

Health care in social services – trend of the 21st century

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Abstract

Human life consists of several temporary – often critical – periods, which represent certain significant life events: birth – adolescence – working age – old age – death. Life circle of each human being is influenced by different diseases, which might affect quality of life. Health can get worse anytime during our lifetime, either by accident or under influence of different circumstances, old age being the most common one.

Keywords: Ageing, Health Care, Social Services

1. Introduction

The paper is designed as a commentary of the author on the issue of health care in social services and its trends in 21st century. A long-term experience in this field justifies the opinions and ideas of the author who is a board of administration chairman in HVĚZDA z. ú. HVĚZDA z. ú. is a private social care organization that provides social and health care services.

The central motto of the contribution is the quote of Menander, a Greek poet (342-291 BC) - “Do not mock old age – you also, as all the others, are heading towards it.”

2. Health care in social services – trend of the 21st century

We have to realise that ageing is a natural physiological process during which our organism is affected by lots of changes. Different people cope with the process in a different way and they often lose their abilities to lead a fulfilling life during this life period. Among the main risks of ageing belong: senile dementia (different stages), illnesses, incontinency, immobility, etc.

The annual report of OECD from 2011 (stating global development until 2050) focuses, besides other things, on the population age structure. It says that the percentage of seniors in the population will rise by 268% to 18.69% until 2050. The data confirm the objective factor of humankind ageing. As stated, it is, unfortunately, an objective factor. According to the Czech Statistical Office, the proportion of persons at the age of 65+ to persons in working age (15-64) shall almost double in the Czech Republic until 2060 and shall thus reach approximately 56%.

The demographic characteristics (as the above stated percentage of people older than 65 in the total number of inhabitants) brings Europe among the continents where an unfavourable demographic development is increasing. It affects countries like Italy, Germany, Greece, Portugal and Bulgaria (according to the monthly *Statistika a my* magazine, published by the Czech Statistical Office). Unfortunately, also the Czech Republic is getting close to the

mentioned countries with its percentage of 17.4% from 2014. At the same time, the number of young people is decreasing, during the last 15 years the number of people younger than 29 dropped by $\frac{3}{4}$ million, which represents $\frac{1}{3}$ of the population (data from the Czech Statistical Office).

As a matter of interest, I present that the highest percentage represent seniors from Hradec Králové Region (according to R. Havel from the Czech Statistical Office, department of demographic statistics). In 1950, there were only 735,000 people older than 65 in our country.

There are of course problems connected to this – rising health care and social services expenses and so on.

According to EUROSTAT (European Statistical Office), the number of people in the Czech Republic shall double until 2050. Until 2030, the percentage of people older than 65 should rise to 23% and in 2050 to 31%. The population in our country should age slower than estimated by the Czech Statistical Office (presumption for 2020 – 23 % people older than 65), however, according to both statistical presumptions, there will be almost $\frac{1}{3}$ of people older 65. This actually means that the Czech Republic will belong among countries with the fastest ageing population.

However, population ageing is not a tragedy. It also shows a quality health care and high life standard. Nevertheless, the society has to be ready for this phenomenon. And the question is “how”?

Ageing does not affect only the population in general. It mainly influences the population of seniors. A group of very old people (older than 80) is rising. These people have very specific needs and from this point of view, the situation is becoming unacceptable in our country. The number of seniors is rising and the discussion about having enough beds with nursing care for elderly, chronically ill and non-self-sufficient persons becomes more and more topical. Politicians talk about this a lot, they give various proclamations, however, it is necessary to solve this serious problem that does not seem to be happening. There still is a tendency not to give much money on care about seniors, which actually means saving on those who cannot defend themselves.

According to Helena Chodounská from the department of statistics, research, development and information society, the capacity of houses for seniors and houses with special regime represents $\frac{2}{3}$ of the total number of beds in all long stay social services in our country. However, what does the term “providing social services” represent in reality? It is a care about human body, accommodation, transport, personal hygiene. Sometimes feeding too. Sometimes because nutritive complements or feeding with PEG must be provided by a nurse with a special education (competences) and not by a worker in direct care.

