

THE NEED FOR GERIATRIC PALLIATIVE CARE IN INDONESIA

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Abstract

As the result of the progress of various aspect of medical sciences and medical services in Indonesia, the life expectancy of Indonesian people become longer. The number of the elderly in Indonesia is dramatically increased.

As we know there will be bio-molecular changes which will cause the changes of the physiology of the organs and follow by the degeneration of the organs and of the system in elderly. All of these will bring the elderly to frailty, which obviously need various supports.

Palliative Care, while appropriate for all ages groups, will thus take on an increased importance with the elderly. In the Decree of the Minister of Health of the Republic o Indonesia, clearly mentioned that palliative care is not only for cancer patients, but also for patients with nonmalignant diseases, such as patients suffering from degenerative diseases. Pope Benedict XVI said, "often today society, which is dominated by the logic of efficiency and profit, doesn't welcome it as such. The quality of a society or civilization can be judged by how it treats the elderly".

Keywords : *Geriatric, palliative care*

Abstrak

Sebagai hasil kemajuan dari berbagai aspek pengetahuan medis dan pelayanan medis di Indonesia, usia harapan hidup penduduk Indonesia menjadi lebih panjang. Jumlah lansia di Indonesia bertambah secara dramatis.

Sebagaimana kita ketahui bahwa pada lansia akan terjadi perubahan-perubahan bio-molekuler yang menyebabkan terjadinya perubahan fisiologi yang diikuti oleh degenerasi dari organ-organ dan sistem pada lansia. Semua ini akan membawa lansia kepada suatu keadaan "frailty", yang jelas menyebabkan lansia itu membutuhkan berbagai dukungan.

Perawatan Paliatif, selain dapat diberikan kepada semua umur, dan menjadi lebih penting bagi lansia. Di dalam Surat Keputusan Menteri Kesehatan Republik Indonesia, jelas dikatakan

bahwa perawatan paliatif tidak hanya untuk penderita-penderita penyakit kanker, tetapi juga bagi mereka yang menderita karena penyakit non-kanker seperti penyakit-penyakit degeneratif. Sedangkan Paus Benedictus XVI mengatakan: “dewasa ini masyarakat yang didominasi oleh logika efisiensi dan keuntungan, sering tidak menerima apa adanya lansia. Kualitas masyarakat atau peradaban dapat dinilai dari bagaimana masyarakat itu memperlakukan lansia”.

Kata kunci : Geriatric, palliative care:

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Introduction

There is nothing so ancient in medicine as the idea of palliative care. This humane caring for sick patients, once the hallmark of good medicine (Callahan, D. and Topinkeva, E). But now this humanistic efforts for caring the patient getting more and more neglected along with the progress of modern medical technologies, that is believed able to solve any problem of the sick people. Cure, not care, has been the predominant note. Despite with all of the much-touted sophisticated medical technology, which forces an old insight to sink; people still get sick and die, and old age with its burdens of frailty and disability is still with us.

The elderly in Indonesia

As the result of the progress of various aspect of medical sciences and medical services in Indonesia, the life expectancy of Indonesian people become longer. The number the elderly in Indonesia dramatically increased.

As it is reported the percentage of elderly population in Indonesia (anika.com July 2004):

More than 65 years old is 5,1% of the population, consist of 5.308.986 male and 6.845.464 female.

The life expectancy of the people of Indonesia is remarkably increased. The average life expectancy is 69,26 years: In male 66,84 years. In female 71,8 years.

Mean while the recent data reported on 18 September 2008:

In the year 1971 the elderly was 4,5% of the population or 5,3 millions.

In the year 2000, the elderly was 14,4 millions, 3 (three) fold that of 1971.

In the year 2005, the elderly reached 7% of the population of Indonesia.

Beritastatu.com, 30 Mei 2012: The number of elderly people in Indonesia belong to the big five in the world. In 2010, 18,04 millions. It was 9,6% of the total population of Indonesia.

