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# Caring for frail older people: are we ready for the challenge?

First, I am delighted to have been invited to join the IJPN Editorial Board. My involvement with the journal began 20 years ago, first as a reader and contributor and then more latterly as a reviewer. My interest in palliative care stems from my career as a nurse in intensive care. Very early on in the life of the journal I was challenged to look at palliative care from a diverse range of perspectives.

In the UK the recent *Ready for Ageing?* report from the House of Lords Committee on Public Service and Demographic Change (2013) warned that as a society we are woefully unprepared for an ageing population. The proportion of older people in the UK is growing, and the number of people aged 85 and over is expected to double by 2035. While many older people will continue to experience good health, for others the experience of growing into advanced old age will be associated with multiple health problems and comorbidity, and may be further compounded by poverty, social isolation, and increased dependency.

In contemporary society the term 'frail' is frequently used to describe those older people who are experiencing complex health problems and are in receipt of health and social care services. It is widely acknowledged that a palliative approach to care, with its focus on optimising quality of life and relieving symptoms, has the potential to address some of the complex issues that frail older people may face toward the end of their lives. However, the most recent annual report from the Care Quality Commission (2013) on the state of health care and adult social care in England has identified that end-of-life care for frail older people needs improving.

How do we identify those who are frail? Currently, there is a lack of understanding of what frailty means. Although the term is commonly used in practice and aspects of frailty can be observed by those who care for older people, it remains difficult to define. To complicate matters, many older people do not consider themselves to be frail. Our understanding of frailty has been based on a fairly narrow exploration of the concept that has predominantly focused on physical health failings within a medical model. This has driven the development of the many models and tools that have been created to identify those who are at risk of frailty, as well as the organisation of services for frail older people. Robust clinical assessment is clearly important, yet what is often missing in these models is the subjective experience of the older person and the personal meaning that they attribute to frailty. Another issue relates to acknowledging that a frail older person is moving toward the end of life and the consequences of this for ongoing medical treatment. Continuing to receive active treatment will be important for some frail older people, but for others care choices may change toward the end of their lives, specifically around the type of 'active treatment' chosen—for example, antibiotic therapy, cardiopulmonary resuscitation, and types of pain relief.

Palliative care nursing can make a positive contribution to the care of frail older people. In 'being with' the patient, nurses can exercise the interpersonal skills required to get to know the person. Combining this person-centred approach to care with appropriate assessment tools will go some way to ensuring that frail older people access palliative care as and when they require it. **IJPN**

## Julie Skilbeck

Senior Lecturer, Sheffield Hallam University

Care Quality Commission (2013) *The State of Health Care and Adult Social Care in England 2012/13*. The Stationery Office, London  
 House of Lords Committee on Public Service and Demographic Change (2013) *Ready for Ageing? Report*. The Stationery Office, London

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