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MEETING WITH GOVERNMENTAL AND NONGOVERNMENTAL ORGANIZATIONS - HEALTH CARE OF THE ELDERLY

Report on a Liaison Meeting

Luxembourg
4-6 December 1978

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1. Introduction

A liaison meeting with governmental and nongovernmental organizations (NGOs) active in the health care of the elderly was convened in Luxembourg from 4 to 6 December 1978 by the WHO Regional Office for Europe, in collaboration with the Government of Luxembourg.

The meeting was attended by representatives of 3 intergovernmental organizations (IGOs), namely, the Commission of the European Communities (Brussels), the European Centre for Social Welfare Training and Research (Vienna) and the United Nations Division of Social Affairs (UNDSA, Geneva), and of 11 governmental and nongovernmental organizations concerned with the health care of the elderly. The participants also included 2 staff members of the WHO Regional Office for Europe: Dr D.K. Sokolov (Director, Development of Comprehensive Health Services) and Dr R. Glyn Thomas (Regional Officer for the Development of Community Services). Professor L. von Manger-Koenig acted as Chairman of the meeting, and Dr M. Sédeuilh carried out the duties of Rapporteur. The list of participants is annexed to this report.

On behalf of Dr Leo A. Kaprio, Regional Director, Dr Sokolov thanked the Government of Luxembourg not only for its hospitality but also for its generous contribution towards defraying the costs of the meeting.

Dr E. Duhr, Director of Public Health, welcoming the participants to Luxembourg on behalf of Mr E. Kneps, Minister of Public Health, conveyed the Minister's best wishes for the success of what he termed a "new, felicitous initiative" on the part of the WHO Regional Office for Europe. This was, in fact, the first liaison meeting of governmental and nongovernmental organizations active in the health care of the elderly to be convened by the Regional Office.

In his opening address, Dr Duhr highlighted some of the problems facing workers in this field. He referred first to the fact that, in 1975, there were more than 130 million people in the world aged over 70 years. Current demographic trends implied a duty to prepare an adequate and coordinated strategy to meet the situation, especially in the highly industrialized countries. Secondly, he referred to the concept of the "social solution" for resolving the numerous problems arising from the care of the elderly, pointing out that one of the most effective measures in gerontology was social hygiene, aside from health care proper, i.e., the medical solution, which for a long time had been the only prevailing one.

Thirdly, he emphasized that the problem of old age called for a radical change in the attitudes of the State and of society as a whole towards the elderly. Early prevention was an important concept, and the measures being taken in that connexion should not be focused simply on the few years, or even months, preceding retirement (itself an often arbitrary factor), but should be carried out from middle age onwards.

In conclusion, he stressed the fundamental idea of utilizing the potential resources of elderly persons, and of rethinking and revalidating what had come to be known as "the third age" of man. Pride of place should be given to interhuman communication and to man's traditional qualitative values, rather than to ideas based on the quantitative values of productivity and economic returns.

The Chairman, Professor von Manger-Koenig, emphasized the importance of strengthening interagency activities as well as improving methods to increase not only the cooperation but particularly the overall coordination between national institutions, IGOs and NGOs, coordination which should be considered an indispensable common task for all those active in this field. There were examples of duplication of activities and there was a pressing need for better liaison between organizations. He recalled also the magnitude of the problem of the elderly, which was one of worldwide and growing concern, since countries of the developing world would undoubtedly follow at an accelerated rate, and with possible dramatic consequences, patterns of aging now being observed in the industrialized countries.

The health care of the elderly meant new responsibilities, new methods, new institutional aspects of our health systems at all levels, in other words, a daring new approach, if the target of "Health for all by the year 2000" set by the World Health Assembly was to be achieved.

By the year 2000 a high percentage of the world's citizens would be elderly people. The century, which began as the Century of the Child - a century which could well be proud of its achievements in that respect - would thus end as the Century of the Aged.

2. Presentation of the WHO programme

Dr D.K. Sokolov expressed appreciation of the fact that the participating organizations were making available the experience and expertise of their representatives by financing their attendance at the meeting.

He then briefly summarized the development of Regional Office activities leading to the present programme. Following the technical discussions on the subject "The health protection of the elderly" at the twenty-fourth session of the Regional Committee in Bucharest in 1974, a resolution (EUR/RC25/R3) was adopted by the Regional Committee at its twenty-fifth session in Algiers in 1975, requesting the Regional Director:

"(a) to initiate and coordinate studies on the specific morbidity and mortality of the elderly, paying particular attention to the socioeconomic, cultural and environmental factors which may be associated with diseases of this age group;

(b) to promote cooperation among institutions concerned with the health care of the elderly and the training of personnel;

(c) to assist Member States in the planning and implementation of geriatric services; and

(d) to prepare a review of the various existing systems and approaches and of the achievements of Member States."

It should also be recalled that the Sixth General Programme of Work covering the period 1978-1983, which was approved by the World Health Assembly in resolution WHA29.20, included the objective:

"To collaborate with countries with a view to improving the care of the aged, preventing accidents of all types, preventing disability, and ensuring the rehabilitation of the disabled".

In view of the great interest it had shown in this subject over the years and the experience gained in the development of its activities, the Director-General in 1976 transferred to the Regional Office for Europe the responsibility for developing a global programme in the field of health care of the elderly.

In this connexion, a programme outline which included the following six components had been prepared: (1) information, (2) service organization and management, (3) education and training, (4) research and development, (5) assistance to countries, (6) coordination with other organizations and regions.

It was considered essential in order to implement current and future activities that, in the first instance, regular links should be established between institutes concerned with the health care of the elderly. Thus, meetings of Directors of National Institutes of Gerontology had already been initiated.

It was also considered highly important that plans should be drawn up for a system of liaison meetings with those organizations, both intergovernmental and nongovernmental, specifically concerned in this field.

Further, a resolution (EUR/RC27/R6) of the Regional Committee for Europe requested the Regional Director to convene a regional consultative committee to promote health and wellbeing of the elderly.

Subsequently, a technical committee converted the priority areas defined by the consultative committee into specific activities, through the establishment of ad hoc technical groups.

Dr Sokolov concluded by defining the purposes of the liaison meeting as follows:

(1) to outline the programme of the Regional Office;

(2) to obtain information from the organizations on their activities, plans and current projects;

(3) to analyse the areas which could serve as the basis for cooperation between several organizations and with the Regional Office, and the extent to which this could by mutually beneficial; and

(4) to determine the tasks in the programme for which responsibility could be placed with specific organizations.

Dr Glyn Thomas noted that the present gathering was the first of a series of meetings which the Regional Office hoped to repeat every second year. Invitations were sent to 42 organizations, IGOs, NGOs and various associations directly involved in health care of the elderly. Worldwide, it was hoped that other WHO regions would also arrange meetings of this nature. The present meeting formed part of the programme for the European Region.

Cooperation between international NGOs and WHO could be achieved in three ways:

- by those organizations establishing official relations with WHO;
- through a pattern of working relationships; and
- through informal collaboration on specific activities.

Referring to the title of the WHO programme, "Health care of the elderly", Dr Glyn Thomas pointed out that the choice of the word "health" rather than "medical" had been deliberate. In fact, the first WHO basic investigation had shown that approximately 95% of the group called "the elderly" could function adequately with community support services where necessary, and that only a very small proportion needed institutional medical attention. It had also underlined the necessity of not looking at the problem as a purely "medical" one, but of adopting a multidisciplinary approach involving social, psychosocial, economic, nutritional, environmental factors, in fact all the elements included in the broad concept of health, remembering that as life was being prolonged, one also had to ensure that "quality" was associated with its extension.

He then reviewed some of the aspects which were considered unsatisfactory at present. The first of these was the problem of demographic presentation. In nearly all countries the statistics referring to age-specific groups were inadequate. The first drawback was that they aggregated persons of 65 and over, on the incorrect assumption that they formed a homogeneous group and had identical problems. Another inadequacy was that the use of only the percentage of the elderly population in relation to other age groups did not reflect the reality of the situation; the latter should also be examined in terms of actual (age specific) numbers, since this would be of more value for policy formulation. For example, in 1970, persons of 60 years and over represented 8.4% of the world's total population and would represent 9.3% in the year 2000. In absolute numbers, that meant 304 million and 581 million persons respectively. In other words, within 30 years the number of persons aged over 60 would have practically doubled, a fact more startling in terms of planning implications than the relatively small difference in percentages of the total population would suggest. The same applied to the most vulnerable group aged 80 years and over, which might require the greatest range of specialized facilities, and it was also true for the developing as well as the developed countries. Thus, the need to re-present demographic data in a more realistic manner was evident.

The lack of adequate information for proper planning in health care was also inherent in the fact that the demographic causes of the aging of populations were complex. For instance, the consistent and significant lowering of the birth-rate would ultimately affect the "aging" of the population; another factor influencing it was the reduction in mortality observed in the second half of the span of life. The end result was a regular increase in the number and proportion of the aged who would show evidence of chronic diseases in later life, resulting in a changing pattern of morbidity. In that connexion, real morbidity statistics, in contrast to mortality statistics, were not available in that particular area.

Multiple morbidity was a real phenomenon in groups of elderly people. After retirement, elderly people had to accept a new societal situation, and possibly a precarious economic situation also; often there was no preparation for such a change in role. Existing preretirement schemes were of very limited scope.

The disproportion in mortality rates between men and women from the age of 65 years onwards was also crucial, particularly the over-75 age group.

A study of the approach to the organization of care in different countries showed that many of them place greater emphasis on institutionalized settings than on community-oriented care services. That could have serious consequences in the developing countries, should they adopt methods which were now beginning to be rejected by the developed countries as they moved towards community-oriented systems. Hence, the efficient exchange of experience was necessary.

As an initial attempt to find out what was happening in the Region from an administrative and organizational point of view, the Regional Office had conducted a short factual study in four countries (Austria, Italy, Poland and Sweden) with very different health systems. The study aimed to present the real situation regarding coordination between health services on the one hand, and social and welfare services on the other, since there was often a clear dichotomy between the two in many countries.

A brief review was given of what WHO hoped to achieve during the next two or three years.

A comparative epidemiological study was currently in progress. Its aim was to identify the real needs of the elderly. The protocol and questionnaire - 85% of the questions were of a non-medical nature - was being finalized, the survey was to start at the beginning of 1979 in 12 countries, and it should be completed by the end of 1979. The survey was "population-based", a departure from the usual method. It was essential to attempt to find out the real factors affecting the process of aging.

The problem was complex since it seemed to result from the interaction of factors inherent in society which were rooted mainly in economic and environmental problems. But those factors were often ascribed to medical causes and unfortunately health personnel were not trained to recognize that kind of sociopsychological problem, which might be presented as a medical one.

Another aspect of the programme was to investigate in depth the pharmacological action of drugs in the elderly and at the same time to try to find out the true consumption of drugs. Why, for instance, did women aged 80 consume approximately 5 times more drugs than elderly men of the same age? The information currently available was related to prescribing patterns rather than to consumption patterns.

Another essential part of the programme would consist of a service "inventory". What kind of provisions were the different countries making? Had any evaluation of these services been made?

In summary, the following questions had to be answered during the next two or three years. What is really happening in terms of morbidity and mortality in the population called "the elderly"? What are the true needs of the population in terms of specific age groups, e.g., 70-75, 75-80, 80-85 years?

The floor was then given to a number of representatives who wished to provide additional information related to the preceding statement.

Expressing regret that ILO and the Council of Europe had been unable to take part in the meeting, the representative of the International Social Security Association (ISSA) drew attention to items of information which were of obvious interest to those concerned in European programmes: ILO had included on the agenda of its seventy-ninth International Conference, to be held in the following year, the problem of elderly workers. Furthermore, the Council of Europe was planning to hold in March 1979 a meeting of European ministers of social security, who would be dealing with two problems: preventive medicine, and the cost and financing of social security.

With regard to the latter point, the representative of the Commission of the European Communities (CEC) pointed out that CEC was closely associated with the work of the Council of Europe and that, within the framework of the activities of the Directorate-General of Employment and Social Affairs, an entire division had been working for many years on the question of costs and had collected important statistical data on the subject. He noted, with regret, the absence of a representative of the organization known as the "Gamma Group", which was, in fact, a European committee of experts in gerontology and officially recognized by the United Nations.

The representative of the International Association of Universities of the Third Age, referring to the the main points emerging from the statement by the WHO Secretariat, stressed the identity of views between WHO and the Association, as reflected in the choice of subjects for the Association's annual colloquia, namely: in 1977, continuing education and levels of health; in 1978, human resources of the third age, and in 1979, prevention and health education.

Turning to the problem of health education, the CEC representative recalled that the second meeting of ministers of health of the nine member states, held in November 1978, had, inter alia, raised that question, and that in consequence CEC would endeavour to initiate studies in that field; it would perhaps be appropriate to include studies relating to both "third age" and "fourth age" groups.

