

## ***Caring for older people: Is home care always best?***

**Klaus Bally and Corinna Jung discuss the findings of researchers in the *British Journal of General Practice*.**

In 2007, the famous Swiss actress Lilo Pulver decided to move into a residential home in Bern. At this time, she was neither disabled nor dependent on care, but rather wanted to share her memories and fears with other ageing people. Her decision could be seen as a significant starting point for a broader debate about how we would like to live in old age.

At present, the mantra seems to be that everyone should be looked after at home, although this is often socially and economically challenging. However, is the situation in a care home always worse than at home?

Interestingly, researchers Eisele and colleagues in this issue of the BJGP show that certain patient groups might profit from moving into an institution. Likewise, researchers Penders and colleagues point out that residents of care homes in the Netherlands actually receive better palliative care from GPs than patients living at home. In addition, they found that people in their home environment face a higher risk of hospitalisation or transfers to other care institutions than older people in care homes.

Such dislocations usually have a negative effect on the quality of life of older people. The question is, therefore, whether living in a home environment is always an advantage for older people and often for patients with multimorbidity with a need for a considerable amount of care.

To address this topic, we should look more closely at the group of people who enter nursing or residential homes today, the needs of future residential or nursing home residents, and the GPs' contribution in this context.

### **Who enters nursing homes today?**

The wish to remain independent and autonomous for as long as possible, better health care, a longer disability-free life expectancy, as well as better outpatient care lead to the fact that people enter care institutions later, older, and sicker than before. Mortality statistics in Switzerland show that, although 30 years ago about 15% of all deaths in Switzerland took place in a care home, it is now more than 50%

among those aged >75 years. Looking at the population aged >90 years, this figure increases to 75%. This is the case even though three-quarters of the Swiss population want to die at home, and the quality of care delivery in nursing and residential homes has been criticised for years.

Nowadays, slight changes in institutionalised care are taking place. The journal *The Gerontologist* published a supplement last year entitled 'Transforming nursing home culture: evidence for practice and policy'. In it, the authors discussed the aim of improving care quality by de-institutionalising the nursing home culture and focusing on person-centred care. This intended transformation (such as at La Vie Care) from a conventional nursing home environment into more resident-centred homes with long-term care facilities should take place by changing the physical environment, values, norms, and supporting organisational structure.

### **What are the needs of today's residents in nursing or residential homes?**

Bradshaw and colleagues point out that the quality of life of residents in a care home depends greatly on accepting the actual living circumstances, together with maximum preservation of independence, the possibility for residents to make their own decisions, the connectedness with others, respect of privacy from care personnel, a home-like environment, and competent care by a preferably consistent group of carers. Additionally, we know that residents of care homes are willing (though this is often disregarded) to talk about end-of-life issues. Unfortunately, this type of conversation does not take place very often.