

## **And what about us as we age?**

In the Grimm brothers' tale, *The Old Man and His Grandson*, an old man who can no longer eat tidily is banished by his adult children from the family table to the corner behind the stove. They treat him shabbily, but are chastened by the sight of their own four-year old child collecting bits of wood to make a trough for them to eat from when they are old. They look at each other, begin to cry, and invite the old man back to the table, and no longer complained if he spilled his food.

The wisdom of this tale is to remind us of our interdependencies and the need for intergenerational solidarity, without jargon and with an emotional force that does not bludgeon us, but moves us from our comfort zone. It also reminds us that with due prompting we can change our ways! It is an appropriate starting point for considering our roles in what has been a bruising year for older people – a destiny, as the fairy tale tellingly reminds us, which awaits most of us.

Although over 95% of older people live in the community, up to a third of us as we age will spend time in a nursing home before we die. So, ironically juxtaposed with Positive Ageing Week, and the closing of submissions for a national Positive Ageing Strategy, the enactment of the 'Fair Deal' is a marker of our identification with our common fate of ageing. Following the nursing home charges scandal, the Supreme Court ruled in February 2005 that older people who needed nursing home care were eligible to a publicly funded place at a cost of 80% of the non-contributory pension.

The single greatest source of suffering to older people and their families that I have seen in the last four years has arisen from a widespread failure to inform them of this eligibility. This has led to them unwittingly spend large sums of money, raise second mortgages, sometimes with an insufficient subvention and often none, and suffer considerable hardship to raise money for care to which they had an eligibility. In the face of the catastrophic complexity of the events surrounding entry to nursing home, older people and their families are probably about the grouping least likely to mount a collective response, and individually would be challenged to consider either official or judicial routes in the face of a collective institutional failure to clarify their eligibility to publicly-funded beds.

There are now a sufficient number of those so affected, that to them the Fair Deal appears a positive development, a form of collective Hobson's choice. Passed by a vote in a democratic process, we have to respect the law, but the discussion of how we deal with older people, and how what we do now affects not only our parents but also us as we age as well, must continue. The most disappointing aspect of the discourse around the introduction of the legislation was the inability of politicians of any hue to perceive the enormity of the removal of this eligibility, or indeed to promote or fight for delivery of this eligibility in the years since 2005. However, although we would like leadership from our politicians, they are also sensitive to the electorate, and the collective political read of the

politicians was that the electorate was uninformed, or did not prioritize, this eligibility.

In isolation, this change in eligibility would be troubling: allied to the removal of eligibility to the over-70's medical card, the removal of community rating on private health insurance, the charging for HIQA registration of nursing home residents (a charge which clearly would not fly in the intellectual disability setting) we can discern a progressive erosion of intergenerational solidarity. The removal of these eligibilities, and addition of financial burdens, ahead of the deliberations of the government group reviewing all eligibility means in effect that we have allowed older people to become the stalking horse for wider changes in eligibility. Not only have we added to our own future burden when we will be older and ill, but have set precedents for the removal of other eligibilities, a space worth watching.

But is not just our financial access that matters. Your and my health care needs will be greatest from the age of 65 onwards: do we, the public, also care about ensuring a system that incorporates the relevant expertise? If the government was contracting for cancer services, public opinion would be upset if this was done without involving specialist cancer knowledge and clear outlines reflecting this expertise. It is not clear that we would be equally upset that contracting for older peoples' nursing home care was done without a similar clarity about the importance of knowledge, expertise and appropriate resourcing.

This is immediately relevant as the State is directly contracting for nursing home beds through the NTPF and the HSE. Will our politicians, and us the electorate, ask that they recognize the lessons of the Leas Cross Review, which pointed to an unpreparedness of the Irish health system for complexities of care for this frail and vulnerable group? Will this contracting process include gerontological expertise? Will it try to strip this funding as near as it can to the residential elements of care, or will it effectively match the Leas Cross recommendations and the HIQA standards, and factor in coordinated care, increased gerontological nursing, aids and appliances (including continence aids), therapist support, and complex nutrition and pharmacy support required for this group?

We have a choice whether, as in the Grimms' tale, we are planning a future which positions us isolated in the corner behind the stove, or united with family at the table. Developing an identification with ageing as a common fate, where we will have access to expertise and supports without undue burden and barriers, is a critical success factor to the participation and intergenerational coexistence that is our only hope of turning a fairy tale to reality.

Prof Desmond O'Neill MA MD FRCPI, Dept Medical Gerontology, Trinity College, Dublin 2