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“Elderly People – Who Cares?”

Speech on 28<sup>th</sup> of August 2007 in Malmö (S)

– Nordic Regional Conference of the European Senior Citizens’ Union –

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## **Elderly People – Who Cares?**

*Ladies and gentlemen,*

First, I would like to express my warm thanks for the invitation to this exciting and challenging conference on a highly relevant subject. Who cares, and who will take responsibility for preparing the way as well as possible for the older generation whose numbers are increasing dramatically? This is a trend that we can see in most Western countries, and it is a major challenge.

### **Seniors/elderly people - who are they?**

Definitions and terminology vary somewhat from country to country and in different languages. In Norway, we now tend to describe anybody over 50 as a senior, and we talk about middle-aged people aged from 50 to 66, elderly people from 67 to 79, and the oldest old people as those over 80.

Today, people over 67 account for 13% of Norway’s population, and this figure will probably rise to about 18% in 2030 and to 21% in 2050.

Norwegian women aged 70 can expect to live until 86, and 70-year-old men until they turn 83. These are radical changes compared with the situation only 50 years ago.

I have chosen to interpret the title of this presentation as applying primarily to the group aged over 60-65. Most of these people will be in better health than the generations before them. Many will be rich in resources, both financially and educationally, and many will be both able and willing to play an active role in society. This applies both to the working world and to participation in the voluntary sector.

At the same time, an ever-increasing number of elderly people will need care. This is the greatest challenge.

### **Who takes care of the health of elderly people?**

In my work as a psychiatrist, I often tell my patients that I would like to contribute with various forms of psychotherapy and possible treatment with medication depending on the needs of the individual. In many cases, I also tell them that they need to do the most important part of the job themselves. This may involve changing their lifestyle, physical activity, diet attitude to alcohol and tobacco, etc. And this applies to all age groups.

The answer I give my patients is most relevant in connection with psychological conditions, but to a great extent a similar approach also applies to physical conditions. Close and trusting teamwork between the patient and health staff is the best basis for a good, effective health service. And one’s own commitment to looking after and improving one’s health must never be underestimated.

Having said that, it cannot be emphasized strongly enough that in a modern society it is the public sector's responsibility to prepare the way for a good and effective health service for all age groups. This does not necessarily mean that all health institutions and all health services are to be provided by the government. In Norway, we have a variety of private players who both own and run highly well functioning health institutions on a non-commercial basis - both institutions for seniors and ordinary hospitals.

However, it is the government's responsibility to ensure that services are provided in all parts of the country and for all age groups.

For most people, good health is a prerequisite for a good life. Our state of health determines our opportunities for taking part in social life, in working life, and in cultural activities. And this applies to all of us: we want to live a good life for as long as possible. As well as our own commitment to looking after our health based on what we know already, the health authorities need to make a continuous effort to provide information as new knowledge becomes available.

New aids, devices and tools are constantly appearing on the market, and new medical advances may be helpful to elderly people. It is then vital that new forms of help reach those who need them, that there is someone who cares and who delivers the help. This is a major challenge to the agencies in society, both the elected bodies and the bureaucracy. Elderly people represent a large but often silent group and the group which is most burdened by illness.

The challenges for a qualified health infrastructure are rapidly increasing, as medical advances make it possible to treat more diseases, including those affecting elderly people. At the same time, statistics show that even among the oldest old - those over 80 - more than 50% regard their health as good or very good.

However, we know that illness, poorer health, and reduced capabilities result in a variety of needs for help. Some people can no longer live alone at home. Institutions for elderly people and for people with disabilities become a part of the health service that we need.

In Norway, however, more and more of the health services have taken the form of home services. This in turn has made it possible for more elderly people to stay in their own homes in accordance with their own wishes. This means that fewer people stay in institutions than they did 10 years ago, but this has not reduced the need for staff to help them - quite the opposite.

Looking after the needs for care for the growing group of seniors presents enormous challenges to the political environment and to the political parties. To the credit of the political parties in Norway, with the forthcoming local elections in September 2007 they are now competing with each other to present the best policy for elder care. If we are to take them seriously, we can therefore conclude that they are showing responsibility. Their actions after the election will show how serious their intentions are.

