

A comprehensive intensive care for senior citizens: the need for public health policy

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Dear Editor:

In a recent Editorial published in this journal, the author rightfully emphasized the need for a comprehensive intensive care unit (ICU) management strategy for older patients not only in Korea but globally. This is in reference to the fact that the number of older persons is projected to reach 1.5 billion in 2050 and with this, their socioeconomic burden will also increase [1]. I fully support this claim as the need is evident, especially in developing countries where resources are limited. With this, I want to focus on the “preventive” nature of the situation which is the everyday condition of this population that could prevent or at least delay them from being admitted to ICUs. In addition, I will highlight proposals on what a “future ICU” for elderly patients should be consisting of to address their needs in terms of special intensive care, physiological changes of aging, nutritional aspects of the elderly, frailty, etc.

Based on the recently released 2020 Census of Population and Housing, the Philippines had a total population of 109,035,343 persons. People aged 60 years old and over are regarded as senior citizens. They made up 8.5% (9.22 million) of the household population, higher than the 7.5% (7.53 million) recorded in 2015 [2]. Senior citizens tend to have a higher prevalence of various medical conditions and comorbidities. The general life expectancy of Filipinos is shorter for males (67.2 years) than for females (75.5 years). The overall mortality rate of Filipinos is higher for males (233.697 per 1,000 males) than for females (129.01 per 1000 females). Last year, the World Health Organization was alarmed by the country’s sluggish coronavirus disease 2019 (COVID-19) vaccination program among senior citizens which resulted in an overwhelming number of severe cases among the elderly.

The issues mentioned are a prelude to admission to ICUs if they will not be addressed appropriately. While it is true that there were already existing laws and policies that protect the rights and benefits of senior citizens like discounted medicines, exemption from value-added tax, free medical and dental services in government facilities, monthly social pension of PhP500, etc. Still, some of them are not strictly and systematically implemented and if practiced, they are of lesser value. First, to address the low vaccination rate among elders, the government must focus on addressing the root cause of vaccine hesitancy. One necessary practice is a massive house-to-house vaccination campaign with incentives like the giving of cash or bags of groceries. It should be noted that some of our elders are finding it hard to transport themselves to various vaccination sites. Many are also under the poverty line since some of them were jobless during the health crisis and so they prefer to have something to feed their families. Secondly, their source of income should be prioritized not only by the

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government but also through shared efforts from private and non-governmental organizations.

Many seniors can still work and have the physical capacity to be productive. They simply need capacity-building activities or other training to get the job done. If no opportunities will be presented to them, then they will remain on the streets begging for alms as what happened during the first year of the pandemic. To ensure that they will have access to basic needs, the government should not only raise the PhP500 monthly pension to a more decent amount but also establish regular food and medicine pantries that can be partnered with private corporations. These pantries became popular at the onset of the pandemic but were gradually closed one by one since the government and the private sectors' financial support were gone already. There should be an allocated budget from the government to sustain these pantries throughout. Lastly, the effectiveness of the public health system would be affected by a society's sensitivity to corruption. Regular and transparent monitoring of all the financial transactions that are entered into by the government must be practiced. Political transparency and social justice impact health problems including the use of intensive care resources for senior citizens.

Concerning what a "future ICU" must be consisted of, I will highlight three proposals. First, there must be an improved quality of care through the availability of highly trained and qualified human resources. Nurses, physicians, intensivists, and other medical personnel must be skilled enough in handling critical cases with their expertise in handling modern medical equipment and treatment procedures. Human resources must focus on an increased adherence to evidence-based guidelines, monitoring processes, and measuring outcomes. Intensivists have a broad knowledge of hospital organizations and need to be leaders in quality improvement efforts [3]. Second, since some elderly patients in the ICUs can hardly communicate, the availability of improved pain detection devices is essential in this cause. Healthcare professionals' knowledge and skills related to pain assessment in older adults must be improved and aggressive approaches to comprehensive pain assessment are adopted to ensure and improve the quality of life of our elderly patients [4]. Lastly, future ICUs must also look into the psychosocial and spiritual needs of the patients due to their low morale caused by their condition. According to a study, the overwhelming need of ICU patients was to feel safe, and this was influenced by family and friends, ICU staff, religious beliefs, and feelings of knowing, regaining control, hoping and trusting [5]. With this,

the service of not only trained ICU staff but also the availability and regular visitation of counselors, religious personnel, and other qualified people can motivate and revitalize the spirits of our patients.

As older patients remain vulnerable to various medical conditions because of their aging bodies, giving them adequate support regularly is a big boost to motivate them in living a healthy lifestyle. As ICUs are just around the corner, waiting for our critically ill elders, it is better to sustain and help them receive their basic needs. This may not totally prevent them from experiencing critical illness in due time but at least, they have felt a sense of fulfillment and joy with the love and care of people around them. In the same manner, future ICUs must be fully equipped with highly trained personnel and modern medical equipment to address the holistic needs of our elderly patients.

CONFLICT OF INTEREST

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AUTHOR CONTRIBUTIONS

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