

Opening of Asia Pacific Conference on Ageing (APCA 2011: 24-26 March 2011 at Marina Mandarin Hotel)

Excerpts of keynote address by Guest-of-Honor: Minister Lim Boon Heng



“I see a Singapore that is a home for all ages, and a great place for the older Singaporeans to age with grace and dignity”

Professor Kua Ee Heok,
President of the Gerontological Society of Singapore,
Mr Laurence Wee, *Chairman of the Organizing Committee for the Asia Pacific Conference on Ageing (APCA), Ladies and Gentlemen,*

“ The theme of this inaugural Asia Pacific Conference on Ageing is “Dignity and Grace of Ageing”. The idea of dignity and grace of ageing challenges us to think through how as individual human beings, as a society and as a country, we cope with the process of ageing.

Empowering the Elderly and their Caregivers

To age with dignity, the elderly person needs to continue to feel empowered - to retain a sense of control over his own life. For the elderly person, he will sometimes face disabilities and constraints, and will not be able to do the things that he used to do easily when younger. This calls for a positive mindset, making personal active adjustments to live fully, notwithstanding such limitations. He needs to be engaged in the management of his own life, making decisions and choices and taking ownership and responsibility for his own well-being.

Care Approach

This care approach is sometimes called the “Active Service Model”. When extended to the service-provider, it means we should look at the elderly holistically as a client - offering

choices rather than prescribing care without his input which can reduce him over time to become passive and helpless. This change in approach means shifting from the current service-centric approach to a client-centric approach to deliver services. Operationally this may entail a change in the business model of service providers - moving from a provider of a single service to become a provider of multiple services for the client.

New Initiatives

At the recent Committee of Supply Debate, I announced that the Government will be embarking on the City for All Ages Project. This project aims to explore and develop sustainable and affordable urban solutions for ageing. I see a Singapore that is a home for all ages, and a great place for the older Singaporeans to age with grace and dignity. A key challenge will be to create an urban landscape in which older Singaporeans can grow old in their own homes and neighbourhoods, together with their families and friends.

Challenges

Before I end, let me congratulate the Society for organizing this conference. I note that the subjects to be dealt with in this conference cover a comprehensive range of pertinent issues on aging, including the challenges of dementia and recent advances in drug treatment of dementia, recent research findings of depression among the old, care-giving for the elderly and also technology and its impact on the quality of life of the elderly. I look forward to receiving and reading the report by the Gerontological Society of Singapore on the many sessions and symposia in this conference.”



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Closing Address by the Organizing Chairman...

Laurence Wee, Organizing Chairman, APCA 2011



This has been a most satisfying conference in terms of the scale and magnitude of the programmes covered and the diversity of the topics, ranging from a wide spectrum including caregiving, employment, mental health, to assistive technology and active ageing to law and ethics among others. We are overwhelmed by the support shown and the interests generated in the issues relating to the field of ageing and ageing gracefully.

In terms of the countries represented, we have in total 11: Malaysia, Myanmar, Hong Kong, China, Japan, Taiwan, Australia, UK, USA, Singapore and Switzerland.

Some details concerning the conference are as follows:

- Opening Dinner participants: 320 • Delegates: 211
- VVO attendees: 95 • Organizations: 27
- Plenary and workshop Topics: 62 • Speakers: 59
- Chairmans: 21 • Volunteers and secretariat: 30
- Plenary sessions: 7 • Symposium sessions: 17
- Pre-conference Workshops: 2

On the whole, it has been a fulfilling and satisfying experience. From some of the informal feedback given, though the time allocated to each speaker is short, they have been able to engage and bring across the main points to the audience. We wish to thank all the presenters for their precious effort in coming to this conference to share their knowledge and experience.

It leaves me now to thank the following people and organizations for their invaluable contributions:

- anchor support from Health Promotion Board
- sponsorship of fellowship awards from Mr Arthur Lim and Mr Henry Lim
- Jennie from Prime Magazine for her invaluable guidance and assistance
- Volunteers from Temasek Polytechnic
- Support team from Presbyterian Community Services
- Members of the Organizing Committee as well as the Scientific Programme Committee, especially to Prof Kua Ee Heok and Prof Goh Lee Gan
- Council members of the Gerontological Society

And finally, to our dear mentor, Mr Henry Lim, who fired our imaginations when he threw the challenge to us to celebrate the 25th Anniversary of GS with this big event. Thank you!

In closing, we will be producing a conference proceedings book which will be ready towards the later part of this year and it will be made available for all delegates at a special price.

I wish to thank all of you for your participation and playing an important role to make this conference a meaningful and successful one.

Highlights of Speeches ... from our APCA 2011



Keynote Address: ARE THE CURRENT PARADIGMS OF CARE FOR THE ELDERLY STILL VALID?