In my opinion there are three areas within medical care for elderly people, which need to be strengthened, both in our own country and in most of the countries it is natural to compare ourselves with. These are,

- A. Geriatrics and the study of age-related diseases,
- B. Geriatric psychiatry and
- C. Rehabilitation

As we know, geriatrics is the study of the progression and treatment of illness in elderly people, and it is an area which is not given the priority it deserves either in education or in practice. It is a great challenge to stimulate young health professionals to specialize in this field.

As a psychiatrist, I am especially concerned with keeping up to date with the developments concerning the mental health of elderly people. The incidence of the dementia diseases has risen in recent years, particularly

in the case of Alzheimer's disease. In Norway, we predict that the incidence of these diseases will almost double from 1980 to 2050. Some of this increase is due to our rising life expectancy; some is due to other factors, which are less clear. For these groups, the need for care is especially great, since patients are highly dependent on continuous monitoring and help.

With increasing age and a gradual decline in health, more people become lonely and miss their social network. Many of these become depressed. It has been shown that three out of 10 single people over 70 are suffering from depression that requires treatment. It is easy to mistake this for the first signs of dementia. Early discovery and correct diagnosis and treatment are therefore very important.

With a growing life expectancy and a larger population of elderly people, the incidence of physical diseases and problems is also increasing. These include cancer, heart disease, vascular conditions such as stroke and blood clots, fractures, and respiratory diseases.

Rehabilitation of elderly people after such diseases is a pressing challenge, where rapid and active intervention is needed to prevent the condition from becoming chronic and to prevent lasting disability. In Norway today, this field is not being given the priority it deserves, and this represents one of the greatest challenges to the public health service in the time ahead

### **Elderly people and the working world**

What happens when elderly people want to stay in their jobs after the normal retirement age? Many people find it hard to leave their jobs on the day they reach retirement age, when they still have the health and skills they need to carry on. For many people, just having a job will help to prevent illness. One out of four people who have reached retirement age wish to carry on, raising the question of who will take the trouble to make the adaptations they need to enable them to stay on the job.

For other employees, it is a release and a goal they have been looking forward to for a long time, to be able to leave their jobs before or when they reach retirement age. This presents society with important challenges: to pave the way for as many elderly people as possible to choose the solution that best suits the individual, all things considered

In Norway, the National Council for Senior Citizens, of which I am a member, believes that upper age limits in legislation and in pension schemes should be removed. In practice, rigid and binding age limits are discriminatory. Since 2004, Norwegian legislation has prohibited discrimination on the basis of age in the working world, and removing the age limit would be a natural follow-up of this.

The Council for Senior Citizens supports a general ban on age discrimination in all parts of society. This is an important signal in a society with the stated objective of eliminating discrimination.

For meaningful older years, those who have the health and the desire to stay at work should be able to continue beyond the traditional age limits. This will be a major challenge to all employers in the public and private sectors, as well as to the organizations involved in the world of work. Greater opportunities for part-time work and statutory rights to reduced working hours can help to make this possible.

In recent years, many employees have experienced exclusion from the working world due to age - from 50 years onwards. This is an absurd waste of qualified workers at a time when the need for labour - at least in our country - is greater than it has been for a long time. And this is first and foremost a form of discrimination that the vast majority of people will regard as unworthy.

Some time ago, the Storting, or Norwegian Parliament, debated a document about seniors in the working world, in which the government proposes introducing **age quotas** in the public sector. The objective is to create more work opportunities for people over 50. This is a new approach to the problem, and it will be interesting to see whether further development has the expected positive outcomes.

### **Democratic deficit in elected bodies**

Today, seniors in Norway are strongly underrepresented in the bodies elected by the people. This means that this rapidly growing group in the population has little direct influence on political decisions, despite the fact that every fourth voter is over 60. Granted, we see that the youngest seniors between 50 and 60 have a strong influence in politics, organizations, and business.

