

## RECOMMENDATIONS

10. That resources be directed toward informing and empowering seniors as consumers of health care services in order that they can share, with their families, health care professionals, and informal caregivers, the responsibility to make healthy choices about their own health.
11. That the federal government, in cooperation with the provinces and territories, establish a common terminology across all health jurisdictions in Canada to facilitate comparisons in the quality and cost of institutional, community and home care.
12. That the federal government fund research, education and development of special expertise in geriatrics and gerontology for health and social care professionals.
13. That the federal government, as part of a national health policy, plan for the future health care of seniors, taking into account current and future lifestyles, the role of the family, the availability of social services, the financial resources of seniors, and the needs of physically and mentally challenged seniors.

A problem of excessive utilization of medication by the elderly has been identified. As stated in a recent report of the proceedings of an invitational workshop on this issue, the problem is best defined as the inappropriate provision or use of medications, or the use of medication where some other approach would work better.<sup>58</sup>

The National Advisory Council on Aging reported that approximately 40% of emergency room visits and 10 to 20% of all hospital admissions of seniors are directly or indirectly related to the improper use of medication.<sup>59</sup> Seniors have three times the incidence of adverse reaction to drugs that young people have. The recent Report of the Pharmaceutical Inquiry of Ontario says that 80% of adverse drug reactions are avoidable.<sup>60</sup>

There are a number of major causes of adverse drug reactions in the elderly. The 1987 study by the CMA found that the presence of multiple conditions requiring multiple drugs increases the possibility of adverse reactions among the elderly. Confusion about dosage, timing and sequence of medications and, as is the case with members of our

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<sup>58</sup> Province of British Columbia Ministry of Health, *Medication Use And Elderly People*, Vancouver, 1989, p. 7.

<sup>59</sup> Brief, p. 18.

<sup>60</sup> *Prescriptions for Health*, Frederick H. Lowy, Chairman, Toronto, 1990, pp. x-xi.