

## END OF LIFE CARE

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**Preface:** There is a transition in the role of hospitality industry in the healthcare system, from short term care of surgical patients from western countries to the long term preventive care for the disabled. There are important workforce, legal, and financial issues that need to be addressed before we can say India is prepared for the challenge.

**Issue:** We are witnessing major financial issues in healthcare management in the developed countries. With emphasis on curative care the costs have spiraled upwards in the last three decades and it has been realized that most of the spending occurs in the last 5 years of life. With recognition of the fact that curative care for chronic illnesses is the major cost determining factor, there is a stress on home based preventive health services. India is also growing older, but not necessarily healthier and we have a system where insurance based health care, anti abuse laws, and curative management is at best modest as compared to the developed nations. There are several lessons that can be learned from the home based health care system in the U.S. and other developed countries, which can help India avoid these issues

**Conclusion:** Can disability prevention laws, health saving funds and home based health force be the future? We need to learn from the lessons from the developed countries and create a system which is sustainable in the long term.

### **Introduction**

When we think of the role of hospitality in healthcare the first thing that comes to our mind is an image of a foreigner who has come to India for a high priced treatment at a state of the art hospital, with the probable reason being long waiting list in their own country. The truth is very far from that. Most patients from western countries are those who got stuck in a medical emergency in India and want to leave as soon as possible for their own country after the emergency is over to get the definitive treatment. There still are some affluent international patients who have chosen India as the destination because it is still comparatively cheaper than the west and such services are lacking in their own countries, for e.g. Africa (Nigeria, Tanzania).

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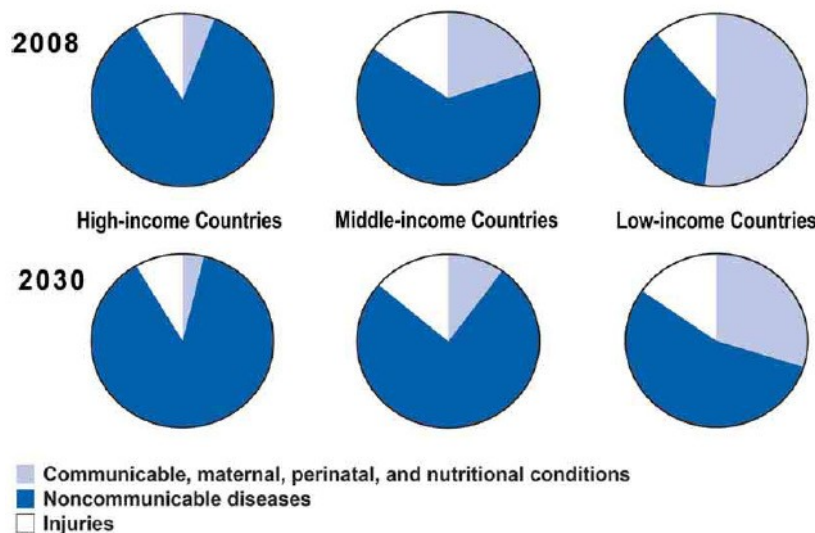
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Most of the time, it is the middle class patients from countries where such facilities are lacking due to political and economic instability such as the Middle East (Iraq, Afghanistan), and erstwhile Russia (Kazakhstan, Uzbekistan). These people have either managed to find funding (through international agencies like Red Cross), or have saved or borrowed money to get life saving treatment (usually cardiac surgeries). These patients provide marginally extra revenue to the hospital.

### Issue

Due to the progress in medical care the average life span has increased from 40 years in 1951 to 64 years today<sup>4</sup>. However, improving treatments has not transformed into a healthier lifestyle. Preventive health care services are primarily restricted to vaccinations for infections and prenatal checkups. The current healthcare system is focused on curative management of chronic debilitating illnesses in the form of advanced surgery like organ transplant and medical interventions. Due to the fast paced lifestyle and stress on curative management instead of prevention, the burden of disease is slowly transitioning from infectious diseases to chronic illnesses like cardiovascular diseases, stroke, diabetes, e.t.c. This focus on curative services has led to increasing healthcare cost with rising incidence of catastrophic healthcare expenditure (expenditure defined as being catastrophic if a household's financial contributions to the health system exceed 40% of income remaining after subsistence needs have been met), with the maximum spending in the last five years of life.<sup>1</sup>

#### The Increasing Burden of Chronic Noncommunicable Diseases: 2008 and 2030



Source: World Health Organization, *Projections of Mortality and Burden of Disease, 2004–2030*. Available at: [http://www.who.int/healthinfo/global\\_burden\\_disease/projections/en/index.html](http://www.who.int/healthinfo/global_burden_disease/projections/en/index.html).

