

# On end-of-life care in old age

EDITORIAL

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Few people are concerned about how and where their own deaths occur. With the ageing of the baby-boomer cohort, quality of end-of-life care and death becomes a new focus in geriatric care.

In this issue, Luk et al.<sup>1</sup> describe an innovative programme in which residents of residential care homes for the elderly are given the option to spend their last days in their place of residence, accompanied by their families, instead of experiencing the usual pathway of dying in a hospital. Dying in hospital may be the common pathway in Hong Kong, but elsewhere (Singapore, Taiwan, United States, Canada, etc) dying at home or in a residential care home is common and equally acceptable.

One of the major obstacles for dying in place (at home or in a residential care home) is the legislation, which no doubt is intended to protect the old and frail from dying of ill treatment in care homes. However, it bars the option of dying in place, where elderly people enjoy good rapport with the staff.

It may take a long time before dying in place is widely accepted and the related legislation is enacted. Before that, geriatricians can practice quality end-of-life care in hospitals. Nonetheless, older patients are not satisfied with the quality of death in hospitals or even in geriatrics wards. It is time that we start from our own wards and spread the good practice to other specialties. We wish to see more such initiatives that address the needs of the elderly towards good-quality dying in both hospital and community settings.

## REFERENCE

1. Luk JK, Liu A, Ng WC, Beh P, Chan FH. End-of-life care in Hong Kong. *Asian J Gerontol Geriatr* 2011;6:103-6.