

**GERIATRIC EMERGENCY MEDICINE IN MALAYSIA**

*Chung WM*

Emergency and Trauma Department, Taiping Hospital, Perak, Malaysia.

**Correspondence:**

Chung Wai Mun

MBBS (Malaya), MMED (Emergency Medicine) (UM)

24, Persiaran Bintang, Taman Sunrise, 31400 Ipoh, Perak

Email: chungwaimun@yahoo.com

**Abstract**

Geriatric population is showing their great growing potential as the world is advancing every day. Geriatric medicine has been an essential subspecialty of internal medicine, which serves the elderly better in different manners. However, this population needs more focus in other aspects of medicine. One of the important specialties to develop special care and services to the elderly would be emergency medicine (EM). As EM is advancing well for the last 15 years in Malaysia, geriatric populations, whom initially were treated as old adults, are now noted as a different category with unique needs, where distinct plan should be started right from the door gate. Hence, there comes the problems, challenges and issues of geriatrics in emergency medicine. This will lead to one of the crucial branches of emergency medicine in Malaysia.

**Keywords: Geriatrics, elderly, emergency medicine**

## INTRODUCTION

Growing geriatric population is a global phenomenon. U.S. Department of Health and Human Services stated about one in seven American citizens are geriatrics in year 2014<sup>1</sup>. This population consists of 14.5% of U.S. population. It is postulated the growth will reach 21.7% by 2040<sup>1</sup>.

In this very country, geriatric health care, as a subspecialty of internal medicine, has been developed by a group of dedicated local geriatricians for the past 15 years to improve in various aspects of geriatric health care<sup>2</sup>. To date, training programmes, policies, protocols and services have offered better approach of caring for the elderly<sup>3</sup>.

In conjunction, emergency departments are dealing with enormous increasing number of elderly patients with a variety spectrum of medical and non-medical concerns. It ranges from acute life threatening medical conditions to social issues.

The advancement of geriatric medicine has driven along emergency medicine to provide a better overall care to the elderly. This invites the issue of a need in introducing a “new” emergency specialty into the current emergency medical services<sup>1</sup>.

## GERIATRIC EDUCATION

Geriatricians in Malaysia have started their specific and targeted clinical practices, research and training since about two decades ago<sup>3</sup>. In due time, there are approximately thirty geriatricians, from both government and private sectors, in this country continuing their faith in serving the best for the elderlies.

Having better understanding and awareness of the geriatric physiologies and

pathologies, it allows the patients to present earlier as compared in the olden days. Those were the days where elderly medical issues are taken into account as neither interesting nor challenging. In fact, various levels of practitioners including doctors, pharmacists, researchers etc. are now paying more attention to elderly issues. Now, we have better vision and programmes for treatment and caring for the elderlies.

Training modules in medical schools locally have been catching up in integrating the unique knowledge and skills to solve problems of the elderly. Students nowadays find it easier to approach and manage elderly patients. The recognition of atypical presentations however still remains as big challenges.

With the expansion of such knowledge in internal medicine particularly in geriatric medicine, the relevant knowledge and skills are very close to the friendly counterpart, emergency medicine. As a fast evolving member of the field of medicine, exclusive knowledge and skills needed to be studied and implemented in the care of elderly. The assessment and treatment should start right even from the very front gate of a healthcare institution.

## TRAINING OF PARAMEDICS

Paramedics have been one of the most crucial elements in making emergency medicine a success. Paramedics in Malaysia consist of medical assistants and staff nurses. They serve as the main characters of pre-hospital care (PHC). Geriatric healthcare would be more ideal if started from pre-hospital itself before reaching the emergency department and wards. During their training days, paramedics are not explained further on the unique appearance of elderly population

and hence they approach elderly in the same manner with usual adults.

As geriatric medicine advances, paramedics have been enrolled to post-basic geriatric care programmes selectively. However, these programmes are limited to those who are practicing in the medical wards. As a result, programmes on teaching and training frontline paramedics on emergency geriatrics are essential. This will in turn nurse the positive attitudes and gaining better training experiences.

### CHALLENGES

Local culture is nevertheless one of the main issues in managing elderly patients in PHC and in emergency departments. This makes worse when advance directives are not fully understood and utilized by both the healthcare practitioners and the community<sup>2</sup>. The poor exposure of advance directives through counselling and discussions have complicated the flow of acutely presented elderly medical conditions. The management of elderly is not solely based on clinical grounds but also taking consideration of financial, social, emotional and patients' will. Financial constraints have been the common reasons why elderly patients end up in government healthcare services. Families are unable to bear expensive medical fees in non-government settings. Moreover, problems in elderly are usually chronic and continuous long term care are sometimes warranted. It is a common social acceptance locally where the family will option for conservative for elderly when they are having critical medical problems. Family members would want to avoid committing themselves in making critical decision in patients' management to avoid responsibilities socially and legally. Where else, some families might request for "life-prolonging strategies" to allow their far relatives to be

with the patients before the patients pass away.

As emergency department is a place which is full of live and death scenes, emotional variations from the healthcare staff to the patients and family members are sometimes unpredictable. With the complexity of the nature of elderly diseases, it is rather a dilemma or a difficult situation to deal with in emergency medical situations.

Elderly patients are often coming with a long list of problems on top of the presenting medical issues. Listing the problems might not be easy and multiple clarifications may be needed. The concept of triage, a concept of prioritization, is therefore essential. This means a precise and careful approach is needed.

### GERIATRIC MEDICINE

### EMERGENCY

Elderly in Malaysia are called *Warga Emas* (defined as adults > 60 years of age) which means Golden Citizens. They fall into the category in facing the reality of gradual physiology and psychosocial impairments. While they are being hardworking and dedicated in sustaining their daily activities, they have increased needs to visit emergency departments for their acute conditions. Emergency departments in Malaysia has established a good system in dealing with varieties of services to the public in need.

Annual data collection from year 2012 to 2015 showed a steady increment of elderly patients visiting Emergency Department of Taiping Hospital (a district hospital with specialist service). Geriatric patients have encompassed one fifth of patient visits. Among them, 55% were male, with the total number of 9311.

This trend holds for emergency physicians and subsequently the generalists and internal physicians. Emergency physicians begin to understand more about elderly. As similar to a famous saying, kids are not small adults; elderly are not only old adults. A more robust approach, in terms of financial, social, emotional and clinical, has to be organized to improve the emergency medical care in elderly. Policies, guidelines, change of practices, resources, mode and types of therapies etc. would be areas to be surveyed. Starting it right from the entrance might only reduce morbidities and mortalities, but also providing a possible chance for the elderly to live again in the community.

## CONCLUSION

Multimodal approach is an essential concept in managing elderly right from emergency departments. Dilemmas in elderly patient management are challenging. Ability to analyze the overall condition and provide with the most optimized treatment plan may benefit the patients the most. Maximizing or exhausting the resources may not bring to desired outcome. Despite good knowledge, attitude towards elderly are equally crucial. A negative "ageist" attitude should be abolished. Having a more holistic and integrated multidisciplinary approach is believed to be the future in dealing with elderly issues.

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