Disclosures

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What should care for the older person look like by 2026?

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“Why can’t they just send an invitation card ?”

Quote from my 88yr old mother on receiving a phone call inviting her to attend a wedding
Health Issues/Trends

• More Elderly (2026)
  – Better educated (tertiary education)
  – 13.2% / 4.6% in 1991 (55-64 age gp)
  – 68.3% / 60.3% in 2020 (extrapolated figures)
  – Higher expectations (? litigation)
  – Need for improved medical & support services
Care for the older person 2026: END OF LIFE

- **Safety and quality** - one of the four domains in good medical practice.
- Contribute to and comply with systems to protect patients
- Respond to risks to safety
- Protect older patients from any risk posed by our health
Clarification of Terms

- **End of Life care**
  - ‘Care that helps all those with advanced progressive incurable illness to live as well as possible until they die’ – weeks / months / years
  - 3 types of pt (cancer, organ failure, frail elderly /dementia pts)

- **Supportive Care**
  - Helping the patient and family cope better with their illness
  - not disease or time specific, less end stage

- **Palliative care**
  - holistic care (physical psychological, social, spiritual)
  - specialist and generalist palliative care

- **Terminal care/ Final days**
  - Diagnosing dying-care in last hours and days of life
Care at the End of Life 2026

• Protection / Security
• Mobility and access
• Housing for the end of Life
• Services (Healthcare and Community)
• Dying (if there is time!!)
Systems to Protect the Elderly at the End of Life

• Community
  – Protection of vulnerable seniors
  – Development of the Law (Common Law & Islamic law) in cases involving vulnerable seniors
  – the community, the family to enable, not disable seniors
  – Advance directives should be promoted
Systems to Protect the Elderly at the End of Life

- Hospital / Nursing homes
  - Computerised audit on injuries, types of infections to improve care delivery
  - Maintaining confidentiality
  - Technology to help medical staff monitor less invasively
  - Use of smartphones to prompt compliance (to Rx)
Service to the door?

Uber heats up takeaway scramble

Is the future of food in takeaway? Uber’s food delivery service UberEats is amplifying a digital upheaval sweeping the F&B industry in Australia, where food delivery takes on an increasing share of revenue. It’s even prompted some restaurants to run entirely on takeaways.

AFTER three decades running McDonald’s Grey restaurant, Tony Whitelaw thought he knew everything about the business. But in August last year, he went out on his own with a starting school in Melbourne.

When he learned his industry was being turned inside out by the Internet, and he had signed with UberEats for its food delivery service, he used this to a food delivery service of Uber Technologies Inc.,

Last month, he opened Australia’s first

UberEats — a leased kitchen in a shuttered takeaway — run entirely on deliveries of home-cooked food.
Location of Children According to Distance by Ethnicity, 2008

Source: Nurizan et al. [Patterns of Social Relationship and PWB of Older Persons in Malaysia, 2008]
Changes in the social characteristics of Malaysia:

- ↑ females in workforce

- Traditional role of the informal carer
- Shift of responsibility of care from a personal to an impersonal level.
- ↑ Need for formal community or institutional support
Mobility & Access

Health is not valued till sickness comes
Housing: Will this be the trend?
De Hogeweyk - a dementia village concept, Weesp, Holland
Single entrance with receptionist; Main Boulevard with clinic, shops and restaurant
Health delivery: Reduce the risk of ‘US’ contributing to the End of Life

• Mandatory Geriatric Medicine in ALL Undergraduate and Postgraduate training curriculum (emphasis on Polypharm, delirium)

• Competency requirements and reviews

• Healthworkers with up to date flu vaccinations
Quality of care depends on the LCD

• People NOT technology will still be the basis of healthcare in the Older Adult
• Health personnel with the “right” attitude needs to be nurtured
• Skills training should be formalised
• Care provision individualised (patient centred)
Dignity at the End of Life

• Advance care directives
• More open discussions about mode of dying