

ER visits and hospital beds are just what this doctor would not order

From A1

In an age where “doc-in-a-box” drop-in clinics have replaced trusted family doctors making house calls, Sloane is from another era. And while a program out of Vancouver Coastal Health promises to continue serving his patients when Sloane retires in the new year, medical students aren’t lining up to follow his lead.

Instead, many of them will end up being the doctors who see elderly patients when they land in emergency rooms and hospital beds, an outcome Sloane says is exactly counter to what the frail elderly need.

“As funding for reasonable coordinated home care of housebound people has fallen, the venue of default has remained the emergency room,” he said. “If you are in trouble, you push 911.

“Bang, in comes the ambulance and the person is hustled out and the next thing they know they are a bed-blocker in an emergency room.

“The truth of the matter is, the

service of an acute-care hospital can’t help the frail elderly, they just don’t benefit. We have a frail elderly person occupying these terribly expensive and much-needed acute-care beds, and those people aren’t benefiting.

“It all boils down to [the need for] an effective strategy for keeping the frail elderly out of the hospital.”

“Frail, elderly” isn’t defined by age as much as health.

“Once a person goes through a gate which we call frail, there is a linear deterioration punctuated by dying,” said Sloane.

“Once they go into that situation, all of this preventative stuff, everything we do in hospital, most of the investigations are actually counterproductive and useless.

“What we need to be doing for those people is keeping them happy and comfortable and home. Nobody wants to spend a nickel on home care, but boy, is it cheaper than sending Granny through emergency.”

People become frail through the irremediable inability to per-

form the activities of daily living. Many people may suffer that inability at one time or another, either through illness or an accident, but what separates the frail is that they will not get better. There won’t come a day when they will be able to fend for themselves again.

“If you fix stuff and the person goes right back to being normal like you and me, they are not frail,” said Sloane. “Frailty and homebound-ness approximately coexist.

“My practice is homebound. All of my patients are frail and all of my patients are homebound and it is about the same group.”

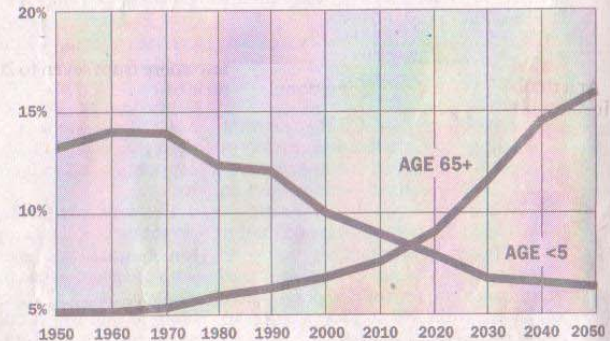
But when it comes to medical care, often the frail 85-year-old is treated as if he or she was 39 and all that is needed is for that broken hip to be repaired, or the heart problem to be stabilized and they’ll be back up and running almost like new.

That doesn’t happen. The 85-year-old stranded in the emergency department may suffer some form of dementia along with the ailment that landed him in hospital. He could already have several diseases from diabetes to Parkinson’s to respiratory problems to a range of conditions — a complexity that can overwhelm a medical system geared to dealing with what is wrong with a patient, not seeing the whole person and all the underlying issues.

“So what do we do with frailty is, you talk to them and get them to understand what is going on in their life,” Sloane said. “We treat their illnesses from a medical point of view, we treat their disabilities and we look after them

Young children and older people as a percentage of the global population

Since the beginning of recorded human history, young children have outnumbered older people. Very soon this will change. For the first time in history, people aged 65 and over will outnumber children under age five. This trend is emerging around the globe. Today almost 500 million people are age 65 and over, accounting for eight per cent of the world’s population.



Source: Statistics Canada

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The speed of population aging

Number of years for population age 65+ to increase from 7% to 14%:

DEVELOPED COUNTRIES

France (1865-1980)	115
Sweden (1890-1975)	85
Australia (1938-2011)	73
U.S. (1944-2013)	69
Canada (1944-2009)	65
Hungary (1941-1994)	63
Poland (1966-2013)	47
U.K. (1930-1975)	45
Spain (1947-1992)	45
Japan (1970-1996)	26

the infection.

Sorrenti, who looks younger than her 82 years — “You should see me with my makeup and you’d think I was even younger,” she says — has definite ideas about checking out of this life and it doesn’t involve hospitals.

“My mother had the perfect death,” she said. “She went to sleep at 99 and didn’t wake up.”

At 88, Mary Goulah manages with the help of some home care, but she doesn’t stir far from her chair in her living room — certainly not far enough to get to a doctor’s office.

“I had trouble with my feet for one thing,” she said. “That was



Naples Collection

point of view, we treat their disabilities, and we look after them psychologically.

"We do it at home and we do it on a primary-care level."

That, argues Sloane, is where the money should go and where the care should go.

"That kind of shutting them off from the acute-care system is the opposite of abandonment," he said. "Just ask any old person who has been in emerg in the last six months, or who has ever spent a couple of nights in hospital.

"They don't ever want to go back."

Sorrenti appears to share that sentiment.

"Oh, I hate that hospital," she said, recounting a litany of ailments from broken bones to heart troubles that have landed her in one hospital or the other — some getting a better report from her than others and one clearly a target of her wrath: "I call it murdering hospital," she said.

Sloane ignores the jibes and, persuading Sorrenti to turn down the volume on the television, carries on his questions and examines the angry-looking wound. He calls in a prescription to the pharmacy from his cell phone and calls to arrange for a public-health-care nurse to come by to change dressings and monitor

"I had trouble with my feet for one thing," she said. "That was when he (Dr. Sloane) first started coming to see me.

"I wore him out, that's why he is retiring," she said with a laugh, her sense of humour clearly not dimmed by a range of ailments. "It's too much for me to go out to a doctor."

Sloane will likely be retiring before one of his patients, Jim Steele, does. The 91-year-old isn't quite ready to call it quits with the wholesale bakery business he took on as a retirement project after his retail bakery closed.

One of Steele's sons was in school with Sloane in Kerrisdale from kindergarten on, and the elder Steele remembers the doctor as a young lad at class events.

Steele's balance is unsteady and he leans on a walker, but asked how he negotiates steep stairs at his premises, he is indignant.

"I walk up them just like any other human being," he said sharply when asked about the stairs Sloane aptly describes as "breaktakingly steep."

Paul Steele, another son, doesn't think Sloane can be easily replaced.

"It's going to be difficult if not impossible to replace people like John," said the younger Steele. "To find people with that experience in family practice and in

Spain (1947-1992)	45
Japan (1970-1996)	26

DEVELOPING COUNTRIES

Azerbaijan (2000-2041)	41
Chile (1998-2025)	27
China (2000-2026)	26
Jamaica (2008-2033)	25
Tunisia (2008-2032)	24
Sri Lanka (2004-2027)	23
Thailand (2003-2025)	22
Brazil (2011-2032)	21
Colombia (2017-2037)	20
Singapore (2000-2019)	19

Source: Statistics Canada VANCOUVER SUN

gerontology, and who care enough to do this."

Watching Sloane care for his father, Steele is convinced that the health-care system would save money if there were more doctors ready to take on the care of homebound seniors. But it won't happen, he said, unless public policy makes it a worthwhile option for doctors.

"You have to make it attractive," he said.

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