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A challenge for general practitioner research
Support for the elderly at home

JAMES KNOX

Professor of General Practice, University of Dundee

OVER 94 per cent of those aged 65 years and over live in their own households and are not in institutional care. Partly because many health problems and a number of common *chronic* diseases are age-related, meeting the needs of the elderly has long been an essential part of the care general practitioners provide. Such care is often directed to supporting those members of the family (and others) who look after the elderly as well as the elderly themselves. During the last decade, there has been an increase in the number and in the proportion of the elderly in our population—and old people are living longer.

It would be surprising if these facts were not reflected in the work of general practitioners, yet the evidence is conflicting. For example, Wilson (1982) found no increase in workload related to the elderly over a period of 18 years, while Knox and colleagues (1982) found an increase roughly proportional to the increase in the practice populations of Dundee doctors in the 1970s. Such evidence suggests that general practice may be responding to the challenges of an ageing population in a somewhat passive manner. It is now over ten years since the publication of the Brotherston Report (1971), with its call for a change of attitude of the profession and of the service, both of which are conditioned to work mainly 'on demand' and in relation to the individual's demands rather than the requirements of the whole population served.

Of course the nature of general practice is such that time devoted to meeting the needs and demands of one 'client group' is likely to be made available only at the expense of other patients, and although the current capitation system is intended to provide some incentive, resources are finite.

So what needs to be done? Social policy must be based on valid and reliable information. How far is general practice in fact meeting the challenges of the elderly? In the context of the wider situation of a given practice, what is a reasonable balance in deploying scarce resources?

Research literature, with its emphasis on institutional care, on the more severe forms of morbidity and on the pathology of service function is in danger of promoting a distorted impression of age, ageing and welfare services. This imbalance was only partially redressed at a recent seminar concerning research on 'support for elderly people in the community', organized by the Department of Health and Social Security. Participants at this seminar themselves recognized the need to chart the largely unknown territory of 'normal ageing'. There was general agreement that research effort, much of which had hitherto been of a 'cross-sectional' nature, should in future be supplemented by 'longitudinal' work. Cohort studies were needed of groups of elderly people in their own environment, to be undertaken by those in close contact with old people over a period of years—and all to be accomplished with a maximum of economy. Where else, other than in general practice, could such conditions be met?

This is not to say that general practitioners must necessarily themselves undertake all this research—though an increasing number, by education, experience and training, are well-placed to contribute. There is plenty of scope for professional collaboration with workers in disciplines relating to social sciences and biomedical sciences. Yet before such teamwork can become a reality a number of conditions must be met. A secure basis in service to the elderly must be provided, purposeful training in teamwork for service and research (preceded by a more appropriate undergraduate preparation) is ever more urgently required, and resources are needed to make room in general practice for researchers, to ensure security and continuity of tenure, and to provide the necessary back-up. It might then be possible for general practice to make a more substantial contribution to meeting the needs of of our ageing society, both in practical and theoretical terms.

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