Prof Norman Sartorius, Association for the Improvement of Mental Health Programmes, Switzerland

The proportion of elderly people in the populations of developed and developing countries are likely to grow in the years to come. Although it is probable that their health will be better than that of the elderly today and that their life expectancy will be higher it is also probable that the total numbers of elderly people with mental illness will increase. It is therefore necessary to develop plans that will help to deal with the increased burden of mental disease in the third and fourth age. Such plans are being made using the paradigms of care formulated in the twentieth century and their success will depend on the validity of these paradigms. The presentation will examine the current paradigms of health care for the elderly and draw attention to the need to reformulate most of them if they are to serve as a solid platform for future action aiming to deal with mental disease in the third age and with the improvement of quality of life of the elderly population.



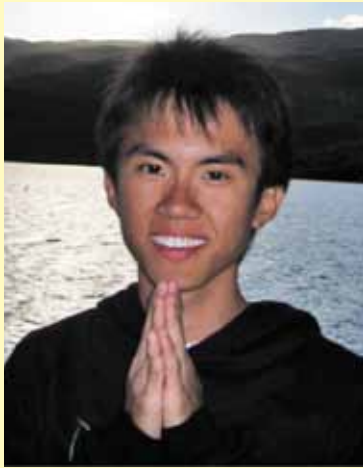
4th Henry Lim Lecture: RECENT ADVANCES IN DEMENTIA TREATMENT

*Prof Edmond Chiu,
University of Melbourne,
Australia,*

To understand the strategies for development of drug treatment for Alzheimer's dementia, it is necessary to address the theoretical identified major therapeutic targets derived from research into the pathogenesis of AD. (phase I to phase III) of drugs for AD. From the results of such studies, we can gain additional insights into possible aetiological roles of the amyloid and Tau proteins as well as other, non-protein related, intervention possibilities. An optimistic outlook for the drug treatment of AD will be offered.

Reflections... on growing old

By Shawn Lim, Medical Undergraduate, NUS



I have never before seriously contemplated how life would be as an elderly person. I am, after all, just twenty-three, a medical undergraduate with newly sprouted wings ready to take on the challenges of the world. I am in the prime of my life, looking forward to loving and being loved, as fit and as healthy as I probably will ever be. I can run marathons, I can climb mountains, so what

reason would I have to be contemplating the day when I would possibly rely on a nurse to get me to the toilet?

That is not to say I have never wondered about it. As I do see many elderly patients on a daily basis, thoughts have crossed my mind about how terrible it must be to be slow in movement; aches in every joint, or even be confined to a bed, dependent on a caregiver for every bodily need. However, these thoughts are usually quickly brushed aside, as I tell myself that I still have almost half a century before I will have to face such problems. I am, like most young people, still naively convinced of my own invulnerability.

This conference has thus given me an opportunity to think about such issues. What will happen to me when I am old, and who will take care of me? What if I have no children? Or worse, what if I do, but they do not want me? During the symposium on Ethics, Law and Ageing, one speaker talked about the Maintenance of Parents Act that we have in Singapore (which, I am ashamed to admit, I had never heard of), where parents can seek legal recourse if their children refuse to support them financially. While I wonder what the very existence of this act intrinsically implies, I suppose it is a necessary safeguard. I shudder to think of the day when I will actually need to resort to such an option, and I hope it never will come.

Assuming, then, that I have good, filial children, I still wonder what life will be like in the future as an elderly

person. When that time comes, judging by the downward trend of our national fertility rate, the population will likely contain many old folks like myself. Will the government be able to cope with the demands of so many elderly?

One of the speakers also gave an overview of the newly established Mental Capacity Act, which aims to protect individuals lacking capacity as they are vulnerable to manipulation, abuse and even violence. Though I do not know the details well, I am glad to see that concrete steps are being taken to protect this group of people. I foresee, however, that the determination of “lacking capacity” will in itself be a can of worms, and people can have fluctuating capacity. This was illustrated in the “Mdm Hwang vs. OCBC” case, where the bank refused to close her account as it doubted her mental capacity, and wound up getting sued. The new concept of Lasting Power of Attorney, thus, provides an option for an individual, while still healthy, to choose a trusted person to take care of matters in such a situation of incapacity.

What will
happen to me when I am old,
and who will take care of me?
What if I have no children? Or
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do not want me?
...Shawn Lim

The concept of being old is still a faraway one for me, yet I know that it is an inescapable fact of life. In the meantime, while still in my young and able body, I must learn to appreciate that the elderly have much more to offer than most people give them credit for. I was particularly touched by a poem shared during the symposium. This poem was written on a piece of paper by an elderly lady, which was found in her belongings after her passing. To be honest, I find myself often guilty of the “shortsightedness” described, of eyes that fail to see the person within. Beneath the frail frame, after all, resides a person that was once as young as I am. A soul that was once in the pink of health, a soul that once loved and was loved.



In and around...

APCA 2011



ageing gracefully...



... & with dignity



Loneliness Among Older People - The Older, The Lonelier, Why?

By Henry Lim



Loneliness affects people of all ages, but is often associated with older age. Many studies have shown that the relationship is not straightforward.

Loneliness is generally understood as the negative subjective feeling that results from a lack of or the poor quality of social relationships. Although social

isolation is not equivalent to loneliness there are different theoretical views about their association.

