

The possibility that new interventions that extend life may actually increase the "frailty" of the average person in their period of advanced age has been explored in some research but the evidence at this time is inconclusive. A study on the delivery of health care to the aging by the Institute for Health Facilities of the Future recommends that we refine policy objectives as consisting not only of lowering mortality, but of improving the ability to function. Such policy, according to this study, would increase public awareness of the price that must sometimes be paid in disability to reduce the mortality rate and vice versa; more specifically:

. . . it would reinforce efforts to see that certain technological innovations, in both diagnosis and therapy, do not give rise to more harmful consequences than real advantages, particularly when the expected advantage itself is not obtained.⁶⁷

According to Dr. D.W. Molloy of the Geriatric Research Group at McMaster University, the elderly often receive "inappropriately aggressive interventions" by the health care system mainly because there is no established mechanism whereby patients and families can express their wishes as to how an acute illness should be handled prior to occurrence of the illness. Dr. Molloy, who runs a memory clinic, said that he is particularly concerned about what is going to happen to his patients when they become too demented to make decisions on their own. He reported that recent studies suggest that up to 47% of those over 85 are demented. Dr. Molloy is currently involved in a project to develop a new Health Care Directive designed to allow the elderly, chronically ill, and disabled, and their relatives, to specify the level of care they wish to receive in the event of an acute illness. Based on his experience to date, Dr. Molloy believes that Health Care Directives could improve people's quality of life and improve their autonomy and that they would also dramatically reduce health care utilization among the elderly (he estimates by at least 5% of the total health care budget).⁶⁸

RECOMMENDATION

- 14. That the federal government undertake initiatives to determine the feasibility of legislation allowing elderly individuals to specify the level of care they wish to receive in the event of an illness which renders them incapable of making decisions at that time.**

⁶⁷ *Aging: Future Health Care Delivery*, Ottawa, 1988, p. III-3.

⁶⁸ *Minutes of Proceedings and Evidence*, Issue No. 53.