

Health Issues from the Perspective of Seniors

I have 10 minutes to outline what the Council of Seniors' perspective is on health care. If I was to provide a complete report it would take more than an hour. But, after reading through the records we keep of every phone call we receive at the PGCOS here are some of the health issues our staff deals with regularly:

- Family and friends providing care to an aging relative of friend with little or no support who are getting worn out or sick themselves and worry about who will care for the family or friend when they're gone or no longer able to do so;
- Couples who've lived together for 50 years who've been separated by illness because they don't fit into the same criteria that defines what kind of care you are entitled to;
- People who have had their teeth pulled out at the free clinic - but cannot afford dentures
- People confused by the changes to seniors' health care that have made it impossible for them to plan properly so they would have enough money when they retire and they are now unable to pay for the care they need
- Seniors upset by the ageist attitudes they encounter when dealing with some health care professionals.

That book contains a litany of the ways in which we are asking seniors to maintain themselves in their own homes with a minimum amount of support or monitoring of their deteriorating health.

Many of these people are confused and worried about their future. The supports that were there for their parents do not appear to be there for them. They are supposed to do what they've always done: Make do and don't complain.

They don't know what services are still available for them and they don't know how to access the programs that are there.

They are concerned about the lack of long-term-care beds and don't understand what is meant by assisted living and complex care-beds nor are they aware that there are no longer any intermediate-care beds. And they don't know how they can access a bed if they need one and, of course, if there is one available.

The failure to communicate these changes to seniors' health care has left them confused and fearful for their future. How is it that, after people retired, benefits were taken away and they have no way and little time to recuperate from those changes. Whatever happened to the idea of 'grandfathering' in that type of massive change to the system of providing health care.

The lack of mental health services for seniors means many families are trying to live with an elderly family member who is slipping into some form of mental problem that they don't understand and don't know how to deal with. As far as I can tell no one is planning to take care of the increasing prevalence of dementia in an aging population. Reports from the Mending Minds conference held in Banff indicate that at age 70 three percent of people suffer from dementia. The proportion increases to 11 percent by age 79, to 30 percent by age 85 and to 50 percent by

age 95. What hope do we have there will be good mental health services for that many seniors?

The Northern Health Authority is mandated to provide services to abused seniors. As far as we can tell, this task is relegated to the side of someone's desk who is very busy with other tasks assigned to them. There is no shelter for seniors in Prince George: we have shelters for everything else, including animals, but no seniors' shelter.

Ageism is rampant among health care professionals and something has to be done to stop it. If you heard a recent CBC documentary, *White Coats and Black Art*, in which examined Canada's health care you would have heard a doctor confirm that statement. Another doctor said, "If I had two patients and one was 50 and one was 80 I would care for the 50-year-old first." Shame on that doctor. But I fear that attitude is all too common among today's health professional and the Council of Seniors says that is a shameful way to treat our elders. Someone should take a good hard look at how they're training doctors. Recently the Council of Seniors wrote letters to CNC and UNBC requesting that they make a course on critical issues in aging a mandatory course for all the caring professions: nursing, medical students and social workers. Right now as far as we know it is not a mandatory course. Does that sound logical when they are aware of the demographic shift occurring in North America which will result in an increasing percentage of seniors in our population?

So there are many issues on the table here today. I urge you to look at them all carefully and let's see if we can find a solution to some of them.