

Person-centred long-term care for older persons: a new *Lancet* Commission



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The UN declared 2021–30 to be the Decade of Healthy Ageing, and efforts are being made to maximise the functional ability of people over their life course.^{1,2} Yet older people are marginalised and perceived as a burden, particularly those with ongoing loss in capacity.³ Nowhere is this more conspicuous than in the context of long-term care (LTC) worldwide, where older people in some settings encounter a loss of independence and other violations of their human rights. Such experiences can range from deprivation of liberty and loss of legal capacity and consent to coerced institutionalisation, exposure to abuse, neglect, and disrespect, and persistent use of restraints.⁴ These circumstances create inequity, injustice, and indignity for older people.³

Good quality LTC aims to enhance the functional ability of individuals with a substantial loss in intrinsic capacity, or a risk of such a loss.⁵ Functional ability encompasses, for example, remaining engaged in meaningful activities and building and maintaining relationships, as well as basic needs and mobility. A person with dementia may not only need support with daily activities, such as bathing or transportation, but also with leisure activities and connecting with family and friends. Maintaining functional ability enables a full enjoyment of life and upholds the basic rights, fundamental freedoms, and human dignity of older people.⁵

In 2023, however, challenges exist to the provision of good quality LTC.⁵ Stigmatisation based on age (ageism), mental health conditions (mentalism), and disability (ableism) contributes to long-standing misconceptions that LTC for older people is unsustainable and that older generations receive disproportionate benefits at the expense of younger generations.^{6,7} During the COVID-19 pandemic the catastrophic consequences of such misconceptions were exposed when, in many settings, older people were denied access to crucial resources, such as infection control and personal protective equipment, especially for those living in LTC facilities.⁸ The stigmatisation of older people not only creates and fuels intergenerational conflict, but it also harms global health and the economy. Ageism has been estimated to cost society billions of dollars, due to, for example, lost days of work and health-care costs.³

Another challenge to overcome is a widespread cost-based, top-down, and supply-driven approach to LTC. Many governments do not sufficiently invest in LTC and focus on the costs of LTC rather than approaching it as an investment in social and economic development, with a considerable return on investment in gross domestic product and employment levels.⁹ The failure to integrate medical and social services, emanating from inadequate funding and siloed service structures in many countries, contributes to a top-down, supply-driven approach instead of a person-centred approach to LTC.^{10,11} Since the needs of older people cut across sectors, providers need to integrate services. However, the person's experience and valuation of person-centred care is primarily associated with the care relationship rather than the services.¹²

Overcoming these societal and political challenges requires the lens of human rights and a rethinking of the provision of LTC so that it respects the rights of older people and addresses their diverse needs and preferences in fragile LTC systems. A new *Lancet* Commission on

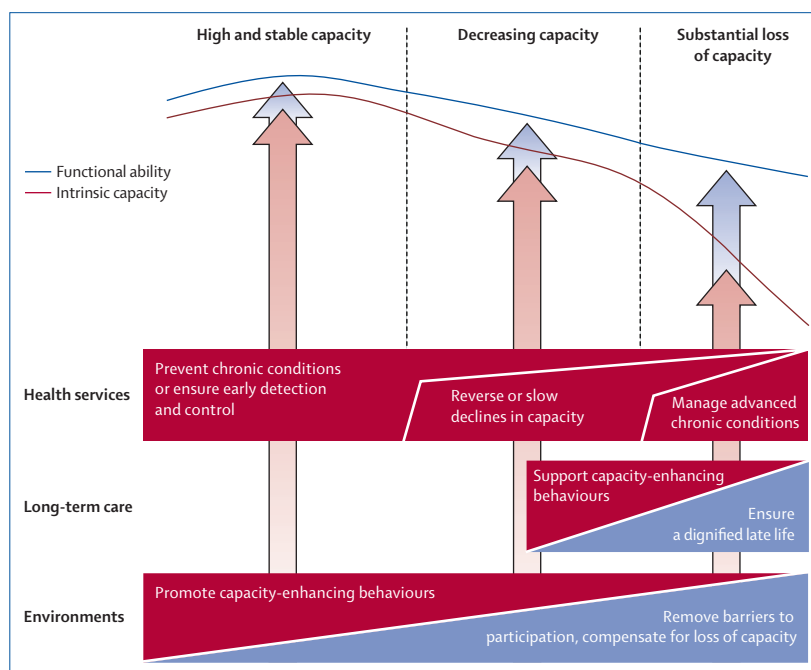


Figure: A public health framework for healthy ageing
 Reproduced from Beard and colleagues' Health Policy paper, The World report on ageing and health: a policy framework for healthy ageing, published in *The Lancet*.¹

Long-Term Care for Older Persons aims to take just such an approach, fostering person-centred LTC in accord with the WHO Healthy Ageing framework (figure).¹ Our Commissioners bring a wealth of perspectives drawn from different regions, care settings, and areas of interest, with expertise in geriatrics, geropsychology, geriatric psychiatry, gerontology, nursing, palliative care, primary care, social work, clinical epidemiology, health economics, health policy, and regulation. The Commission will work in co-creation with a group of older people from different regions with lived experience of LTC.

At our first meeting in March, 2023, the Commissioners agreed that, to drive impact and transformation through scientific advocacy, the Commission will focus on key issues at the interface of care practice, policy, regulation, education, and research, informed by evidence. We wish to make policy makers, service providers, care professionals, regulators, and other stakeholders listen to older people's diverse needs and preferences that change over time and are related to their unique setting. The Commission will explore crucial questions for LTC. How can LTC be flexible and proactive, rather than reactive, so that it engages the whole ecosystem, including older people themselves, their close ones, care professionals, and other important partners? What are the optimum ways to improve older people's functional ability and empower them by focusing on their assets instead of their deficits? What adaptations of the physical (including technology) and social home environment are needed to enable older people to remain socially connected and an integral part of their communities?

In this Decade of Healthy Ageing, the Commission will strive to devise a roadmap to person-centred LTC that respects and restores human rights and optimises the functional ability and wellbeing of older people with ongoing loss in capacity or who are at risk of such a loss. We seek nothing less than to enable them to take their rightful place in society.

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