However, for over-60, the number of participants falls radically. Of today's 169 members of the Norwegian Storting, only one is over 65. This is a paradox, and a considerable challenge, first and foremost to the political parties. But it is also a challenge to the seniors themselves, who must agree to take on more of the elected positions.

In my country, the political culture seems to differ from that of many other countries. We have always focused most on younger people as political leaders.

A few years ago, the South Korean President Kim Dae-jung, who was then 74 years old, came to Oslo to accept the Nobel Peace Prize. And if I remember correctly, both Charles de Gaulle and Konrad Adenauer kept their positions until they were about 80. Again, a few months ago, Jacques Chirac took his leave as the President of France at the age of 75.

As I see it, a similar situation would be almost unthinkable in our country. I have no clear idea of why it has turned out this way. But with us, it is accepted as a fact that younger people should have the most important positions. If changes are to be made here, it would require a wide-ranging effort to change attitudes. The Council for Senior Citizens has raised the idea of introducing quotas in electoral lists.

What we can conclude is that on the basis of the age distribution in the political positions in Norway, we are living in an incomplete democracy. But something is happening. A growing number of political veterans see and react to this trend, and a few days ago I saw in the Press that one of the major political parties had established a division for seniors with the aim of becoming a provider of political opinions with weight behind them

### **Elderly people have cultural and religious needs - who takes care of them?**

Healthy seniors and seniors in institutions need cultural and religious inspiration if they are to live the most meaningful life possible. Who will take care of these needs when age and failing health restrict access to concert halls, art exhibitions, and churches?

We know that cultural experiences enhance the value of life for most people, and it is a challenge for society to create the conditions that enable everyone to experience culture in the broadest sense, regardless of age and health.

Very many elderly people take the initiative themselves, and seek out the cultural activities they are interested in. The same applies to organizations for elderly people and centres for senior citizens established by the government or by volunteers. The challenge to society applies first and foremost to those who cannot get to the places where cultural activities are held. Here, it is a matter of establishing good transport schemes, of bringing the cultural activities to the institutions, and of linking cultural workers to the nursing and care services. Culture forms part of the foundation for human development, in many cases with a positive influence on health.

Participation in cultural activities strengthens fellowship and understanding, and provides a sense of belonging. Sharing positive and inspiring experiences creates a joy, which often promotes health.

In our country, there has been a strong upturn in Senior Dancing in recent years, as an arena for physical activity, fellowship, musical experience and pleasure.

For many people with a religious commitment, the day that they can no longer go to church, take part in spiritual fellowship at a place of worship or join the congregation to which they belong means a significant loss of a valuable and important experience. Then it is important that someone sees their needs and visits them at the institution or at their homes to offer an experience that can compensate for some of what they have lost. Over the years, many voluntary groups have made a valuable contribution in this area, by bringing spiritual activities to the places where elderly people are living

### **Physical activity - the basis for health and vitality in the older years**

Even though the importance of physical activity to health at every stage of life is well-known, it is only in the last generation that seniors have become a focus group for new initiatives to promote physical fitness.

A positive example is the organization “60 +” in Oslo. Their motto is,  
“We are created to be in motion,  
we are created to be together,  
whatever our age.”

The conclusion they draw from this is:  
“We have a right to life, It’s as simple as that.”

Johan Myrdahl (91) says the following about his experience with “60 +”:  
“We had been married for 60 years, but last year I lost my wife. For the last two years I just stayed at home and got more and more hunched up. But then I came across 60 +, and that revitalized me. I am very happy.”

This is a good illustration of what can happen if you just get up from your chair and get a nudge to get started.

Everyone can be physically active; the type and the extent must be adapted to the individual’s state of health. In Norway, walking tours, often in the forests and fields, are absolutely the most common and popular form of physical activity. Regular physical activity - preferably at regular times - is important to prevent illness and injury. The individual’s own commitment forms the foundation; providing suitable facilities is primarily the public sector’s responsibility. But here too, sports clubs, organizations for seniors and private-sector groups can do an important job in creating the right settings.

