

Government's prejudiced health policies treat elderly as a 'lossleader'

The care of older people is being adversely affected by the Government's policy of prioritising vote-winning targets such as 'waiting times' and 'extended surgery hours', warns a paper in the *Journal of the Royal Society of Medicine*.

Dr David Oliver, a senior lecturer and researcher in geriatric medicine, says:

Be great to have a really strong quote from you here – perhaps your point that, if government believes older people's healthcare to be a low priority, it should come out and say it rather than being covert about it.

The author notes how labels such as 'bed blocker', 'social admission' or 'acopia' are still being used in many NHS general hospitals and argues that these attitudes are affecting diagnosis and treatment of older people, the most frequent users of both primary and secondary care.

Dr Oliver describes a physician clinical director stating that "he was spending too much time 'market gardening' (i.e. caring for old patients who were 'cabbages')." On another occasion a surgeon arrived on Dr Oliver's ward and "laughingly announced that he 'didn't understand how anyone could stand to work in a ward looking after all these crumbles'."

Dr Oliver argues that "geriatric medicine does not feature prominently in the curricula of many medical schools, nor sufficiently highly in the core curricula for post medical training" and so "some attitudes might be rooted in ignorance rather than malice or indifference." This lack of focus on training in geriatric medicine is reflected in the fact that most students and recent graduates in medicine and allied professions state that they do not wish to pursue a career working with older people.

A recent national survey of 1,600 health service managers; 'rated older people and those with mental health needs as the most neglected groups in the service and those which had benefitted least from NHS reforms'.²¹

Dr Oliver's paper indicates that around 60% of admissions and 70% of bed days in the NHS hospitals are accounted for by patients over 65. Conservative estimates suggest that by 2025, people over 80 years old and those dependent for two or more activities of daily living will increase by 50%. *Quote here from you would be great, perhaps concluding that if nothing changes situation will only get worse.*

Dr Oliver suggests some possible solutions:

- Re-balance medical education and training to give staff the right skills to care for the patients they will actually see
- Shift the emphasis in research funding and governance a little more towards clinical and health services research on frail people
- Produce performance and inspection targets frameworks which place high quality assessment and care for older people at the centre of service delivery rather than its periphery – which in turn means targets which make a meaningful difference to older people rather than superficial 'box ticking'."

'Acopia' and 'social admission' are not diagnoses: why older people deserve better' is published in the April issue of the *Journal of the Royal Medical Society*, volume 101.

JRSM is the flagship journal of the Royal Society of Medicine. It has full editorial independence of the RSM. It has been published continuously since 1809. Its Editor is Dr Kamran Abbasi.

The article will be available free at www.jrsm.org shortly.

Dr David Oliver is available for comment



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²¹ Managers' survey. *Sixty not out*.

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