

## AGEING WITH HEALTH AND DIGNITY

Peter P. Yuen, Special Issue Editor



I am grateful to be given the opportunity to write this Editorial. As mentioned by Dr. Briggs's introduction ("In this Issue"), the articles in this Special Issue were selected from papers presented to the CPCE Health Conference 2020 in Hong Kong. The 2020 Conference is the fifth consecutive annual conference organized by the College of Professional and Continuing Education (CPCE) of The Hong Kong Polytechnic University, supported by many partner institutions, including the Australasian College of Health Services Management and the APJHM.

The 2020 Conference, with the theme "Ageing with Health and Dignity: Implications for Public Policy, Service Delivery, Workforce, Technology and Financing", aims to address the problems associated with the ubiquitous and sustaining nature of population ageing from different angles in the Asia Pacific region. Many countries in this region are experiencing a high speed-high-speed ageing process in the coming few decades. While most countries in this part of the world have long life expectancies and a relatively high per capita GDP, we know well that many of our elderly residents do not age with health and dignity. For example, in Hong Kong, waiting time in public hospitals for the diagnosis and treatment of some chronic conditions are measured in years. Many elderly persons have no choice but to accept the pain, discomfort and poor quality of life during the long wait (Yuen 2014). Close to 7% of the elderly population in Hong Kong are institutionalized in nursing homes, which is double/triple the rate of many of other countries (Chiu 2009). Many of these nursing homes are of questionable quality. Over 90% of all deaths in Hong Kong occur in public hospitals, with conditions that are not suitable for the terminally ill – shortage of staff, crowded environment, and very restrictive visiting hours. Over 40,000 people die in these conditions every year, many of whom

endure extraordinary suffering in their final days of life which is totally unacceptable (Woo et al 2018). Hong Kong definitely has a long way to go in terms of ageing with health and dignity.

Contributors to this Special Issue attempt to provide solutions through tackling problems in different domains at the different phases of a person's lifecycle, including the education and involvement of the younger generation on ageing issues, promoting active lifestyle and a healthy living environment for the well elderly, early disease detection, the adoption of safer practices in hospitals and in drug administration, innovative long term care delivery, better palliative care and the wider adoption of green burial rituals.

The Conference was held on 13 January 2020. COVID-19 was then still perceived by most as a local problem in Wuhan. While the Conference did not focus on the pandemic itself, the emphasis on the elderly and the measures proposed are not irrelevant. The weaknesses of most health and long-term care systems are now acutely exposed by the pandemic. From the few months of the pandemic, it is clear that the elderly suffered most. Poor general health status of many elderly made them more vulnerable when infected. The overall death rate from COVID-19 for persons aged over 80 is 7.8% as compared with the death rate of the general population of 0.66% (Verity et al 2020). The over-reliance on hospitals for services has left many with chronic conditions without care for months. In Hong Kong, more than 10,000 patients every day had to have their services postponed. Follow-up appointments of more than half of their patients had also been delayed. (Zhang 2020). There were some serious outbreaks in long term care institutions in some countries. One study in the USA shows deaths from COVID-19 in nursing homes account for more than half of all fatalities in the 14 states that were being studied. In another study, it shows that in New Hampshire, 72% of deaths have been nursing home residents (Glenza 2020). With visitors banned

in order to control the spread of the virus, almost all dying patients died in isolation, away from their loved ones, without receiving the more dignified end-of-life care.

The findings and recommendations by the authors in this Special Issue should provide insights for policy makers, care providers, and managers for reform after the pandemic. While each jurisdiction must design its own policies and systems based on its unique socio-political-economical context, enabling the population to age in health and dignity should still be the priority common goal for all to strive for.

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## References

1. Chui Wing-tak, Ernest, Chan Kin-sun, Chong Ming-lin, Ko Suk-fan, Law Chi-kin, Law Chi-kwong, Leung Man-fuk, Leung Yee-man, Lou Wei-qun, Ng Yeuk-tze (2009), Elderly Commission's Study on Residential Care Services for the Elderly, Hong Kong. December.
2. Glenza, J (2020) The Guardian, 11 May.
3. Verity R, Okell LC, Dorigatti I, et al. Estimates of the severity of coronavirus disease 2019: a model-based analysis 2020. *Lancet Infect Dis* 2020 Mar 30. [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30243-7/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30243-7/fulltext).
4. Woo, R.K., Kwok, A.O., Tse, D.M. (2018). Preferred place of care and death among the terminally ill: Asian perspectives and implications for Hong Kong. In Fong, B., Ng, A., Yuen, P. (Eds). *Sustainable Health and Long-term Care Solutions for an Aging Population*. Hershey: IGI Global, 277 – 293
5. Yuen, Peter P (2014) Financing Health Care and Long-term Care in a Rapidly Ageing Context: Assessing Hong Kong's Readiness. *Public Administration and Policy*, 17,1, 56-64.
6. Zhang, K, (2020) South China Morning Post, 15 February.