

Opinion: How we deal with illness and ageing is painfully outdated

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THERE ARE TWO major issues facing the future of the Irish healthcare system.

The first issue is our ageing population. The CSO report on population and labour force projections predicts that the number of people aged 65 and over will more than double in the next three decades: going from 532,000 in 2011 to almost 1.4 million by 2046. It also predicts the number of people over 80 to triple in the next 30 years. This means greater strain on an already strained healthcare

system.

The second, related, issue is a change in the disease profile of the population: chronic lifestyle disease (heart disease, diabetes, stroke, obesity, etc) is now the leading cause of mortality in the world. These are diseases caused by our behaviour and they require long-term ongoing management, rather than once-off treatment. According to the Irish Medical News, more than 50 per cent of the population already had more than two chronic diseases in Ireland in 2011 and it is estimated that chronic diseases account for 80 per cent of all healthcare costs. This is set to increase as chronic disease is more prevalent in the elderly.

The convergence of these issues calls for nothing short of a paradigm-shift in how healthcare is delivered in Ireland. Why?

Large hospitals designed to give urgent treatment

Well, our current model of healthcare delivery evolved to deal with a very different world: one in which people did not survive so long into old age and acute illness was the main cause of death. Thus, large hospitals were established to deal with the urgent or immediate treatment of diseases with a rapid onset, and a relatively short course. Illnesses such as pneumonia, small pox, and tuberculosis, for example, were among the leading causes of death in the early part of the twentieth century.

We developed a system of episodic care: patients were concerned with their health only when they got sick. We had a provider-centric system: one where doctors, working from a centralised hospital setting, played the role of paternalistic expert care-givers who treat patients to cure illness. Hospitals had the monopoly on expensive medical machinery and sterile environments.

The shift to chronic illness

However, the shift from acute to chronic illness, along with our ageing population, has called into question whether this model is the most efficient way of administering care. We need a greater focus on promoting health, rather than just treating illness. We need a shift towards prevention, ongoing management and more patient responsibility in healthcare. We need to move from a provider-centric system, towards a patient-centric system.

A patient-centric system shifts the focus of care from the centralised hospital to the patient and their home. It acknowledges that an ageing population and increasing chronic disease demands that the patient take a more active role in the day-to-day management of their health to avoid the onset of acute episodes.

Instead of the patient being a passive recipient of medical information, they will enter into a dynamic partnership with their doctors and become active participants in their health management.

But how do we make such a shift?

Digital and home healthcare technologies

One key to making this shift is by exploring the use of digital and home healthcare technologies. Digital innovations have now made it possible for consumers to use portable devices (such as their smartphone) to access their medical information, monitor their vital signs, take tests at home and carry out a wide range of tasks.

It is possible to remotely and continuously monitor fluctuations in heart beat, blood pressure readings, the rate and depth of breathing, body temperature, oxygen concentration in the blood, glucose, brain waves, activity, mood – all the things that make us tick. No longer does the hospital have the monopoly on useful medical technology.

All this information can then be communicated back to a doctor or nurse who can remotely monitor the patient and offer educational content, motivation and advice that may prevent the onset of more acute episodes.

These technologies have the potential to facilitate this paradigm shift by making it no longer necessary for patients to make an expensive trip to a hospital or doctors office to seek advice or update their healthcare professional about their health management.

Known as [Connected health](#), such solutions have the potential to not only support current care delivery but also fundamentally change the model to a more efficient and sustainable one. Embracing this shift can help to reduce rising healthcare costs by offering a substitute for expensive – and increasingly scarce – professional labour (doctors, nurses, etc) and move away from the high-cost hospital institutions to patients own homes.

It is also consistent with the majority of patient preferences for more active, dignified ageing, where the elderly can have a greater level of independence, more involvement in their daily care decisions and can remain living at home for longer periods of time.

Health as a state of wellbeing

The Department of Health's white paper on Universal Health Insurance has indicated that care of chronic disease will be part of the package paid for by the state. Further, the report indicates that should recognise health as a state of wellbeing and "not merely the absence of disease and infirmity" and that the delivery of care should be "safe, timely, efficient and as close to home as possible".

These are welcome indications from the Department but for this change to occur it needs to be driven by the vision of all those involved: policymakers, healthcare providers, innovators, and patients. To achieve that consensus, we must all engage in the conversation.

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