

Unmet Needs for Geriatric Medicine and Care of the Elderly Physicians Work Force in Canada



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ABSTRACT

Although the current low workforce availability of care of the elderly (COE) physicians, geriatric medicine specialists, and geriatric psychiatrists is undeniable, the ongoing demographic shift means this situation will only worsen. This evolving crisis is outlined clearly in the article “Updated Inventory and Projected Requirements for Specialist Physicians in Geriatrics” by Basu *et al.* found in this issue of the *Canadian Geriatrics Journal*.

Key words: geriatric medicine, workforce planning, geriatric services

Since 2020, the novel coronavirus⁽¹⁾ and its devastating effects on the older population in Canada has been cited as an example of an ongoing lack of community, social, and medical support for healthy aging.⁽²⁾ In actuality, the profound impact of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) on the health of older adults in Canada has merely amplified structural inequalities and issues that have been described for many years. Although this crisis will pose many challenges, it also creates an opportunity to address a longstanding neglect of our older population. Issues such as social isolation, poor conditions in residential care, and a lack of intergenerational solidarity have been brought into stark relief, but an underreported structural deficit is a lack of physicians with specialized training in the specific care needs of older adults.⁽³⁾

Although the current low workforce availability of care of the elderly (COE) physicians, geriatric medicine specialists, and geriatric psychiatrists is undeniable, the ongoing demographic shift means this situation will only worsen. This evolving crisis is outlined clearly in the article “Updated Inventory and Projected Requirements for Specialist Physicians in Geriatrics” by Basu *et al.*⁽⁴⁾ found in this issue of the *Canadian Geriatrics Journal*. Basu *et al.* present an update both to the 2011 Geriatric Specialist Inventory published

in the *CGJ* in 2012,⁽⁵⁾ as well as building on the Ontario Geriatric Specialist Physician Resource Inventory for 2018 published in the *CGJ* in 2020.⁽⁶⁾ In brief, despite an increase of 25 per cent in the supply of both geriatricians and COE physicians over the last five years (not a small achievement), the population of older adults has increased by a third, vastly outstripping our efforts. As outlined in their 2030 projections, Basu *et al.* clearly demonstrate that this situation will only worsen in the coming years due to demographic shifts and physician retirements.

The executive of the Canadian Geriatrics Society believes that healthy aging and access to specialized care for older adults is a fundamental human right, and we will continue to advocate for improved access to care. Basu *et al.*⁽⁴⁾ have provided us with an excellent summary of the evolving crisis in older adult care in Canada—and it is up to us to advocate for the needed changes to protect this vulnerable, underserved population.

CONFLICT OF INTEREST DISCLOSURES

The authors declare that no conflicts of interest exist.

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