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## THE CALL FOR PALLIATIVE CARE IN OLD AGED HOMES

Palliative or hospice care has developed in Hong Kong over the past 2 decades and has greatly improved the care of patients suffering from terminal cancer<sup>1, 2</sup>. There are now established palliative care unit and / or teams in all hospital clusters under the Hospital Authority providing in-patient, day-care, out-patient and home-care services. However, we may have neglected the need from an important group - the residents in the old aged homes. The article "The Needs of Elders with Advanced Incurable Cancer in Aged Home" appeared in this issue of the Journal addresses this issue<sup>3</sup>. In this cross-sectional survey study of 49 advanced cancer patients among 2042 residents in old aged homes, less than one third had access to specialist palliative care and for a significant proportion, the clinical care, including symptom control and psychosociospiritual support were not adequate. The study has not included the even greater need of elders in old aged homes dying from non-cancer illnesses<sup>4, 5</sup>. In Western countries, there are an increasing trend of residents dying in nursing home with hospice care support<sup>6, 7</sup>. However, like the finding in this survey in Hong Kong, Hanson et al had also reported uncontrolled symptoms and unmet needs in the end of life care for nursing home residents in the U.S<sup>8</sup>.

The needs for improvement in palliative symptom control and especially end of life care for residents in old aged home in Hong Kong are great. There are at present, still many obstacles including the lack of staff training and acceptance, inadequate medical input, lack of specialist support, administrative inconvenience and medical-legal impedance. Very few elders in old aged homes in Hong Kong at present could genuinely "Die in Place" even if they and their families wish to do so. They are most likely be sent back to die in acute hospitals. This is both costly and adding to the suffering of the elders and their families. There is a need for geriatricians and palliative care physicians in Hong Kong to unite together to reverse the situation and improve the system of care. Policy makers, administrators, social workers, legal experts and the legislators could also contribute e.g. in the legislation and promotion for the wider use of advanced directives and amendment in the Coroner's Ordinance. In a recent article on a focus group study of terminal care in nursing homes, the home staff and physician identified the lack of

training, regulatory emphasis in rehabilitation and a resource-poor setting as important barriers<sup>9</sup>. A better understanding and embracement of palliative care approach and closer liaison among the visiting primary care physicians, community geriatric assessment team and specialist palliative care teams from the hospitals is necessary to achieve integrated and holistic end of life care for the elders<sup>5</sup>. It would not be feasible nor cost-effective for all residents in old aged homes with terminal cancer and other terminal non-cancer diseases to receive direct care from specialist palliative care teams, therefore knowledge and skill transfer together with an effective consultation supporting network are essential. The provision of good quality end of life care in old aged homes calls for well-trained and motivated staff, good teamwork, adequate nursing manpower, supportive administration and the availability of specialist consultation from hospital outreach teams (geriatric and / or palliative care). I believe that many of us caring for the elders in the health-care and social welfare sectors are willing to contribute to change the unsatisfactory situation in the present care delivery system. "When there is a will, there is a way". There has already been some breakthrough in individual homes<sup>10</sup> and I hope that with our collaborative effort, good palliative care to enable "Aging in Place" for the residents in old aged homes in Hong Kong will no longer be empty talk in the near future.

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## **IMPORTANT NOTICE**

There will be an administrative change of Editorial for the Journal. Professor Timothy Kwok has been appointed as Editor-in-chief for the next issue onwards. Future submission should be addressed to:

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