



Are we caring adequately for our senior citizens?

Ageism, out! Sageism, in!

By Shlomo Maital

THERE ARE one million people over 65 in Israel – one person in every nine. That number is growing rapidly as life expectancy rises. By 2035, there will be 1.66 million elderly, as their numbers grow more than twice as fast as the general population.

Are we caring adequately for our senior citizens? The COVID-19 pandemic has greatly amplified this question, as the elderly have been locked down, especially in nursing homes, sheltered even from loved ones, ostensibly to protect them.

The result? According to the news website Ynet, “a survey carried out during Israel’s second wave of COVID-19 revealed that half of Israel’s senior citizens report their mental state is poor, 31% report on depression, 36% feel lonely, and 20% cannot meet their monthly expenses.”

The survey was carried out by the Joint Distribution Committee and the ERI In-

stitute, a social research firm. For Israel’s elderly, the report notes, there is no first or second wave, simply a prolonged crisis.

This appears to be true of the elderly everywhere. A recent study by New York University gerontologist Bei Wu found: “The outbreak of COVID-19 will have a long-term and profound impact on older adults’ health and well-being. Social isolation and loneliness are likely to be one of the most affected health outcomes. Social isolation and loneliness are major risk factors that have been linked with poor physical and mental health status.”

Recently, I interviewed Dr. Gary Sinoff, a veteran geriatrician and gerontologist, about issues related to aging. (Geriatrics is a medical specialty focused on treating the elderly; gerontology is a research discipline that studies aging).

Sinoff is clinical assistant professor in the faculty of medicine at the Technion and

senior lecturer in the department of Gerontology, Faculty of Social Welfare and Health Studies at the University of Haifa. His research and teaching are in the areas of geriatric assessment, cognitive impairment, anxiety, depression, research ethics, and death anxiety.

Our conversation was a webcast for a group of seniors in Zichron Ya’acov, where I live. Many of the questions I asked came from our webcast participants.

Dr. Sinoff began by noting the “grey tsunami” – the aging of society in the Western world, that in the next 30 years or so will bring the elderly to as much as a quarter to a third of the population, in the US and in Europe. The age pyramid is becoming inverted. Once, the young were the broad base, now the elderly at the top of the pyramid will be broader.

Sinoff observed that the goal of gerontology, a relatively new field, is simple – to

understand better the aging process and to improve the quality of life for the elderly.

In Israel and elsewhere, government policy has sought to protect us seniors by isolating us. As a geriatrician, what is your take on this? What is the optimal balance between protecting us seniors and giving us vital personal contact with our loved ones? And what do geriatricians do, in treating the elderly?

Staying active is a major factor in improving the quality of life of the elderly. Most of my patients are 80 years old or more. Some are over 100! What is most important for them? They tell me, “I don’t want to be a burden on my family.” So, the goals of geriatric medicine are, to maximize positive aspects of aging, to compress morbidity [the condition of suffering a disease] during aging, and to delay the onset of chronic disease and maximize full functioning.

I did a study years ago, among those aged 80 and over, average age 85. I asked about death anxiety – fear of dying. The children of the elderly, when asked, said they thought their aging parents were highly fearful of death. But that was not the case. The elderly themselves definitely were not afraid of death. They were fearful of the pain and suffering that often accompanies death – but not of death itself. The elderly have a great deal of resilience. Older adults do feel stressed, yet show resilience, in the time of the coronavirus.

The elderly should be encouraged to be more pro-active, which will increase their resilience. I believe those in sheltered living (not in nursing homes) should be allowed to see their families.

We know there is life, a lot of it, after 60. But – is there also sex after 60? What do we know about sexual activity among seniors? As we age, the aim is to continue an active life as long as possible. Surveys find that among those 70 and over, self-reported data show 68% of married men and 56% of married women have sex. (Why the discrepancy? In part, because men are on average several years older than their wives). Among unmarried men, 54% have sex, but for unmarried women, only 12%. Even after age 70, sex is still important.

Personally, Dr. Sinoff, I am 78 and am not anxious about almost any illness – and I’ve survived prostate cancer – but I am rather

fearful of cognitive decline – losing my marbles. I’d really like to keep my marbles for as long as possible. Are there things we seniors can do, to keep our brains healthy? The World Alzheimer’s Report shows 66 million people worldwide will suffer from the disease in 2030, rising to 115 million in 2050.

The principle is, use it or lose it. Use your mind to remember information. Reading, writing, Sudoku, crossword puzzles, a new hobby, learning a new language, educational programs on TV. Nutrition – fruits vegetables, fresh water fish (with Omega 3), nuts, olive oil. Foods with antioxidants. Music, walking – and family is an integral partner in the treatment of the patient. Medically, we elderly are getting too much medication. Take hypertension, for instance. It can be treated first without medication. Weight loss, stop smoking, exercise, and – a happy life.”

Will the Kupot Holim (HMOs) and the government meet the growing needs of the aged, in future?

No! The National Insurance pension fund is headed for bankruptcy. [US] president Franklin Delano Roosevelt really launched the first old age pensions, in 1932, as part of the New Deal. At the time, some 20 young working people paid social security to the fund, to support one elderly person. In 1990 the ratio in the US was four paying workers for every one retired; and in 2020, the ratio is 1.5 workers per retiree. In Germany, it is one working person for every two retired elderly.

For the HMOs, some 40% of their expenditures go to only 10% of the population – the aged. There is a major debate now about extending the age of retirement. For those like police and firemen, who want to retire, no. But others who want to work, let them.

IN RESPONSE to a question on euthanasia, Sinoff noted that euthanasia is legal in the Netherlands and in Switzerland. But in Netherlands, out of 4,000-5,000 annual requests, only a handful are approved. Similarly, for Switzerland’s Dignitas program. He observed that he is opposed to active euthanasia, which is strictly illegal in Israel. But instead, passive euthanasia – refraining from artificial life support and other active interventions, while providing palliative care to ease pain and suffering, is now accepted by the Health Ministry.



COURTESY

Dr. Gary Sinoff, geriatrician and gerontologist

We ended our conversation on a hopeful note. Sinoff quoted the rock star David Bowie, who said, “Age is an extraordinary process where you become the person you always should have been” – echoing Nietzsche’s famous dictum, ‘become who you are’. And author C.S. Lewis said, “you are never too old to set another goal or to dream a new dream.”

“Ageism, no!” Sinoff concluded. (Ageism is discrimination on the basis of age). “Sageism, yes!” (Sageism is the deep respect and reverence for the wisdom and knowledge of the elderly, and the willingness to find ways to mobilize them).

He noted that average life expectancy in Israel is 83 years. But more important is the concept of HALE – healthy active life expectancy, average years in which the elderly are well and active. For Israel, it is about 75 years. Between often-forced retirement at 65 or 67, and HALE, 75, there is nearly a decade of productive years.

What about those people over 65? Their vast knowledge, wisdom and experience? So much of it is wasted at present. A mind is a terrible thing to waste. Especially today, we cannot afford it. Let’s bring our elderly back into the active swim of society – and seniors, let us get out there and help make it happen. ■

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