Additional information on certain subjects was then requested by a number of participants and the Chairman. On the question of the extent and purpose of the WHO global programme, it was pointed out that each WHO region would be developing its regional programme profile. So far, in addition to Europe, developments had taken place in the Eastern Mediterranean and Western Pacific Regions, but ultimately WHO was aiming at a programme profile for each of the six WHO regions. Previously WHO headquarters in Geneva had assumed the coordination of major global programmes, but as already mentioned, the responsibility for the development of the global programme for health care of the elderly was transferred to the Regional Office for Europe in 1976. This, in turn, implied the development of coordinating links between the regions and, therefore, as a preliminary step, arrangements would be made by the Regional Office to convene a meeting of representatives of regional offices as early as possible in 1979.

A summary was then given of the essential points raised at some recent important European meetings, relevant to the programme for health care of the elderly.

During the technical discussions on the subject "Health protection of the elderly" at the twenty-fourth session of the Regional Committee in Bucharest in 1974, the salient points mentioned were the tendency of regarding the population of the elderly as a specific group and a separate entity; and the exaggerated concentration on molecular and biological research in this field, as distinct from the sociogerontological research carried out in epidemiological population-based studies.

At the twenty-seventh session of the Regional Committee in Munich, the document EUR/RC27/8 "The health care of the elderly" (distributed at this meeting as background material) outlined the proposals for the WHO European programme. The same session of the Regional Committee then passed its second resolution (EUR/RC27/R6) on health care of the elderly, the first one (EUR/RC25/R3) having been passed at the Regional Committee in Algiers in 1975.

Since the first meeting of directors of national institutes of gerontology, in November 1976, a practical achievement had been the establishment of a mechanism for exchanging experimental tissues between centres. A document had also been produced which would ultimately be formulated as a position paper on the requirements for training and teaching of physicians and nurses for geriatric care in the community.

In conclusion, Dr Glyn Thomas said that there were associated activities within other existing programmes of the Regional Office which were considered to be of importance, e.g., those relating to cardiovascular diseases, mental health, nursing, health manpower development, and environmental health; certain programme components would need to be integrated very carefully with the overall programme on health care of the elderly.

3. Statements by representatives of organizations

Each participant from the 14 governmental and nongovernmental organizations attending the meeting was then asked to give a résumé of the activities of his or her organization. At the end of each presentation, participants were invited to express their views on the questions raised and, if necessary, to ask for clarification.

Mr P. Kuenstler (United Nations Division of Social Affairs (UNDSA))

Within the United Nations system, the social branch of the Centre for Social Development and Humanitarian Affairs has a direct responsibility in the social sector and also seeks to facilitate coordination among the various specialized agencies.

The activities include information exchange, technical assistance, training, cooperation with NGOs and research. A paper entitled "United Nations work in the field of aging" having been specially prepared by the Social Development Branch for the liaison meeting and distributed to the participants, Mr Kuenstler limited himself to drawing attention to the main items. Some information was first given on the report prepared by the Secretary-General for the Thirty-third session of the General Assembly (September/December 1978). Resolution 32/132 called for an "International Year and World Assembly on Aging", but it also specifically invited all Member States to make known their views regarding the utility of proclaiming an international year, as well as the desirability of convening a World Assembly on the Elderly. Replies received from 60 Member States showed mixed reactions, especially amongst European countries, which pointed out that it might not necessarily be the best way of dealing with such an important problem. Although quite a large number of developing countries did not answer, many of them expressed substantial interest in problems of aging.

Since the whole concept of organizing international years is under strong criticism, no further decision has been taken on holding one, pending a general assessment of their value. It would seem, therefore, that the decision on establishing such a year for the aged has been postponed, but the World Assembly on the Elderly is to take place in 1982.

Next year the General Assembly will also be presented with progamme proposals in the field of aging. The six broad programme topics recommended correspond fairly closely with those on the WHO list:

(1) categorizing and analysing problems of elderly persons common to most societies;

(2) highlighting problem areas which are considered of priority concern;

(3) preparing recommendations for promoting recognition of the dignity of elderly persons and the value of their contribution to national and social progress;

(4) developing a list of proposed studies and research on special issues in the field of the aging and recommending means for facilitating international cooperation in such research;

(5) preparing recommendations on means of educating and informing the public of the rights and problems of the elderly;

(6) preparing recommendations for strengthening and coordinating activities concerning the elderly in the United Nations system.

Training activities to be carried out in the near future include two seminars: one, planned on a world level, to be held in cooperation with the USSR Government in Kiev, in May 1979, and focusing on involvement of the aging in economic and social development; the other, organized on a regional basis within the European Social Development Programme, to be convened in Copenhagen in March/April 1979, on informal action for the welfare of the aged. As regards the European level, another subject possibly to be included in the period up to 1981 is a seminar or meeting of experts on productive life in old age: its meaning for the individual and for society.

Commenting on another section of the information paper dealing with the current and projected activities in the research sector, Mr Kuenstler drew attention to two studies; one currently carried out and expected to be completed in 1979, which consisted of a survey of the social and economic conditions and needs of the aging in rural areas, with guidelines for action, which will be complementing a former urban study on the aging; another, envisaged during 1980-81, on the situation of older women, focusing on the problems of widowhood and economic insecurity, also with guidelines to be developed in order to assist governments in designing relevant programmes. On the important question of an information exchange system on aging, reference was made to the "Gamma Group", an organization of European experts on aging. Members of this group were contacted to serve as national correspondents in Europe; they will identify and relay information from their respective countries to the United Nations, as well as disseminate United Nations information to policy-makers, planners and researchers in their own countries. If this method proves successful, the regional commissions will be invited to follow the European network model with a view to establishing a worldwide network of professional correspondents in this field.

Finally, since cooperation with NGOs and IGOs was a special concern of this meeting, the United Nations representative felt it appropriate to pay tribute to the collaboration existing between WHO, particularly the Regional Office for Europe, and those organizations.

In answer to a question concerning the activities of other agencies of the United Nations which were not directly involved, Mr Kuenstler said he could obviously only give an incomplete reply. Because of its great interest, he gave supplementary information, previously referred to, on the preparation by ILO of an international convention or recommendation on elderly workers, a project about halfway achieved, which would take three years in view of the complex process of obtaining the opinions of Member States.

In this respect, another speaker indicated that in fact the ILO study extended beyond the elderly group since it covered workers from the age of 45 onwards.

Regarding UNESCO, he assumed that the organization was taking an increased interest in educational aspects of old people.

Dr B. Frijs-Madsen (Danish Gerontological Society)

The organization is a scientific society founded in 1956, a member of the International Association of Gerontology and of the Scandinavian Federation for Gerontology, as well as being affiliated with the Danish Medical Society. Its primary objective is to promote research and information within and between basic gerontology, clinical geriatrics and the social sciences, by arranging meetings and by establishing and supporting cooperation with other scientific societies. Its members, at present numbering 124, are drawn from the medical profession, other biological sciences and the social sciences; foreign scientists also can become corresponding members.

The activities, planned on a yearly basis, usually comprise three to four scientific meetings, including the one associated with the General Assembly. The subjects vary within the field of gerontology, but preference is given to multidisciplinary subjects. For instance, a whole-day meeting which was recently held tried to combine the interests of different groups dealing with topics such as: atherosclerosis and vascular diseases in elderly people; diabetes; cancer and age; urinary incontinence and its evaluation in a geriatric population. "What do you know about the aged?" was the theme of a television programme intended for the education of paramedical personnel. The society is also working on a publication about normal aging, to be distributed mainly to Danish medical practitioners.

Among other activities carried out in 1978, the governing board of the Danish Gerontological Society initiated a commission concerning pregraduate education in gerontology. The main purpose of this commission has been to discuss how gerontology and geriatrics could be taught in the Danish universities. It is realized also that there is a definite need for knowledge about the various phenomena related to age, aging processes, diseases of the aged, etc. With regard to the problem of retirement, the Society is trying to exert its influence by means of documentation and argumentation concerning the existing law on retirement, which entitles those having reached the age of 60 to cease work when they choose. According to the manner in which this law has been enforced, the effect has been to force people to retire at 60, rather than, as intended originally, to permit a gradual voluntary withdrawal from the labour force. Recently the Society, at the request of the Chairman of the Danish Medical Association, submitted suggestions on the composition of a committee concerning all aspects of aging.

Questioned about the relationship between the Society and the Directorate of Health and the role the Society might play when expert advice was needed, Dr Frijs-Madsen said it was his impression that the Society had little say in the matter. In a more positive vein, the close link between Nordic countries was underlined, thereby associating the work of five countries.

Regarding publications, the Society has none of its own, the main source of information being the newsletter of the Scandinavian Federation for Gerontology.

Dr F. Pavelka (European Centre for Social Welfare Training and Research)

The European Centre for Social Welfare Training and Research was established in 1974 in Vienna on the basis of an agreement between the United Nations and the Austrian Government. Its activities are conceived so as to complement the European Social Development Programme of the United Nations Division of Social Affairs in Geneva. Its functions are threefold: to identify training needs and conduct training activities at an international level in order to improve the knowledge and skills of all categories of personnel involved in the social wellbeing of people; to initiate, coordinate and/or carry out research projects in the region in which particular social welfare issues of importance to the countries of the region are investigated in a cross-national perspective; to maintain relations with organizations, national authorities and other bodies and individuals active in the field of social welfare. Consequently, in the field under review, it aims to promote the interests of the elderly on a European scale.

Using as a basis these two main functions, training and research, the Centre itself has developed two branches of action in its working methods. Dr Pavelka then gave an outline of the two areas of activity more specifically related to the field of aging, for the period 1974-78. Training activities: "Social security schemes and interprofessional work with the aged" was the topic of a European seminar, cosponsored by ISSA and held in Salzburg in November 1976. It represented the Centre's first step towards making use of the interdisciplinary approach in this field. The following items were discussed: the status of the elderly in society, retirement, social security schemes and medical care costs, social and medical services, the organization of the social services and their links with social security systems.

The seminar had endorsed the trend towards supporting the autonomy of the elderly; they should be helped to remain as independent as possible for as long as possible.

Research activities: so far it has not been possible to develop the research section of the Centre as its training section, since the Centre is dependent upon the secondment of experts from European governments; this fact considerably slows down the process of organization. Because of this situation, the Centre was only able to carry out one cross-national study on "Open community care for the elderly", in cooperation with UNDSA and the European Coordination Centre for Research and Documentation in Social Sciences, a UNESCO centre located in Vienna.

Experts representing Austria, Denmark, Greece, Hungary, the Netherlands, Poland and Yugoslavia took part in the project. The main purpose of the study was to identify trends and developments in what is called open care services, in contrast to institutionalized care services. In view of its relevance to the subject of the liaison meeting, Dr Pavelka thought it appropriate to summarize the conclusions of the study. In all the seven countries represented in this project there is increasing interest in community care and domicile-oriented care. Arguments supporting the development of this type of care are that older people at present living in health care institutions frequently do not need the high level of care they receive and/or could leave these institutions earlier if community care and home care were available. Community- and domicile-oriented care encompasses a large range of services for the handicapped, from meals-on-wheels to chiropody, hairdressing, telephone services, etc. A publication on the results of the study will be available by mid-1979. As a follow-up activity, these results will also be considered at a European symposium on "The elderly and the care system" to be held in Warsaw in May 1979.

Questioned about the documentation produced by the Centre, Dr Pavelka explained there were three types of activity: a quarterly dealing with current news; publication of the results of meetings; and occasional papers on the scientific work of individuals affiliated with the Centre and bearing on a specific area of activity. The Centre had no documentation service as such.

This problem of supplying information led Mr Kuenstler (UNDSA) to point out that the Division in Geneva had established a network of social welfare research correspondents covering 28 European countries. When a request for information on the latest research on a specific topic was received, the system needed about 2 to 3 months for systematic queries and replies; it had proved a successful small-scale venture in meeting requests for information on research in the field of aging.

Mr W. Kerrigan (International Federation on Ageing (IFA))

Mr Kerrigan summarized the aims and objectives of the Federation as follows: to provide information that has practical applications and to communicate - in the broadest sense - about the problems of the aged; generally speaking, its activities are directed towards practitioners in the field of aging and organizations serving the aging. IFA has also tried to be as helpful as its resources permit to the developing countries, as they begin to struggle with their changing demographic pattern, growing urbanization and the breakdown of the extended family structure. Besides having its own member organizations in the developing countries, it has also provided assistance in Kenya, Nigeria, Ghana and Sierra Leone.

The IFA goes about its task of stimulating awareness about the problems of aging in three main ways: through a publication programme, a conference programme and a programme of advocacy.

It produces a quarterly bulletin Ageing international, available in English, French and German, which reports on developments in aging around the world. The publication concentrates on the areas of programme innovation and service delivery and the endeavour is to make it of the greatest possible value to practitioners.

IFA also prepares a series of special reports of particular interest to organizations serving the elderly. Here again the idea is to try to deal with matters of practical concern.

One such special report is an "International survey of periodicals in gerontology", which has proved of great use. Through its own network of correspondents all over the world, IFA has been provided with probably the most comprehensive list of publications in this field. Forthcoming publications will include a report on problems of crime and the aged and another on postretirement employment.

