



## **Elderly care should be seen in the light of social opportunities and focus less on medical problems**

### **Socialised elderly care**

The current practice in elderly care is very much focused on medical challenges of ageing, and not so much on social well-being and participation of older people. According to the European Ageing Network (EAN), elderly care facility residents have to be facilitated in developing a new social life concept for their end-of-life stage. There is a clear need for a more social and less medical centered approach in elderly care. A paradigm shift, co-creation and socialised care are key in response to future challenges.

Position paper XII

Some facts and figures:

- Medicalisation of elderly care refers to the current practice of providing medical solutions to broad social problems facing older persons. This approach is destined to bring about serious economic and socio-cultural dilemmas in the coming decades due to the aging trends. Assigning medical answers to social needs is both expensive and inadequate;
- Helping to maintain and sustain older people's highest possible level of functioning and the best quality of life has been the undertaking of community-based services. Yet, the medical world has little knowledge of the array of services that can and should be provided, which would not only complement medical care, but could help to improve it;
- A 2011 Robert Wood Johnson Foundation survey of 1,000 primary care physicians revealed that 86 percent felt "unmet social needs are leading directly to worse health" across all socio-economic groups, and that it is as important to address these factors as it is to address patients' medical conditions. To meet older people's health needs and support their well-being, the elderly care system must address the critical social (service) needs that will ensure better health outcomes;
- Older people need a combination of expert geriatric medical care and skilled supportive social services to be healthy and independent for as long as possible. Historically, the medical community and the social services network have not connected in any formal way. Now, both entities should start

seeking to partner to realise better health outcomes for older people, while maintaining a sustainable service delivery model;

- Medicalisation thus often means negation of existing social problems and marginalisation in nursing homes and residential care settings. Social support to the elderly by a well-balanced system of health and social welfare emphasizing their autonomy and dignity is an alternative to medicalisation. Its goals should include reducing inequalities, lowering financial burdens, rationalizing medico-social support and creating the conditions indispensable to an active independent life for older people.

**The European Ageing Network (EAN) calls on all stakeholders, politicians and decision makers to:**

- realise a paradigm shift in elderly care, in order to respond to the individual expectations and social needs and to develop personalised care. Such a transformation requires cultural, functional and practical changes;
- stimulate co-construction between medical and social elderly care professionals and residents themselves to create an inclusive environment that focuses more on social opportunities and less on medical problems of residents.