End of life in older people

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End-of-life (EOL) issues are increasingly recognised in various platforms for discussion and planning in geriatric medicine, both in the clinical sector and academia. In Hong Kong, EOL care has been practised in different specialties, namely oncology, palliative medicine, and geriatric medicine. Although these specialties aim to achieve a good and comfortable dying journey for patients, the patient profile and the needs of patients and their families vary widely among different specialties.

In this issue, there are two articles related to EOL. One is Chinese translation of Attitudes of Older People to End of Life Issues Questionnaire by Law et al. This is timely as little is known about the attitudes of older adults towards EOL locally. The validated questionnaire can serve as an important instrument in future large-scale surveys. It is essential to understand the attitudes of the local older population when they are healthy and cognitively capable in order to plan for future medical and social services.

The other article is Feeding-swallowing issues in older adults with dementia by Chan and Kwan. Geriatricians practising in hospitals understand the magnitude of this problem and the helplessness they experience. Artificial nutrition in any form, the commonest being nasogastric tube feeding, is far from satisfactory and becomes worse if it is coupled with the application of restraints. However, this problem is not singly medical. The issue has to be managed from various perspectives: medical, legal, ethical, patient and family values, and cultural and religious variation. Any geriatrician who has experience in caring for these patients can understand the complexity of the problem. In addition, the importance of this condition is reflected in a review by Harwood.

With the emergence of EOL care as an integral part of geriatric services, it is hoped that more articles in this field will be published in our Journal.

REFERENCES