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Opinion: DISCRIMINATION OF THE ELDERLY?

(Geert Messiaen is the secretary general of the National Union of Liberal societies and also author of various publications on the Belgian health system. He writes this opinion in his own name.)

On 29 November 2017, I wrote in an opinion " We are not ready for the ageing of the population" that a coherent policy for the elderly was lacking in our country and in most European states. A broad social debate about the way we want to get out is all too often put on the back burner.

On 17 July 2018, headlines in the media reported that the health insurance would reimburse two out of four sessions at the psychologist from December, but only until age 64.

Bookkeeper mentality versus man

For the sake of clarity: the mutual societies have pleaded for years for the reimbursement of psychological help for all, even if it was only to avoid future complications. But the pill is hard to swallow when you hear that people over 65 will be excluded! The Liberal Mutual societies were thus the first to provide psychological support in the complementary insurance.

According to the spokesman of the cabinet of the Minister of Health, the minister looked at how she could use the - much too modest - budget in the best possible way. Later, additional funds could then be made available to expand that target group. Another argument in favour of this age limit is that the existing offer of primary psychological care for seniors would require a separate approach.

The latter might be statistically true, but life is simply a continuum: if you are suddenly struck by an accident or a serious illness, there is no reason to assume that your psychological needs would completely change after your 65th birthday.

I can not therefore accept that the public authorities of this country are undermining the funds of the policy of the elderly.

In Flanders, for example, more and more nursing homes are gradually ceasing their function of animation, even though this is what makes residents' days brighter.

While mental health care is the challenge of our century.

While a report from the Belgian Health Care Knowledge centre advocates for an expansion of mental health care to the elderly. In other words, everyone knows that the need for psychological support is huge in this group.

As long as we stick to the budget orthodoxy, and as long as adequate budgets are not made available for the care of the elderly, the problem will never be solved.

If we want a warm and caring society, then we have to stop thinking that healthcare is unaffordable.

The ageing of the population and the lack of professionals - not only in Belgium for that matter - are the Achilles tendon of health care.

And then, we must still dare to invest in a strong policy of mental health care for the elderly, because 15% of Belgian people over 60 are struggling with mental problems.

There is also an urgent need to make health care professions more attractive: the shortage of professionals - generalists, nurses, geriatricians and caregivers to name but a few - is the Achilles tendon of health care. It is a meagre consolation that this does not only apply to Belgium.

According to a study by the United Nations and the HelpAge seniors' organisation, Belgium ranks 28th out of 91 in terms of investment for seniors.

A thinking path that is currently being worked out in the Netherlands is Positive Health: to completely rethink health care and put the accent on what people consider as important rather than on what the doctor says. And health includes a lot more than just the absence of disease and pain.

To focus solely on the technical aspects is to the detriment of the relational side of care. Is it surprising that many elderly people no longer see any sense in their lives?

There are also problems in other sectors.

If you work after the age of 65, you are no longer entitled to the following benefits in social security: sickness benefits, unemployment benefits and time-credit allowance. But: **people older than 65 can earn an unlimited income!** However, these people do not receive sickness or accident benefits. A bill also wants to introduce (a right to) incapacity benefits for this category of people. According to the minister's spokesperson, it is certain that such regulations will come, but the date of entry into force of the measure is still unknown.

As far as insurances are concerned, the occupational accident insurance continues as does the hospitalisation insurance, but depending on the insurer one can no longer join for a hospitalization insurance or dental insurance, for example.

There is no miracle solution.

The ageing of the population is a major challenge for health care, not only in our country, but around the world.



Impact of the ageing of the population in one of our neighbouring countries (N)

Source: Quintin Schevernels
2018

Changes in the population

Number of people over 65		Number of people over 90	
2015: 3.1 million	+ 55 %	2015: 117,000	+ 191 %
2040: 4.8 million		2040: 340,000	
Number of people over 65 living alone		Number of people aged 50 - 64 for a person over 85 (caregivers possible)	
2015: 920,000	+ 88 %	2015: 10	- 60 %
2040: 1,73 million		2040: 4	
Number of people with multiple chronic conditions at the same time		Number of people with osteoarthritis	
2015: 4.3 million	+ 28 %	2015: 1.2 million	+ 92 %
2040: 5.5 million		2040: 2.3 million	
Number of deaths due to dementia		Number of people with dementia	
2015: 14,000	+ 186 %	2015: 154,000	+ 114 %
2040: 40,000		2040: 330,000	
Number of people over 75 who feel lonely		Number of people with incontinence	
2015: 600,000	+ 117 %	2015: 495,000	+ 49 %
2040: 1.3 million		2040: 740,000	

Consequences for care

Number of cataract surgeries in people over 75		Number of people suffering from dementia with indication for home nursing care	
2015: 62,000	+ 106 %	2015: 76,000	+ 117 %
2040: 128,000		2040: 165,000	

First aid visits by people over 85		Expenditure for care of the elderly	
2015: 125.000	+ 143 %	2015: 17 billion	+ 157 %
2040: 304,000		2040: 43 billion	

The opinions of the *Conseil consultatif des aînés* are still too often not heard, nor even those of the *Vlaamse adviesraad voor ouderen*.

Seniors undoubtedly have the same right to quality mental health care as other people.

The government must more than ever realize that the offer for people over 65 must be developed and organized into an integrated whole in all areas.

Health includes much more than the absence of disease and pain.

It also implies:

- good mental abilities;
- prospects for the future and acceptance;
- quality of life ;
- and, very importantly, good relationships and good social contacts, being accepted, social involvement, have meaningful work and daily functioning.

These are not necessarily aspects that cost a lot of money, quite the contrary ...

Mutual respect for each generation, each person, is important! This aspect is to be taken more into consideration in education and during the various trainings.

TIME TO ACT !

Geert Messiaen