Living Longer But Poorer: Redressing Unhealthy Ageing

KUALA LUMPUR, Oct 7 – The Malaysian health care system focuses on increasing longevity, but places little consideration on the quality of life, said University of Malaya consultant geriatrician Prof Dr Shahrul Bahyah Kamaruzzaman.

Dr Shahrul told the Health Policy Summit 2022 organised by the Ministry of Health (MOH) last month that in 2005, 60 per cent of the world's ageing population lived in developing countries, and within a couple of decades, that number will increase to 80 per cent.

Older people will comprise one-fourth of the total urban population in less developed countries, with Dr Shahrul saying the demands of an ageing society must be met.

According to Dr Shahrul, in a panel discussion at the conference last August 15, this is part of a global phenomenon where "a lot of health care systems focus on longevity and not balancing the qualities of life that are needed".

In Malaysia, the **Department of Statistics** stated in a 2022 report that the number of children aged below 14 years old decreased from 23.6 per cent in 2021 to 23.2 per cent in 2022, while the elderly, aged 65 and older, increased from 7.0 per cent to 7.3 per cent.

This makes Malaysia an ageing society, as per the United Nations definition, which categorises countries with 7 per cent of people aged 65 and older to be an ageing nation.

To tackle the ageing crisis, Dr Shahrul advocated for a SEE strategy that views the Social, Economic and Environmental determinants of health as stabilising factors and ensures that they are implemented through "education and awareness, health care, the technology to support it, the innovations, as well as the laws and policies which are regulated and implemented."

When it comes to the implementation of such strategies, Dr Shahrul emphasised the need for proactive and cohesive measures, and not strategies that merely react to the changing needs of the older demographic.

As this older demographic is multidimensional, where "no one person is the same in their experiences of ageing," strategies need to reflect this multidimensional demographic, said Dr Shahrul, who is also president of the Malaysian Healthy Ageing Society.

Rainbow Model Of Health

This multidimensional approach to policies and laws was also stressed by Prof David McCoy, lead researcher at the United Nations University-International Institute of Global Health (UNU-IIGH) and a speaker on the same panel.

He held that while health care is important when people are sick, health is determined by actions and the numerous governmental sectors promoting and protecting health.

He stated that the rainbow model of health, a systematic framework that illustrates the relationship between the approaches to health and total, whole-of-life development, is determined by societal factors. These in turn have an effect on the policies, laws, and regulations created.

"It is our policies, our laws, our regulations, our ideas, our beliefs that shape the way that this rainbow model is applied to populations and communities," McCoy told the Health Policy Summit.

"So, when thinking about the social determinants of health, we are not just thinking about the social factors that impact our health, but also the way in which we produce our policies, laws, and regulations, the kinds of ideas and beliefs that we use when discussing and thinking about improving health."

Though sharing the same views as McCoy on the importance of legislation and public policies, Dr Shahrul stressed more on the need for the empowerment of communities and the lack of reliance on political will.

She stated that the people have too long depended on political will, and they need to be more proactive by formulating community plans to ensure that reforms are carried out till the end.

"It is the community. The needs of the people, for the people, by the people…political will, it's there but we cannot rely on it to get us to the next stage. We need to actually make plans for us within our communities to assure that this mandate is passed on from one to the next," Dr Shahrul told the panel.

Dr Shahrul espoused the need for a health system that supports healthy ageing and a community-based societal solution that does not leave the old behind.

The consultant geriatrician held that the government needs to adopt a proactive approach and go down into the communities, study their needs, especially the needs of the old, and to remove the barriers to healthy and productive ageing "by improving our environment, making things a bit more socially accessible, and making it inclusive for all ages…bringing that health care support back into the community".

"Right now, the right hand does not talk to the left hand, and there is miscommunication and standard of care depletes with every transfer of the patient from tertiary to primary, primary back to tertiary," Dr Shahrul said.

Adolescents Treated Like Adults In Health Care System

At the Health Policy Summit, consultant paediatrician Dr Amar-Singh HSS stated that the Malaysian health system for adolescents, who make up 32 per cent of the total population, has not developed at the same rate as its system for adults.

Dr Amar, who is also an honorary senior fellow at the Galen Centre for Health and Social Policy, drew significant attention to the fact that the current health care system treats adolescents (12 to 17-year-olds) the same way it treats adults.

"Inpatient services for adolescents – they amount to about 15 per cent of the population, but currently, we treat them like adults. And we have a 12-year-old in a ward with a 70-year-old who is dying, which is totally inappropriate," he said.

"Our policies must reflect that these adolescents are children, under 18, and we need appropriate services for inpatient…and appropriately trained staff."

Currently, the MOH only recognises those under 12 as children. Adolescents are treated as adults and are made to share wards with adult patients.

https://codeblue.galencentre.org/2022/10/07/living-longer-but-poorer-redressing-unhealthy-ageing/