HEALTH EXPECTATIONS OF THE AGED

(Paper presented at the SMA Silver Jubilee National Medical Convention 1985)

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The National Survey of Senior Citizens 1982 revealed that only 6% of those aged 70—74 years and 8% of those above 75 years perceived their health to be poor. However, the term "health" is a rather subjective one. What constitutes "good" health for some individuals may constitute "poor" health for others. In general, most senior citizens will consider themselves "healthy" if they are independent and mobile though some do take part and complete the Singapore Marathon and others climb Mount Ophir.

Since our aim is the prevention of ill-health and dependency in our elderly, exercises such as Taichi, table-tennis, folk dancing, social dancing, morning walks etc. are being actively encouraged in SAGE and other senior citizens' clubs. Though in the past, it was believed that exercise was dangerous for the aged — strenuous activity might "jar something loose" in the elderly — it is now generally believed that lack of exercise is dangerous.

It has been shown that some of the functional declines associated with ageing eg. the decline in cardiac output, ventilatory capacity, maximal oxygen consumption and decrease in muscle tissue can be brought about in young, well-conditioned people in as little as three weeks of enforced bed rest.

Nutrition is an area in which our senior citizens can do with some appropriate advice. It is probably wise for all older persons to minimise their intake of sugar, fat and salt and to make certain that their diet contains an adequate amount of crude fibre from various fruits, vegetables and whole grain sources. This type of dietary advice has been given by SAGE and other senior citizens' clubs in the form of health talks and pamphlets. At present, we do not have cooking facilities at SAGE but after the building of our Elders' Village, we intend to serve meals to our members. Healthy elderly persons should be encouraged to have their meals with their friends. It affords an opportunity for them to have social interchange and build up satisfying social relationships. This explains the popularity of our mass birthday parties.

It is hoped that a highly subsidised or even free lunch will be provided in our SAGE Elders' Village for senior citizens who are on public assistance. At present, the Havelock Community Centre provides a 50 cents lunch every Wednesday and Sunday to senior citizens who are receiving public assistance. For 50 cents, the senior citizens are treated to a nourishing lunch with a dish of vegetables, a fish or meat, soup and rice.

The poor, frail and lonely elderly person runs the risk of malnutrition. Under the Befrienders' Scheme organised by the Ministry of Community Development, volunteers including some from SAGE befriend these elderly citizens. I shall illustrate their plight by quoting an example. A 78 year-old woman who is frail and blind in one eye lives with her 43 year-old son in a one-room flat. When we visited her one Sunday afternoon, she was afraid to open her door to us until on the advice of her neighbours, we mentioned the name of her son. She kept asking why her son had not returned home that afternoon because if he did not return she would not be having her meal for she depended on her son to do the cooking. She was obviously malnourished and it occurred to us, that if her neighbours would supply her with meals when her son was out, her health would improve considerably. Alternatively, a "Meals-On-Wheels" scheme organised by a voluntary organisation will be of great benefit to these elderly persons who are most in need of nutritional and social assistance. This will prevent their downhill slide into chronic ill-health and dependency.

Health, longevity and life-satisfaction are found to be highly co-related with the level of educational achievement. SAGE and other senior citizens' clubs advocate continuing education for their members. The Director of Extra-mural Studies of the National University of Singapore is a member of our Management Committee. On the Ist, 2nd and 3rd of June, a stay-in course is being organised for some of our members at NUS. I am sure our senior citizens will benefit from such programmes which help to prevent their intellect from becoming "rusty" from non-use. Although there is little real evidence that continued use of the intellect offers any protection against senile dementia, one cannot help feeling that it must have some value in its own right.

It remains to be seen whether our senior citizens by actively participating in the activities of SAGE and other senior citizens' clubs become healthier physically and mentally. Participation in their numerous activities keep an individual mentally and physically active and he may spend less time worrying about his physical problems. Some physical disorders might even be retarded or ameliorated with constant activity. In my view, this activity approach to old age is more beneficial to the individual and to the community than a disengagement and rocking-chair approach to old age.

Life expectancy for the average Singaporean rose from about 50 in 1947 to 70 for males and 73 for females in 1980. Chronic illnesses like cardiovascular diseases, stroke and cancer have replaced the acute diseases as major causes of death. The ideal of course is to eliminate these diseases or to delay their manifestation for as long as possible so that all of us can live our allotted life-span in health and vigour and then die after a mercifully brief and final illness which lasts hours or at the most a few days.

Unfortunately, such is not the case at present. People are living longer today after the onset of chronic disease and disability — a phenomenon which Gruenberg, 1977, has called "The Failures of Success". The number of years of active, vigorous and meaningful life decreases with advancing old age. Few of us now can look forward to reaching the end of our lives without experiencing some period of dependency. More years of dependency mean more years during which to depend on someone.

Let me quote a case which is quite common now and which may become increasingly common. One of my patients, a 56 year-old woman has been looking after her 79 year-old mother, who is a paraplegic, and incontinent of urine and faeces, daily for over 20 years. She resigned from her job as a school teacher so that she could look after her mother. She has now become a "young old" caring for an "old old".

I am sure you all know of such cases. Perhaps we should reflect on the effects such long-term care have on the "principal caregivers" who are usually the daughters or the wives. Some of them experience financial hardships and some experience declines in their physical health from the arduous task of caring for a disabled parent. The strain on the mental health of an individual giving long-term care expresses itself in such symptoms as depression, anxiety, frustration, helplessness, sleeplessness, lowered morale and emotional exhaustion. These are related to restrictions on time and freedom, isolation, conflict from the competing demands of various responsibilities, difficulties in setting priorities and interference with lifestyle and social and recreational activities.

Because of our ability to keep a chronic sick and bedridden patient living longer and longer, we may find that more and more individuals especially among our women, will be spending their middle age and early old age looking after a disabled parent as in my example just quoted. Many feel guilty about putting their parents into a "Home for the Aged", because of the debt they owe their parents for looking after them in their infancy and childhood — in other words, their filial responsibility.

The personal cost to the "principal caregivers" in this long-term caregiving is expressed in the deterioration of their physical and mental health, their lost opportunities for socialisation, recreation and personal growth. In the end, after they have grown old themselves they may feel that they have missed out on something in life.

Respite care centres and day care centres for the elderly will help to relieve the unrelenting strains on families with chronic sick old people. These centres will provide much needed relief to family members engaged in long-term care of aged parents. A respite care centre provides for short-stay accommodation away from home with enjoyable recreational programmes for the aged. As its name implies, a day care

centre for the elderly will take care of the elderly during the day as in the Henderson Day Care Centre.

To resolve this filial crisis, adult children should continue to care for and about their elderly parents. They should continue to discharge their filial responsibilities, to provide affection and emotional support, to do what they are able, and to arrange for the needed services that they cannot supply. On their part, the elderly should try to successfully adapt to their dependency by accepting what their adult children cannot do.

CONCLUSION

In conclusion, I have tried to present two views of the health expectations of the aged. One view is to anticipate a steady increase in the numbers of aged who are physically and mentally infirm, very dependent individuals, whose lives are a burden to themselves, to their families, to the health and social services and to the taxpayer. The other vision is that health education and preventive medicine will enable future cohorts of senior citizens to live fit and active lives till the very end, dying of a mercifully brief and final illness.