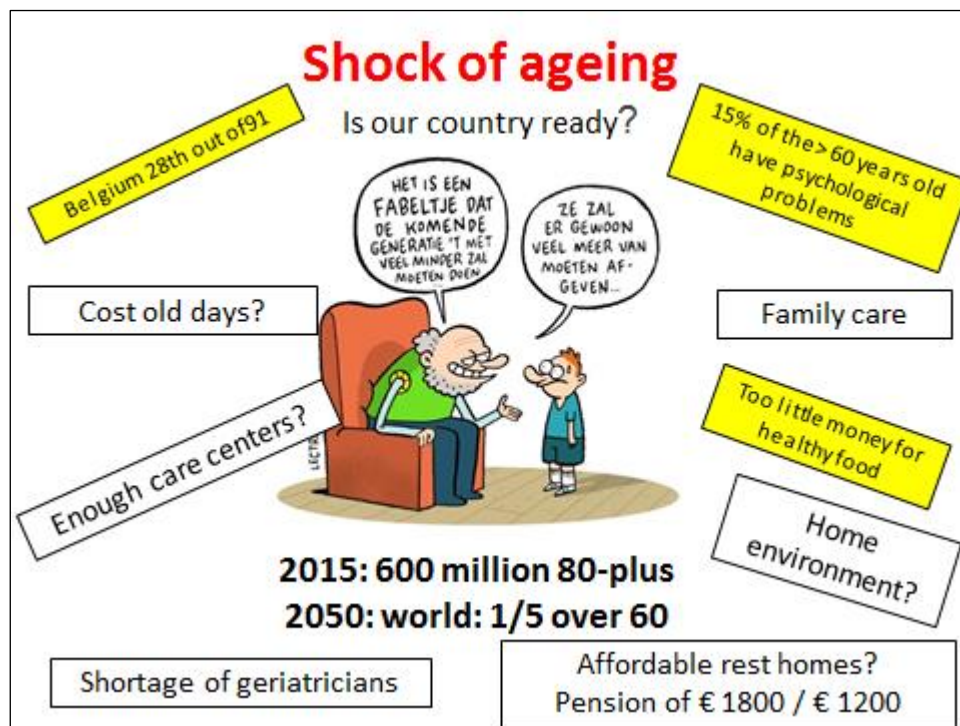

12th October 2017

Response to the Pano report on the Eén on 11th October 2017 on residential care centres

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The living conditions in private and commercial rest homes depicted by reporter Lina Nasser for Pano undercover, surprise everyone. The fact that it is not easy to get enough staff in the care of the elderly is now known. However, it is hardly acceptable to see that this staffing pressure has such a detrimental impact on health care and the quality of life of residents.

The follow-up of a report like this is clear: the subject makes the headlines of the day (or the week in the best case) and corrective measures, which already dealt with or not, will be framed more quickly. Stricter care controls, higher minimum standards, agreements with the sector, etc. There is no shortage of initiatives.

But actually that is yesterday's debate, not that of tomorrow. Last year, in my book "Gezondheidszorg, een snelweg met kruispunten", I listed some issues that the Federal Advisory Council on the Elderly presented to the government, including:

"The inadequate guidelines for residential care centres do not allow sufficient attention to be given to the people involved. The staffing should therefore at least evolve according to the needs for care. "

It is a good thing, of course, that the report awakens the consciences of the right people and accelerates things. And something is better than nothing. But, as it is often the case, the risk is to concentrate the policy on these specific problems to be solved, which for one reason or another have aroused public indignation. More needs to be done, especially in terms of care for the elderly. I will explain briefly why.

To stay in the medical sphere: the problems in our residential care centres are not a disease, they are a symptom. The essence of the matter is that we cannot keep up with an ageing wave that has still not reached its peak.

Ageing does not just mean that people get older. It also means that the elderly are always more numerous, become more often and longer ill, accumulate health problems, and need more specialized care. The combination of all these factors leads to a multitude of challenges that exceed the traditional division of sectors and competences (health insurance, health care, pensions, psychological well-being ...).

The great advantage of massive social changes like the ageing of the population is that you can foresee them. If at least you do not close your eyes. We could already have realized in the seventies of the last century what we were expecting (except for the economic situation and medico-scientific innovations of course). In the 6 books I published over the past years about our health care system, I have repeatedly stressed that the ageing of the population in the decades to come will be the final decisive test of our health care system. For that matter, I would like to say that this is not only a Belgian but a global problem. Many societies, including the richer Westerners, are totally unprepared for the ageing of the population.

In addition, I think that the problem of ageing is not just a matter of money (or lack of it). While the ageing of the population requires significant financial efforts, it also lacks a genuine policy or vision for the elderly. For example, we are struggling with a severe shortage of geriatricians. Young doctors show little interest in geriatrics, among other things because its importance is insufficiently emphasized in universities. Moreover very few doctors can keep an overview of old patients with multiple conditions, which threatens geriatrics to become a catch-all.

Geriatrics is only one example of how the ageing of the population raises new issues. The same applies to income security, employment, non-medical care, etc. Only a mentality change about the position of the elderly in our society can lead to a lasting solution.

Finally, a last word on a trend that has not only emerged in the care sector for the elderly, but concerns the entire health care sector in general: the commercialization or marketing of care. The residential care centres in the reportage were not by accident all (expensive) private rest homes. Due to the lack of preparation for the ageing of the population, our health care system provides a lot of room for improvement. Private companies see an unfulfilled need for care and promise to complete it at a price. Approximately 1 in 6 residential care centres is currently in the hands of profit organisations (and therefore not of non-profit organisations or Public Social Welfare Centre (CPAS)). Apart from the fact that solidarity is undermined by two-tier health care, there is another reason why I believe that the health care commercialisation (for the elderly) must be severely curtailed: it does not necessarily guarantee quality care, as the Pano report showed.

More attention also needs to be paid to assistance in home care... and not just attention, but especially resources and vision in the context of the ageing population.

And if this is the case for residential care centres, why other health care subsectors would not have the same fate?

Today, the residential care centres.

But tomorrow, what sector of health care?

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