

February 2023

Focus area 1: Right to health and access to health services

BAGSO, the German National Association of Senior Citizens' Organisations provides its input to the guiding questions for the **13th Session of the Open-Ended Working Group on Ageing of the United Nations**, taking into consideration the answers already provided by the Federal Republic of Germany¹, dated February 10th, 2023.

National legal and policy framework

As the response by the German Government demonstrates, a comprehensive national legal and policy framework provides everybody – regardless of age – with the entitlement to medical care, including benefits for outpatient and inpatient medical care, health promotion and prevention, hospice and palliative care, and pharmaceutical care. This system is intended to ensure that in most cases older people receive appropriate care and are treated with respect and dignity.

While it is an obligation to have health insurance (as well as long-term care insurance) and almost everybody is insured, the Federal Office of Statistics estimated that 61.000 people were not covered by health insurance in 2020.² This does not include unregistered immigrants and homeless people. Hence, the actual number of people is likely much higher. For those not covered by health insurance, it becomes very difficult to join an insurance as the accumulated premium for the period without insurance coverage still needs to be paid. German Consumer Organisations therefore demand that uninsured people should be able to pay their “debts” in instalments, adequate to their financial conditions.³

¹ https://social.un.org/ageing-working-group/documents/thirteenth/INPUTS%20MEMBER%20STATES/Germany_Access%20to%20Health%20OEWG-A%202023.pdf

² https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Gesundheitszustand-Relevantes-Verhalten/Publikationen/Downloads-Gesundheitszustand/krankenversicherung-mikrozensus-2130110199004.pdf?__blob=publicationFile

³ <https://www.verbraucherzentrale.de/wissen/gesundheit-pflege/krankenversicherung/nicht-krankenversichert-was-tun-10459>

Despite the comprehensive health care and long-term care system, BAGSO calls for action to ensure all older persons' right to health and access to health services:

- Investment in health promotion and prevention to tackle the need for care and to avoid or slow down its progression. Creating health-promoting conditions and providing nationwide services that promote a healthy lifestyle are crucial to this end. These must be accessible in the different living environments of older persons and for people with limited mobility. Preventive home visits are particularly suitable for identifying older people's need for help at an early stage and for organising appropriate support.
- Creation of a comprehensive range of community-based mobile, outpatient and day-care geriatric treatment and rehabilitation services as well as high-quality care provision by general practitioners in older persons' proximity.⁴
- Readjustment of the goals of treatment, ensuring holistic treatment and care beyond an acute medical event, taking the living conditions, needs, desires and rights of older people (and their relatives) into account. Where cure is not possible, the stabilisation of the disease process, relief of discomfort and the maintenance of as much autonomy as possible must be the focus – with the ultimate goal of ensuring and promoting quality of life and participation.

National legal and policy frameworks related to the right to health must consider the increasing diversity in older age and the interlinkages with other policy areas that have an impact on a person's access to health care: mobility, housing and public spaces, to name just a few.

In terms of data, there are several agencies/authorities collecting data on the health of older persons and the usage of health-care services. In addition to the ones mentioned by the Federal Government, which include those collected by the Robert-Koch-Institute, e.g. focusing on health inequalities in older age⁵, the GKV-

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https://www.bagso.de/fileadmin/user_upload/bagso/06_Veroeffentlichungen/2021/The_future_of_help_and_care_at_home.pdf

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https://www.rki.de/DE/Content/Gesundheitsmonitoring/Gesundheitsberichterstattung/GBEDownload/K/2016_1_soziale_ungleichheit_alter.pdf?__blob=publicationFile

Spitzenverband [National Association of Statutory Health Insurance Funds] provides data, for instance in its Report on Prevention.⁶

Equality and non-discrimination

Disadvantages for older people in treatment occur again and again – even if these are unintentional and not deliberate on the part of the perpetrators. Data from the German Ageing Survey shows that older people in Germany are disadvantaged or feel disadvantaged in the health care system. While only two percent of 40-54 year-old respondents felt disadvantaged in medical care because of their age in the twelve months before the survey, 7.2 percent of 70-85 year-old respondents reported experiencing age discrimination in the health care system.

Challenges faced by older people such as unequal access and discrimination based on age, as well as intersecting discrimination, are of particular concern to BAGSO. The Federal Anti-Discrimination Agency (2021) found a risk of discrimination for all grounds, including older age, concerning the access and use of health-care services.⁷ Reasons for an increased risk of discrimination in older age are e.g. negative images of age (ageism), rationing due to age, the flat rate accounting method in the health-care system, institutional or structural guidelines or requirements and due to the increasing digitalisation.