As it is written in the Indonesia Finance Today, 22 July 2013: Indonesian human life expectancy is increasing. Nafsiah Mboi, Minister of Health, to quote from the Medium Term Development Plan of the Ministry of Health, stated in 2014, life expectancy is expected to increase to 71 years from 70,6 years in 2010. According to Bappenas projected elderly population 60 years and older will increase from 18,1 million in 2010 to two fold (36 million) in 2025.

From these data, it could be imagined how the Indonesian population pyramid will change. And how big will be the number of the elderly population in Indonesia.

As we know there will be bio-molecular changes which will cause the changes of the physiology of the organs and follow by the degeneration of the organs and of the systems in elderly. All of these will bring the elderly to frailty, which obviously need various supports.

Palliative care and Geriatrics.

Aging is not a disease but a natural condition of human life, marked by a gradual decline of many important physiological capacities and an increased risk of illness, dementia, and disability. An endlessly aggressive war against death is not an appropriate goal for elderly care, even though in many cases it can and should be forestalled; and in many other cases, it is the care and comfort of the patient that should become the focus.

Palliative care, while appropriate for all age groups, will thus take on an increased importance with the elderly. That is not only because of an increase in the lesser burdens of aging, those comparatively minor aches and pains and functional losses that ordinarily go with the biology of aging, even for those in good health, but also because of a gradually increased risk of more serious disabilities. At some points, the goal of a peaceful death, will become the right goal, calling for an increase intensity of palliative care and a renewed emphasis on the relief of pain and suffering (Callahan, D. and Topinkova, E.).

Geriatric medicine and palliative care

Geriatric medicine emerged from the stunning observation about the increasing life

expectancy. This life expectancy continues to increase at a rate that outstrips all of the predictions of demographers. This dramatic increase in life expectancy is an enormous success, attributable in large part to advances in medical sciences and medical services, along with the advances in medical technology. Geriatric medicine recognized the fundamental physiologic processes of aging and that physician caring for older people needed to move beyond the single disease, single organ system, or single specialty approach, to examine the interaction of multiple chronic illnesses, multiple medications, and highly variable physiologic status at the center of increasing risk.

Palliative care is also “new” specialty emerging from the recognition by some clinicians that all of the wonders of modern medical technology, while they have managed to rescue many people from death, cannot ultimately eradicate mortality. The early leader of palliative care recognized the important historical roots in medicine and nursing of caring for the dying, relieving pain and suffering, providing support, answering questions, and stay with family at the bedside of a dying patient.

Palliative care originally focused on the extremely important goal of improving the quality of care for patients at the end of life. Its focus was the quality of life for the few remaining days or weeks that patient might have and respecting individual dignity and humanity, As this matured over the last decade, it has recognized that predicting when death will come is difficult until the very late stages of certain illnesses. Palliative care has confronted and overturned the assumption that this model is only morally relevant when “nothing else can bid one to prolong life”. Modern palliative care recognizes that there

is a gradual transition and balancing between the appropriateness of attempts to prolong life and vigorous palliative management of symptoms. Both can occur at the same time. Nowhere is this true, or more important, than in the care of patients in advanced stage of illness.

Palliative care definition

There are many definition of palliative care were made by many institution in the world. It became a long list of palliative care definition. From this long list we can see the evolution of the definition. Definitely with the consequences of the evolution in the implementation of palliative care. The most recent palliative care definition given by World Health Organization (WHO) in 2012. Obviously it is most applicable now.

Palliative Care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physically, psychosocially and spiritually.

It is very clear in the implementation of palliative care, we have to consider all aspects of human. Even Harvey Cushing (1869-1939) stated:

A physician is obligated to consider
more than disease organ,
more than the whole man,
he must view the man in his world.

The decree of the Minister of Health of the Republic of Indonesia

The palliative care policy in Indonesia was first mentioned in the Decree of Minister of Health of the Republic of Indonesia, number

604/MenKes/SK/IX/1989 concerning the establishment of the National Cancer Control Committee, with its one of the subcommittees is Palliative Care and Pain Relief.

