

FOCUS AREA OF THE 1X SESSION OF THE OPEN-ENDED WORKING GROUP ON AGEING

SUBMISSION OF DIS-MOI (DROITS HUMAINS- OCEAN INDIEN), MAURITIUS

Long-term care and palliative care

- 1. In your country/region, how is long-term care for older persons defined and provided for in legal and policy frameworks? What types of support and services are covered?**

The Observatory on Ageing Report 2014 which was an emanation of the Ministry of Social Security, National Solidarity and Reform Institutions spouses the definition of WHO: Long term care is defined as the system of activities undertaken by informal care givers and/or professionals to ensure that a person who is not fully capable of self care can maintain the highest quality of life according to his/her preferences, with the greatest possible degree of independence, autonomy, participation, personal fulfillment and human dignity”.

Otherwise, there is no specific mention in the law of the country.

The Policy framework since 2001: National Policy on Elderly: Ageing with dignity provides for health and nutrition, social welfare and leisure and Physical Activities, Institutional care in the following:

- Day Care Center Health and Nutrition Clubs
- Gym Clubs
- Community Support Group
- Charitable Institutions
- Private Retirement Homes, all these for ageing with meaning and dignity.

Different agencies provide, supply, organise care but the central role remains with the family.

The following support and services are covered, inter alia,:

- geriatric treatment integrated in medical care in 5 District hospitals as there is no geriatric specialized hospital in the country.
- There are at least two beds reserved for long term bed ridden patients in each hospital. This is rather a conventional practice as it is not embedded in the law.
- home visits by doctors
- carer’s allowance
- Day care centers for the elderly based in the districts.

- 2. What are the specific challenges faced by older persons in accessing long-term care?**

- costs of medicine are prohibitive if the patient has to buy on his/her own
- carer at home may not be a trained one except that he/she is a member of the family
- access to buildings where there are no ramps
- the semi-floor buses now on the road are still difficult for a long term patient to climb.

- wheel chairs are not obtained immediately
- taxi fares are often prohibitive
- poor housing conditions have a negative impact on the patient

3. What measures have been taken/ What are necessary to ensure high-quality and sustainable long-term care systems for older persons, including for example:

- **sufficient availability, accessibility and affordability of services on a non-discriminatory basis?**

The Constitution of Mauritius considers all its citizens on an equal footing.

The Equal Opportunity Act of 2011 provides for redress in case of proven fault.

There is easy access from place of residence to a health care center, around 3 kilometers

There are fast track services in Government hospitals for the older persons

Anti-flu vaccine is provided to every person aged 60 and above every winter

Domiciliary visits are effected for persons aged 90 and above

Every family is entitled to a carer's allowance if needed

-Autonomy and free, prior and informed consent of older persons in relation to their long-term care and support?

Doctors inform older patient of the different steps through which his/her treatment will go.

Family members are made aware of consent.

Progressive elimination of all restrictive practices (such as detention, seclusion, chemical and physical restraint) in long term care?

Indeed this is the practice.

Chemical restraints intervene when older person is on sedatives

In their general training care providers learn that when the patient can depend on himself or herself to do things then the restrictions are removed.

Sustainable financing of long-term care and support services?

The Government annual budget provides for same and also an increase where this is warranted.

The support services include preventive, curative and rehabilitative actions which are in fact medical actions, for example, diagnosis to find the cause of a persistent cough, coupled with sensitization, training and awareness.

Curative covering medical examination and provision of medicines with follow-up

Rehabilitative covers the re-education process of a person which is part of medical treatment

Redress and remedy in case of abuse and violations

In this case legislation applies. The Crime Prevention Unit has to intervene as soon as it is informed.

The provision of the Domestic Violations Act is applied to condemn the abuser if so proved.

It is condemnable by law to leave a sick person unattended.

A person who is not medically sick but still needs long-term care and support may avail of the following: if living in a family, the family members are expected to provide company, and the person receives the visits of Community Nurses for a psycho-social service.