IFA also conducts international and regional conferences and symposia, six of which have been held in the past five years; these, too, are on topics of interest to practitioners. The last symposium, organized in conjunction with the International Conference on Social Welfare, in Israel in 1978, was on the subject "Mandatory retirement: blessing or curse?", a problem of considerable interest in certain of the developed countries. In the field of advocacy, IFA has consultative status with ECOSOC, ILO, UNFPA and the Council of Europe, and tries to collaborate as closely as possible with all these organizations. It also works with ISSA to a considerable extent and earlier in 1978 participated in a meeting of a group of experts convened by the Institut de la Vie and the United Nations, to consider how to transfer knowledge about aging to the developing countries - a very new effort. IFA, serving as an international spokesman on behalf of the wellbeing of the aged, has worked hard during the past year as a member of a NGO committee, to achieve acceptance by the United Nations of the idea of a World Assembly on the Elderly in 1982.

In reply to a question by the Chairman on the nature of IFA's membership, Mr Kerrigan explained that there is no individual membership; it is intended mainly for voluntary organizations, national organizations or those whose activities are less than national in scope. By and large, members cover the nonacademic, nonmedical side in the field of aging.

Dr A.H. Jolivet (Commission of the European Communities (CEC))

Dr Jolivet gave a brief review of the Commission's activities, grouping them under four main headings: social, medical, research and economic. CEC had a duty to concern itself with the social and health problems of the elderly not, as might be thought for strictly economic reasons, but by virtue of its obligations under Article 118 of the Treaty of Rome, a key aspect of which was the harmonization of member states' social policies.

Consequently, in the field of social matters, CEC had, by means of activities and studies, attempted to identify the real rights of the elderly with regard to sickness insurance, pensions, retirement conditions, general services, in short, anything that could and should contribute to the quality of life, including the right to health.

Among the main activities concerned with the elderly, mention should be made, in particular, of the preparation of comparative tables of social security systems, carried out under the auspices of the principal Directorate-General involved, namely, that of Social Affairs.

However, the aging of European populations, the continual increase in health expenditure, the right of access, in principle, of everyone to the various health services, the more and more widespread introduction of more complex and sophisticated technologies, and the increase in the volume of care, presented health administrations with many problems. The most difficult question, and certainly the most fundamental one, was to assess the extent to which, for example, all this medical care improved the health of the elderly. A definite reply could not be given to questions of that nature; all the same, health planners and administrators could not work without meaningful and detailed information, hence the need to collect relevant and valid data, especially in order to determine real needs, this being the prime factor to be considered.

In that connexion, during the past year, three studies had been conducted:

(1) hospital utilization - various reports and studies were available, presenting various statistics by year, age and sex, prepared in five university hospital centres and five regional hospitals;

(2) drug consumption - the figures available were open to discussion, since the study had, generally speaking, perhaps concentrated too much on the economic aspect of the problem; nevertheless, some of these studies, particularly that carried out in France for CREDOC, were of interest in that they threw light on drug consumption according to sex and age groups;

(3) utilization of medical services outside hospitals - work in this field was in progress. Moreover, an exploratory study should confirm the importance of guiding persons above a certain age towards the appropriate medicosocial structures, which were not necessarily specific, in other words, envisaging a system of primary care delivered in medicosocial centres.

The second problem to be considered was that of defining the normal nature of old age. Thus, it was necessary to have access to still more reference data, values and parameters, applicable to the typical adult but taking the time factor into consideration. In that connexion, CEC had participated, in collaboration with the International Commission for Radiological Protection, in the preparation of the latter's publication No. 23. Using that publication, entitled The reference man, any physician or biologist could have at his disposal the various physical, chemical and biological parameters characterizing "normal" or "standard" man. The work could be followed up to obtain data considered to be reference values for the normal elderly person aged 65, 70, 75 and beyond. That research topic therefore merited support.

Turning to the field of research in the general health sector, Dr Jolivet noted that a body existed within CEC entitled the Committee for Medical Research and Public Health, which was in turn a subgroup of the European Committee for Scientific and Technical Research. Its task was to support joint action by member states in the field of medical research.

In that context, the epidemiology group of the first-mentioned Committee played an especially important role, since it was on the basis of its recommendations that CEC could make advances in the sphere of health policy. The epidemiological data which the group was endeavouring to interpret, accompanied by information relating to age, would certainly lead eventually to interesting results on old age. There were also a number of specific activities which could throw light on both premature aging and the incidence of diseases of old age. One such study was that which was aimed at ascertaining the effect of fibre in the alimentary ration on the intestinal mucus and on transit. Another subgroup dealt with drug monitoring. It should prove posssible to orient the work of this group in new directions, e.g., polypharmacy in relation to the elderly, i.e., how the individual reacted at a certain age to a given drug or a certain combination of drugs.

The economic field was that which raised most problems and was a matter of common concern to all countries of Europe, since the aging of the population in those countries was becoming more and more pronounced; as the numbers of elderly in the population grew, so did the costs of medical and social services and the number of retirements. It was, therefore, a field to which CEC continued to devote particular attention, e.g., by attempting to supervise the methods of social security financing in the member states of the Community.

A number of questions were then put, particularly concerning the studies on hospital utilization and drug consumption and on that relating to health care costs. Mr Gruat stated that ISSA was currently conducting a study on the same subject. Professor Medinger (EURAG) wondered whether the Commission was genuinely concerned with human and health problems apart from the aspects of economic return - and that mainly in relation to the working population. He voiced some scepticism regarding the motivations of those reponsible for social activities as far as the elderly were concerned.

Dr Jolivet replied that CEC's social policy was defined in Article 118 of the Treaty of Rome, which was a treaty of the European Economic Community, one of three Communities, and consequently, the possibilities of achieving a truly coherent policy in the health field were strictly limited. Such a policy did exist, in a very primitive form, in two specific sectors: that of protection against ionizing radiation (EURATOM) and the mining sector (ECSC). In other fields it was possible to tackle social and health problems, on a humanitarian basis, through the bias of industrial policy and the requirements of economic competition within the Community. With regard to services for the elderly, even though it was not at present proposed to deal with the problem of the care of the elderly separately, e.g., by medium-term action programmes, it was the subject of constant attention by numerous services of the Commission.

Professor J.-L. Albarède (University of the Third Age)

Following the outstanding success of the University of the Third Age, which had been founded in 1973, the International Association of Universities of the Third Age had been set up in 1975, also at the initiative of Professor P. Vellas.

At the international level, the Association ensured, on the one hand, coordination of the various universities of the third age, especially with regard to their training, study and research activities, and on the other, it endeavoured to promote the development of any collaborative activities, either among universities of the third age or with other organizations.

The Association, whose headquarters was in Toulouse, France, currently grouped together some 80 universities of the third age, most of them in Europe (30 in France, 23 in Spain several in Switzerland and Poland) and a few in Canada and the USA. Universities of the third age were all establisehd within universities of different orientations and disciplines, which provided facilities for their work.

The Association included various bodies, the most important of which was undoubtedly the Conference, which met at least every second year, but which had, in fact, held meetings annually. This Conference was made up of representatives from each university of the third age and was the organ that determined the Association's policy and work. It could, upon request, set up special committees to deal with particular research problems. It produced a publication entitled Echanges internationaux, and was supported by membership dues; for its research programmes it called upon funds from external sources.

The original idea of the founder of the University of the Third Age, namely, to contribute to the enhancement of the level of physical, mental and social health of the elderly, rested on two fundamental aims: (1) to open up the university to the outside world and prevent it becoming closed in upon itself, and (2) to make available the university's existing possibilities in order to achieve optimal utilization of its resources without interfering with its operation.

While no special programme had been drawn up at the beginning, it had soon become necessary to rationalize activities and orient them in four principal directions: (1) measures directed towards the elderly; (2) measures aimed at persons providing services for the elderly; (3) research activities; and (4) activities aimed at sensitizing public opinion. Four major programmes of activity had now become firmly established and were subjected to a constant process of evaluation and readjustment.

Programme for elderly persons. Such programmes varied from one university to another according to local conditions, but they were based on the fact that the university's active staff members were placed at the disposal of the elderly, regardless of their initial social and cultural level; there was therefore no selection for entrance and no economic barrier, the contribution required being truly minimal. Specific action took place at three levels: (1) health welfare based on physical and mental hygiene programmes, including physical education, exercise, yoga and relaxation sessions, creative and artistic activities, tuition in foreign languages, etc. The aim was to prevent accelerated aging by making maximal use of the remaining functions; (2) social welfare: various projects enabled members to carry out work on a voluntary or remunerated basis, placing them once again in positions of responsibility but orienting them towards other elderly persons, children, the disabled, and local institutions or communities; the services thus rendered also improved the quality of life of others; (3) cultural welfare: this was based on the principle that education did not necessarily cease at the time of retirement but that it should, on the contrary, be continued. The cultural programme, offering a broad range of activities, provided professional refresher training to enable knowledge once gained to be used again, and also updated general knowledge so as to promote members' integration in the present-day social and cultural scene.

Training programme for students and professionals working in services for the elderly. Being a university institution, it was perfectly normal that the university of the third age should

concern itself with training in gerontology for technicians and for professionals who would be dealing with problems of old age, either in the field of health or in the administrative, legal, economic, social and other professions. The university also collaborated in organizing retirement preparation courses. Another training activity that played an important part in improving day-to-day relations within the family was a programme of health education aimed at mothers of families, in such a way as to bring about a change in the image of old age and relational problems at the family level.

Activities in applied research. This sphere of activities had a specific character linked to the university structure, thus distinguishing it fundamentally from associations or clubs for retired persons. The aim was to set up experiments which would not necessarily be accessible to everyone but which, after evaluation, could be applied to others not attending the university. These research programmes were then discussed by symposia or working groups at varying intervals. For example, recent conferences of the International Association of Universities of the Third Age had had as their topics continuing education and the level of health (1977) and human resources in the third age (1978). The 1979 conference would be dealing with health education.

Of the programmes in progress, mention was made of a long-term longitudinal study on aging in the third age population, with biological, semiological and socio-behavioural indicators, the aim being to examine the relationships between aging and the type of activities proposed in the university of the third age and to draw practical conclusions therefrom; a study being conducted by the medical section of the University of Toulouse regarding indicators of level of dependence in elderly persons, with the objective of arriving at an evaluation of needs at the level of individuals and local communities; a working project on memorization conducted by a neurological team of the University Hospital Centre, Toulouse, relating to the teaching of modern languages to persons aged between 7 and 75 years; a prevention programme for persons in their fifties, to be carried out at the summer University of Luchon in collaboration with the Institute of Gerontology, Florence, the aim of which would be to draw up, in conjunction with a group of international experts, a prevention programme for people in their fifties, using thermal structures as means of activation; a drug monitoring programme linked with a study of health services consumption in relation to psychosocial factors, conducted in collaboraton with the Laval University, Quebec, a health education programme angled specifically towards the effectiveness of such education in regard to behavioural changes in the elderly.

Activities to sensitize public opinion. These were of prime importance, and should operate both within the university at the level of the third age group and outside the university, to influence society. In the university, they allowed a considerable number of persons to live an active old age and to delay the process of dependence, but above all they should have a feedback effect on society. By means of information supplied to and through the mass media, the university could make an appreciable contribution to heightening public awareness and influencing the decision-making authorities.

Some of the programmes outlined were in perfect accord with those of WHO, and the Association placed itself at the disposal of the Regional Office in order to achieve effective cooperation.

In the discussion which followed Dr Pavelka raised two points: firstly, since many people during their working lives had no chance of developing any ties with a university and thereby had no ability or motivation to join a university of the third age, how did one deal with that problem? Secondly, as a corollary question, what action ought to be taken with a view to changing society's image of the elderly?

On the question of encouraging elderly persons to attend universities of the third age, Professor Albarède said that obviously one could not accept all the elderly people in a given region. It had been observed that recruitment did not necessarily correspond with a university past, and many students came from sections of the population with very average professional backgrounds. Selection was rather among those who, despite their age, had not aged and still had the desire to lead an active, full life. The important thing was to have a group of people who would serve as an example to others. As to modifying society's image of the third age group, the essential point there was to prove that a group of persons who had not been specially selected could derive benefit from a university which was not reserved for people of any particular type but was open to the man in the street. Universities of the third age had to combat the systematic devaluation of old age and do away with the traditional image of the old people's home which caused so much distress, replacing it by a dynamic image, particularly among the younger generation. The university of the third age therefore had to make its own publicity through the medium of the press, radio, television and the printed word.

Dr Glyn Thomas noted that the Toulouse University experiments related to language training confirmed recent studies which were showing more and more that the cognitive and verbal abilities of old people were, in fact, better than those of young people, although their motor ability was probably less. It might be worth systematizing the results of the Toulouse study and other small studies to dispose of the myth that the old could not learn anything. He asked whether there was anything comparable to the Open University in the United Kingdom, where formal education was offered on a planned basis through television programmes thus providing contact with a broader population.

