Home care for the elderly

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An outline is given of home care for elderly people in China, with particular reference to conditions in Shanghai, and suggestions are made for improving the services provided.

Most health facilities in China are public and all doctors, nurses and other health personnel are state employees. The medical system is based on:

– provincial hospitals at the tertiary level, which are involved in treatment rather than prevention and accept patients referred from the secondary and primary levels;
– city hospitals at the secondary level;
– community hospitals at the primary level, concerned especially with primary care, including basic medical treatment, prevention and home care.

A major task of the system is to provide care for the country’s large and increasing numbers of elderly people. An indication of the scale of this task can be gained by considering the situation in Shanghai. In mid-1995 there were some 2.2 million people over 60 years of age in the city, 17% of the total population; 0.2 million of these people were aged over 80 years.

By 2020 it is predicted that 30% of the country’s population will be over 60 years of age. It is thought that life expectancy will continue to increase and that every family will eventually have to take care of 4–8 old people.

Over 80% of elderly people in China suffer from chronic disease, while 7.4% are regarded as disabled because they have not performed one or more of the following activities unaided for three months: eating, bathing, dressing, using the toilet, and moving from place to place; on the same basis, 21% are considered to be disabled in respect of using the telephone, taking medicine, performing light housework, washing clothes, shopping, and/or managing their budgets. Among people aged over 85 years the disability rates for these two groups of activities are 33% and 66% respectively.

Many elderly people experience great difficulty in paying for health services. In Shanghai, 17% have no health insurance, and the 83% with such insurance have to wait several months for reimbursement of medical fees. The uninsured have to pay their medical bills in full, unless they are below the official poverty line and can obtain state help. Clearly, a low-cost alternative to hospital treatment is needed. Home care is the traditional solution, but unfortunately in today’s conditions the children of elderly people are seldom available to provide it.

Home beds

In the home beds scheme, which is run by the major general hospitals, patients remain at home and are visited regularly by doctors, for which service the fees are very small compared with those paid by persons admitted to hospital. This scheme developed rapidly in the 1980s when the demand for hospital beds greatly exceeded the capacity to meet it. In
China as a whole the number of home beds peaked at 11.9 million in 1988. It declined subsequently, however, reaching 5.8 million in 1993, partly because some costs under the service were not reimbursable, with the result that it was less expensive for patients to be in hospital where they had to make only very small coinsurance payments. Another factor was that doctors received such low fees for home visits that they were reluctant to become involved. In Shanghai there are now some 150,000 home beds.

Some 90% of home bed patients in Shanghai are elderly, averaging 72 years of age; they suffer from chronic diseases or advanced malignant tumours. Doctors visit them two or three times a week, depending on their condition. The average time for which this kind of service continues exceeds six months in Shanghai, whereas in China as a whole it is between two and three months. Patients admitted to hospital generally remain there for shorter periods but the cost per month is much higher.

The home beds scheme is advantageous to patients, hospitals and society in general:

- it helps to spread the load of care and to redress the balance between demand and supply;
- there is a reduction in costs, especially those associated with chronic disease;
- patients feel more at ease in their own homes than in hospital;
- hospitals can make better use of their staff and increase their incomes.

Most of the cost of the home beds scheme can be reimbursed to an elderly person if he or she was employed in a factory or other workplace through which health insurance was arranged, but uninsured elderly people have to pay in full unless they are below the official poverty line and can obtain state help.

**Home care delivered by the community**

Home care may also be delivered by the community, but there is virtually no insurance cover for the services provided. This type of care has only emerged during the 1990s and is still developing. Elderly people at home can receive assistance and medical care channelled by way of community hospitals, street health stations and community committees. For the purposes of medical care the following groups of elderly people are recognized.

- All people aged over 90, together with those aged 61–90 who cannot look after themselves on a daily basis. Community medical workers care for these people according to their health status.
- People aged 61–90 with chronic diseases who can nevertheless manage their daily lives satisfactorily. They are examined and given the medicaments they need on a regular basis by community health workers.
- People who are given information on medical care at home and a physical examination once a year. Community medical workers and community hospitals provide support as necessary.

Community committees try to ensure that care workers are available to help old people in such matters as eating, washing themselves, washing clothes and cutting their hair. These carers may be relatives, neighbours or other community members, and their services may be paid for or given gratis. Retired women at the lower end of the elderly age range are the main care givers; few young people wish to engage in this kind of work for long periods.
There is a great need for general practitioners to make home visits, but they are in very short supply.

For the elderly, care provided in their own homes is, as a rule, preferable to that given elsewhere. In order to ensure that adequate home care is available the following measures should be taken.

- A special fund dedicated to home care for older people should be set up and adjustments should be made to the social security system in line with reforms in the employees' insurance system.
- In order to make good the shortage of general practitioners competent in delivering primary care it is necessary to retrain community hospital doctors and to establish specialties in general practice in the country’s medical schools.
- Encouragement should be given to the younger among the elderly to care for people older than themselves. The two groups often share a common outlook on life, and the younger people gain the satisfaction derived from performing a valuable task.
- The management of the home beds scheme should be strengthened, for instance by establishing a consistent price regime and exercising improved control over the quality of medical care.

**Hospitalization not essential for tuberculosis chemotherapy**

Historically, long-term institutional care was employed to ensure adherence to prescribed treatment. ... However, hospitalization has no value per se in the management of tuberculosis patients and hospital-based treatment may not be feasible or sustainable in many circumstances. In some situations (mainly in urban settings), fully supervised or directly observed intermittent treatment regimens have been shown to be feasible and highly successful.