A homeless older person not medically sick has the opportunity of being admitted in an orphanage which is a residential care home meant for older persons.

The aggrieved person can seek and obtain a Protection Order from a District Magistrate if he/she is a victim of abuse.

4. What other rights are essential for the enjoyment of the right to long-term care by older persons, or affected by the non-enjoyment of this right?

- the right to geriatric care
- the right to the services of a clinical psychologist in dealing with the emotional and psychological support of a cancer patient, specifically.
- the rights to enjoy leisure indoors, to go out with close ones or close friends,
- the right to travel distances at home and abroad
- the right to complete intimacy
- the right to decide whether to stay at own place or in a home for the older persons.

5. In your country/region, how is palliative care defined in legal and policy framework?

Palliative care is defined as improving the quality of life of a patient and the family of the patient suffering from a seriously ill terminal stage, from a life-threatening disease. The treatment includes pain management, stress medical care, psycho-social care and spiritual care.

It is to be observed that the patient is allowed to receive the visit of a religious man/woman of his/her faith to offer a last prayer for the patient, It is the right of the person to die in peace respect and dignity.

This is not enshrined in the law but has been adopted in practice in a sort of non-written convention ever since.

6. What are the specific needs and challenges facing older persons regarding end-of-life care? Are there studies, data and evidence available?

Needs and challenges:

- parental care
- trained carers to provide palliative care in a medical center and in the home or in a hospice.
- housing physical space and level of hygiene
- proper wards for all terminal-ill patients as long as their conditions require their stay in the health center
- geriatric ward in all hospitals pending the construction of a geriatric hospital.
- respect of the patient's choice to die where he wishes and where in his/her last moments he/she feels comfortably surrounded.

In 2010 the Ministry of Health and Quality of life came up with the National Cancer Control Programme Action Plan 2010-2014. The following observations are made at Para 1.4.5 therein:

“- Palliative care is inadequate in Mauritius, There is no purpose – built Hospice or palliative care unit or dedicated pain control unit in the public sector. Morphine is available in both the public hospitals and private clinics but not adequately prescribed by medical staff.

“to put new emphasis on home based and community care will be to progressively extend palliative care practices to all hospitals and Area Health Centers and provide home-based care after training of the necessary work force.”

7. To what extent is palliative care available to all older persons on a non-discriminatory basis?

There is no discrimination whatsoever in the treatment of older persons of both genders.

Every body receives the care, as is available, because the care is inadequate, that he/she deserves irrespective of creed, colour, religion, ethnicity.

8. How is palliative care provided, in relation to long-term care as described above and other support services for older persons?

The following treatment is available :

-community home care for people with advanced stage of cancer and other NCDs.

The above treatment is given to patient when admitted and when patient is discharged the same level of care is expected by relatives.

Nurses visiting homes will train patient in self-injection of syringes and will also provide what is called the tender loving care.

Other support services come from at least two NGOs who cater also for sick people other than older ones, for Alzheimer affected persons and the Global Rainbow Foundation which organizes activities for older persons.

9. Are there good practices available in terms of long-term care and palliative care? What are lessons learned from human rights perspective?

-Doctors discuss with families but do not impose on them to take their close one in a terminal stage home where he/she would more often wish to spend the last days.

The final decision rests with the older person.

- The cultural and religious practice of the patient is highly respected as members of religious bodies are allowed to offer the last prayers on the hospital bed before death occurs.
- carers working at home are paid an allowance by Government thereby alleviating the financial burden of the family.
- ambulances carry patients freely from home to hospital and back.
- medical treatment is free in the government hospital.
- medicines are free

From a human rights perspective, there is no formal discrimination in the provision of services. However, the authorities should think firmly over the opening of a geriatric hospital which is long overdue since we have a big prevalence of NCD's among people who live longer. This hospital would provide palliative care to patients of cerebro-vascular attacks and for persons above 70 years.

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