

Adapting Canadian Healthcare to an Aging Population

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The baby boomers, born between 1946 and 1964, account for approximately one-third of Canada's population. The first of the baby boomers will turn 65 this year,¹ and it is estimated that by 2025 there will be more people in Canada over the age of 65 than there will be under the age of 14.² Healthcare systems in Canada as well as other Western nations are in the process of adapting to this unprecedented growth of elderly populations. The challenges of meeting the needs of the elderly have become prominent topics of discussion within the healthcare community and beyond. Research and clinical experiences continue to provide our discussions with new insights into the unique set of healthcare needs of the elderly.

Aging is characterized by a progressive decline in physiological functioning that ultimately challenges both psychological and social functioning.³ As such, the needs of the elderly cannot be adequately addressed through medical approaches alone; for high quality care, a holistic biopsychosocial model of health must be considered. Moreover, geriatric medicine is complicated by polypharmacy, by a tendency for patients to have multiple comorbidities, and by presentations and prognoses of illnesses that often differ substantially from younger populations.² With increasing recognition of the importance of these issues, Canadian medical schools are beginning to implement curricular components that emphasize the specialized care of the elderly as a discrete population. For example, at UBC, students get exposure as early as first year when they visit nursing homes to interview elderly patients. Furthermore, five of the 17 Canadian medical schools have already instituted mandatory geriatrics rotations.²

The *UBCMJ* believes that exposure to geriatric care early in medical training is essential to equipping future physicians with the skill set necessary to manage the demands of our expanding elderly population. In this issue, Dr. Roger Wong, Vice President of the Canadian Geriatrics Society and Head of the Geriatric Consultation Program at the Vancouver Acute Health Service Delivery Area, reflects on geriatric medicine through the lens of a medical student. In his letter to future doctors, Dr. Wong reflects upon his experiences in geriatrics and offers pearls of

clinical wisdom to students. "The pre-requisite of good clinical care in the older patient," writes Dr. Wong, "involves a thorough understanding of the interactions among complex medicine, cognition, physical function, and psychosocial support." These words speak to the importance that Dr. Wong places on a holistic approach to geriatric care.

This issue of the *UBCMJ* also includes articles by our staff writers that explore new ideas in specific areas of geriatric medicine: potential new treatments for Alzheimer's disease, means for encouraging seniors to stay active, and current research in age-related macular degeneration. Moreover, our staff writers report on two opportunities for students to learn more about geriatric care: the UBC Geriatric Dentistry Program and Canada's Summer Institute in Geriatrics. Furthermore, this issue provides insights into some of the molecular causes of the aging through the review article "Accelerated Aging in Patients with Hutchinson-Gilford Progeria Syndrome."

It is expected that geriatric medicine will become an increasingly prominent issue in healthcare as today's students progress through their training. As a student-run journal whose goal is to promote dialogue within the academic community and to encourage students to engage in research, the *UBCMJ* recognizes the impact that students have on the future of healthcare. As is revealed through the articles in this issue, medical students are already actively collaborating with one another and physicians alike to drive research focused on improving the health outcomes of our aging population. Whether we students choose to practice family medicine or to go on to focus on a specialty, we will all inevitably have a role to play in healthcare's changing approach to medicine. Readers can rest assured that geriatrics is not a subject matter at risk of fading into the background but rather one of priority for both the current and future medical community. 

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