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*Health services for the aged.
Legislation*

BASIC PRINCIPLES AND LEGISLATIVE STRATEGIES
TO PROMOTE THE HEALTH OF THE ELDERLY

by
Ruth Roemer, J.D.
Adjunct Professor of Health Law
School of Public Health
University of California, Los Angeles





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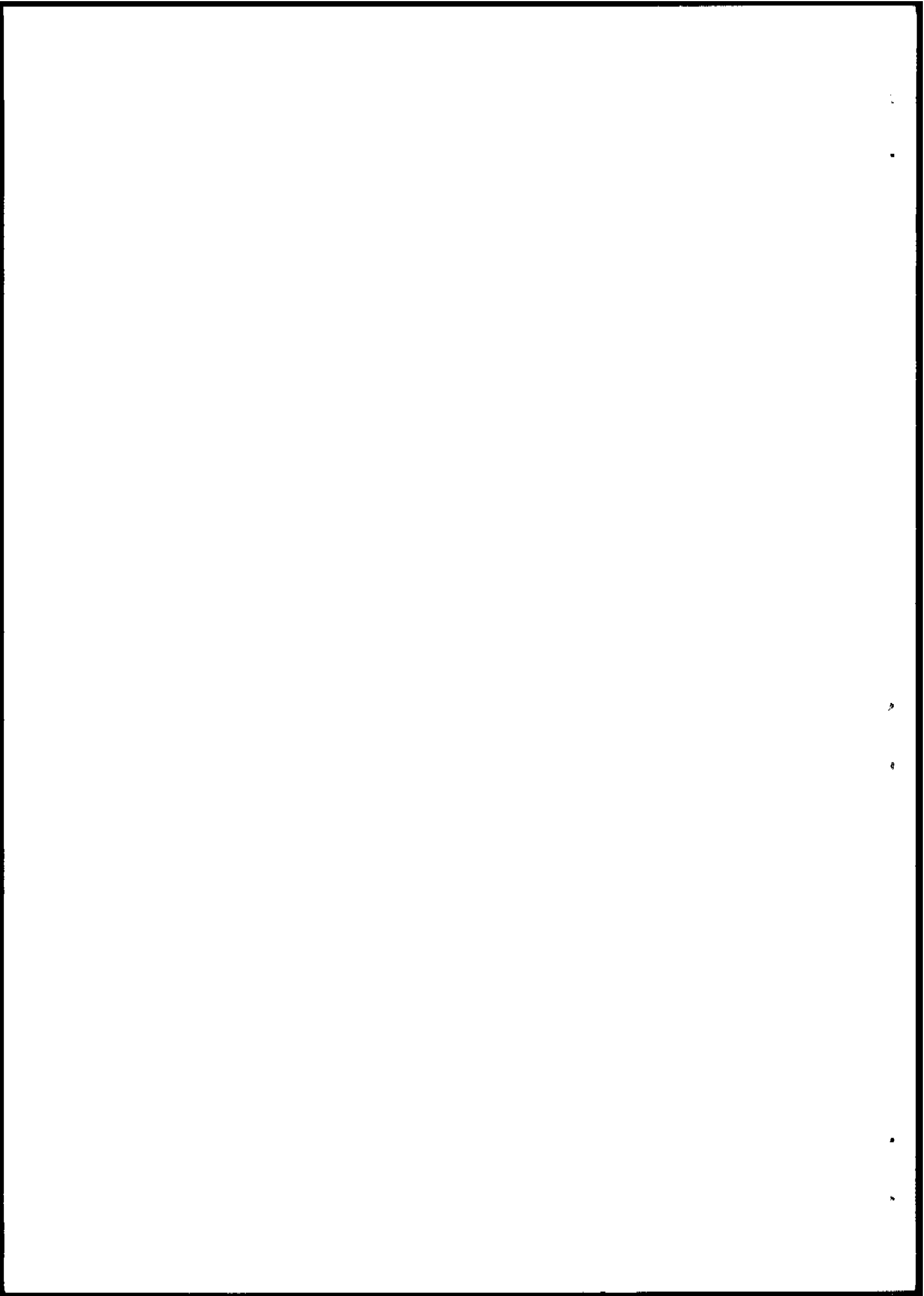
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1. Introduction

The aged - persons 60 years and over - differ greatly in state of health and functional capacities from younger people and also among themselves. To some extent, this diversity among the aged is related to advancing age, but it is also related to individual characteristics. This diversity extends to the resources affecting the elderly (economic, social and familial) and to their conditions of life (rural/urban, working/retired, integrated/isolated).