Professor Albarède felt that physical mobilization was a capital asset, since deterioration of bodily functions was one of the points which, at the psychological level, lay at the basis of the general devaluation in the status of the elderly.

The programme of the Open University was comparable, but televised education probably had less impact, in the sense that the phenomenon of group dynamics could not be given full play, and the personal example factor mentioned earlier was also lacking.

In reply to a further question, he stated that, as far as its structure was concerned, the University of the Third Age was a research and training unit, fully independent, with its own statutes, within the University of Social Sciences, Toulouse, which covered operational costs. At present it did not award any specific diploma.

Another question concerned attendance. At the University of the Third Age, Toulouse, some 2000 persons were enrolled annually; of these, 1000 attended very regularly and followed the curriculum right through, while 500 attended spasmodically, mainly for the physical activities, and a further 500 hardly ever put in an appearance. It was hoped to put these variations to good use since they lent themselves to a study on the aging process in those different groups.

Dr Sokolov (WHO secretariat), asked whether studies had been carried out on the possible effects of behavioural diseases. Recalling the serious problem posed by the high frequency of chronic diseases and, concurrently, the high percentage of behavioural disturbances, such as overconsumption of drugs, he wondered whether those observations were being studied at Toulouse.

He was told that studies carried out among sample groups of third age students until 1977 had concentrated mainly on physical activity and changes relating to physical parameters. From 1977 onwards a programme had been under way which allowed a more global evaluation, taking in psychosocial and behavioural parameters, particularly those relating to drug consumption, but a time-span of some five years was needed to draw significant conclusions from those studies.

Mr Gruat (ISSA) asked whether the social and professional background of the students corresponded roughly to the average for the population. He was told that the professional categories were very varied but they were not proportionally represented: although the university was not the reserve of former intellectuals, there were, on the other hand, few former workers and a large number of former lower-bracket staff and employees.

Concerning the possible relationship between the conditions of the third age students and the activities in which they participated, Mr Kuenstler (UNDSA) asked whether a control group existed, thus enabling one to demonstrate whether the effects observed were due to the participation in the said activities or perhaps to other factors such as, for example, their motivation.

Professor Albarède conceded that that was a major difficulty in studies of that type, and something that the research teams were currently working on; for the time being, it was proposed that the persons who had enrolled but who did not attend the university at all should be used as the control group.

Replying to Mrs Manley (Society of Geriatric Nursing), he said that so far the universities had been able to satisfy all enrolment requests, but if the upward trend continued it would prove difficult for existing university structures to cope; one possible solution would be to make activities less concentrated by raising the level of leisure entertainment clubs. He confirmed that at present certificates or diplomas were not awarded, but the possibility of issuing certificates of some kind was not ruled out in view of the potential role of univerities of the third age in long-term vocational rehabilitation. As to young and elderly people living together, there was no problem; not only were relations between the two groups harmonious, but they were also a source of mutual enrichment. In reply to a final question, he stated that only approximate information could be given on the numerical proportions of the students, by sex: two-thirds were women and one-third were men.

Professor Ingeborg Falck (German Association of Gerontology)

Professor Falck said that the aim of the organization as stated in its Constitution was primarily the promotion of research and training in gerontology, in cooperation with international organizations, as well as with national scientific organizations in the fields of biology, medicine, behavioural and social sciences. The Council consisted of a President, two Vice-presidents and Chairmen of four sections, redefined in the last Assembly, held in Hamburg in October 1978, as follows: experimental gerontology; clinical geriatrics, including geriatric psychiatry; sociological and social gerontology; and social welfare for the elderly.

Among past activities of the Society in the field of health care of the elderly, a landmark was the European Congress on Biological Gerontology, held in Munich in 1949. Regarding future activities, the Society was organizing the Congress of the European Society of Experimental Gerontology for March 1979, in Munich. It also assumed responsibility for planning the Twelfth Congress of the International Society of Gerontology, at which WHO would be requested to set forth its programme of activities for health care of the elderly. A symposium on the training of staff in geriatric homes and hospitals, a symposium on the dying patient and a European symposium on gerontological basic research were in the planning stage.

The Society maintained close links with the German Centre for Questions of the Elderly in Berlin, and, after a long period of interruption, it had been able to resume contacts with the Society of Gerontology of the German Democratic Republic.

It was pointed out that in the Federal Republic of Germany only a few hospitals specialize in geriatrics, and health personnel does not show much interest in the geriatric field; unfortunately this also applies to medical schools at universities and the same attitude prevails among general practitioners. It might explain why the society could not develop strong connexions with personnel in those categories.

The health system provided good, but very expensive medicine, and had too many beds, while geriatric care was less expensive and did not have enough beds; in other words, old people did not get enough good geriatric care, especially with regard to geriatric rehabilitaton. A striking example of the bed situation was that the Federal Republic possessed nearly 700 000 beds in hospitals, of which 2.6% were for ear, nose and throat cases and only 1.9% for geriatric patients.

As she held the post of Vice-President of the German Association of Medical Women, Professor Falck felt it might be of interest to mention the mortality age of women and men doctors: 60 and 66 respectively. Men and women doctors did not differ as far as occupational diseases were concerned, but their psychosocial situation was quite different: women doctors had dual employment, i.e., both family and professional responsibilities, and in addition they tended to have more children than the average female population.

The Chairman, thanking Professor Falck for her contribution, requested additional information on the Berlin Centre for Problems of the Aged, in view of the fact that Berlin had an extremely high proportion of old people, 23% of its population being over the age of 65. Professor Falck replied that the Centre, which was now two years old, was only a documentation centre, with limited staff and possibilities; it restricted its activities to social questions and did not touch on medical problems. For instance, it produced documentation on training curricula for social workers and nurses in the geriatric field. The Chairman drew attention to an interesting survey made possible by a grant from the Volkswagen Foundation, on the state of gerontological research and including such sectors as experimental gerontology, gerontopsychiatry, etc. He pointed out the interest displayed by the German Association for Public and Private Nonprofit Social Care, which had a special section dealing with social problems of the elderly. However, in spite of the considerable efforts made by professionals and lay people of many different backgrounds, geriatrics, as a special discipline, had not yet been accepted by the medical profession in Germany, hence the difficulty of establishing a specific curriculum for training.

Professor Medinger (EURAG) pointed out that WHO itself had since 1974 been recommending the establishment of chairs of geriatrics at universities. However, the obstacles were evident: the situation had become hardened, there was a lack of enthusiasm among young students, insufficient financial incentive and prestige, etc. One solution might, for the present, be the issuing of certificates in geriatrics, an option open, he believed, to French students of internal medicine upon completion of their studies.

Mrs Manley (Society of Geriatric Nursing) found it disturbing that some countries were unable to set up geriatric divisions, this having an enormous effect on nurses' training. The EEC directives had set out very clearly that a mandatory period of training in the field of geriatrics would become necessary, nurses' training at present being based largely on the medical model.

If medical professionals were not prepared to practise in that specialty, there would be serious consequences for training and status of the nurses.

To clarify the situation, Dr Glyn Thomas recalled that the WHO Regional Office for Europe was tackling the problem of the training of nurses for geriatric work, through its programmes in health manpower development and nursing. On the one hand there was concern to create a geriatric specialty, while on the other hand there was considerable apathy in the medical profession regarding such proposals. However, in the eagerness to find a solution, one should be cautious not to revert to institutionalized care of the elderly to the detriment of a composite pattern of development of sociomedical activities within a community setting.

Mr R.L. Pashley (Age Concern England)

Age Concern is a voluntary nongovernmental organization founded in 1940. It brings together about 75 major national voluntary and professional associations and over 1000 local groups throughout England, who work with volunteers to promote the welfare of elderly people. The organization has four basic objectives in its work:

(1) to provide effective and direct community services;

(2) to be social advocates on behalf of the elderly;

(3) the identification and pioneering of new ways to meet needs;

(4) coordination with other agencies.

A fundamental principle underlying these objectives is to encourage elderly people themselves to participate and become actively involved in the general life of the community, in identifying and publicizing their own needs, and in planning, organizing and providing the services to meet those needs.

The first objective, to provide effective and direct community services for the elderly, is really the main activity of the 1000 local groups. With the huge growth in the number of very old people who are likely to need considerable support, Age Concern considers that, in the future, more responsibility for basic caring will have to rest with the community, families and neighbours and with voluntary bodies like Age Concern. With this in mind, Age Concern is identifying a list of priority services, is concentrating on these services and providing them to those who are likely to be in greatest need, e.g., the very old, the housebound, the physically or mentally frail and handicapped, persons recently discharged from hospital, the recently bereaved and the socially isolated. These services are divided into two categories: major priorities and other services. The major priority services include schemes for: neighbourhood care (where volunteers keep an eye on elderly neighbours), visiting (providing regular friendship and help), early warnings (where volunteers make regular calls), family support and night attendance (to give some relief to relatives), hospital discharge (where volunteers give whatever practical or emotional support is needed), transport (provided by volunteers), and self-help, which encourages pensioners to organize their own services. Other services for which some support and advice will be available are: information; short-stay holidays; meal services; leisure activities; occupation and employment schemes; practical jobs, including insulation, gardening, shopping, household repairs, etc.

The second objective is to act as a social advocate on behalf of the elderly. While accepting that there is a wide area of increasing concern regarding the general life-style of the elderly, it is still a fact that a major target of Age Concern activity should be the elimination of poverty within this population group. For this reason Age Concern is devoting a considerable amount of attention to the whole area of income maintenance. It transmits the views and needs of the elderly in order to enhance their position in society and generally encourage the growth of a caring attitude among the public at large. In 1974 Age Concern provided a charter for the elderly, and more recently, in 1978, a statement setting out Age Concern's policies on housing, health, heating, transport, pensions, etc. This statement particulary emphasizes the need to eliminate poverty and to provide support for the elderly in their own homes.

The third objective is the identification and pioneering of new projects to meet needs. This entails the collection of information and the conducting of research on the best ways of meeting current needs. Some projects which are at present being undertaken include a study on the responsibility of religious organizations to their members, with particular reference to bereavement, the churches' involvement in voluntary services and the effective use of churches' land and buildings.

There is also a scheme called "link opportunity", in which retired people do jobs for each other, using skills they learned in their occupations before retirement. There has also been a new approach to consumer protection. Age Concern now provides a service for a commercial company which organizes some 200 000 holidays a year for elderly people. Complaints against the company are referred to Age Concern, which offers an independent service to find acceptable solutions to them. Funds have just been obtained to conduct a public education programme on crime against the elderly.

The fourth and final main objective is communication and active cooperation with all other agencies, statutary or voluntary, involved in the cause of the elderly, so as to provide a coordinated approach and avoid duplication. This is where the 75 national associations and the 1000 local groups previously mentioned earlier come into play.

There are two other activities worth mentioning which are carried out at Age Concern headquarters. Firstly, the organization maintains a small research unit. Since the Age Concern movement emerged in its present form in the early seventies there has been a growing commitment to research, in order to gather facts upon which service policy formulation, programme direction and action can be based. The research unit has published a series of papers called Profiles of the elderly. These papers examine the vast amount of existing research data on the elderly and attempt to highlight the information which, as only too often happens, is inaccessible or unpublished. The profiles which have so far been produced concern health and the health services, transport, standards of living and aspects of life satisfaction. The research unit has also undertaken a major sample survey of persons over 65, but analysis of this work is not yet completed. The other activity of Age Concern headquarters is the publication of a wide variety of books for people who work for or are interested in the elderly; at present there are over 50 titles in the list. Two series are particularly popular. One is Action guide, which is intended to help local organizers who lack experience to organize local services such as transport, games and lunches; another consists of practical guides for elderly people themselves. One of these booklets, Your rights, which is a guide to the British social security system, has an annual sale of over 150 000 copies. Age Concern headquarters also produces a regular quarterly journal called Age Concern today, which includes regular information on current research.

Mr Pashley answered several questions on budget and finance matters. Regarding the distribution of services and the use of funds, the Government at the beginning was producing half of the budget, but its share has gradually been reduced to about one-fifth. Thus, at present, out of a total budget of approximately £450 000, 20% is provided by the Government, and that part is being used mainly for the team of advisers travelling around the country, e.g., advising on health service set-ups. The Government funds have to be renegotiated each year, and Age Concern has to account for the results. The main part of the budget is covered by funds-in-trust and voluntary donations. The main sources of finance for local groups are grants from county authorities (probably about one-half) and from local authorities. Age Concern also raises some funds locally, but to a small extent, for allocation to local innovative projects.

Professor Albarède asked three questions:

(1) How do you find out the needs of the elderly as conceived by themselves?

In 1974 a major conference was held on the position of the retired and the elderly. It produced a large volume of documentation on their needs, and it is aimed to update the information by sample surveys, such as the one carried out in 1975 but not yet fully analysed.

(2) How is one to arouse awareness regarding care of the elderly among local people?

This is a long tradition in Age Concern, and is done through the usual means of information, in particular radio and television, and by the efforts of Members of Parliament. The organization recently appointed a parliamentary assistant to a group of Members of Parliament concerned with elderly people.

(3) How is the technical assistance provided to local services?