On 19 July 2007 established the Decree of the Minister of Health of the Republic of Indonesia number 812/MenKes/SK/VII/2007 concerning The Policy of Palliative Care. In this decree clearly mentioned that palliative care is not only for cancer patients, but also for patients with nonmalignant diseases, such as patients suffering from degenerative diseases. We know that the degenerative diseases occur in elderly people

What did Pope say about the care of elderly and palliative care?

Pope John Paul II, wrote a letter dated October 1, 1999, to the Elderly, in the occasion of International Year of the Elderly, promoted by the United Nation. In this letter Pope "direct the attention of society as a whole to the situation of these, because of the burden of their years, often have to face a variety of difficult problems." The Pope adds: "The elderly are the guardians of our collective memoryTo exclude the elderly is in a sense to deny the past, in which the presents is firmly rooted.Precisely because of their mature experience, the elderly are able to offer young people precious advice and guidance.Human frailty become summons to the mutual dependence and indispensable solidarity which link the generation".

Pope Benedict XVI in the visit to residence run by lay Community of Sant'Egicio, Nov. 12, 2012 (Cindy Wooden, Catholic News Service), said: "It's wonderful being old". Urging the residents to see their age as a sign of God's blessing and urging society to value their presence and wisdom. In the Bible a long life is considered a blessing

from God, but often today society, which is “dominated by the logic of efficiency and profit, doesn’t welcome it as such. The quality of a society or civilization can be judged by how it treats the elderly. Pope Benedict XVI also insisted on recognition of the dignity and value of all human life, even when it becomes fragile in the years of old age. Life is wonderful even at old age, despite the aches and pains and some limitations.

In *Evangelium Vitae*, Pope John Paul II mentioned: “ In modern medicine, increased attention is being given to what are called **methods of palliative care**, which seek to make suffering more bearable in the final stages of illness and to ensure that the patient is supported and accompanied in his or her ordeal” (#65).

In the speech to the Pontifical Council for Health, November 2004, Pope John Paul II said: In fact, palliative care aims, especially in the care of patients with terminal diseases, at alleviating a vast gamut of symptoms of physical, psychological and mental suffering, hence, it requires the intervention of a team of specialists with medical, psychological and religious qualifications who will work together to support the patient in critical stages.

Pope Benedict XVI in the message on The World Day of The Sick, Februari 15, 2007, mentioned: “.....Despite the advances of science, a cure cannot be found to every illness, and thus in hospital, hospices and homes throughout the world we encounter the sufferings of our many brothers and sisters who are incurably and often terminally ill.The Church wishes to support the incurably and terminally ill, create conditions where human beings can bear even incurable illnesses and death in a dignified manner. Here it is necessary to stress once again the need for more palliative care

centers which provide integral care, offering the sick the human assistance and spiritual accompaniment they need. This is a right belonging to every human being, one which we must all be committed to defend. The Church, following the example of the Good Samaritan, has always shown particular concern for the infirm.

An appeal

As we understand from the above mentioned issues:

1. The number of the elderly people in Indonesia is dramatically increased.
2. Every elderly has the burden of frailty, which obviously needs supports.
3. Palliative Care Policy mentioned in the Decree of the Ministry of Health of the Republic of Indonesia.
4. What Pope said about the care of elderly and palliative care.

Then, we are urged to develop and implement the Geriatric Palliative Care in Indonesia. Let us be a good Samaritan

References

Addington-Hall, J.M. and Higginson, I.J. *Oxford Palliative Care for Non-Cancer Patients*. Oxford University Press. New York. 2001.

Doyle, D., Hanks, G. Cherny, N. and Calman, K. *Oxford Textbook of Palliative Medicine*. 3rd Ed. Oxford University Press. New York. 2006.

Emanuel, L.L. and Librach, S.L. *Palliative Care. Core Skill and Clinical Competencies*. Elsevier, Saunders. St. Louis, Missouri, U.S.A. 2011.

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Faull, C. Woof, R. Oxford Core Texts.
Palliative Care. Oxford University Press.
New York. 2002.

Morrison, R.S. and Meier, D.E. Geriatric
Palliative Care. Oxford University Press.
New York. 2003.