

The future of Geriatric Medicine?

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In response to the needs and demands of an ageing population, the speciality of Geriatric Medicine has evolved rapidly in recent decades. But has it evolved enough to attract new doctors to the field?

The Royal College of Physicians (London) describes Geriatric Medicine as “a branch of general medicine that is concerned with the clinical, preventative, remedial and social aspects of illness in old age. The challenges of frailty, complex comorbidity, different patterns of disease presentation, slower response to treatment and requirements for social support call for special medical skills.” These challenges are what we hope all junior doctors are looking for as they apply for their speciality of choice. Geriatric Medicine not only allows them to maintain a generalist approach while also developing a subspecialty interest, but as the area is expanding, career prospects are excellent.

Professor Graham Mulley summed up the speciality best in a British Geriatrics Society (BGS) newsletter when he said it was “a “whole person” speciality. Based on a solid infrastructure of general medicine, it involves consideration of psychological, social and spiritual dimensions, together with functional and environmental assessments. A geriatrician needs to be aware of legal aspects—capacity and consent, human rights, guardianship; and ethical conundrums, such as when to investigate or treat.”

Yet despite this a recent survey

of UK students, published last year in *Age and Ageing*, found that many students had concerns regarding earning potential, prestige and research opportunities. The authors commented that what contributes to specialty prestige in students’ eyes is unclear and should be further researched.¹

There is no doubt that medicine is changing as the burden of the ageing population continues to hit target-stretched hospitals. The geriatrician has a key role in this. A recent editorial in the *BMJ* asked “Is it time for a new kind of hospital physician?”² It states that “Today’s consultant physician manages inpatients who are older and have more comorbidities and a greater complexity of acute illness than in the past.” The author suggested that further deployment of geriatricians and geriatric training in other multidisciplinary teams would provide a likely benefit, improving continuity of care and clinical outcomes to those older people that make up the majority of these complex admissions.

The BGS was the first to respond to the article and said that it was important that geriatric medicine and acute medicine specialists work closely together to define appropriate new systems in the coming years. But as some members of the European Union Geriatric Medicine Society stated “Barriers remain to ensuring expertise, particularly low rates of reimbursement in some countries with procedure-related payment,

and the persistence of an unhappy and unscientific dilettantism among some physicians, the ‘we all look after older patients’ syndrome.”

The spring meeting of the British Geriatrics Society is due to take place this month and hopefully will include substantial numbers of specialty trainees (whether ST3 or ST7). What can journals such as this do to support these doctors as they go forward in light of the potential changes?

GM, as the “reader friendly” journal for health professionals interested in care of the older patient (according to our recent reader survey), aims to provide a wealth of insights into the management of the frail elderly with peer reviewed articles. We also reflect the changing status of geriatricians as “general physicians” with a combination of general and specialist clinical management overviews in both the hospital or community setting. Available in print, online, digitally and also as an app, GM aims to keep its readers up to date with the latest news, drug advances and the implications of the demographic changes on the care of the elderly in the future.

1. Robbins T, et al. Geriatrics is rewarding but lacks earning potential and prestige: responses from the national medical student survey of attitudes to and perceptions of geriatric medicine. *Age and Ageing* doi: 10.1093/ageing/afr034
2. Temple RM, Kirthi V, Patterson LJ. Is it time for a new kind of hospital physician? *BMJ* 2012; **344**: e2240.