While heterogeneity characterizes the population described as elderly, common problems affect them - problems related to income, employment, medical care, housing, nutrition, transportation, recreation, daily activities and interrelationships with family, friends, the local community and society as a whole. Central to these common problems are health and the degree to which impaired health, commonly aggravated by social and economic conditions, diminishes activities of the elderly, reduces their independence, incapacitates them with advancing age and affects the whole quality of their life.

The number of persons over 60 years, and their proportion in society, is increasing. It has been estimated that, in the more economically developed countries between 1970 and 2000, there will be a 50% increase in the number of persons 60 years and over and, in the less developed countries, an increase of 158%. At present, the vast majority of the elderly are in developed countries, but it is predicted that, by the year 2000, 60% of all people 60 years and over will be living in developing countries.

Associated with increased numbers of the elderly are social and cultural attitudes that affect their status. In some developing countries, traditional integration of the elderly in the family structure is being eroded as predominantly agricultural and rural societies change to industrialized and urbanized ones. In developed countries, where great reliance has been placed in the past on institutionalization for the elderly, a new approach is seeking to provide alternative care in the community, to improve long-term care facilities and to give priority to society's responsibility for this segment of the population. In both developing and developed countries, governments and nongovernmental organizations are increasingly recognizing the elderly as individuals entitled to all the rights and privileges of other members of society and, moreover, to special benefits because of their lifetime of work and social contributions. The consensus, increasingly translated into legislation and programmes of service, is that the aging are entitled to a maximum of independence and dignity, to an improved quality of life in their remaining years and to increased protection as they become vulnerable to illness and infirmity.

These two factors - increasing numbers and contemporary societal perceptions - have led to increased sensitivity to the needs of the aging and a growing recognition of public responsibility for protection of their health and security. Public responsibility is not meant to detract in any way from the traditional role of the family. Families continue to be the primary and basic source of care, and governmental intervention is designed to aid and supplement families in care of their aging members, to protect those elderly persons without families and to create institutions and programmes for improved services, greater security and a better quality of life.

2. Purpose of this paper

This paper is concerned with basic principles of legislation relating to the health of the elderly. It is divided into six major sections, as follows:

- (1) policy and planning;
- (2) development of resources;
- (3) delivery of health services;
- (4) economic support for health services;
- (5) promotion of health-related services;
- (6) administration of services.

For each of these six requirements, legislative principles and strategies are set forth.

The longest experience with legislation for the elderly is understandably derived from developed countries that have long had large proportions of elderly persons in their populations and, therefore, have adopted legislative strategies to meet the needs. This experience may prove useful to developing countries, as improved economic conditions and the conquest of communicable diseases enable more of their people also to live to older ages and as changes in society affect the role and status of the elderly. Great differences, of course, exist between the rich and poor nations in facilities, personnel and programmes devoted to the elderly. All nations, however, are seeking to develop systems of care in the community and support for families in care of the elderly as an alternative, where possible, to costly, and often deleterious, institutionalization.

All nations are concerned with the differing health status and needs of two types of elderly individual - the "young-old" (persons in their 50s, 60s and early 70s who are relatively vigorous and healthy) and the "old-old" (persons in their mid-70s, 80s and 90s). Affecting needs, services and implementation of legislation, this differentiation should be borne in mind throughout the discussion of legislation that follows. While the progression of the aging process affects different individuals at different rates and in different ways, ultimately all aged persons need the umbrellas of protective services.

The purposes of legislation are to establish an official policy of government on a particular problem, to develop resources to carry out the policy adopted, to establish programmes of service, to provide for financing and to set forth a means of managing and regulating the services provided. Laws usually contain a statement of their legislative purpose. Accordingly, we shall here set forth basic health or medical/social principles concerning health of the elderly and then present suggested legislative strategies designed to carry out these principles. This approach, we trust, will enhance the generalizability of the legislative strategies, permitting different countries to adapt a strategy to suit their particular needs.

A comprehensive statement of principles and legislative strategies governing health of the elderly may seem in some countries overly ambitious and difficult to implement in the face of competing demands for service and limitations in national resources. Clearly, each country must set its own priorities and move by stages. At the same time, it should be recognized that most countries have already achieved to one degree or another many of these objectives. This document, therefore, is designed to help governments in adopting legislative strategies that realistically reflect their own national goals and policies on the aged.

3. Policy and planning

Principle 1. National policy and agency

The basic objective of health care for the elderly is to provide a continuum of services to meet varying needs of different age groups, of the aging well and of the chronically ill with varying degrees of disability.

