LOOKING AFTER THE OLD

" This is a very fine country to be acutely ill or injured in, but take my advice and do not be old or frail or mentally ill here—at least not for a few years."

Sir Keith Joseph (1973).

THE care of the elderly is fast emerging as one of the major challenges in medicine, and as over 95 per cent of the elderly are *not* in institutions this is mainly a problem for general practice.

The history of the twentieth century has been the history of the development of acute medicine, with the emphasis on cure rather than care. Today the pendulum is swinging and as the challenge of acute infectious diseases recedes, the problems of the degenerative conditions and the quality of life loom ever larger. What general practitioners have achieved in paediatrics in the last decade should now act as a stimulus to providing similar care at the other extreme of life.

We publish today two papers one, by Drs Elliott and Stevenson, is a review of the literature and the other, by Dr N. How, describes the teamwork needed for providing care. Both these papers emphasise three principles. First, that the general practitioner and the community health team are the responsible medical group and should begin work now; second, that the self-reporting of illness in the elderly is no longer an acceptable method of case-finding—the community health team must take the initiative to seek and find the considerable number of treatable conditions that are present; and third that no single doctor, health visitor or nurse can possibly undertake this quantity of work alone. Looking after the old is *par excellence* work for a team, good co-ordination and integration of care are essential.

One of the first tasks will be to identify those who are at greatest risk, and obviously factors such as living alone, recent bereavement and chronic physical or psychological illness stand out, especially locomotor difficulties or deficiencies of the special senses.

Undoubtedly these techniques will be refined in the future, but what is quite clear is that the medical care being received by the elderly is simply not yet good enough. Locally the quality of care provided for the old is an index of the quality of general practice: nationally it is an index of the degree of civilisation of society itself.

No two papers on this subject agree on the best age for starting, what should be done or even the frequency of supervision. This does not matter. What does matter is that the debate on how best to look after the old in the community has now begun.

REFERENCE

Joseph, Sir Keith (1973). *Western Morning News*, 30 June.