

# **4 THE RIGHTS OF THE ELDERLY PATIENTS**

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Older Persons should have specific rights that society in general, health care providers as well as the elderly themselves should be aware of.

Two fundamental questions need to be considered:

1. Why do we need rights for the elderly patient?
2. What are these rights?

## **1. Two main reasons why we need rights**

- a. Demographic reviews of developed countries do show us the reality that we are sitting on a demographic time bomb. The ageing population is increasing. In Malta, by the year 2010, it is projected that 22% will be over 60 years of age whereas 8% will be over 75<sup>1</sup> years. By the end of the century, 20 years will have been added to the average life span. In the course of a few generations, the proportion of older persons (age 60 and above) to the overall population will increase from approximately 1 in 14 to 1 in 4. Therefore society in general is bound to focus more on all areas pertaining to the elderly, not least on their rights.
- b. The older person is not always a patient receiving short-stay care but frequently has to follow long-stay care management programmes. They often suffer from multiple often chronic pathology,<sup>2</sup> non-specific presentation of disease, rapid deterioration if untreated, and high incidence of complications of disease and treatment. They often need rehabilitative care and some like those in institutional care do become eternal patients. A case in point is St Vincent De Paule previously a

hospital now being referred to as St Vincent De Paule Residence for the Elderly, notwithstanding the hospital setting. The elderly at SVPR are referred to as residents.

## **2. What are these rights?**

The United Nations<sup>3</sup> spells out these rights as principles. Appreciating the contribution that older persons make to their societies, And recognising ageing as one of the major achievements and, at the same time, challenges of the twentieth century, the United Nations convened the World Assembly on Ageing in 1982. In 1991, it adopted the United Nations Principles for Older Persons. In 1992, the Assembly adopted a strategy for decade 1992-2001, including the International Year of Older Persons 1999. The mission statement is "To add life to the years that have been added to life".

The UN Principles address five major areas, which are: *care, independence, participation, self-fulfilment and dignity of older persons.*

### ***A. Care of the older person:***

1. Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.
2. Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well being and to prevent or delay the onset of illness.
3. Older persons should have access to social and legal services to enhance their autonomy, protection and care.
4. Older persons should be able to utilise appropriate levels of

institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.

5. Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

Two scientific studies published in medical journals this year clearly show that the relationship between the health care provider and the elderly patients may have to be revised. A study published in the February 10 1999, issue of JAMA<sup>4</sup>, which included enrollees into a Medicare managed care organisation, has shown that many elderly patients are lacking the basic skills necessary to participate in their care and may not comprehend simple health instructions. Another study published in the January 19 1999<sup>5</sup>, issue of the Annals of Internal Medicine, showed that American doctors are often unaware of their elderly patients' desire to receive aggressive life-sustaining care, and as such are likely to withhold proper care. Researchers found that a great percentage of the elderly wanted life-extending care even if it meant additional pain and discomfort.

#### *B. Independence:*

The most relevant principle in this context is that older persons should be able to reside at home for as long as possible. In practice, relatives and sometimes society often put enormous pressure on the elderly to be admitted into institutional care without first tackling problems such as housing, social problems, access for home help and for that matter lack of information on what they are entitled. Consent should be always sought and forced admission never accepted. Society should avoid being overprotective at the risk of abusing the right of independence. This is relevant particularly in long-stay care where the older person may be discouraged from performing the activities of daily living as these may require more patience and therefore more time than if the elderly is allowed to perform these activities especially under supervision.

*C. As regards participation*, older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well being and share their knowledge and skills with younger generations.

*D. Self-fulfilment*

Older persons should be able to pursue opportunities for the full development of their potential and should have access to all the resources of society.

*E. Dignity*

Older persons should be able to live in dignity, security and be free of exploitation and physical or mental abuse. Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

The overall objective for International Year of Older Persons 1999 is to promote the 18 United Nations Principles for Older Persons and to translate them into policies, practical programs and actions. A comprehensive Aged Care Act, which if passed through Parliament, becomes law, would be the best method of expression of these principles. The main profiles in this act would be the older persons themselves, the health care workers and the carers. The common denominator is the care and welfare of every individual older person.

In Malta, the standing of the older person in society has improved over the past two decades. Community services have expanded with the provision of home help, meals-on-wheels, telecare and social assistance. Several Government Residential Homes and Day centres, in various villages have been opened to keep the older person at the centre of society and in the community. But unfortunately, St Vincent de Paule Residence may probably be the largest institution for the elderly in the world. And as explained earlier the older person should today be in the community and

definitely not in an institution. I believe that care in general has improved but we still have to understand the full meaning of the principles highlighted earlier as lack of knowledge would surely result into unintentional abuse of the older person.

Providing care to elderly individuals is far more than meeting the requirements stated in a health care worker's job description. Health care providers need to understand the physical, emotional and social losses associated with the ageing process and to minimise these losses whenever possible. Inspirational and dedicated care providers should maximise the safety and quality of life, the strengths and independence of elderly individuals as well as incorporate respect, love and friendship into their daily care.

*References:*

<sup>1</sup>Demographic Review, Central Office of Statistics 1999.

<sup>2</sup>Brocklehurst, J.C., Tallis R.C., Fillit H.M: *Textbook of Geriatric Medicine and Gerontology*. Churchill Livingstone, 1992. ISBN 0-443-04276-4.

<sup>3</sup>United Nations *Principles of Older Persons*, 1991,

<sup>4</sup>Gazmarian J.A., Baker D.W. *Health literacy among Medicare enrollees in a managed care organisation*. JAMA, 1999, Feb 10(6),545-551.

<sup>5</sup>Hamel M, Teno J., Goldman L., *Patient Age and Decisions to withhold life-sustaining treatments from seriously ill, hospitalised adults*. Annals of Internal Medicine, 1999, 130: 116-125.