- Negative images of old age represent a significant risk of discrimination against older persons. Ageism can influence both access to medical services and the quality of health care.
- This already begins with the anamnesis. Older people often experience that the symptoms they describe are hastily explained by referring to the biological ageing process: Often, the omission of a well-founded diagnosis leads to the overlooking of diseases in need of treatment and the initiation of adequate treatment.
- Occasionally, age stereotypes lead to older persons not being taken seriously by medical staff. It happens again and again that doctors tend to speak in so-called "*Elderspeak*" (baby talk) when talking to older patients: loudly, slowly and patronisingly or turn to the younger family members present when talking to

⁶ https://www.gkv-spitzenverband.de/krankenversicherung/praevention_selbsthilfe_beratung/praevention_und_bgf/praeventionsbericht/praeventionsbericht.jsp

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https://www.antidiskriminierungsstelle.de/SharedDocs/downloads/DE/publikationen/Expertisen/diskriminierungsrisiken_diskriminierung_gesundheitswesen.pdf?__blob=publicationFile&v=5

older patients. This discriminating communication is not only hurtful, it can also negatively influence the symptom description and interfere with the goal of adequate care.

- According to various studies, age has an influence on the quality of treatment. Older persons are often offered cheaper treatments than younger people in a comparable situation. Using the example of the treatment of patients with a heart attack, a study looking at over 400.000 patients concludes: "The older the person with a heart attack, the less costly the treatment". As a "classic example" of age rationing, studies also point to mastectomies in older women instead of costly breast reconstruction. In the area of rehabilitation, too, older people experience disadvantages. The 7th edition of German Federal Report on Older People concluded that there are gaps in the provision of physiotherapy.
- There is also an increased discrimination risk due to lacking expertise and insufficient awareness by the health and nursing care personnel concerning specific needs of older people.
- The increasing digitalisation of health services also leads to discrimination of older people who are disproportionately often offline (e.g. among people 80+ only 51 per cent use the internet at least sometimes⁸). A recent survey undertaken by BAGSO with responses from 2.300 persons aged 60+ shows that health care and long-term care is one of the areas where people experience most problems when it comes to "offline access".⁹ Contacting health-care providers is the most frequently stated problem, followed by contacting the health-care insurance.

Older people in rural and structurally weak regions face additional challenges in accessing health care. The offer of health services in these regions is often reduced as they do not attract health-care professionals.

In terms of **measures** to eliminate **ageism and discrimination based on age** there are several initiatives and projects (e.g. Programme Images of Ageing with photo and cartoon competitions), which are, however, not focusing explicitly on health.

Measures to ensure that older people can take **informed decisions and choices** about their treatment and care include the establishment of approximately 500

⁸ Rathgeb, T., Doh, M., Jokisch, M. R., Tremmel, F., & Groß, A.-K. (2022). Senior*innen, Information, Medien. Basisuntersuchung zum Medienumgang von Personen ab 60 Jahren in Deutschland. Medienpädagogischer Forschungsverbund Südwest.

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https://www.bagso.de/fileadmin/user_upload/bagso/06_Veroeffentlichungen/2022/Ergebnisbericht_Leben_ohne_Internet_gehts_noch.pdf

senior citizens' offices nationwide. In such offices, older people can receive comprehensive information on preventive care and support. This includes counselling, lectures, networking at the local level and projects. Many senior citizens' offices also offer direct support such as outreach services. However, these services at municipal level are spread very unevenly across Germany. Such structures at community level are necessary to create low-threshold, accessible support for people in need of health and long-term care as many people are struggling with the application and coordination of offers that go beyond medical care, such as mobility aids, home emergency call services or the adaptation of homes.

In terms of **legislation**, people that receive support through the long-term care insurance are entitled to individual counselling and support through a long-term care advisor. BAGSO criticises that only those that receive services or have applied for them are entitled to individual counselling. In our view, this entitlement should be extended to the period before somebody needs long-term care, with a focus on preventative measures too.

Accountability

To **complain and seek redress** of denial of their right to health older people can address themselves to the Federal Anti-Discrimination Agency (FADA), which in the case of a suspicion of age discrimination recommends seeking advice by the *Unabhängige Patientenberatung Deutschland* [Independent Patient Advice Service Germany]. Another way of complaining and seeking redress is through the complaint offices of the Medical Associations of the *Länder* [federal states]. There is, however, no mechanism in place specifically for older persons.

In terms of effective **participation** of older people in decisions related to health, the German Government referred in its response to the participation of nationwide patient advocacy groups in the Federal Joint Committee (G-BA). In relation to long-term care, stakeholder representation is guaranteed through art. 118 of the Social Code Book XI. It provides for the right of co-counselling of the relevant organisations at federal level to represent the interests of people in need of care in questions of quality of care.

Further, interest groups can participate in various health-related Committees, public hearings and other consultation processes. BAGSO participates, for instance, in the Cooperation Network on Equal Health Opportunities and the Advisory Board on healthy and active ageing. These bodies, however, do not have the same decision-

making power as the G-BA in which patient and self-help organisations are entitled to appoint patient representatives.

In conclusion

To ensure older people's right to health and access to health care BAGSO is calling for a UN Convention on the Rights of Older Persons. Such a comprehensive legally binding instrument would make politicians and the public aware of age discrimination also in the field of health. Moreover, a Convention would empower older persons to assert their rights.



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BAGSO – The voice of older people

BAGSO, the German National Association of Senior Citizens' Organisations, represents the interests of older generations in Germany. It stands up for active, healthy and self-determined ageing in social security. BAGSO is an umbrella organisation of more than 120 civil society organisations that are run by or work for older people.