Past Achievement, Present Challenge and Prepare to Climb another Height

Geriatric Medicine in Hong Kong: Challenges and Opportunities

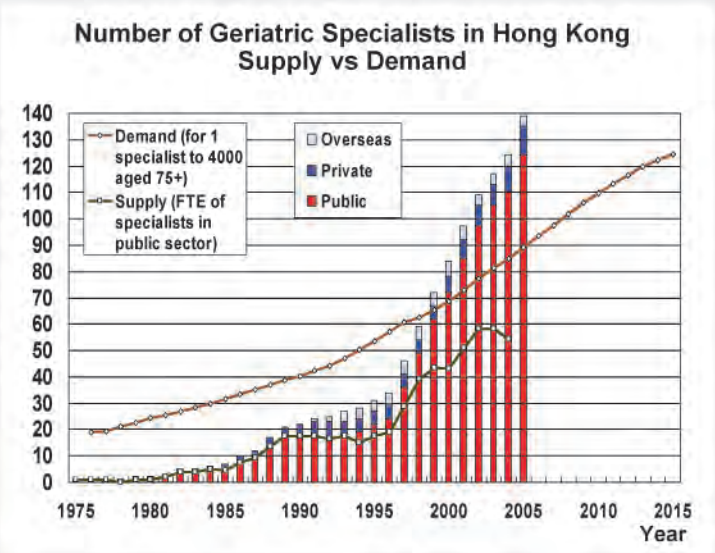
Tak-kwan KONG, FHKCP, FHKAM (Med), FRCP (Edin, Glasg, Lond)
Consultant Geriatrician, Department of Medicine and Geriatrics, Princess Margaret Hospital, Hong Kong

Dr TK Kong is President of the Hong Kong Geriatrics Society from 2002 till now. Under his leadership, the HKGS has collaborated with the University of Hong Kong in the establishment of the PDip Community Geriatrics, published the HKGS Curriculum in Geriatric Medicine, and facilitated the RCPSG in setting up the DGM(Glasg) Examination Centre in Hong Kong. He is Consultant Geriatrician of Princess Margaret Hospital since 1992, and Honorary Clinical Associate Professor in the Department of Medicine, University of Hong Kong since 1997. Dr. Kong is well known to us locally for his commitment and humanistic approach to patient care, and his advocacy for the service need of elderly people. He is to give us his vision of the challenges and opportunities of geriatric medicine in Hong Kong.

~ Editors ~

The 25th Anniversary of the Hong Kong Geriatrics Society gives me the chance to reflect on the challenges facing Geriatric Medicine and geriatric services in Hong Kong, as well as to look ahead for opportunities in their further development. These I will discuss under the following areas: appropriate health care model and system; sub-specialization and special interests; Chinese Medicine; Long-Term Care; community care; building up a local knowledge base; and Geriatric Medicine in Asia.

The medical care of elderly patients with multiple diseases, on multiple drugs, and with multiple complex needs cannot be effectively provided in a health care system biased towards singular disease and fragmented into single organ-system approach.[1-3] While integration of Geriatrics with medicine has the theoretical advantage of allowing early access of frail elderly patients to geriatric service, cost-saving incentive has reduced the availability of a supportive ward environment and multidisciplinary team, which are essential to the kind of care geriatric patients require.[4] Instead of full commitment to geriatric services, it is usual for local geriatric specialists under the integrated model to have dual responsibilities to both elderly and young patients. Thus about two-third of geriatric specialists work half-time or less than half-time in Geriatric Medicine. This widens the gap between the effective supply of geriatric specialists in Hong Kong and the demand based on the Royal College of Physicians of London recommended ratio of 1 full-time-equivalent geriatric specialist to 4000 elders aged over 75 *(Figure)*.



The future challenge lies therefore in the setting up of a health care system and model which facilitates the matching of elderly patients with multiple complex problems to geriatricians in a timely manner; as well as the provision of problem-focused rather than solely organ-focused services, e.g. falls and fracture service. Such a geriatric service would improve diagnostic accuracy and need assessment, reduce polypharmacy and avoid iatrogenesis, ensure smooth discharge; and ultimately could help reduce morbidity and disability, reduce institutionalization and optimize use of hospital resources.

The considerable growth in the number of geriatric specialists locally has given us the opportunity for diversification of interests and sub-specialization, which can be advantageous in terms of expertise, service development, research and identity. In the recent years, the Society has promoted the formation of special interest groups (SIGs) on topics of special geriatric relevance, similar to what the British Geriatrics Society has been developing. But Professor Allen has rightly warned that that sub-specialization in Geriatric Medicine should not go too far or else general skills can be degraded, holistic care lost, and the trend to over-specialization further escalated, so that Geriatric Medicine and geriatric service might fragment and ultimately most patients would then be not only under the wrong type of physician but also the wrong type of geriatrician![5] So, "knowing everything of something" has to be built on "knowing something of everything."

