

## Seniors and the Deficit

Because of budgetary constraints seniors face a reduction of services. In deciding which benefits should be affected, it is crucial to keep in mind that the elderly are usually the most vulnerable, susceptible and ignored. All other groups have the potential to rebound and recover from their plight and to demand their due. When harm is inflicted on seniors, it is usually irreversible. Is our society going to regress to more primitive times, when the elderly were simply abandoned and left to quietly accept their inevitable fate? Are we going to continue procrastinating as time, which the elderly have little of, simply runs out? Blatant signs of concern and distress are:

- Up to 90% of all assistance to seniors comes from family and friends and not from formal programs. Yet the latter is crucial.
- Over the last three to four years, the governments of Ontario have been developing policies to reform the Long Term Health Network. As yet, nothing is in place. This is a prime example of "paralysis by analysis."
- The government is not shifting adequate resources to communities for the provision to seniors of home care, homemaking and other home support services. While there will be a general increase over the next five years of \$647 million annually, only \$37.6 million, representing less than 1% of hospital budgets, are being reallocated from these budgets despite the proven savings involved.
- There is a reported increase in the number of early discharges from hospitals of seniors with complex health problems not receiving adequate support to live independantly. Frail seniors returning home without the assurance of basic support services, at a time when they are most in need, is unacceptable and goes against their fundamental rights.
- In the Ottawa-Carlton region, the Integrated Homemaker Program has a 6 to 8 month waiting list. Homecare has limited services for some seniors and Supportive Living Services no longer provides subsidies for homemakers. These measures have led to instances of hardship, e.g.: the case of the woman who, after open heart surgery, could not get homemaking services because of the six to eight month waiting period; and the woman who no longer has her once a week walk because of a cutback in services.
- In dire situations, physicians are being asked to prescribe Nursing Care so that a request for Home Care can be made.
- Those that coordinate volunteers are claiming an increasing number of referrals from home care managers. The needs of those referred are often beyond the capabilities of agency staff and volunteers.
- Concern is being expressed that there is a shift in emphasis from preventative health promotion to a reactive focus.

There is a disparity between government pronouncements and what is actually happening. This gap must be recognized and closed without delay. Further, seniors have a right; to all appropriate information; to be heard prior to final decisions being made; and to hold accountable all who make these decisions.

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