The health benefits of physical activity are well-documented- On the basis of a programme which involves using the body in different ways for about 30 minutes a day, “60 +” concludes that this offers the following advantages,

- Greater joy of life and greater quality of life
- Reduced risk of physical illness, depression and anxiety
- Faster recovery after illness
- Improved mastery of crises, grief and loss
- Activities of daily living become easier
- Sleep is usually improved
- Postponing the need for institutional care saves considerable costs for society
- Shorter stays in hospital, *et cetera*.

According to Norwegian statistics, there are still 32% of people aged between 67 and 79 who never take part in planned exercise. On the other hand, 42% of the same age group exercise twice a week. This is very good, but someone needs to care about the 32% who are passive. There is important potential for health benefits here.

In collaboration with seniors' own associations, sports organizations should take a responsibility for stimulating and adapting good local facilities for elderly people. Fitness and sports facilities should be designed so that they can be used by most people who are not confined to bed. In addition, they should serve as meeting places between the generations.

### **Seniors and ICT - a vast challenge**

Technology is progressing in leaps and bounds. Children and young people seem to be able to master most of it as new technical solutions appear on the market. That is not the case for most of us who are older. The result is that seniors have adopted information technology to a far more limited extent. Here, there is a risk of creating new class distinctions, and preventing them is a considerable challenge.

Knowledge about computers, telephony, and network services is becoming more and more relevant and the need for training for seniors is increasing. This applies to access to services such as Internet, Internet banking, e-commerce, and SMS. Public-sector initiatives are absolutely necessary here, where libraries and community centres for seniors can be important places for training. At the same time, it is unthinkable that all of the public will ever be able to master the use of the electronic services. The traditional services must therefore be continued to provide fully functional service to those who cannot use the electronic services. This will apply to many people with disabilities, among others.

Here, too, it must be the public sector's job to adapt the facilities, while practical guidance may well be provided by volunteers. In this country, a great deal is already happening in many places through volunteer centres.

### **“I want to live at home as long as I can” — Housing policy, a highly relevant topic for seniors**

The quotation above reflects a widespread wish. Living in your own home can keep you active and independent for a longer period, and make you feel that you are in better health than if you move to an institution. Making homes more accessible is thus a high priority task, so that as many people as possible can continue living: at home even with declining health or mobility. Those who can afford it renovate and adapt their homes using their own money. Of course, this is difficult for those who live in apartment blocks or in old houses, which require major modernization to make them more practical. In our country, this has caused a growing number of seniors to move to more suitable homes, which are more accessible and often more centrally located in the local community.

There is a growing emphasis on building homes for lifetime use, using universal design, which also makes it possible to live with considerably reduced mobility.

In Norway, only one out of four apartment blocks has an elevator, and 50,000 people over 70 are living in blocks with no elevator. In such a situation, many people will have to move to an institution far earlier than would have been necessary if their home had been better adapted. A major challenge to the public sector is to establish loan and grant schemes that make housing more accessible. This will certainly result in great benefits through the postponement of the need for places in institutions.

Today, about 15% of people of 80 live in institutions. There is a potential to reduce this percentage through long-term planning to build more universally adapted housing.

### **Care in the last phase of life**

The English nurse and doctor, Cicely Saunders, pioneered the hospice movement, dedicated to providing end-of-life care with comfort, support, and dignity. She also encouraged openness on the subject of death. This is an impressive movement, which has spread to many countries, including our own. Hospice units have been established at a number of hospitals, where people approaching death can spend a few weeks or months in a reassuring, warm and inclusive environment.

If the last phase of life is to be as good an experience as possible for all parties, all-round care must be provided with good nursing, psychological support, palliative treatment for pain and symptoms and care from the family. Spiritual care should be offered to those who want this.

Respect for human dignity, for life and for death, is at the heart of hospice care. Here, great challenges lie ahead in many countries.

### **Senior/elderly is no diagnosis**

Growing old is something that everyone who lives long enough will experience. The challenge is to prepare the way for meaningful elder years, and this is a challenge to all of us: the seniors themselves, the younger generations who will take over the positions of their elders in the next phase, organizations, and last but not least: those who are responsible for the policy for seniors at the national level.