Chinese Medicine is popular among our elderly people. While this may add to the challenge of polypharmacy and iatrogeneis,[6] its potential value in elderly people as a medicine with holistic, individualized, preventive, palliative and immuno-potentiating effects have much to be explored.[7] It is hoped that our Special Interest Group in Chinese Medicine will promote the interest of local geriatricians in this area and help build up a knowledge base in Chinese Medicine of relevance to the care of our elderly patients.

One useful index of the state of health of an elderly population is the proportion who live in an institution — the institutional rate. In Hong Kong, the proportion of elders aged 65+ who live in an institution rather than a domestic household increased from 6.2% in 1991 to 9.1% in 2001; the proportion institutionalised in care homes rose from 6.0% in 2000 to 6.7% in 2004. These local institutional rates are high compared with those of other developed countries with high life expectancies. Geriatricians have for long realized the wisdom of pre-admission assessment to uncover medical problems with social presentation.[8] The wisdom and value of "assess first, admit second" has been backed up by studies which 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.[9] It remains a challenge for Hong Kong to translate this evidence base into practice whereby high risk elders can be timely assessed by geriatric specialists, diseases detected early and cured, and illnesses cared for, so that more elders can remain living in their own homes rather than being placed in institutions.

Like elsewhere, community care for elders is high on the health and social care agenda in Hong Kong. Initiatives like enhanced home and community care, skills upgrading scheme for elderly care workers, postgraduate diploma course on community geriatrics for family doctors, Community Geriatrics Assessment Team (CGAT) / Visiting Medical Officer (VMO) collaboration scheme and VMO training, voluntary accreditation for residential care homes for the elderly, pilot community infirmary,.... are being rolled out. How all these will impact on community care have yet to be seen. But community care should not be regarded just as a "cheap" alternative to hospital care, nor glorified as "ageing in place" or "dying in place" without the provision of necessary supporting resources and expertise in quality care. Stephen Watkins rightly said, "The purpose of community care is to promote privacy, dignity and independence and provide resources for living. It is a philosophy, not a place."

Since the birth of the specialty of Geriatric Medicine 70 years ago, an impressive knowledge base has been accumulated and the number of journals devoted to the specialty have expanded from the initial two journals (Geriatrics, Journal of Gerontology) in 1946 to over a hundred by 2000. Western literatures however may not be directly applicable to our local setting because of differences in epidemiology and disease pathogenesis; benefit to risk ratio of treatment; socio-economic structure; and lifestyle, culture and ethical values. While geriatricians in Hong Kong have already been contributing to geriatric literature both internationally and locally, our Society will continue to promote research and their publications relevant to our local clinical practice through the formation of SIGs; organization of scientific meetings; continual improvement of our Journal; as well as the publication of updates in our Newsletter and of local texts in Geriatric Medicine.

The growth of the 65+ elderly population for the next two decades is projected to be faster in Asian countries compared with the West. Initiatives to stimulate academic and collaborative activities among geriatricians and gerontologists in Asia have been made with the formation of the Geriatric Medicine in Asia Working Group in 1998. This April, the promotion of the development of Geriatric Medicine in Asia is rekindled with the establishment of an Asia-Pacific Network in Geriatric Medicine. With its current strength of 139 geriatrics specialists (a number only second to Australia in the Asia-Pacific region), a well-established postgraduate training programme in Geriatric Medicine, the availability of qualifying examinations in Geriatric Medicine of international standard, and our peer-reviewed Journal with international advisors from geriatricians and gerontologists of the West and of Asia-Pacific region, Hong Kong has much to offer in boosting up Geriatric Medicine and geriatric services in other Asian countries, who increasingly realize the importance of the development of the specialty in meeting the ageing demographics.

Professor Tallis, when he wrote of the future of Geriatric Medicine back in 1993, was confident that "there will be a greater need for the provision of health care for elderly people and that Geriatrics will remain the most stimulating, varied and challenging branch of clinical medicine". But he did point out an important determinant factor on the development of the Geriatrics specialty would be "the degree of a nation's commitment to care of the ill elders."[10] To this, I would add "our (geriatricians') commitments." Our greatest opportunity is that the key to the whole health and social care system lies in getting the care of elderly people right. The Hong Kong Geriatrics Society has gone through the stages of forming and storming. The ultimate effective performance of us as a group depends very much on our norming (commitments).

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