

Care of the aging

It didn't seem so long ago that the idea of becoming old wasn't in my mindset. I remember thinking that when my parents were in their 50s they were ancient, not considering that barring some accident or illness, I would find myself there as well. Here I am.

We hear today that 60 is the "new 50," and to some extent that is true. Medical advances and technology have ensured that we live longer, but despite that, I am aware of the relentless and irrevocable process of aging. I'm not complaining (well, maybe I am a little) so much as noticing things about my body that I never paid much attention to before. Signs that my youth is passing. I am fortunate that my overall health is intact and I have good genetics on my side. I am not yet old but beginning to think about getting older.

In my practice a common statement I hear now is that the Golden Years are not all that they are cracked up to be. The complaint that "all I do these days is go from one doctor's appointment to another" is all too frequent. The lucky ones are those who are healthy and fit and able to embrace their age with vigor and vitality. But these are not the majority. Recent statistics indicate that over 80% of the population 65 years or over have chronic health conditions that require ongoing expensive treatment and follow-up, not to mention the potential need for institutional and/or long-term care. The senior population is growing exponentially as we are living longer and the baby boomer generation is aging. At present there are over 4 million seniors in Canada. In 2005, seniors made up about 12% of the popu-

lation, compared with 5% in 1921. By 2025, it is predicted that one-quarter of the population will be over 65 years and the number of elderly (80 years or over) will increase to an astounding figure of 1 in 10. The national costs of providing health care will increase dramatically and at the same time the employed labor force required to support this population will fall based on population demographics. What is clear and increasingly important is the quality and security with which people can live out the remainder of their lives.

Institutional care is one of the most costly components of health care, and in many cases, not the most ideal. It is estimated that the average annual cost in BC for an individual in a long-term care (LTC) facility is \$12,000, compared with \$5500 to care for someone

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OF A REGULAR
CHECKUP.**

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at home. Since 2001, an additional 4000 LTC beds have been created in BC, which is great for those who need them, but we need to develop a more comprehensive, publicly managed system of care for seniors.

Except for a small proportion of people, seniors and the elderly can live at home and maintain their independence as long as they are physically and mentally able. However, to accomplish this, they must have reliable health and social support systems. These come at a cost. When employment ceases and income falls, many of these support systems are no longer affordable. Among seniors, a large proportion of whom are women, it is the women who are more likely than men to have lower incomes. Seniors living alone are more likely to be poor than those who live in families. The ability to access the required home care resources should not be limited to those fortunate enough to be finan-

cially capable, but should be available to all seniors. We have a collective responsibility to work toward a balanced and equal system for all.

I have a personal and perhaps rather selfish reason for concern. My mother is approaching 80, is widowed and lives alone, but is extremely independent and maintains her own house without the need for help, at least for the moment. As many women like her, she rightfully wants to stay in her home for as long as possible. Recently she had serious illness that may have led to the need for some home care support. The potential costs for what we as a family would consider fairly basic help were beyond what I would expect. Although she is in a reasonable financial position, any long-term costs would quickly diminish her ability to continue to pay. Many of my friends and colleagues are now caregivers to elderly parents and share these feelings. These concerns are obviously more immediate for our

elders, but we also wonder what our lives will be like when we grow old.

—SEH

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