

Emerging Perspectives on the Development of Geriatric Medicine in Hong Kong
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History of Geriatric Medicine in Hong Kong

The first government Geriatrics Unit was opened in 1975 at Princess Margaret Hospital (PMH), headed by a consultant geriatrician (Dr. Sik CHAN), and consisted of 2 wards with 74 geriatric beds, a geriatric day hospital with 40 places and a geriatric out-patient clinic. The Geriatrics Unit of PMH has been the cradle for geriatricians in Hong Kong since its inception. In 1979, the consultant geriatrician at PMH (Dr. Yau-Yung NG) was appointed honorary clinical lecturer of the Hong Kong University (HKU) and Geriatric Medicine included in the undergraduate curriculum. Clinical bedside teaching in Geriatrics for HKU medical students started at PMH in 1981 followed by those of Chinese University of Hong Kong in 1988, which had its first professor in Geriatric Medicine in 1994 (Professor Jean Woo). Hospital-based community geriatric assessment teams were set up in 1994 to provide timely assessment and appropriate management of health problems of frail elderly people in the community. While most of the older geriatric units in Hong Kong developed separately from medical departments, integration of Geriatric Medicine with Internal Medicine has been the direction of the Hospital Authority so that new geriatric services operate under Internal Medicine and structural reorganization towards integration has occurred for the older geriatric units for the past two years.

The Hong Kong Geriatrics Society was founded in 1981 as a professional association in the field of geriatric medical care. Membership has grown from an initial number of 20 to a current figure of 134 members (93 regular & 41 associate). Regular members of the Society are registrable medical practitioners in Hong Kong who are either accredited geriatrics specialists or higher specialty trainees in Geriatric Medicine. Medical practitioners interested in Geriatric Medicine but not eligible for regular members are accepted as associate members. The Society organizes regular continuing medical education activities (e.g. inter-hospital geriatric meetings, scientific weeks, research paper presentations), publishes an international peer-reviewed journal (Journal of the Hong Kong Geriatrics Society), and collaborates with the Hong Kong College of Physicians in the accreditation of trained geriatricians.

The Hong Kong College of Physicians (HKCP) was formed in 1985 by the majority of the trained specialists in Internal Medicine. With the formation of the Hong Kong Academy of Medicine in 1992, the HKCP has taken on the additional function of examination and advise on structured training locally, and thus the Education and Accreditation Committee was formed in 1993, when Geriatric Medicine was formally included as one of the specialties in Internal Medicine. Currently Geriatric Medicine is a registrable specialty under the Medical Council of Hong Kong.

Training and Teaching Programs in Geriatric Medicine

Of the two medical faculties in Hong Kong, one has a full time professor in Geriatric Medicine while the other one appoints honorary clinical associate professors to teach clinical Geriatric Medicine to undergraduates. The undergraduate curriculum in Geriatric Medicine consists of 4 to 5 hours of lectures and 12 to 22 hours of clinical bed-side teaching and tutorials. Topics covered include ageing, nutrition, geriatric syndromes and elderly service provisions.

Post-graduate training in Geriatric Medicine is available in accredited geriatric units in Hong Kong under the supervision of accredited trainers in Geriatric Medicine. Completion of three years of basic physician training and a pass in the Intermediate Examination of the Hong Kong College of Physicians (equivalent to the Membership of the Royal College of Physicians of United Kingdom) are the entry criteria for the higher specialist training in Geriatric Medicine. The higher trainee has to undergo three years of training in Geriatric Medicine and is required to pass an exit assessment before formal accreditation as Fellow of the Hong Kong Academy of Medicine with specialist status in Geriatric Medicine. Overseas experience in Geriatric Medicine in other countries (such as United Kingdom, Australia, New Zealand, United States) are also encouraged.

Geriatric Medicine in Hong Kong: Current Status

The mid-1997 population of Hong Kong is 6.5 million, 10.4% (0.67 million) of which is aged over 65 years and 3.8% (0.25 million) of which is aged over 75 years.