To understand this trend we need to understand the changes in the healthcare system in the last 30 years. In India, the earliest health insurance service on a large scale was the central government health services. A publication in 1998 had put the cost of treatment borne by the CGHS beneficiary at 12 % of the entire amount, the rest (88%) being borne by the tax payers<sup>2</sup> (This was before the advent of corporate hospitals, which changed the face of healthcare delivery in India.).

Until this time people were generally dependent upon government hospitals and private clinics for most of the treatment. The major system of financing health care was either through government/community hospitals or out of pocket. Hence, access depended not only upon the availability of health care services but also what one could afford. People were careful about their lifestyle and health issues. The advent of insurance system meant that you could afford almost everything, and if you were paying for it and not utilizing it, then you were going to lose that money. This led to an increased demand for health care, as people were not paying directly for it, they wanted a health visit for every reason (Moral hazard. In insurance, the chance that the insured will be more careless and take greater risks because he or she is protected, thus increasing the potential of claims on the provider). Healthcare force also benefited from it as they were providing newer treatments which had not been available before (Supplier induced demand. In health economics, supplier induced demand can be defined as the amount of demand that exists beyond what would have occurred in a market in which patients are fully informed). Medicine became more technology driven. The industry was not to be left behind. We already know that schemes like CGHS had no upper cap, which essentially meant that whatever the cost of treatment (drugs, devices, and intensive care set ups) it would be reimbursed; the competition in the health market was stirred up by this policy gap. A boom in healthcare technology and pharmaceutical industry followed.

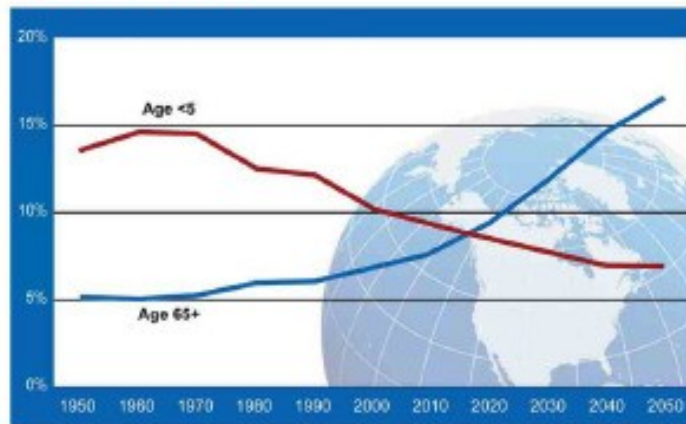
Under pressure from international agencies, to improve the image of India internationally as meeting the millennium development goals set up by the United Nations, the government has been focused on primary health care (improve nutrition, lower maternal mortality, vaccinations). The government took help from international health management institutions to come up with technical solutions to meet the international agenda, which in the lack of infrastructure, workforce, and financing is sometimes in conflict with the local priorities.<sup>3</sup> Government encouraged private players to manage secondary and tertiary healthcare delivery and training by providing public land at nominal rates to private institutions.

## Challenge

Holistic health care does not mean just curative treatment in the form of surgeries, or medications for chronic illnesses such as diabetes, and hypertension, it is also about preventive checkups, home based care, and changing lifestyle. While preventive checkups are still a domain of the medical field and changing the lifestyle is one's own choice, home based care is increasingly being recognized as a realm for hospitality, especially with aging population and people with

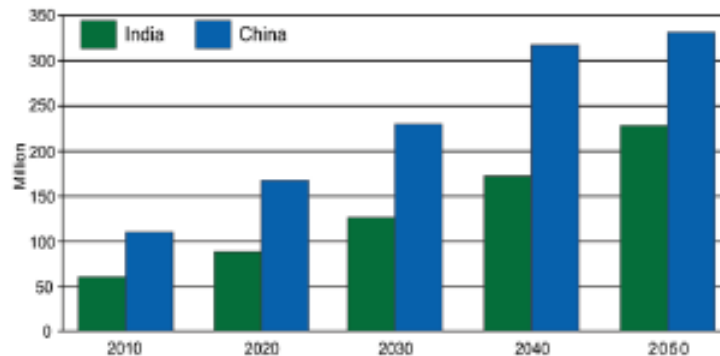
chronic illnesses. Further, neglect, physical disabilities and problems of mobility are among the foremost reasons submitted by the country report on Elderly Abuse by the Help Age India for the World Health Organization.<sup>4</sup> The study on elder abuse in India has clearly shown that neglect is the prime suffering that the elderly feel.

