

THE PROBLEMS OF ELDERLY PEOPLE

National Societies in a number of countries are active in attempts to reintegrate elderly people into society and have made effective contributions to this effect. This is especially true in some European countries, where it has been recognized that it is not enough to give the aged more material goods, but that medical and social activities must be adapted to their individual needs. Mr. Viggo A. Christensen has written about this subject for the press service of the European office of the World Health Organization, under the title "Making Life Worth Living for the Elderly," excerpts from which we present below:

... The last thirty years or so have seen important developments in what are known as gerontology and geriatrics. The former may be defined as the scientific, mainly multidisciplinary approach to all aspects of aging (health, sociological, economic, behavioural and environmental); and the latter as a branch of medicine concerned with the health of the elderly in all its aspects (preventive, clinical, remedial and rehabilitative) and including continuous surveillance...

... The World Health Organization has for many years devoted attention to the problems of the aged, and many of its activities are directly or indirectly connected with this field, e.g. the organization of medical care, education and training in geriatric care, mental health, nutrition, and housing and rehabilitation of the elderly.

The most recent advances in analysing, and advising on, the problems of the elderly were made at the technical discussions held during the twenty-fourth session of the WHO Regional Committee for Europe in Bucharest in September 1974. The participants had before them a paper prepared by Dr Gudmund Harlem, Medical Director of the State Rehabilitation Institute in Oslo. Dr Harlem pointed to the lack of information as to who are the "elderly", what are their problems and troubles, and what, if any, are their special health problems. The indications, he

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wrote, are that the "elderly" are generally healthy, both physically and mentally, that they are often bored or lonely, and that many of them have social, vocational and economic problems.

That it is not the medical, but the social problems of the elderly we should be chiefly concerned with, was borne out by Dr Harlem, who quoted figures from an area with a fairly high proportion of elderly persons among its population, and with well-developed health services. . .

. . . The conclusions reached at the Regional Committee's technical discussions, in which the participants speak as individual experts and not as representatives of governments, should give health administrators, politicians, public opinion makers, and indeed the public at large, some food for thought. It was agreed, among other things, that the "elderly" do not collectively use or demand services to a greater or lesser degree than other groups in society, but often use services in a different way, or even do not use those services which are available. There is a need for different forms of services, which need not always be formal health services. Complications arise from the fact that the groups of "elderly" are rarely involved in the planning of the services they need. They should be enabled to participate actively in any programme being developed for them. . .

. . . The problems are not solved merely by increasing inadequate pensions. The emphasis must be on reintegration and on ensuring that elderly people can continue to occupy an appropriate place in society.

To the foregoing, we might add that every possible effort should be made to adapt the social environment to man, and not the contrary, as has often been the case up to the present.