About 100 major local groups have advisers, usually paid, responsible for organizing voluntary services in country areas and metropolitan districts. Age Concern provides a team of 15 field officers whose job is to advise local organizers on how to run services; it also has a training department to provide training schemes.

Mrs H. de Groot (The Third Age)

The Third Age is a national Belgian nongovernmental association which, because of regionalization, has for three years been functioning as a Dutch-speaking and a French-speaking association. It was founded in 1950 as "Week of the Elderly", with the objective of alerting public opinion to the problems of elderly people and of finding the best solutions to those problems. To that end, it set up study committees at the outset and, in particular, founded clubs whose purpose was to make the loneliness experienced by many old people more tolerable. In the years that followed it endeavoured constantly to adapt to social developments, both in its external forms (themes, slogans, congresses) and in its internal structures. Its name has changed over the years, and since 1970 it has been known under its existing title as an association to promote the wellbeing of senior citizens.

Thanks to its increasingly numerous activities it quickly became a permanent centre for the organization of initiatives in the field of gerontology, and thus formed a bridge between theoretical studies and the activities it initiated.

Its present work may be summarized as follows. First, the organization of an annual campaign to sensitize public opinion to the cause of the elderly. The "Week of the Third Age", involving all the media, is preceded by a congress directed in particular towards social workers and those in charge of clubs for the elderly. The findings of these congresses are published and communicated to the public and local authorities.

The association maintains permanent contacts with the ministerial departments concerned, which number 14 in all, and also with the local authorities, including mayors, political parties, directors of retirement homes, those responsible for social organizations, directors of schools, the clergy, the mass media, and, of course, clubs for the elderly.

The second type of activity is the study of problems of the third age and ways of solving them, studies carried out on the spot by social workers who have no scientific pretentions.

Thirdly, liaison is maintained with some 450 clubs and groups of senior citizens affiliated to the association; this makes it possible to reach approximately 80 000 people and to ensure contact with individual members.

The fourth type of action consists of making available to collective and individual members a range of services and activities, free of charge, such as general information, social services, legal advice, consultations regarding different categories of pensions because of their complexity (26 different systems), problems of accommodation, counselling on the formulation of wills, insurance, guidance regarding placement in retirement homes, special aesthetic services (skin care, hairdressing), painting, neurological consultations, rheumatology, lessons in general hygiene and dietetics. Another objective is to offer as wide a range of activities as possible, from university conferences organized in collaboration with the universities of Brussels and Leuven to continuing education programmes. The latter include language courses (English, German, Italian, Russian and Spanish), and practical courses in plumbing and electrical repairs, given on a voluntary basis by retired instructors. In addition, there are visits and guided tours, and a service of reduced prices for theatres and concerts.

There is also the so-called "Academy of the Third Age" for artistic activities, including painting, and finally leisure pursuits and hobbies are catered for by photography, bridge and other clubs. Physical education and sport also receive attention.

As far as the Association's structure is concerned, general guidance is provided by a national senior citizens' club, decentralized according to provinces; most of those in charge of activities are elderly volunteers, enrolled by salaried professional staff who include younger elements.

With regard to collaboration, the Association is represented on the High Council of the Third Age, a consultative body under the Ministry of Public Health and Family Welfare, which is at present studying a Royal Decree concerning the organization of health services and of relevance to the elderly. The present policy is to postpone for as long as possible the placing of old people in retirement homes by setting up "health centres". At the international level, the Third Age is a member of EURAG and IFA.

The Association publishes a monthly information bulletin, Inforsenior, for its members, with editorial articles of general interest and information on activity programmes.

Subsidies are provided by the Ministry of Public Health and Family Welfare and the Ministry of Culture. Membership fees are very small, and are augmented by donations and the proceeds of special events.

A discussion then took place on the concept of health centres as envisaged in the Royal Decree. Since Mme de Groot had not been a member of the Commission and had only received the text very recently, she was able to provide only limited clarifications. A psycho-medicosocial team would offer a number of different services and encourage people to remain at home. It would be directed not simply at the elderly age group but at the entire population of a district. The retirement home could serve as a basis for such centres. The Decree only gave guidelines, and the establishment of such centres would be left to the good will of the local authorities. They would be organized by the commune or provincial administration, which would provide subsidies. For the most part, they would employ physicians in general medical practice.

Dr Denham (British Geriatric Society) said that a similar experiment had failed in the United Kingdom because persons living on their own, and those at risk - in other words, the people most concerned - did not present themselves to the doctors and nurses, thus creating a gap between the two groups.

In order to avoid this, the Third Age planned to set up public restaurants and other premises where people could meet in clubs, thus providing an opening and a contact with the centre.

Professor Albarède (University of the Third Age) mentioned the results of a survey carried out on the utilization of medicosocial services by elderly persons in the Midi-Pyrénées region. It showed that, regrettably, only 3% availed themselves of social services, whereas most of them sought some kind of medical services, although their real needs were of a social rather than a medical nature. He felt it might be counter-productive if one did not, in advance, define very precisely the objective of these centres, and their structure, which was intended to meet a real need. Governments, including the French Government in its Seventh Plan, spoke of social gerontology consultations, but always without giving the requisite details. The task of defining those objectives might be given to WHO, which would, of course, require to take local situations into consideration.

Professor V. Medinger (European Federation for the Welfare of the Elderly (EURAG))

Since he had circulated to all participants a folder summarizing the structure of EURAG and its main tasks, Professor Medinger limited himself to emphasizing the main points. EURAG is a group of governmental and nongovernmental organizations and institutions, mutual aid associations and individuals - sociologists, social workers, gerontologists, etc. - concerned with assistance for the elderly.

EURAG specializes in several fields of assistance: social and legal position of the elderly, preparation for retirement and maintenance of activity, financial problems, health and hygiene, leisure, continuing education, accommodation, etc. Health care is just one of many fields in respect of which EURAG collects and disseminates information, gives encouragement, prepares recommendations for its members and the authorities concerned and enables exchange of experience among all the countries of Europe.

EURAG fulfils its tasks in three ways: (1) publication of a three-monthly information bulletin; (2) production of a monthly liaison paper; (3) organization of congresses, in principle every three years. The liaison paper gives brief news items on events in the various member countries, both at the official and governmental level and at the level of the member organizations.

The information bulletin, published in English, French, German and Italian, while providing information, also contains articles of substance on specific problems relating to the elderly. A review of the titles of articles appearing in the bulletin since 1975 shows that health care features prominently.

The congresses, organized on the occasion of EURAG's General Assembly, bring together those responsible for the member organizations and for the care of the elderly. Each has a set subject which is dealt with in papers and working groups. Thus, the Belgrade congress had as its theme "The integration and security of the elderly person in the European consumer society". The next congress, to be held in Madrid in June 1979, would have as its subject "The quality of life of the elderly". A working group would deal with the problems of the health care of the elderly, and a WHO representative would be one of the principal speakers at the opening session. With regard to collaboration between EURAG and WHO, EURAG could provide and receive information on any projected or ongoing activities in Europe relating to the health care of the elderly, conducted either upon the initiative of public authorities or on private initiative.

The Federation could also render effective assistance in disseminating WHO recommendations and directives, transmitting them through its member organizations to the public authorities and, above all, to the elderly themselves; the latter activity was regarded as particularly important as far as disease prevention was concerned.

In conclusion, the speaker noted that he was also President of the Luxembourg AMIPERAS Association (Friendly Association of Elderly Persons and Lonely Retired Persons), which had some 15 000 members, i.e., one-third of the country's elderly population. Referring to the fact that the Association had recently distributed to great effect a folder on nutrition and the elderly, prepared by the Director of Health of Luxembourg, he noted that WHO information could be disseminated in a similar manner.

The Chairman, thanking Professor Medinger for his comprehensive presentation, spoke of the successful work done by EURAG in functioning as a kind of clearing-house for channelling information in this field at the European level. Furthermore, the WHO Secretariat underlined EURAG's usefulness in publishing reports of WHO meetings and summarizing their main conclusions. The latter, when not taken up by other organizations, often remained "dead letters". Through its efforts EURAG led to a considerable increase in the number of requests for WHO technical reports. This kind of activity could be used as a model for later discussions dealing with possible ways of improving transfer of information.

Clarifications were requested as to the significance of EURAG originally holding consultative status with the Council of Europe (category II), and then being admitted to category I, and about its having obtained consultative status, category II, with ECOSOC. Clear-cut replies were not, in fact, provided. It seems that, regarding the Council of Europe, the present status enables EURAG to give recommendations to relevant committees of the Council, but, more important, to have a representative there through whom two-way exchange of information can take place efficiently. Regarding ECOSOC, the differences between various categories tend to reduce themselves to points of procedure; depending on the category, one can suggest points to be included on the agenda, or simply talk or just submit a written statement. In practice, this kind of grading is not important. In fact, there was a general feeling among those working for governmental organizations or governments that NGOs are usually extremely well informed about what is going on and that they communicate their own information very efficiently to others, which is why their collaboration is so much appreciated.

Dr M.J. Denham (British Geriatrics Society)

The British Geriatrics Society was founded in 1947 as the Medical Society for the Care of the Elderly. The name was changed during the 1960s to the British Geriatrics Society. Initially there were about 12 members, a handful of enthusiastic doctors; at the present time the Society has over 800 members. Those include registered medical practitioners, who may be consultants in various specialties of geriatrics, general medicine, orthopaedics and psychiatry. Other specialties are represented by doctors in community medicine, general practitioners and junior medical staff. The membership is mainly based in the United Kingdom, but there are quite a number of overseas members.

The objectives of the Society are threefold:

(1) to improve standards of care for elderly patients and to correlate the activities of doctors caring for the aged;

(2) to hold meetings for discussion of clinical or administrative subjects or problems related to old age;

(3) to encourage research into the problems of old age.

The Society has two main meetings each year, one in the spring and one in the autumn. In 1979, these will be in Glasgow and London.

Regarding publications, the Society produces a quarterly journal, Age and Ageing, which is mainly clinically oriented. It contains articles and book reviews and short accounts of meetings.

The Society has also published a book called Doctors and old age to commemorate Age Action Year in the United Kingdom in 1976. The book attempts to answer the question as to why doctors specialize in geriatric medicine, and attempts to show the rewards and job satisfaction of those who do specialize in this field.

The Society has also published a series of memoranda including The provision of geriatric services in the United Kingdom, Mental health in old age, Rehabilitation and The education of junior medical staff.

The Secretary publishes a Newsletter twice yearly to keep members informed of meetings and developments in the United Kingdom and abroad.

The funds of the Society, which is a charitable organization, are derived basically from the subscriptions of its members.

With regard to the field of research, the Society does not generally sponsor research activities itself. It is left to the individual members of the Society to carry out the research they are interested in. Occasionally, however, the Society does help to sponsor multicentre studies, for example, the survey by Professor Williamson of the use and abuse of drugs in the elderly. This survey, which was carried out in about 1976, showed that one-tenth of the patients admitted to geriatric units were admitted solely, or partly, because of side effects of the drugs that they had been given.

The Society collaborates with general practitioners concerned with primary health care. In 1978, a joint meeting was held between the Society and the Royal College of General Practitioners on "The integrated care of the elderly". Not only doctors but also physiotherapists and occupational therapists took part. In 1978 a joint report was produced with the College of General Practitioners on the training of general practitioners in geriatric medicine.

The Society also collaborates with psychiatrists. There is a liaison group between the Society and the Royal College of Psychiatrists, which recently published a memorandum on collaboration between psychiatrists and geriatricians, aimed at improving the care of the confused elderly patient.

The Society collaborates too with the Royal College of Physicians. A subcommittee of the College recently produced a report on the care of the elderly, which is aimed at improving the training of hospital doctors and improving recruitment into geriatric medicine.

The Society's members have had periodic meetings with the Department of Health and Social Security and, as mentioned earlier, the Department's observers attend the Society's meetings and Council.

The Society has joint meetings with the Royal College of Nursing and recently produced a book in conjunction with the Royal College on improving geriatric care in hospitals.

The Society participates in the meetings of the International Association of Gerontology, both the international and the European divisions. The Society also cooperates with other groups such as the British Society for Research on Ageing, the British Society for Behavioural Gerontology, Age Concern, pre-retirement organizations and accident prevention groups.

Dr Denham answered a number of questions. Asked whether the budget of the Society was completely financed by membership fees, he replied that basically it was funded by members' subscriptions with, in addition, some disinterested support from drug companies.

The question of the Society's publications aroused much interest. Dr Frijs-Madsen (Danish Gerontological Society) said that negotiations were under way between the Scandinavian Federation for Gerontology and the Society with a view to the former's participation in Age and ageing. Dr Denham commented that Age and ageing was an English-language journal, but it also took articles from other countries. He confirmed that distribution was to members only.