**Young Children and Older People as a Percentage of Global Population: 1950-2050**



Source: United Nations. *World Population Prospects: The 2010 Revision*. Available at: <http://esa.un.org/unpd/wpp/>.

**Growth of the Population Aged 65 and Older in India and China: 2010-2050**



Source: United Nations. *World Population Prospects: The 2010 Revision*. Available at: <http://esa.un.org/unpd/wpp/>.

Countries such as United States and United Kingdom are also facing this problem. The aging baby boomer population is fast outnumbering the young population. Overreliance on health insurance has led to a situation where health sector spending has outgrown the economic growth of the country. A survey has shown that an average American spends about seven thousand US dollars a year on his healthcare, most of which is in the last 5 years of life. With these

problems, it has been realized that the lack of preventive care in non communicable illnesses has to be taken on a more serious note. Slowly, the health care delivery system in developed countries is transitioning towards geriatric and other forms of preventive medical care.

The challenge is to create financially viable services for this special section of the population so that hospitality and clinical services merge and nurses, therapists, and aides visit the home to deliver both medically related home health services and more supportive personal care assistance (activities of daily living such as bathing, dressing, and eating, and with instrumental activities of daily living such as cooking, shopping, and housekeeping).



*Assisted Living*

### **Workforce solution: Bottom up approach versus Top down approach**

The hospitality industry can fill in the gap left by the healthcare system. Where healthcare industry has a top down approach to managing the problem, the hospitality industry can be the bottom up solution to the problem. Already, the hospitality industry is involved in the provision of postoperative care to the outstation patients who have been discharged from the hospitals and need to remain in the vicinity for some extra time. Patient welfare team at hospitals believes that there is always a need for a place which can provide that extra care to the patient. They suggest that hospitals should have trained nursing aids, nurses, physiotherapists on call, physician on call, and patient accessible services.



We can also provide preventive and rehabilitative services with assisted living in the community. There is a huge population (the chronically ill, elderly, disabled, and the pregnant) which is in need of this extra care. These people can receive customized care rather than the limited medical options that a hospital can provide. The home care agencies can send nurses, therapists, and aides into the home to deliver both medically related home health services and more supportive personal care assistance (activities of daily living such as bathing, dressing, and eating, and assist with instrumental activities of daily living such as cooking, shopping, and housekeeping).

While curative management is mostly about highly trained physicians and surgeons using state of the art equipment to treat patients, preventive management is about the foot soldiers in the form of nurses, social workers, and home aides delivering care to the person. We need to develop a workforce without compromising on the quality. To develop such a workforce, there is an immense need for institutions to look into the training, privileges, and practice of this team.

### **Financial solution: Health insurance versus Health provident fund**

The lack of preventive care in non communicable illnesses has lead to it assuming epidemic proportions. Health insurance provides an option of escaping the burden of catastrophic healthcare expenditure if the community is willing to pool resources to counter the probability of expenditure. The premium

amount depends upon the probability of developing the disease, which if high will also lead to an increase in the cost of the insurance. A health provident fund as an option to facilitate such preventive services can provide the necessary supplement to health insurance. It can be tied to regular preventive checkups and provide a higher return if used for treatment, for e.g. if a person with a strong family history of diabetes buys a provident fund policy for diabetes, he would receive preventive checkups specifically for a diabetic patient while saving money for future

expenditure on treatment. Since people would be controlling their own expenditure, they would be more careful about problems like moral hazard and supplier induced demand.

### **Legal solution: Preventive care versus curative management**

All forms of abuse follow neglect. Focus on abuse laws means there has been inadequate emphasis on developing preventive options and that has resulted in higher likelihood of distress to the disabled by their caretakers, whether intentional or unintentional. A proactive approach would offer an option where neglect is identified at an early stage and further deterioration prevented. An example would be the social services in developed countries which routinely follow up on adopted children to review whether they are victim of abuse.

### **Conclusion**

When we compare the role of healthcare and the hospitality industry some basic differences are revealed. The healthcare industry thrives on health insurance, which covers curative management for major illnesses, requires extensive investigation and major healthcare setups. In contrast, hospitality industry is dependent on savings, provides preventive and rehabilitative services, for physical and mental disabilities, and is provided by the foot soldiers. It is this trend that needs to be supported and extended to cover the burden of disabling chronic illnesses like diabetes, chronic renal failure, heart failure, and stroke.

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