



Creating Age-Friendly Cancer Care: An Opportunity for Nursing

Sarah H. Kagan, PhD, RN

The World Health Organization's "Age-Friendly World" initiative deserves careful consideration in cancer care.^{1,2} Age-friendliness is an approach to restructuring our current communities to be suitable and even inviting to older people, especially those who are vulnerable as a result of frailty and changing abilities.³ Age-friendly communities²

- Recognize the wide range of capacities and resources among older people;
- Anticipate and respond flexibly to ageing-related needs and preferences;
- Respect older people's decisions and lifestyle choices;
- Protect those who are most vulnerable; and
- Promote older people's inclusion in and contribution to all areas of community life.

(From <http://agefriendlyworld.org/en/age-friendly-in-practice/>, accessed March 16, 2015.)

Cancer care, like any healthcare, is delivered in agencies and institutions that are in fact communities with their own cultures and lifeways. Presently, cancer care resides in organizations that are poorly suited to the needs of older people.

Contemporary policy directives note a significant lack of preparation for cancer care in light of rapidly aging populations globally. Despite policy statements and clinical demand, care specifically designed to address the needs of older people remains a persistent gap in both clinician and organizational competence. Care for older patients is typically funneled into standard adult care or relegated to an optional specialty focus. Although many in cancer nursing—including me—have written about nurse and interprofessional competence to improve cancer care delivery in our aging societies, few of us give sufficient attention to necessary organizational competence to achieve goals of better quality care for older people. Translating principles that guide age-friendliness to cancer care offers novel opportunities for improving cancer care delivery.

The guide to Global Age-Friendly Cities notes that "in practical terms, an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities."^{1(p6)} Structures and services echo the organization of quality improvement through structure, process, and outcome. Accessibility and inclusivity frequently anchor cancer care service development. Contemporary cancer care delivery emphasizes safety, quality, access, and inclusiveness, as does age-friendliness. Application of age-friendly principles, then, to cancer care may reveal potential for improvement not possible within our current biomedical approach to cancer care.

Age-friendly prompts us to think beyond current conceptions of aging and reconsider the place of older people in our societies and institutions. In cancer care, our current efforts highlight connections between aging and cancer as the primary means to shape geriatric oncology. We begin with the biology of aging rather than considering the older person first. In contrast to this perspective, age-friendliness mandates creating environments friendly to the most vulnerable elders. Age-friendliness emphasizes active participation—a notion found in cancer care as well—regardless of age to attain optimal health and security. Substituting patient-centeredness for participation and replacing security with safety and quality implies relevance of age-friendliness for cancer care.

Specific national policy directives echo the relevance of age-friendliness for cancer care delivery. Macmillan's *Cancer Care Coming of Age* directly references age-friendliness, predating a similar American report, the Institute of Medicine's (IOM) *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis*, by about a year.^{4,5} The Macmillan report uses age-friendliness but filters it through more familiar biomedical precepts. The IOM report, conversely, relies on more familiar biomedical models alone. Both emerge from explicit acknowledgment of cancer care imperatives in aging populations and underscore absent preparation. Each report posits necessary changes in structure, education, and practice to address the already imposing demands of cancer in an aging society.

Author Affiliation: School of Nursing, University of Pennsylvania, Philadelphia.

The author has no funding or conflicts of interest to disclose.

Correspondence: Sarah H. Kagan, PhD, RN, School of Nursing, University of Pennsylvania, 418 Curie Boulevard, Philadelphia, PA 19104. (skagan@nursing.upenn.edu).

Accepted for publication March 29, 2015.

DOI: 10.1097/NCC.0000000000000270

Nursing faces manifold demands to alter education, research, and practice in meeting needs for improved cancer care delivery for our aging populations. Successful innovation requires responsiveness and perspective. Age-friendly, as an ethos and a practical concept, affords new possibilities to reshape cancer care delivery for aging societies. Its principles lend themselves to envisioning new cultures and communities for cancer care.

Applying age-friendly principles returns us to a view of cancer care that begins with personhood, health, environment, and nursing. Age-friendly proposes seeing cancer care as care to achieve health and wellness from before diagnosis and regardless of age. Importantly, age-friendly renders the specialty of geriatric oncology obsolete. Within it, all cancer care becomes engaging, accessible, and safe for people of all ages, especially the most vulnerable and frail. I encourage you to take time to read the World Health Organization's age-friendly world, reconsider the MacMillan and the IOM reports, and then envision your next steps.^{2,4,5} Then imagine your contribution

to nursing leadership and research that designs, implements, evaluates, and disseminates age-friendly cancer care.

References

1. World Health Organization. *Global Age-Friendly Cities: A Guide*. Geneva, Switzerland: World Health Organization; 2007.
2. World Health Organization. Age-friendly world. 2014. <http://agefriendlyworld.org/en/>. Accessed March 16, 2015.
3. Buffel T, Phillipson C, Scharf T. Ageing in urban environments: developing 'age-friendly' cities. *Crit Soc Policy*. 2012;32(4):597-617.
4. Ganz PA, Cohen H, Eberlein T, Feeley T, Ferrell B. *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis*. Washington, DC: Institute of Medicine of National Academies; 2013. http://www.iom.edu/È/media/Files/Report%20Files/2013/Quality-Cancer-Care/qualitycancercare_rb.pdf. Accessed March 16, 2015.
5. Macmillan. *Cancer Services Coming of Age: Learning From the Improving Cancer Treatment, Assessment and Support for Older People Project*. London, UK: Macmillan Cancer Support; 2012.