Anyone, regardless of his/her personality, is liable to suffer loneliness in situations that are appropriately defective. According to this deficit approach, people need social contacts to avoid loneliness and the lack of such contacts will directly result in feelings of social loneliness.

Loneliness is a subjective experience and cannot be fully understood without taking people's aspirations for their social contacts into account. In this cognitive view, loneliness arises when actual social relationships do not match the desired level and that is when the discrepancy exceeds a threshold that feelings of social loneliness emerge, people need a certain level of social contact whether or not their social relationship are satisfied, the implications being that both the deficit and the cognitive interpretation apply.

In the actual social relations, several specific relational features are expected to affect social loneliness. A general distinction can be made between the quantitative and qualitative facets of social relationships as predictors of social loneliness.

The perceived quality of social relationships can be understood as a summary evaluation of all their aspects, and arises from a cognitive process that proceeds the arousal of a sense of social loneliness. It is a broader measure than social loneliness, however, because poor perceived quality does not necessarily result in social loneliness. Only when the poor quality creates a discrepancy from expectations that exceeds the 'loneliness threshold' is the risk of social loneliness high.

Children also have an integrative function because contacts with relatives lower the risk of social loneliness. Living alone is most prevalent among the 'oldest old' as a result of partner bereavement, and women are greatly over-represented in the oldest age groups.

It is observed that lack of social contacts directly results

in feelings of social loneliness but those who attached great importance to both the quality and quantity of social relationships were less inclined to feel socially lonely.

As little research has been done on social and emotional loneliness, perhaps our NUS Gerontological Research Programme should take the initiative to conduct a study to examine the relationship between social relationships and feelings of emotional and social loneliness in old age.

I hope my sharing here will motivate you to detect your loneliness level. Try to answer and see how many positive answers you have for the following questions:-

1. There is always someone I can talk to about my day-to-day problems.
2. I miss having a really close friend.
3. I experience a general sense of emptiness.
4. There are plenty of people I can lean on when I have problems.
5. I miss the pleasure of the company of others.
6. I find my circle of friends and acquaintances too limited.
7. There are many people I can trust completely.
8. There are enough people I feel close to.
9. I miss having people around.
10. I often feel rejected.
11. I can call on my friends whenever I need them.

Remember, loneliness is generally caused by the negative subjective feeling that results from a lack of or the poor quality of social relationships. It is without doubt that people need social contacts to avoid loneliness and the lack of such contacts will result in feelings of social loneliness. Least of all people must realize that friendship is important as one gets older, friendship is more solid, it's your friends you turn to in the end for support and help in getting through the long days. So stay active and be connected.

“Loneliness is a subjective experience and cannot be fully understood without taking people's aspirations for their social contacts into account”... Mr Henry Lim

Veloo on Henry... Reminiscing...

Mr K. V. Veloo, former Chief Probation and After-care Officer & Director of Social Welfare, Ministry of Community Development

What has received less attention is his (Mr Henry Lim's) work as a volunteer in the field of social work. His volunteer career in this field can be traced back in the history of the now defunct Ministry of Social Affairs and the Ministry of Community Development. He will best be remembered for his indefatigable stamina to push for better facilities and programmes for the care and protection of beggars and vagrants committed to the welfare homes. His letter to the Forum page titled "Bushey Park A Tinder Box" opened the somnolent eyes of the then Social Welfare Department. When the Ministry decided to do something about its welfare homes for destitute, Henry was the natural choice to head the newly established Woody Lodge, a home for able bodied vagrants and beggars, a pilot project where for the first time a volunteer management committee was set up to manage, develop and run a welfare home.

When MCD was looking for someone from the volunteer sector to spearhead the implementation of a "good neighbour" programme as recommended by the Howe Yoong Chong Report (1984) it had to fall back

on Henry to initiate it - not that MCD could not find another. Henry is passionate of anything concerning issues affecting aged people. Once he accepts a project he gives his one-pointed attention to it and ensures its success.

There is another part to Henry's work which is even lesser known. His late beloved wife, Alice, and he were long-standing visitors to the Toa Payoh Girls Home (a Home for wayward women and girls and those in moral danger). providing lay-counselling to selected residents. Their job, in which they excelled, was to advise and assist residents to relieve their intense emotional pain of detention and help them rebuild their self-esteem and lead a socially useful life after their discharge from the Home. There is nothing more fulfilling to Henry and Alice than helping another person overcome seemingly impossible obstacles. Henry in the course of his volunteer career has touched many lives and healed many pains and rifts. He has done more to many people and in many ways than this world dreams of.



Notice of 25th AGM of the Gerontological Society Singapore

Date: 27 Aug, 2.00pm

Venue: TaRA @ JP (#06-05 Jurong Point Shopping Centre, Old Wing)

Agenda

- 1 President's Message
- 2 To Confirm Minutes of the 24th Annual General Meeting
- 3 To Receive and Approve the Annual Report and Statement of Accounts for the Year Ended 30th June 2011
- 4 Any Other Business

Immediately after the AGM, there will also be a Public Seminar titled 'Question of the Age: What are the needs of the Elderly?'