

Who cares for the elderly?

The ageing US population faces a critical shortage of geriatricians, warned the American Geriatrics Society (AGS) in the *Austin American-Statesman* on March 9. Despite a poll in which doctors rated geriatrics as the most satisfying specialty, the perceptions of poor pay and lack of glamour in a youth-obsessed culture are blamed for dwindling numbers of recruits to the existing 7000 US geriatricians. Although geriatrics remains a popular specialty in the UK, all countries face growing demands for elderly care as populations age and use of health services increases among the aged.

The timing of this news is both predictable and alarming. Predictable in view of the AGS's lobbying of Congress to pass legislation favourable to geriatric training and Medicare reimbursement. Alarming because of rapid increases in the number of older people in the USA and elsewhere. The baby boomer generation will begin to retire in 2011. Over the next two decades, this cohort will add 1.6 million 65-year-olds to the US population each year. By 2030 there will be more than 70 million people in the USA aged over 65 years, driving the demand for many thousands of additional geriatricians. Moreover, this generation will be accustomed to high standards of medical treatment and are likely to expect the same quantity and quality of care after retirement.

A century ago, one person in 20 worldwide was aged over 65 years; today it is one in six, and by 2051, it is predicted to be one in four. At present, half the world's over-65 population lives in Asia and, increasingly, the preponderance of older people will be located in developing countries. Such rapid and extreme demographic changes present new challenges to societies in general and health professionals in particular.

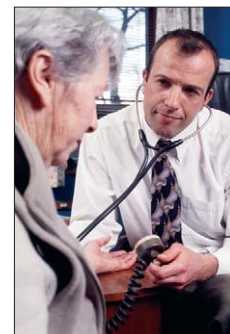
Yet there is little evidence that either health systems or professionals are prepared adequately for the impending population changes. A WHO survey in 2002 found geriatric units in only 38% of medical schools in the developed world and in less than 15% in developing countries. Similar limitations existed for postgraduate training. In the UK in 2006, 25% of trusts lacked a multidisciplinary falls service (a hallmark of integrated elderly care), despite the fact that falls affect 30% of over-60-year-olds and 40% of over-70-year-olds every year, and are a major cause of morbidity and mortality.

Advanced age seldom arrives alone, but is often encumbered by frailty, comorbidity (half of cancers are diagnosed in those aged over 70 years), and the risk of social isolation and economic adversity. Thus care of elderly people requires a combination of problem-based and diagnosis-based medicine. Chronological age exerts heterogeneous influences on disease and disability, and, as in paediatrics, there are both age-specific illnesses, and those that present atypically as a result of age.

Some of the blame for poor progress in services and, in the USA, for recruitment, must lie with geriatricians for not taking a strong role in leadership and giving an audible voice to their specialty. Comprehensive geriatric assessment, augmented by expertise in history taking, appropriate investigation, and holistic assessment, sets the standard for elderly care. Research confirms that multidisciplinary teams led by geriatricians achieve better outcomes for people with multiple pathologies and functional problems. But too often, the specialty, like its patients, is disrespected and marginalised.

For geriatrics to thrive as a specialty—and for older patients to truly benefit—the profession must take on promptly and decisively the opportunities of education, research, advocacy, and collaboration presented by an ageing population. Academic leadership is needed to embed elderly care within undergraduate and postgraduate training programmes, and to foster relevant research to build an evidence base on which best practice can be grounded. Advocacy for the elderly will define the profession's role and enhance its stature. Finally, as the remaining bastion of general internal medicine, geriatricians are uniquely placed to orchestrate integrated care for elderly patients. To do so, the collaborative nature of health care for the elderly, long practised between geriatricians and allied health professionals, provides a model for geriatricians and their peers in medical and surgical specialties.

That modern healthcare now faces the challenge of rapidly ageing populations is a celebration of the great strides made by public health and preventive medicine. Generations of practitioners and researchers have brought medicine to this pinnacle. But to enable continued progress, all health disciplines share a responsibility to cooperate with geriatricians to bring competent, compassionate care to old age. ■ *The Lancet*



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For the *Austin American-Statesman* report see <http://www.statesman.com/news/content/news/stories/nation/03/09/0309geriatrics.html>