



**Editorial**

# Geriatric Medical Education in Rapidly Aging Asia

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Asia has the largest population in the world and is facing the immense challenge of being the most rapidly aging continent.<sup>1,2</sup> While countries across Asia are experiencing similar trends in population aging, they may encounter challenges unique to their socioeconomic status and cultural context.<sup>3</sup> Healthcare services in Eastern Asian countries like Japan, South Korea and Taiwan are similar to European countries in that they provide universal health coverage through the national health insurance system.<sup>4</sup> Yet unlike most European countries, Geriatric Medicine has not been as well established in Asia. The aging speed of Asian countries has been much faster than that of European countries, which may partly account for the relative shortage of Geriatric Medicine programs in Asia.<sup>5,6</sup> While Geriatric specialty societies have been established in most Eastern and Southeastern Asian countries, specialty training programs including undergraduate programs remain underdeveloped. Given the trend of rapid population aging in this region, it is imperative that physicians from all specialties are equipped with key knowledge and skills in Geriatric Medicine to provide optimal care to the elderly. It is also essential to incorporate Geriatric Medicine in the undergraduate curriculum to promote better care for older people in the future. In this issue of *Aging Medicine and Healthcare*, *Sallehuddin, et al.* reported the development of undergraduate Geriatric Medicine curriculum in Malaysia, which may inspire other countries to conduct similar work in the future.<sup>7</sup>

Most medical universities in Japan include departments of Geriatric Medicine, but this is not the case in most other Asian countries. Taiwan only recently added Geriatric Medicine as a required course in the postgraduate medical education in 2019. All medical graduates in Taiwan are now required to train in Geriatric Medicine in their second year of postgraduate medical education. This prompted all tertiary hospitals responsible for postgraduate medical education to establish their Departments of Geriatric Medicine with outpatient and inpatient services, as well as other activities involving long-term care services. This is one example showing that each country is addressing the healthcare needs of older people through different approaches. While the number of geriatricians trained is increasing, it is unlikely to meet the escalating needs of Geriatric services in rapidly aging countries in the near future. It is thus essential to incorporate Geriatric Medicine in the undergraduate and postgraduate core curriculum to

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improve the quality of healthcare services for older people. Specialty training programs also need to be established to educate and promote experts in Geriatric Medicine who may continue leading the field as clinicians and educators.

Frailty and sarcopenia are prevalent in older adults, and most older adults reside in the community. Primary care physicians (PCPs) should therefore possess the essential knowledge and skills required to conduct a full geriatric assessment. This includes identifying potential functional needs, such as physical frailty, cognitive impairment and mood disorder.<sup>8,9</sup> PCPs should also facilitate integrated care planning for individual older person with particular focus on minimizing multimorbidity and disability. The World Health Organization promotes healthy aging, which is also the optimal strategy for the health and well-being of older adults.<sup>10</sup> The conceptual framework of healthy aging requires extensive service integration from prevention, diagnosis, treatment and rehabilitation perspectives, and PCPs play a key role in the success. Hospital-based specialists are tasked with the goal to provide seamless integrated care, which requires continuous efforts to improve communication and care planning. Older people living in long-term care facilities may also be challenging to manage due to differences in care planning, limited resources of health services, and integration with social services.<sup>11</sup>

Geriatric Medicine differs from traditional organ-based specialties in that it promotes holistic evaluation and management for frail older adults, and it recognizes that disease and disability are intricately linked. Managing geriatric syndrome and other functional impairments become priority over disease treatment in some patients. While Geriatric Medicine provides holistic care to older people, most medical specialties do not practice the therapeutic approach of geriatricians. Most Asian countries have referral systems and Family Medicine that are different from those of Western countries. For example, older adults may see multiple physicians for different complaints which renders communications between specialties more difficult. Adding Geriatric Medicine in the undergraduate or postgraduate medical curriculum may thus facilitate delivery of higher quality health care for older people in the future.

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