Professor Albarède recalled that, like many others, he had a subscription to the journal Age and ageing, but now his interest had been aroused by the series of memoranda, which at present seemed difficult to obtain. Dr Denham replied that Professor Albarède's association would be put on the mailing list. In response to a question from the Chairman about cooperation between the Society and other such societies in Britain, Dr Denham replied that there is no other clinically-oriented society in the United Kingdom, but the British Medical Association and the Royal College of Physicians also have geriatric subcommittees and the Society has a link with them, as well as with the major individual associations. The Chairman hoped that the exchange of publications would be further discussed since it was an important aspect of cooperation and a main item of the liaison meeting.

Mr J.V. Gruat (International Social Security Association (ISSA))

Founded in 1927, ISSA is a nongovernmental organization with 330 members in 110 countries. Its members are the bodies responsible for the administration of the different branches of social security and friendly societies.

The objective of ISSA is to cooperate internationally, in the protection, promotion and development of social security, mainly at the technical and administrative levels.

Unlike ILO, its role is not that of establishing standards or formulating recommendations, but of assisting those responsible for social security to examine together those questions that are of common interest. It is original in that, while bringing together at the highest level those responsible for implementing social policies in the various countries, it is nevertheless independent of governments.

Seventy-five per cent of its funds are derived from members' dues, while 25% come from ILO in the form of a subsidy; ILO also provides it with premises and certain material assistance.

With regard to collaboration, ISSA obviously maintains very close links with ILO, and also with the United Nations Division of Social Affairs and WHO. It also maintains relations with the European Communities, the Council of Europe, OECD and many other organizations, and with national associations.

The Association's activities are extremely technical and may be broken down into central activities, regional activities, research and documentation.

Central technical activities are carried out in 12 permanent committees or specialized groups, e.g., the Permanent Committee for Old age, Invalidity and Survivors, and the study group on rehabilitation.

Regional activities are carried out within a more limited framework according to the common concerns of a given region. European regional activities are thus aimed especially at problems of concern to social security systems in industrialized countries.

Research activities are seen as a means of anticipating today the problems of tomorrow. ISSA has been able to play a pioneering role in certain fields, thanks to a large network of research correspondents in both social security administrations and universities.

The documentation produced by the Association corresponds to these different facets of its work. Its central organ is International Social Security Review, founded in 1947 and published every three months in English, French, German and Spanish. The reports of the commissions and study groups are published either in the review or separately. Reports of research meetings are published in the series Studies and research. The research and documentation section has also published, for the past 16 years, a three-monthly World bibliography of social security, and, more recently, it started a half-yearly publication entitled Research in social security.

Mr Gruat then outlined some of ISSA's more recent activities that had particular relevance to the subject of the meeting. In addition to reports on integrating the different risks connected with aging and on the gradual transition from full-time work to retirement, three studies were in progress. First, a report on problems of recruitment, training and employment of staff in rehabilitation services. This report, which had already been published in provisional form, was likely to answer at least some of the points raised by the WHO Regional Office for Europe, since it dealt with both the organization and administration of services for the elderly and with vocational education and training. Next, in the framework of the Committee on Medical Care and Sickness, there was a study on relations between the development of health expenditure and the type of organization of health care. This study could throw some additional light on the difficult problem of the choice between the desirable and the possible. The initial results would be available in May 1979. Finally, the Permanent Committee for Old Age, Invalidity and Survivors would be examining in May 1979 a report on factors in the calculation of pensions and their influence on the level of social protection of insured persons. It would be interesting to see to what extent the maintenance by elderly people of a decent standard of living - one of the foremost conditions for maintaining their quality of life - was being ensured.

As for regional technical activities, mention should be made of a round table meeting held by ISSA in Kiev in September 1978 on the role of sickness insurance in defining and implementing health policy. The deliberations of this meeting would form the subject of a forthcoming publication, and of a memorandum intended for the meeting of the Committee of Social Security Ministers in

member countries of the Council of Europe. The work had shown the growing importance of all aspects of prevention for sickness insurance organizations in all countries of Europe.

In the field of research, ISSA had convened a round table meeting in 1976 in The Hague on aging and retirement and their implications for social security. In June 1978 it held a meeting in Paris on the social welfare of the over-75s. The corresponding documentation had been, or would be, published in the series Studies and research.

The series Research in social security provided extremely interesting reference material on ongoing or completed work in the field of social security. The first number in the series reported on an ongoing Austrian project on the living conditions of elderly persons in relation to demographic, biophysiological, economic and transport conditions. The second issue contained a report on a Swiss project concerning the cost/benefit of social integration of the elderly, with particular reference to their health problems.

The most recent publication of the World bibliography of social security under the headings "elderly persons", "social services", "cost/benefit analysis", "demographic aspects", "physiological aspects", etc., gives several dozen references relating directly to the subject under consideration. Finally, ad hoc publications include a study carried out in 1974 on the subject "Human aging and retirement", available in English only.

Mr Gruat went on to refer to the varying definitions of "the elderly". The ISSA round table meeting in Paris had been devoted to persons aged 75 years and over; on the other hand, ILO was concerning itself with aging workers, i.e., those aged 45 years and over. The difficulty lay in determining precisely at what point, and in what way, the phenomena related to aging began to manifest themselves, and at what point they became irreversible, and why. An effort to make such a definition should thus be undertaken. As the representative of the CEC pointed out, what is a normal person at a given age, and what exactly is that norm: an average, an aim, or a wish? How is it to be defined?

ISSA's work had made it possible to confirm on several instances the non-homogeneous character of the "elderly" group, whatever definition might be given to that group. At the national level, variable factors linked with available resources, the employment market and priorities played at least as decisive a role as age in any definition of a health care policy for the elderly. This research corresponded with the main concerns of the sickness insurance organizations in many countries of Europe, despite the fact that the health systems in those countries varied considerably, as the recent round table meeting in Kiev had shown. These concerns went hand in hand with the realization that health policies should be conceived as a single entity, i.e., they should embrace cure, rehabilitation, prevention and health promotion, and that research in basic medicine should be emphasized, to allow some advances to be made in the health indicators of populations, which had been stable for some years.

Those two points also concerned population groups other than the elderly, so that the question arose of the legitimacy of a given medical action in favour of the elderly, whose health problems did not appear to differ basically from those of the population as a whole. Nevertheless, it remained a fact that the approach to the doctor-patient relationship could not be seen independently of age and other socioeconomic variables which had a bearing on the situation of those concerned. The preparation of differentiated morbidity tables would thus be an extremely promising approach to identifying the real problems faced by the elderly.

The speaker concluded by stating that ISSA was prepared to contribute as far as its means allowed to the implementation of certain studies. Above all, it was ready to offer collaboration in its role as a link between the different organizations, groups and individuals coming within its field of competence.

Opening the discussions, Dr Glyn Thomas asked whether ISSA and ILO had been looking at the possibility of trying to provide a basic single comprehensive social benefit in preference to the pattern existing in so many countries of a piece-meal approach, dispensing separate social benefits related to disability, sickness, unemployment, etc. - in other words, a kind of standard package, which evidently would be simpler to administer.

Mr Gruat could not say for certain whether anything was being done about reaching a definition of what might be called "an integrated risk" concept applied in particular to the aged, but he thought that this question, which was preoccupying ILO, could be a subject for research. An interesting social phenomenon was mentioned: apparently a large proportion of the working population - up to 30% - are leaving work before the retirement age, on the grounds of disability, using their sickness benefit systems.

Mr Gruat confirmed that that was the case. In countries which had social insurance systems, the proportion of workers receiving a retirement pension before the normal age could well come to be in the majority. A study being conducted by the ISSA secretariat, which compared data from 10 industrialized countries, already indicated very clearly an accelerated trend towards early retirement. With a few exceptions, every time the social security system offered the possibility of early retirement by introducing new provisions these proved very successful. The Chairman noted that it was a delicate subject, and the psychomedical consequences were not always taken into sufficient consideration when political decisions were made in that respect.

Mrs Manley (Society of Geriatric Nursing) thought it would be of interest to mention the existence of a document published by H.M. Stationery Office, entitled A happier old age, which under the auspices of the Department of Health and Social Security, was currently being circulated for comment. It raised various points about providing a pension at retirement and about some of the apparent anomalies in the system. Those questioned were asked to indicate how they saw a more acceptable level of providing pensions.

Commenting on this, Mr Gruat noted that, broadly speaking, there were two kinds of pension in the United Kingdom: the basic pension, and the other which was linked to income level. A dual trend had been perceived for some years now: in countries which had a basic pension they were introducing vocational pensions, while in those which had always had vocational pensions there was a tendency to introduce basic pensions. With regard to supplementary benefits, he said that it was important to make a distinction between what was a worker's due upon retirement, enabling him to leave without working, and the social assistance granted to the most disadvantaged categories. Evidently social security systems were faced with a tremendous problem if they continued their present course, characterized by an escalation of costs; this was the subject of most concern to administrators in all countries of Europe, without exception.

Dr Pavelka put a question regarding the humanization of working places, particularly those where elderly workers were employed. In reply, Mr Gruat said that ISSA had a Permanent Commission for the Prevention of Occupational Hazards, and very probably that was a subject to which it had given attention.

Mrs R. Manley (Society of Geriatric Nursing)

The Society, which was recently established, is both a registered charity and an independent trade union, the latter function being of very recent origin and arising from the need to promote representation of the members in connexion with industrial legislation.

The Society is one of six specialist societies set up within the Professional Nursing Department of the Royal College of Nursing. A Professional Officer with special expertise acts as adviser to the Executive Committees of each; Mrs Manley holds that position.

The members of this Society are nurses working in the field of nursing geriatrics.

The constitution sets up the aims and objectives of the Society, which can be summarized under three main headings:

- to provide a corporate identity for members working within the specialty;
- to assist members to increase their knowledge and enhance their contribution to nursing;
- to promote increased awareness within the profession of the expert contribution of nurses engaged in this specialty to the total nursing service.

The Society also functions as a pressure group to further its aims, but does not necessarily limit its pressure group activities to the nursing profession. Mrs Manley then commented upon some important aspects of its activities.

The Society had to overcome the opposition of other nurses who thought that geriatrics as a specialty was not a valid entity, an opinion shared by many medical professionals. Giving a concrete example of the type of activities in which the Society engages, she mentioned their attempt to improve the quality of working places in which geriatric care is given, as well as to change the atmosphere in geriatric institutions so as to boost the morale of both patients and nurses. She emphasized that those prescribing nursing care should be aware of the conditions prevailing at the point of delivery.

To achieve the support desired for its members, the Society holds two annual conferences: a three-day residential conference and a one-day conference, attended by nurses and representatives of other disciplines. The objective of these conferences is very practical; to discuss possible solutions to the most difficult problems encountered by the members. Last year the subject of the one-day conference was "Prevention of diseases and rehabilitation of the elderly", and that of the three-day conference was "long-term caring and the welfare of the nursing patient". At present, the Society's efforts are mainly concentrated on a survey of standards of care in geriatric wards and departments, thus reflecting the concern expressed by many nurses, especially those in long-term care units. One of the main problems is the decrease in the number of trained qualified nurses and the corresponding increase in that of untrained personnel. Currently, an important activity is the collection and submission of member's comments to the DHSS in the discussion document A happier old age, referred to earlier. Future activities will include:

- a project looking at the proposal that nurses in charge of designated wards and departments be required to hold a postgraduate certificate from the Joint Board of Clinical Nursing Studies in Geriatric Nursing;
- a joint conference with the British Geriatric Society, May 1979, in London;
- a three-day residential conference in September 1979 in the Midlands on improving standards of care;
- a joint conference with the RCN Research Society in Spring 1980, on Research projects in geriatric nursing.

The Society works closely with other organizations, and has formal links at college level with the Department of Health and Social Security.

Mrs Manley also reported briefly on BASE (British Association of Services to the Elderly). It is a registered charity, established in 1974, and an organization of people interested in the welfare of the old, with a small multidisciplinary membership. They include people without professional training, as well as consultants in geriatric medicine, nurses, administrators, social workers, remedial therapists, as well as retired persons who continue to do voluntary work for the elderly.

BASE's office space is allocated by Age Concern. It publishes a quarterly magazine, Concord, which includes papers on specialized topics, and it holds an annual general meeting as well as other conferences, usually of an educational nature. BASE also works in cooperation with other organizations having similar aims. Considerable interest was expressed in Mrs Manley's presentation; the period of question and answer which followed was nearly exclusively centered on the nursing manpower situation in general and, more specifically, on the geriatric field which is undergoing a crisis. Mrs Manley said that, although she may have alarmed some persons not directly involved in nursing problems, she did not want to leave them under the impression that the United Kingdom lacked first-class geriatric care units. Judging by the information provided by other participants, it was felt that there was a general serious shortage of nurses in Europe, particulary in France, Italy, Federal Republic of Germany, Luxembourg and Belgium. However, in the latter country the recruitment of nurses for geriatric care in institutions was proving to be difficult, while it is fairly easy to provide domiciliary service for the aged, through the use of nurses from the Yellow Cross and the White Cross Societies.

