

# The Hong Kong Geriatrics Society Newsletter



## The Hong Kong Geriatrics Society

c/o Department of Medicine, Yan Chai Hospital  
7-11 Yan Chai Street, Tsuen Wan, NT, Hong Kong  
Tel: (852) 24178383 Fax : (852) 24116536  
Website: <http://medicine.org.hk/hkgs/>

Feb 2004  
issue

**President** : Dr. Kong Tak Kwan  
**Vice-President** : Dr. Wong Chun Por  
**Honorary Secretary** : Dr. Mo Ka Keung  
**Honorary Treasurer** : Dr. Wong Tak Cheung  
**Ex-Officio** : Dr. Au Si Yan

**Council Members :** Dr. Chan Ming Houng  
Dr. Ip Chiu Yin  
Dr. Kwok Chi Yui  
Dr. Chu Leung Wing

Dr. Chan Hon Wai  
Dr. Leung Man Fuk  
Dr. Mok Chun Keung

**Honorary Legal Advisor :** Mr. C K Chan  
**Honorary Auditor** : Mr. Eddy S B Wong

## Editorial

Wish you all a Happy New Year of the Monkey. SARS and Aivan flu are at our doorsteps and but apparently they are not coming in. Thus, only still have the time and energy to deal with our own business of Geriatrics, besides tackling the burning topic of infection. Our external examiner of the PDCG, Dr. SC Allen, complimented us on our effort to organize the course successfully (Foreign News). In our members' corner, Dr. S Wong shared with us his training experience in Australia. Dr. Lum CM also shared with us his updated knowledge acquired while attending the 8<sup>th</sup> Asian Pacific Society of Respirology Congress sponsored by HKGS. We also have updated literature review on topics of geriatrics interesting local news related to older people in Hong Kong and. After all the exhaustive daily work and the academic tonics, why not relax and have a cup of tea? Dr. SL Szeto has written an article to share with us his deep appreciation on Chinese tea drinking. The first part is printed in this issue. Our council announced that the come ASM cum AGM was to be held on 19/6/04. Please see the circular enclosed calling for free paper submission. Hope that we can all have a good start for the year of 2004.

Mok CK Editor

## President's address: Are we prepared for community care?

Last November, the BBC Panorama<sup>1</sup> hit the news with the problem of home care in Britain. The Panorama Assistant Producer Fran Baker secretly recorded her experiences as an undercover careworker and investigated what life is like for frail elders living in their own homes. Fran was sent out alone with little or no formal training into the homes of frail elders whose needs she was not qualified to meet. Fred recorded in her diary, "When I started as a carer I had no idea that I'd be as upset by what I saw as I have been. More than anything else, it's made me absolutely terrified of getting old." "The thing that I find hard is realising that I'm becoming hardened and it's almost like the more I work as a carer, the less caring I become." "You can't genuinely care. If you did you would constantly be running late and getting later and later. In the end, you just have to become hardened and go in, do your job, rush through," a phenomenon termed "call-cramming." "There's anxiety, stress and a loss of dignity and I just don't think that people deserve that at the end of their lives."

Back in Hong Kong, community care for elders is high on the health and social care agenda. Are we prepared to meet the challenge? Initiatives like enhanced home and community care, skills upgrading scheme for elderly care workers, postgraduate diploma course on community geriatrics for family doctors, CGAT/VMO collaboration scheme and VMO training,

voluntary accreditation for residential care homes for the elderly, .... are being rolled out. How all these will impact on community care have yet to be seen.

Meanwhile, residential care homes for the elderly are flourishing in Hong Kong, currently accommodating about sixty-five thousand elders. Geriatricians have for long realized the wisdom of pre-admission assessment to uncover medical problems with social presentation, aptly described in the words of the late Prof. Bernard's, "*Elderly patients are admitted not because of social problems, but because of medical problems with social consequences, or social problems with medical consequences.*" The wisdom and value of "assess first, admit second" has been backed up by evidence as early as the 1970's from Professor John Brocklehurst's study<sup>2</sup>, and recently by the research of Professor David Challis<sup>3</sup>, who has demonstrated that a specialist clinical assessment prior to care home placement led to benefits for elders and their carers, less contact with nursing homes and emergency services and cost savings. How and when this evidence base can be translated into practice in Hong Kong? Elsewhere, overseas Geriatrics Societies are lobbying for specialist geriatrics assessment prior to entry to residential care homes, and the corresponding increase in geriatricians.

Frail elders who get stuck in hospitals are often referred to as "bed-blockers" with

"placement problem." We may well reflect on the words of Stephen Watkins, "The purpose of community care is to promote privacy, dignity and independence and provide resources for living. It is a philosophy, not a place." Kong

TK Kong

### References

1. Baker F. A carer's diary. BBC News, 16 Nov. 2003. <http://news.bbc.co.uk/1/hi/programmes/panorama/3270993.stm>
2. Brocklehurst JC et al. Care of the elderly: medical screening of old people accepted for residential care. Lancet 1978;ii:141-2.
3. Challis D, et al. The value of specialist clinical assessment of older people prior to entry to care homes. Age Ageing 2004;33:25-34

