extension of patient care planning. Providing care can be physically, emotionally and financially taxing. In West, various interventions have proven to be effective for minimizing depression and subjective measures of the health of caregivers. There is a need to develop culturally appropriate, cost-effective and evidence-based interventions to support caregivers and their health in our country. Besides existing interventions of one-on-one or group based in-person interventions, new technologies – mobile phones, tablets/smartphones, mHealth/telemedicine – could be utilized to benefit caregivers. Innovative problem solving may yield powerful and beneficial solutions.

There is a need to strengthen the capacity of health care system to respond appropriately to various expectations of older people.