LETTER FROM ... HONG KONG

Elderly care in Hong Kong after 1997: innovations and improvisation

DERRICK K. S. AU

Department of Rehabilitation, Kowloon Hospital, 147a Argyle Street, Kowloon, Hong Kong. Fax (+852) 2715 0117

On 1 July 1997, Hong Kong changed its identity from a British Crown Colony to a Special Administrations Region of China. Even before he was sworn into office, the first Chief Executive, Tung Chee-hwa, had listed housing, education and elderly care as his priority policy areas. Three public figures were appointed to review these subject areas, to consult relevant parties and to come up with proposals on the way forward.

That elderly care should be included in the priority list came as a surprise to no one. In 1994, the Hong Kong government, then under the governorship of Chris Patten, had published a report of the Working Party on Elderly Care. This reviewed existing services and projected future needs in a factual manner, avoiding strategic discussions for fear of pre-empting future policy directions after 1997. Health care was excluded from its remit, as was future development of social security schemes.

The health and institutional care system

Institutional care in Hong Kong is fragmented: 6.3% of elderly people aged 65 and over are living in long-term care institutions; of these, 55% are in private elderly homes (approximately 20 000 places) with extremely variable standards of care. Even such basic requirements as fire safety and floor space per bed may be inadequate. Publicly-funded elderly homes run by non-governmental organizations are of better quality, but are rigidly boxed into multiple levels of care. A new category of ‘nursing home’ was created in 1996, theoretically to bridge the gap between social care and hospital long-stay units. Waiting for a public old age home place can take over 3 years. Family members shoulder great burdens of care, often with meagre community support.

Health care for elderly patients is problematic. The private health care sector has 70% of the total outpatient market but serves less than 3% of inpatient admissions. Public health care is very much like the UK’s National Health Service provision, but without a corresponding primary care structure. This top-heavy public sector is further segregated into rudimentary ‘general outpatient clinics’ run directly by the Department of Health and ever-specializing hospital services managed by the Hospital Authority, an independent publicly-funded statutory organization created in 1991 to re-vamp the region’s public hospitals and their specialist outpatient clinics. Without suitable development of primary care and with the public expecting the hospital service to be both accessible and specialized, inpatient wards are overcrowded, the length of stay of patients gets shorter and clinic waiting lists become unmanageable. Able-bodied senior citizens knock on random doors, in the hope of finding a sympathetic doctor, while frail elderly patients are shuffled back and forth between acute care, non-acute care, old age homes and the community.

Despite this highly stressed system, life expectancy at birth has risen to 76.0 for males and 81.5 for females. But 100 000 elderly people live on social security [just over HK$ 2000 (US$ 256.50) a month] and many of them spend as little as HK$ 24 (US$ 3) a day on food. The current social security payment is equal to approximately 20% of the median income in Hong Kong, far lower than the 30% median income equivalent that pressure groups are demanding. The prevalence of depression in Hong Kong’s elders is over 20% and the elderly suicide rate is the second highest in Asia. An elderly person in Hong Kong is nearly three times as likely to commit suicide as a younger citizen.

Economic factors

Hong Kong has been repeatedly praised for its dynamism and prosperity. Its per capita gross domestic product has surpassed that of the UK, Australia and Canada to take fourth place in the world rankings. A respectable government reserve of HK$ 700 billion has been amassed. Part of the prosperity lies in austere public expenditure and low taxation rates.

These pillars of prosperity will remain unchallenged after 1997. If anything, the new government may be even more prudent in its expenditure. Is the present system of care sustainable, given the rapidly ageing population? The recently published Population Projections 1997-2016 [1] forecasts that the proportion of the population aged 65 and over will rise from 10% (630 000) in 1996 to 13% (1.09 million) by 2016. The
rise in the number of the very old will be even steeper. Given these figures, even the existing meagre social security payments may not be sustainable. Residential care needs will rise, caregivers will be stressed, hospitals overwhelmed. In short, a doomsday scenario may occur unless an innovative way forward is conceived.

Few are willing to admit that the secret of Hong Kong's success, its so-called dynamism, may be no more than make-shift improvisations. Whatever crisis and chaos there may be, people will always find some way out. The 'can-do' instinct takes over and they get on with the job.

In elderly care, signs are that such improvisations may provide a solution. Since April 1997, the government has relaxed residence requirements for social security payments so that elderly people who retire to Guangdong (the neighbouring province in mainland China) can receive their monthly social security payments there. This will, in the words of the old Chinese proverb recently quoted by the territory's Financial Secretary, help those who "like falling leaves wish to return to their roots". A more prosaic view is that it is now feasible to export our elderly people to the mainland for less expensive care.

**Future prospects**

The Hong Kong Jockey Club has allocated funds for non-governmental organizations to run pilot nursing homes for elderly people from Hong Kong in two Guangdong cities. These service organizations will need to do more than simply build multi-storey housing—they have to establish local health care links with hospitals to support the residents.

Hospital-based community geriatric assessment teams, originally set up in 1994, are rethinking their roles in the overall community care for the frail old. Social welfare and social services sectors are testing new community programmes. The Department of Health is counting on its new district-based elderly health centres to deliver more primary care.

Elderly citizens have formed pressure groups to advocate their rights. At least one commentator has proposed a study of the Singaporean legislation that makes care of parents by children compulsory. Others have called for a restructuring of the health care financial system. The region's Chief Executive, Tung Chee-hwa, has called for a revival of the traditional Confucian values of "respecting the senior, upholding filial piety" and, in his inaugural speech on 1 July 1997, gave a glimpse of his future policy blueprint, including the setting up of a commission to better co-ordinate elderly care. A mandatory provident fund scheme may soon be implemented.

Meanwhile, front-line workers redouble their efforts during this transition period and managers introduce such ideas as 're-engineering' and 'de-skilling' to cut costs and press for even greater efficiency.

This is a fresh start for Hong Kong: we need to make new strides in the care of elderly people. There will be makeshift improvisation initially, but ultimately we will find innovative schemes befitting a new era.

**Reference**