

tests tended to be lower than those carried out for hospital consultants.

Audit and review of referrals by doctors from different disciplines meeting to discuss the most appropriate use of available facilities for investigation and management of patients is an important educational exercise. It is central to good and economical clinical practice in all fields of medicine and applied to general practice would counter some of the challenges made in the government's green paper.⁶

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Health and preparation for retirement

RETIREMENT from paid employment is a critical time to take stock of health, but many people are reluctant to make use of the opportunities this time of change offers. Recent figures¹ have shown that the number of 65-year-olds in this country will peak in the early 1990s at about 7.5 million, that is about one in five of the population, and that by the year 2011 there will be twice as many people aged 85 years and over as in 1987. This will mean a considerable increase in demands on the National Health Service and in particular on community health and social services.

The government is committed to the philosophy that elderly people should remain in their homes as long as possible. But community care involves more than just a deinstitutionalization² — there has to be a strategy to help people live more healthy lives and look after themselves. How this is to be achieved needs to be debated but general practitioners are well placed to make a major contribution both in the consultation and as advisers and counsellors at times of major changes in life, such as retirement or redundancy in mid-life.

Since the inauguration of the NHS there has been an increasing reliance on health professionals and care has become fragmented among a variety of specialist carers. Yet research has shown that many patients are willing to take more responsibility for their own health and that of others but lack the direction and information to do so. If they are to wean people from dependence health professionals must be willing to share health information and improve understanding (that is health education) and motivate people to look after themselves (that is health promotion). For general practitioners³ this could mean a greater involvement in health education and health promotion and a re-examination of the content of the consultation in order to conserve the clinical resources available. This is an area for general practice research and a topic for vocational training. Generalizations are not enough. Myths need to be challenged and opportunities provided for schemes such as peer group health counselling and self-help initiatives. Patients need to understand what they mean by health and how to check their own health. They require physiological reasons in order to maintain good health and not just a pathological diagnosis.

There is a parallel between those approaching retirement and those who are unemployed. In an article in the *British Medical Journal* on 'Improving the health of the unemployed' the author spoke of a health strategy for the unemployed.⁴ Perhaps a strategy is equally required for those approaching retirement to look not only at the effect of ageing on health but also on the event of retirement on health. What is not always recognized is the protective aspect of employment in respect of physical fitness and mental well being. Both have to be recognized and

at least replaced by a positive rather than a negative or resigned approach. In this context mid-life planning is often advocated but because of the changing patterns of paid employment more information is required about the effect on health of job loss as well as retirement. General practice is an ideal setting in which to investigate these problems.⁵

To address the problem of the new skills which doctors and all health educators will need if they are to help patients understand their own health and take more personal responsibility in later life, the Health Education Authority has set up a Centre for Health and Retirement Education based at the University of London's Department of Extra-mural Studies. The Centre's own research⁶ has shown up deficiencies in the training of professional workers in health education and health promotion for people in mid and later life (Coleman A. Personal communication). With the stated aim to deal with the how and not the what of health education the concept should appeal to general practitioners. It is College policy to encourage the development of health education in general practice and this Centre is an ideal organization for the members to be associated with. The centre has already worked with many doctors in different parts of the country. The Centre has produced an *Ideas and resources pack for health educators* on health and retirement, which is full of practical examples and is of particular use for those practitioners who may be invited to participate at a pre-retirement course. The material is also useful for the consultation and for those interested in research in this field. Further information can be obtained from the University of London Department of Extra-mural Studies, 26 Russell Square, London WC1B 5DQ.

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