

Modena, March 21/2021

11th session of the Open-ended Working Group on Ageing

MOVIMENTO GIOTTO STATEMENT

Movimento Giotto is an Italian movement of young General Practitioners with a Special Interest Group on Older Persons Care and Palliative Care.

In this pandemia, older persons become the most vulnerable group target by SARS COV 2 virus, globally, in Italy the dimension of the problems is dramatic.

Family Medicine is still weak around the globe and the lack of a proximity approach is a key message to understand the COVID healthcare system crisis.

Populations worldwide are ageing, and family doctors must be available and able to play a major role in care in their communities for people as they age.

The family doctor should be the primary medical care provider for older people covering the full spectrum of older people's care from health to end-stage frailty, including for those in long term care facilities¹, despite the social demographic changing, very few things are changed in Primary Care, we need more training in frailty assessment, abuse and ageism prevention, caregiver empowerment and regarding palliative care²

From the perspective of Movimento Giotto, healthy ageing meaning also guarantees palliative care access, the pandemic has shown how palliative care is important during a humanitarian crisis, older person well-being must become a sustainable goal for the UN agenda as soon as possible.

According to “Impact of COVID-19 on older persons”³, regarding the solutions/recommendations, Primary Care may unlock many barriers in the access to care, but it is not mentioned.

Healthy ageing and the right to living well till the end are some side of the coin, ageing with dignity.

Without Proximity care and Communities involvement, we can't reach this target. We asking:

1. Strengthen Primary care under UHC (including palliative care)
2. More resources, we need more doctors and nurses also outside hospitals.
3. Different Primary Care models, incentive GPs groups, less bureaucracy, promote proximity medicine
4. Promote training in Geriatrics medicine, Palliative Care for GPs and Advocacy and Bioethics
5. Promote caregiver empowerment
6. Vaccine available for Older Persons and for the caregiver
7. Promote Solidarity and Communities Approach

8. Rise awareness among Primary Care about Older People rights, abuse and ageism
9. Recognized a Quality of Life based approach, physical distancing not social distancing
10. A convention on the rights of older persons that includes Palliative Care as part of Primary Care and Family Medicine.

These goals can be achieved realistically with more involvement of Primary Care.

BIBLIOGRAPHY

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