Caregiving as Canada ages

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This is a summary of our report Preparing to Care

Who will look after you when you get old? It’s a question you may not have thought about, but that changes as the years go by.

Today, this question is complicated by two main demographic trends: the aging of the Baby Boomers and the comparable lack of children in generations following.

Whereas past generations may have been able to count on their children to look after them in old age, many of the Boomers and those in subsequent generations may not have that luxury.

The average number of children per family fell from 2.7 in 1961 to 1.9 in 2011.¹ This leaves fewer children to care for aging family members. With the rise of dementia and complicated multiple diagnoses as Canadians live longer, care of seniors will be more complicated than it was when pneumonia was a prevalent killer.

What happens when families can’t carry the load of care? One option is for that aging loved one to move to a long-term care home.

More care homes needed

In 2011, seven per cent of seniors aged 65 and over (352,205 Canadians) lived in a collective dwelling that focused on special care to seniors.² Two-thirds of centenarians lived in such dwellings in 2011.³

³ Ibid.
How many centenarians are there, you may ask? In 2011, 5,825 Canadians were aged 100 or older.\(^4\) Statistics Canada estimates that by 2061, there will be 78,300.\(^5\)

As the population ages, the number of seniors in care homes will skyrocket. The number of homes needed to house these seniors will expand dramatically. The number of nurses and caregivers needed to care for them will grow at a similar rate.

**More trained medical professionals needed**

Current trends aren’t hopeful. Between 2009 and 2013, the growth in the number of seniors outpaced comparable growth in the number of nurses.\(^6\) As older age and its increasingly complex healthcare needs become more common, the supply of nurses may struggle to keep up with demand.

The situation for medical doctors is slightly more hopeful. The Canadian Institute of Health Information notes that the supply of Canadian physicians expanded by slightly more than did the over-65 population.\(^7\) Yet, given the greater dependence of the elderly on the medical system, this expansion may not be enough.

We also know that in 2012, nearly a third of Canada's family physicians were over 60. Over the next twenty years, scores of specialists and GP’s will either be cutting back their working hours or retiring.

Will medical schools be able to graduate enough doctors over the next twenty years to replace them? Will the supply and expertise of those doctors allow them to care for an increasingly aged population?

> “The reality is that in the next twenty to forty years, Canada will enter a reality we have never before experienced. More seniors will need care while family and professional caregivers will be stretched to the limit.”

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\(^5\) Ibid.


Geriatricians are doctors who specialize in caring for the aged. According to Dr. Frank Molnar of the Canadian Geriatrics Society, there are only 242 certified geriatricians in Canada. Molnar states, “No one knows what the ideal complement is, but the roughest estimate is that we need around 700 geriatricians, and we’re only bringing in 15 to 25 a year.”

The Canadian Resident Matching Service (CaRMS), an organization that helps place medical students, confirms Dr. Molnar’s estimates. Between 2010 and 2013, only 55 of 1663 graduates chose to specialize in geriatrics out during this time.

Not every senior needs the care of a geriatrician, to be sure. Family physicians will be the first point of contact with seniors. They must be educated both to care for seniors and to know their own limitations, beyond which they must refer the senior to a specialist.

The outlook is not rosy, but neither is it hopeless. If medical schools adapt to this new reality and prepare all graduates with a solid understanding of caring for the aged, we will be better prepared for the future. A recent increase in medical school admissions is an improvement.

The reality is that in the next twenty to forty years, Canada will enter a reality we have never before experienced. More seniors will need care while family and professional caregivers will be stretched to the limit.

There is no one solution to this problem. Policy makers must grapple with how to address it. Medical schools must adapt to this new reality. All of us should prepare for a time when healthcare may not be as accessible as it is today.

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