A number of suggestions were made for remedying the difficulty of getting manpower specifically for nursing care of the elderly, improving working conditions, remuneration and recruitment procedures, devolution of responsibilities from doctors to nurses, use of male nurses, better utilization of existing staff, associating nursing staff from related disciplines such as occupational and phsyiotherapists, social workers, and enabling the patient to do more for himself. The suggestion was also made that it might be useful to turn to the concepts of the day-hospital and week-end discharge of patients from the hospital - methods practised in Sweden and Denmark respectively - as a means of relieving the burden on nursing staff.

Mention having been made of a greater tendency to treat people in their own home, the question was raised as to whether any cost/benefit study had been carried out to ascertain whether in fact care at home could be cheaper than in an institution.

Mr de Moussac (National Pension Fund for Construction and Public Works Employees (CNRO))

CNRO was set up in 1960 to provide workers in the construction and public works sector with a retirement pension to supplement their social security pension. The organization has approximately 1 million members (retired persons, their wives, widows) in the lower income ("blue-collar") and lower sociocultural class.

Social action has developed over the past 18 years in two main directions: first, to put forward alternatives to unsuitable accommodation conditions, at first in the form of pilot projects which synthesized European efforts in that field at the time. This led to the setting up of "residences" with a high level of integrated services (including restaurants, leisure and cultural facilities) and health care (including integrated medical clinics which were, however, also open to others outside). A special feature of these residences was that they allowed maximum freedom: there were no special regulations or obligations. There are 3000 such residences in all, each with a capacity of 100-150 persons.

A subsequent development was the creation of "accommodation centres", which were, in fact, residences with lower levels of service and care, and which depended on services provided from outside.

The second form of action is that of organizing leisure activities for the elderly. To this end, CNRO set up "holiday centres" with a total of approximately 3200 beds and capable of receiving some 50 000 persons annually for periods of a fortnight each. These centres which are intended to counteract the isolation experienced by elderly people and to help them to build up relationships, are oriented towards rest and physical and mental recuperation, using climatic and occupational therapy and the traditional sociocultural activities.

After 18 years of work in these two fields it is now possible to form an assessment of them: the first has been found to be something of a failure, while the second has been a success.

Mr de Moussac explained that the failure of the "residences" project was due to the very high average age of the residents: as they were well treated and cared for, their lifespan was extended and their very presence prevented the admission of younger persons of 60 years or thereabouts. This aging had resulted in considerable problems, and continued to do so, for most people of that age became invalids, hence there were problems of nursing, recreational activities, and even architectural problems, since the buildings were often unsuited to the needs of the very elderly.

Current efforts now have two main objectives: first, to integrate activities into the country's general programme of domiciliary care, this being linked with a significant improvement in accommodation and catering; secondly, to give priority to rehabilitation requirements, as well as to the problem of caring for permanent invalids, i.e., to meet the needs of those who cannot be adequately rehabilitated. The main difficulty will remain that of the return of cured patients to their homes and to a lifestyle that will enable them to avoid the risk of a serious relapse.

Since CNRO's means are limited, it will have to remain in the experimental stage, its aim being to form a link between basic research and the major options defined by the national organizations, and to apply the results of that research in practice at the level of the general population by means of pilot foundations.

With regard to the second form of action, holidays for retired persons, the success achieved here has led CNRO to persevere in this field.

Projected activities include the organization of a system of preparation for retirement, an important feature of which is the prevention of geriatric disorders by means of information and the promotion of general methods of hygiene and early detection.

Replying to a question concerning the experience of CNRO in functional rehabilitation at the Pontault-Combault centre, one of the best known in Europe, Mr Gruat stated that, within the framework of health care for the elderly, CNRO has developed a fairly broad programme of rehabilitation, first in all the residences for the elderly, where there are rehabilitation clinics, and later at a special centre set up near Paris, which admits elderly people with disabling diseases. The patients undergo intensive training which may last several months, after which they are restored to a condition of almost complete health or, in any case, their health is strengthened. Appreciable difficulties are encountered in returning these cured elderly subjects to their original environment, the latter often being one of the causes of their disability.

The Chairman asked who paid the cost of the rehabilitation measures described. CNRO, he was told, provided the investment funds for the establishments, but the social security system covered all the operational expenses.

The experience gained by CNRO is the subject of considerable documentation. Two or three publications are issued annually, dealing with various aspects of the care of the elderly. These publications are available to those interested.

4. Discussion of specific subjects

The meeting then moved to the second part of its main task, that of discussion on specific subjects.

The secretary, Dr Glyn Thomas, proposed as a guide for these discussions, the list of five priority topics which were defined by the Technical Advisory Committee on Health Care of the Elderly (Munich, October 1978), to delineate the work of the corresponding ad hoc groups, a summary of which was distributed to the participants for prior perusal. He pointed out that they represented the areas in which the Regional Office would concentrate its activities during the forthcoming 18 to 24 months. WHO would like to know whether some of the organizations represented at the meeting would express particular interest in certain of these projected activities, and, even better, could indicate whether they wished to be involved in some way.

The Chairman said he was well aware of WHO's policies and its critical financial situation, and wished to add that the Regional Office might not be in a position to implement the programme as originally proposed and endorsed by the Regional Committee. However, he recalled that the Committee had decided to encourage all Member States to give voluntary contributions, both in cash and in kind, and recommended that WHO seek the valuable cooperation of the NGOs, in both the scientific and social fields. The Chairman asked all present to try to indicate in which fields and to what extent they could collaborate with WHO, and to state how they felt such collaboration could best be achieved. It was agreed after a short discussion that probably the best approach to making an impact on the prevention of adverse factors of aging when developing a programme would be to embark on those activities dealing with ways of changing life-styles, behavioural attitudes, social conditions, new psychological pressures, environmental problems, and to relate them to educational programmes, rather than to spend resources in the field of clinical and biological research, where progress would be slow.

It was also decided as a work methodology to discuss one of the other five priority points outlined by the Technical Advisory Committee, keeping in mind that suggestions made here could be useful for the ad hoc groups when they met.

4.1 Services and systems of care for the elderly

General objectives

(a) Encourage the development of services and systems of care which have been shown to meet most appropriately the needs of old people, their families and communities.

(b) Enable health and social services to develop in ways which respond to changes in society, especially by methods which alleviate or overcome the problems arising from diminished availability of traditional family support.

(c) Assist developing countries to cope with the very rapid increase in their numbers of elderly persons. This will mean not only the adoption by developing countries of methods found to be successful in developed countries, but the rejection of unsuccessful methods and, most important, thorough evaluation of new approaches. Developing countries have here genuine opportunities to provide models which could well be of benefit to developed countries.

The representative of the European Centre, Vienna, was first to speak. The Centre has included in its programme for the next two years, 1979-80, two activities falling within the category of general objectives, especially the first two:

(a) a cross-national study on "Community care for the elderly" previously mentioned, which has been completed and in which experts from seven European countries took part. As a follow-up activity the results will be considered at a European symposium on "The elderly and the health care system", to be held in Warsaw in May 1979. An invitation to attend this meeting was extended to WHO.

(b) a research project on "Primary health care: interprofessional cooperation between health and welfare personnel", which is in the planning stage. The place of the aged in the study still has to be defined.

A first research workshop will take place in Uppsala, Sweden, in March 1979, where the joint research design will be discussed; in particular it will be decided if the elderly are among the priority client groups to be included in the project. In July 1979, the first meeting of the project team will discuss the methodology of the investigation. From October to December 1979, national investigations will take place; the provisional list of countries at present includes Austria, Denmark, Israel, Netherlands, Norway, Poland, Sweden and the United Kingdom.

The preliminary draft of the project draws attention to three main points:

(a) patients are often totally uninformed as to where and how to obtain health and welfare services;

4.3 Information

General objectives

(a) review what information is currently available in different countries and suggest what ought to be available, in what form and how it ought to be disseminated;

(b) consider the benefits of reanalysis of data and its new presentation;

(c) investigate the possibilities of providing a limited glossary of terms and a common terminology.

Dr Glyn Thomas, commenting upon these general objectives, mentioned the recommendation made by the Technical Advisory Committee, that the first activity to be undertaken should be, in fact, the one quoted last, namely, to investigate the possibilities of providing a limited glossary of terms. It could be something similar to the Glossary of health care terminology, issue No. 4 in the WHO Regional Office for Europe series of Public health in Europe.

The second question to be considered was the provision of demographic data; these should be comparable between different countries, as well as between different areas within a country, that not being the case at present. Another point was to investigate the value of reanalysing the different presentations of existing data. In fact, an agreement has already been reached: the United Nations, in its 1979 presentation, will give data which will be age-specific rather than grouped together, and which will also be presented in terms of family structure as distinct from individual structure, and also in terms of actual numbers rather than percentages only. This information will be published on a world-wide basis, but what is really needed is data referring to specific areas and taking into consideration the movements of populations and the effects of inter-country as well as internal migrations. Such social phenomena as the exodus of young people from rural areas and the more recently observed reverse phenomenon among persons of the middle-aged group are changing the demographic pattern locally, hence the need to provide demographic data in different ways.

Other important points raised were, firstly, how to make existing information available to those who really need it, and secondly, the need to define the most useful indicators of health in terms of medical, social and economic data, with special reference to the functional status of elderly persons; thirdly, the need to investigate the relationship of environmental factors to health and functions.

The first comment expressed on the subject of information was that the exchange of information which had taken place at this meeting was extremely useful, and therefore it followed that such meetings should be repeated.

Referring to information exchanged through documentation, mention was made of the United Nations International Directory of Organizations concerned with the Aging - the drawback of such useful directives was often the large number of nonresponders, and a participant wondered whether WHO could help in correcting this weakness.

In connexion with information which could be obtained through contact persons, as discussed in the previous item, it was emphasized that the choice of such persons should result from a very careful process of selection among those known to be actively involved in health protection of the elderly, although holding an official position would not necessarily be a qualifying factor, the frontline worker being often more aware of activities in the field.

Regarding social indicators, it was noted that ISSA did some work in that field in 1971 and, of course, OECD activities were recalled. Although it was strongly felt that better social and health indicators were necessary, this point was not much touched upon since the discussions centered largely on the problem of examining how to develop a common terminology, the question considered to be the most important. Amongst the objectives listed in group 2, the meeting was of the unanimous opinion that priority should be given to the development of a glossary of terms relating to the care of the elderly, which would initially be limited in its scope. As far as those present were aware, such a glossary was at present nonexistent. The general feeling was that it would be not only worthwhile but essential, particularly in view of the numerous international studies carried out or envisaged. Their value would be considerably enhanced by the use of a common terminology.

While it was suggested that attempts may already have been made on similar aspects of this problem, it was not possible to cite any specific effort with certainty.

Referring to the precedent created by the WHO Glossary of health terminology, it was stressed that the terms were not defined by an individual or a group of individuals, but simply collected by the consultant; their sources consisted mainly of the documentation resulting from various WHO working groups and expert committees, whose participants defined their terms for their own use, and by usage these were gradually accepted. They were not, in fact, official WHO definitions, such as the ones on "health" and "physician", and finding a corresponding definition in the other working languages of the Office could often prove to be a long and arduous task.

The complexity of such a task, taking into account the various linguistic and conceptual difficulties, and in addition those created by aiming at a combined definition which would satisfy both the social and the health sectors, was illustrated. The Secretary of the Danish Gerontological Society reported that it took more than two years of effort for the Scandinavian Federation for Gerontology to arrive finally, in 1977, at the definition of three terms: "gerontology", "geriatric" and "long-term care", the latter incidentally having a different meaning in the United Kingdom. He added that the Federation would be delighted to be consulted in this respect.

The representative of ISSA indicated the willingness of his Association to share some of the responsibilities for the preparation of such a glossary, since it had already begun work on the social security aspect. However, he warned that the same words did not necessarily mean the same thing in the health and social field; for instance, there was not yet a common definition of the term "readaptation" in most European countries.

The general willingness of participants to combine efforts in preparing such a glossary on the basis of already very modest attempts was, however, strongly expressed.

4.4 Medication in old age

General objectives

(a) review of existing pharmacological knowledge in relation to old age;

(b) definition of indications for use of drugs in old persons; consideration of problems of "overdiagnosis", overtreatment and polypharmacy;

(c) provision of information on the most useful drugs for use in elderly patients;

(d) special consideration to the problem of the increasing worldwide prescription and use of psychotropic drugs in old age.

Under the topic of medication in old age, Dr Glyn Thomas recalled that four main questions should be considered:

(1) prescribing patterns, which may eventually lead to the listing of essential drugs for use in old patients;

(2) self-medication, in particular the use of traditional remedies inherited from older generations;

(3) adverse reactions in the elderly, and the methods and criteria to be used in testing them;

(4) so-called "rejuvenating drugs" which allegedly delay the process of aging.

Thus, although this is a far more specific subject than those dealt with previously, there are still many aspects to be considered. With reference to point (a) - review of existing pharmacological knowledge in relation to old age - it would seem, from the WHO point of view, that probably a good start would be to review and assess the existing information. To take just one example, the Council of Europe had produced two years previously an authoritative report on "Uses and abuses of medicine", which dealt in particular with prescribing habits.

Regarding point (c) of the objectives, an investigation of the most useful drugs for use in old patients might lead to the establishing of a list of essential drugs for the elderly, in the same way as WHO has already done for the use of drugs in general.

