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Is the Principle of Equal Access for All Applied in Practice to Palliative Care for the Elderly?

Dear Editor:

A growing number of elderly people living in nursing homes die without benefiting from the advantages of palliative care. Although many studies have revealed this failure in care, no explanation has yet been found.[1,2] The aim of this study was to highlight factors explaining the difference in quality of management for the elderly at the end of life.

We carried out an epidemiologic observational study among all nursing homes in the Loire administrative area of France, on a "given day" using two questionnaires, i.e., assessment of patient management (social-demographic, physical, mental, social, and spiritual data) and description of the palliative care facilities (six aspects of palliative care). A logistic model was built to identify explanatory factors able to predict good patient management.

Ninety-two (88.5 %) nursing homes responded. One hundred eight people, 1.3% elderly people living in nursing homes, with a mean age of 87.7 years, were considered by the caregivers as requiring palliative care. There are considerable differences, in ease of access to palliative care, for elderly people residing in nursing homes.

Three factors were significantly associated with access to palliative care: (1) Mini Mental State Examination (MMSE): the fewer cognitive problems the end-of-life patients had, the better the overall management was ($p = 0{,}001$); (2) human caregivers resources (physiotherapists, psychologists, dieticians, voluntary workers): the more available inside nursing homes, the better the overall management of the patients ($p = 0.001$); and (3) urban area management was better, compared to rural area ($p = 0.004$).

The number and variety of human resource people intervening alongside the caregiver reference experts explain the qualitative differences in management of the elderly. Consequently it is necessary to recognize the skills of others in order to involve them and prepare work in collaboration. This leads to the idea that in order to improve the quality of care at the end of life, an increase in the number of these resource people in the nursing homes, or at the very least recognition of their role, should be a priority. As mentioned by Rosenwax et al.[3] in Australia, our study reveals that the elderly residing in nursing homes in rural areas are disadvantaged with respect to access to palliative care. In our study, which also confirms the conclusions of Chang et al.,[4] our findings show that declining cognitive deficiency correlates to decreased management of symptoms.

Caregivers had significant difficulty identifying patients needing palliative care, since 62% of the patients in our study suffered from moderate to severe senile dementia. This situation, quite common in the nursing home patient population, further complicates the assessment of pain and other symptoms.

In the aim of improving the quality of care and faced with the malfunctions and failings, palliative care in geriatrics must be developed based on suitable means.

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