Approximately $\frac{1}{4}$ of clients are confined to bed, more than 80 % of clients in houses with special regime are older than 66. Number of houses with special regime rose from 176 to 276 between 2010 and 2015, and number of clients rose from 8,500 to 14,800. People at the age of 65 or more represent 1 % of these clients; people older than 76 represent 3.5 %; people older than 86 represent 13 % and people older than 96 represent 26 %. There are more and more people with a limited mobility or complete immobility in the houses. In 2010, there were 68 % people with a limited mobility and 78 % in 2015 (source: *Statistika a My*, issued on 4/2017).

These numbers clearly show that requirements and demands on special care will rise. They also show that the care cannot be provided only by workers in direct care – also the nature of the provided services has to be changed.

As a matter of interest, I state that there were 18 hospices with the capacity of 475 beds in our country in 2016. This means that there were about 80 – 100 beds for 1 million inhabitants (according to the Czech Society of Palliative Medicine ČLS JEP). So much the statistics.

It is obvious that old age is accompanied by illnesses, although it cannot be said generally. Seniors (but not only them) have a lower functionality of body functions which means higher expenses as well as demands on special care. It is necessary to transform the beds in hospitals into beds of subsequent care (which might be taken as a degradation of medical staff), to change the system of education (it should be focused on geriatrics and gerontology) and due to the demographic development, the social services have to be transformed into health care in social services – this is the trend of the 21st century. This means that the institutions have to be equipped with the needed medical instrumentation, the human resources have to gain expertise (there has to be more nurses) and last but not least, there have to be a change of requirements on documentation (directives, operation mode etc.) since the institutions will be very close to health service. Nowadays, people do not need only social services (accommodation, food, help with everyday activities and care about their own selves). Health nursing care has also become very important for them, due to their various health handicaps. Clients' diagnoses:

There is no so-called “clear diagnoses” in the houses with special regime. For instance, there are other internal problems (varicose ulcers, hypertension, diabetes mellitus, oncological diseases etc.), diseases of affluence (the age border is shifting, there are the so-called young seniors), vascular diseases and so on added to dementia. These clients have higher demands on health care, nursing care as well as medical aids. It is false to think that clients of the long stay institutions need nothing but social services. Users of these services are not “only” old, they are also, and mainly, ill.

According to the statistical research from 2014, Zlín Region had 3,190 long stay places in houses of seniors, houses of peaceful old age and pensions. According to the representatives of Zlín Region, who are in charge of social field, there are enough places. Really? How is it then possible that there are still many people on the waiting list waiting for a free place? Where is the mistake?

However, is a clerk competent enough to say (from a professional point of view) where, who and if should the services be provided and to what extend? I believe that the answer is no. This is not a decision which can be made by a clerk without special competences, who often makes the decision from a desk in their office. Only a worker with special knowledge or a community nurse can judge the needs of healthwise excluded citizens, their right to be taken into a house with special regime or conditions of the right methods. Moreover, the decision should be based on a diagnosis. I thus also drive at the checking activities of superior bodies. The system of professional education of potential workers in particular fields is not correct – the workers lack expertise and competences for performance of the given field.

A clerk without special education and without particular competences cannot judge these matters objectively. Their decision is based only on percentage and numbers and that is not correct – a client/patient is not an item, they are human beings with their particular health problems.

In my opinion, there is another problem – the fact of dividing one field into two – into a medical one and a social one. And that was a mistake.

Finally I would like to say a few words about the position of the non-profit sector (civic associations, public benefit organizations etc.) operating in the field of social services. It is discriminated in some regions of the Czech Republic. From my point of view, the discrimination comes mainly from the side of clerks of particular unions. The organizations are, unfortunately, evaluated according to an individual attitude and are dependent on these clerks, even though formally (various declarations of state administration representatives) the importance of these organizations is highlighted on various occasions.