As at March 1998, the number (per 1,000 inhabitants of all ages) of acute hospital beds and subacute (convalescent/rehabilitation) hospital beds are 3.23 and 0.22 respectively. Publicly-funded residential homes for elderly persons in Hong Kong are classified into different types according to increasing degrees of functional dependency of residents and care provision into: self-care hostel, home for the aged, care & attention homes and nursing homes; the latter two types are equivalent to unskilled and skilled nursing care respectively. Private elderly homes provide extremely variable standards of care. The number per 100 population aged 65 years or over of chronic hospital beds(infirmary) is 0.31, of publicly-funded care & attention home places is 1.49, of publicly-funded nursing home places is 0.03, and of private elderly home places is 3.35.

As at June 1999, there are 58 specialist geriatricians (0.87 per 10,000 inhabitants aged 65 years or over) and 47 trainees in Geriatric Medicine in Hong Kong. There are two full-time academic posts (1 professor, 1 associate professor) in Geriatric Medicine. Out of the 42 public hospitals in Hong Kong, 21 hospitals (11 acute & 10 extended care) are provided with geriatric services led by 20 consultants in Geriatric Medicine. The range of geriatric services provided include acute assessment and care, rehabilitation, long-term care, geriatric out-patient clinic, geriatric day hospital, and community geriatric services. Some geriatric units also provide special services such as stroke unit, orthogeriatrics, psychogeriatrics, memory clinic, fall clinic, continence clinic, syncope clinic, diabetic clinic, stroke clinic, arthritis clinic, and Parkinson's disease clinic

Priority issues and major challenges facing Geriatric Medicine in Hong Kong

1. Education

Unfortunately, a negative attitude (“nothing can be done”/ ageism) is prevalent within the society and within the medical profession towards ageing and old age. It is important to develop positive attitudes towards ageing and old age among teachers and students/trainees as a major part of education. Besides providing continuing medical education activities to doctors involved in the care of elderly people, it is also important to promote a positive attitude towards geriatric medicine by educating our medical fraternity, the general public and policy makers about the content and substance of geriatrics

With increasing specialization, there is competition from other subjects for curricular time within the undergraduate curriculum. Recent curricular reform has brought in new important topics such as communication skills, but a move towards a system/organ-based integrated medical teaching makes it difficult for geriatrics, which emphasizes on a holistic approach, to fit into the revised curriculum. The pressure of service work has eroded and unbalanced the proportion of time available for post-graduate medical education. This is especially the case for geriatric medicine where the service load is high.

2. Research

There is a need for local & regional (within Asia) research both to improve perception by peers, and to build up a locally relevant special knowledge base in geriatric medicine to meet the needs of our elderly people

3. Relationships with other specialties and career prospect

Which elderly patients should specialists in geriatrics be dealing with? What about the share from general internists, organ specialist physicians, rehabilitation physicians and family physicians/general practitioners? The style of practice will influence as well as be influenced by training. Being a “late comer”, geriatrics may be perceived as a threat by colleagues in other specialties - i.e. neurologists, rheumatologists, general physicians. The interface between geriatric medicine and internal medicine may be difficult and integration may be perceived as a threat by some geriatricians. Geriatrics is not a money making specialty and the career prospect is influenced by the commitment and resources being put into its development by the Government.

4. Services

Long-term care is currently grossly inadequate, fragmented and uncoordinated. The challenge is a coordinated policy and adequate provision of long-term care of reasonable standard with support by geriatric teams.

As for community geriatrics, there is a demand for geriatric input and support to private aged homes, which harbour most of the frail elderly people in the community. There is also a need to develop outreach assessment and support to frail elderly people who prefer to be cared within their own homes. Primary health care for elderly people: is also an area that need to be developed.

In summary, the challenge in service provision for elderly people is the collaboration and role-delineation among the different sectors (public, subvented, private) and organizations (Hospital Authority, Social Welfare Department, Department of Health and Non-government Organizations) to deliver coordinated care for elderly people. The issue of how health care is to be financed is also a subject of much discussion and debate.