In relation to topic No. 4, mention was made, in passing, of studies currently being carried out on specific aspects of the four questions previously raised.

Within the Committee on Medical Research (CRM) of the CEC there was a group called "Drug Monitoring"; it might be of interest to contact the group to find out whether any of its activities concerned the group of the elderly.

On the question of drug consumption, mention was made of the group being established by Mr Grimsson for the Drug Utilization Study.

On the problem of self-medication, the Chairman referred to the latest estimate of DM2.6 billion spent annually on nonprescribed drugs alone in the Federal Republic of Germany. He also cited the tremendously high percentage of expenditure on drugs in some countries; this was one of the main burdens on social security budgets, and presumably the elderly group accounted for the largest part of that burden. Studies were needed, however, to ascertain the exact extent to which the elderly contribute to this situation.

Drug consumption is also one of the criteria under examination in the survey currently being conducted among the population attending the University of the Third Age, Toulouse. In another study, also carried out at Toulouse and financed by INSERM (Paris), an attempt is being made to establish the relationships between psychosocial conditions and type of drug consumption, attention being concentrated on the reasons for consumption rather than the costs. Finally, a research project on drug monitoring has been initiated in cooperation with the Department of Pharmacology of Laval University, Quebec. The aim is to study, over a two-year period, the undesirable effects of drugs in elderly persons who have been hospitalized, and also to conduct a number of pharmacokinetic studies among the elderly.

In the same field, a long-term study has been undertaken by ISSA on measures aimed at achieving rationalization within the medical care areas, on the one hand regarding the volume and costs of drug consumption and, on the other, the use made of hospital equipment. Although the study was not concerned directly with the elderly, it could nevertheless provide information in that respect.

In reply to the question whether WHO could consider providing guidelines on the ethical aspects of clinical research related to pharmacokinetic studies in old persons, the Chairman indicated that a meeting held the previous week in Lisbon, organized under the auspices of the CIOMS, had been dealing with such ethical issues with the aim of protecting human rights, including those of the elderly.

4.5 Prevention, including "screening"

General objectives

(a) restriction of consideration to preventive measures for persons already elderly, to avoid being drawn into the large field of prevention in youth and middle age;

(b) inclusion of medical and nonmedical preventive measures, e.g., those aimed at the relief of adverse psychological and socioeconomic factors;

(c) consideration of prevention of disability and social deterioration as well as of disease.

Here again, the general objectives of the fifth priority area covered many aspects, and the Technical Advisory Committee had felt that one should concentrate on the five following points:

(1) to review the preventive practices currently in use in different countries, that is to say, in what way they are preventing the adverse process of aging;

(2) to review "screening" techniques in use for the elderly, and evidence of their cost and effectiveness. This does not mean screening in the clinical sense - diagnosing the absence or presence of diseases - but rather includes case-finding: detecting what the needs are, ascertaining expectations, etc.

(3) to review methods of evaluation and assessment of cost/effectiveness of preventive procedures; the investigation of the dangers of ill-advised and unnecessary interventions in the elderly, e.g., general anaesthesia performed on persons over the age of 75 in relation to its possible detrimental effect on their mental state.

(4) emphasis on the importance of accident prevention, especially in the homes of old people, and institutions.

(5) consideration of aspects of social prevention, such as the benefits of more suitable housing and maintaining an adequate income for the elderly.

Prevention is a wide concept, commented the Chairman, and some aspects of its practical application are not even accepted by professionals, thus compounding the complexity of the issue. He referred in particular to tertiary prevention, i.e., that related to the rehabilitation phases of the history of a disease or disability.

In the Federal Republic of Germany, for instance, the pension fund for the elderly allocates substantial funds for rehabilitation by thermal therapy. Officially, accredited spas are numerous in the Federal Repulic of Germany, Czechoslovakia, France, Italy and the USSR, while thermal therapy was generally held in less esteem in English-speaking countries. It was practically ignored in the USA, while in the United Kingdom treatment at the two or three formerly wellknown health resorts was not covered by National Health Service benefits.

In France, thermal and climatic medicine is included in the medical curriculum and the number of patients receiving thermal treatment yearly reaches about 500 000, with social security providing support at more than 100 resorts.

The Chairman, recalling the interesting achievements described by the representative of CNRO, asked him to expand on the philosophy of action behind their experiment, and to state whether the prevention of disability was an essential motivation.

The CNRO representative confirmed that this was the case. Prevention embraced not only intensive physiotherapeutic methods but also results achieved by the programme of paid holidays for the elderly; this was no doubt an empirical approach, but CNRO was convinced, although it had no definite proof, that such holidays played an important part in maintaining and improving the health of elderly people. It even thought that the cost of the holidays ought to be largely offset by the savings achieved with regard to hospitalization and care costs.

Most of the discussion which followed regarding point 5 dealt with the question of combating poverty among the elderly: this was regarded as an important element of preventive work.

CEC has a poverty control programme and a number of studies on the subject are in progress. The ISSA representative noted that it would also be useful to establish contact with an association such as International Movement Science and Service (The Fourth World). This association, whose headquarters are in France, carries out systematic studies on the problem of poverty and holds meetings at regular intervals; recently representatives of ILO, CEC and ISSA participated in one such meeting.

Dr Glyn Thomas mentioned that OECD has tackled the field and that the Council of Europe has done much work on standards of relative poverty, but most of these studies are very general and few of them are related specifically to the elderly. What should probably be done is to find out whether the data collected in these studies could be used as a focus for problems of poverty in the elderly or whether it would be necessary to carry out new studies with such a specific focus. The European Centre (Vienna) has also made a study on the gross national composition of poverty, but here again the distinction between the various groups at risk was not clear.

The last speaker, Professor Albarède, stressed the importance of all the subjects listed under point 5, prevention. It was an extremely vast field and, in some respects, controversial, e.g., with regard to screening.

The concept of preventive action is the common and dominant factor of all the activities conducted by the University of the Third Age, Toulouse. Among those activities is a study, begun in 1977 and scheduled to last five years, establishing a system for the evaluation of preventive activities in relation to the different types of aging. Moreover, as part of preparation for retirement, which forms an essential aspect of prevention, the University is currently examining a research project for a preventive programme directed towards persons of middle age (between 40 and 50 years). In that connexion, a working group meeting in 1979 is envisaged, and the University would be grateful if WHO could suggest persons who are particularly versed in that field.

As already mentioned, there is a programme of health education for the elderly. As health education is also the topic of the International Congress of Universities of the Third Age, to be held in Nancy in May 1979, an attempt would be made at one of its sessions to assess the experimental work done in this field over the past year, with a view to making the results available to all universities of the third age and leading eventually to a much wider study at international level.

Finally, with regard to the question of screening, he wished to sound a note of caution on one important point. It was essential to determine the real factors which had to be detected and against which one could really take counter-measures. This was not being done in programmes already undertaken in some countries, which thus ran the risk of involving themselves in considerable expenditure on health. On that aspect WHO should urge careful reflexion.

This last intervention concluded the discussions on specific subjects.

5. Summary and conclusions

The meeting, the first of its kind to be convened by the WHO Regional Office, in collaboration with the Government of Luxembourg, was attended by representatives of 11 nongovernmental organizations (NGOs) and 3 intergovernmental organizations (IGOs) active in health care of the elderly.

The purpose of the meeting was to review the WHO regional programme for health care of the elderly, to obtain information from the organizations, and to consider areas of possible collaboration between organizations and with the Regional Office.

It was recalled that today 142 bodies are involved in the care of the elderly. Many cooperate closely with WHO, although official relationships have not yet been established with any of them. While the involvement of such a large number of bodies is gratifying, it also highlights the need for effective liaison and coordination.

Reference was made to the activities of organizations not represented at the meeting, in particular the European Committee for Gerontological Action or "Gamma Group" of individual specialists. While having no formal status with the United Nations, the Group has agreed to a pooling of the knowledge and experience of the two bodies.

From the presentations of the participants, who outlined the objectives, structure and activities of their organizations, it can be concluded that, although their overall aims are similar, i.e., the improvement of care for the elderly, their specific objectives vary, e.g., organizing meetings, developing information centres, establishing networks of correspondents, publishing newsletters, bulletins and periodicals or providing guidelines on selected topics. Emphasis is also given to research promotion through project studies, training and liaison. In fact many of the objectives correspond to those of the WHO programme.

When reviewing the activities, plans and current projects of their organizations, the participants also expressed their views on certain topical problems.

One important question raised was the situation of nursing personnel in care of the elderly, with particular reference to education, preparation for the new requirements of community-oriented nursing in this field, organizational aspects of nursing services statutes and working conditions of the personnel, and incentives for them to remain in areas of nursing such as this. The problem seems to be compounded in the EEC countries by the directives which provide for free movement of health personnel across national boundaries.

Another point frequently mentioned was that of teaching in geriatrics, which is not generally recognized as a specialty. Thus, the field has too few specialists and few medical schools have a chair of geriatrics.

To alleviate the situation, a matter of some urgency, there is a need to develop methods of providing courses and training programmes in geriatric medicine and geriatric care at all levels of the caring profession, with emphasis on the multidisciplinary approach.

Another crucial issue raised was the necessity of clarifying the biological process of aging, i.e., the normal process of aging as distinct from clinical normality, and consequently to give a clear definition of the term "elderly".

The past activities of the European Office and WHO policies relating to care of the elderly were outlined. It was noted that until recently the Regional Office had only fragmented activities for care of the elderly and that the present structured programme was drawn up at the request of the Regional Committee for Europe.

The participants were informed of the decision of the Director-General in 1976 to transfer to the Regional Office for Europe global responsibility for the development of the programme, which in turn implies the strengthening of coordination links with other agencies and nongovernmental organizations - the objective of the present meeting.

In discussing future programme activities in the European Region, the participants gave their views on the following five priority topics which were defined by the Technical Advisory Committee on Health Care of the Elderly (Munich, 1978) and are to be studied by *ad hoc* groups within the foreseeable future:

(1) Services and systems of care for the elderly, including arrangements for optimum coordination

Projects and studies involving WHO and other bodies were mentioned, stress being placed on the need for better coordination of activities within the WHO programme and for improvement of channels of communication between WHO and the scientific world.

In promoting the development of health services and the use of appropriate technical methods for the care of old people, full account should be taken of the social context of such action. Better defined social and health indicators were considered essential.

(2) Attitudes and behaviour, including education

Under this fairly broad topic, several examples of attitude surveys were given. Further studies would have to be initiated at the national level, but WHO could be instrumental in the exchange of valid information. In cross-national studies WHO could play a leading role as a coordinator and also as a catalyst in fostering international contacts and bringing together the persons actively concerned.

(3) Information, including provision of a limited glossary of terms

The meeting felt that some priority should be given to the development of a glossary of terms, which would be of much value, particularly for the numerous international studies carried out and envisaged. Although such a task would be complex, in view of the linguistic and conceptual difficulties, and also those involved in producing combined definitions acceptable to both the social and the health sectors, it was stressed that there was considerable willingness to combine efforts in preparing a glossary on the basis of the existing modest beginnings.

(4) Medication in old age

The issues raised under this topic included adverse reactions in the elderly and the methods and criteria to be used in testing them; self-medication and, in particular, the use of traditional remedies inherited from older generations; critical investigation of the so-called "rejuvenating drugs" which allegedly delay the process of aging; and finally, prescribing patterns in relation to the elderly. Some of the ongoing work in this field was reported. It was felt that a good start in further investigaton might be to review the existing information with a view to eventually establishing a list of "essential drugs".

(5) Prevention, including screening

Many points were considered under prevention, which is a wide and, where screening is concerned, controversial issue. It was agreed that a major aspect of prevention was preparation for retirement and interest was expressed in a preventive programme directed towards middle-aged persons (those aged between 40 and 50 years). WHO could also encourage research aimed at identifying adverse psychological, socioeconomic and environmental factors for the purpose of screening and initiation of preventive measures, especially of a nonmedical nature.

During the discussions attention was frequently drawn to the need to find means of improving the dissemination and exchange of information, while it was noted that attempts had been made to improve the necessary liaison and avoid overlapping of efforts, with some success. In that respect the meeting, although a modest undertaking, was considered an important step towards strengthening cooperation between professionals and the WHO proposal for convening similar meetings periodically, possibly every second year, was fully endorsed.

The conclusions reached unanimously by the participants may be grouped as follows:

1. It would be useful if WHO established in the Region, at the national level, a network of contact persons to provide data for the WHO information system. Such persons should be selected among those known to be actively involved in health protection of the elderly, although holding an official position would not necessarily be a qualifying factor.

2. It would be helpful if WHO acted as a clearing-house for the exchange of information, particularly on studies or projects currently implemented or planned, keeping in mind that this would involve not only receipt but also dispatch.

3. As a corollary to the above proposals, WHO could explore means of producing a European newsletter on health care of the elderly, to be issued at regular intervals.

Participants expressed their willingness to make their respective expertise available to WHO, and to cooperate in development of these proposals.

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