Legislative strategies

(a) A central, national agency should be established and empowered to plan, organize, mobilize resources for, develop and monitor a wide range of health and health-related services for the elderly. A primary function should be to ensure that the interests of the elderly are considered and their needs are met. This agency should be composed of representatives of the relevant national ministries, including health, mental health, social security, finance, housing, social welfare, education, transport, industry and trade, and planning. The agency should provide assistance to local communities, should enlist the support of all sectors of government and should maintain contacts with international organizations, both governmental and nongovernmental.

(b) Funding and staffing should be provided to the central, national agency on aging in order to ensure effective performance of its functions.

(c) Local councils on aging should be established, composed of representatives of local government and of local nongovernmental agencies to promote, coordinate and provide surveillance of services for the elderly. Such local councils should be concerned with the accessibility and quality of care for the elderly in their communities.

(d) The elderly should be represented in the national agency and in the local councils on aging. They should have an important voice in determining policies affecting options and alternatives in health care of the aged.

Principle 2. Information systems

Effective planning of health services for the elderly requires information about health status, utilization of services and health needs of this population group. Information systems on health care of the elderly should be developed and maintained.

Legislative strategies

Existing vital statistics and information systems should be expanded to provide meaningful data on the health status of the elderly, on their utilization of services and on other problems and needs.

4. Development of resources

Principle 3. Health manpower

Appropriately qualified health personnel are needed to provide the wide range of health services required by the elderly in their own homes, in community services and in institutional care where this is necessary.

Legislative strategies

- (a) A wide variety of professional, technical and auxiliary personnel specially trained for geriatric services should be prepared. All health personnel should be equipped with knowledge of the process of aging through specialized training.
- (b) The curricula of medical, nursing and related schools for professional and technical health personnel should be expanded to include instruction in care of the aged, encompassing both education on the psychosocial-cultural problems of the aged and specified training in geriatric care.
- (c) Government funding should be provided to develop appropriate specialties of geriatric medicine and geriatric nursing. The innovation of "teaching nursing homes", like teaching hospitals, may provide a model in some countries.
- (d) Training of social workers should include special emphasis on services and counselling for the aged. Social work services should be available to the elderly in their own homes and to those in institutions.
- (e) Continuing education on new developments in geriatric medicine and nursing should be required for physicians and nurses engaged in providing primary care as well as for specialists in geriatric medicine and nursing.
- (f) Special programmes should be developed for training assistants or aides to care for the elderly in various settings.
- (g) All training of health personnel in this field should provide knowledge about aging, should enhance skills in care of the elderly, should promote the team approach to care of the elderly and should encourage positive attitudes towards aging and the aged.

Principle 4. Self and family care

The elderly themselves and their families should serve as important resources for providing care.

Legislative strategies

- (a) Programmes should be developed and expanded to provide education of the elderly concerning preventive care, nutrition, exercise, self-care and availability of services.
- (b) Information and education should be provided to the families of the elderly and to the general population to enable them to make decisions on and to meet the problems in care of the elderly more effectively.

Principle 5. Alternatives to institutional care

Every support should be provided to enable the elderly to lead reasonably independent lives in their own homes, in the homes of their families and in foster homes in their own communities. To promote the goal of maximizing independence and improving the quality of life, a variety of services, programmes and aids should be provided as alternatives to institutional care.

Legislative strategies

- (a) A network of supplementary health services, including visiting nursing, home therapy, social work, home-maker services, home-delivered meals and outreach services, should be organized and financed.
- (b) Technical and financial support should be provided to develop a system of "senior centres" providing medical, social, supportive and rehabilitative services.
- (c) Suitable foster home care should be provided for elderly persons who cannot live in their own homes and who have no families.
- (d) Screening programmes should be organized to assure elderly persons the least restrictive level of care that meets their medical and social needs. Such programmes can identify individuals who will remain at home or with their families with appropriate supportive services.
- (e) Elderly persons in need of long-term care should not be institutionalized automatically. They should be granted a choice among feasible options, including living in their own homes or the homes of their families with supplemental aids, living in various communal living arrangements or receiving care in a range of long-term care facilities.

Principle 6. Long-term care

Long-term care institutions are essential for care of those elderly persons who can no longer live in their own homes, in the homes of their families or in foster homes in their communities.

Legislative strategies

- (a) Legal standards for health care facilities of different kinds should provide for the special needs of the elderly. These concern safety, sanitation, nutrition, nursing care, specialized services and assurance of patients' rights to humane and dignified treatment.
- (b) Special provision should be made for rehabilitation units, with proper staffing and equipment, to assist the elderly to achieve maximum restoration of function. Such rehabilitation units may be located in short-term general hospitals, in long-term care facilities or in the community at senior centres.
- (c) Long-term care facilities should assist families, caring for functionally limited elderly persons, by admitting them for temporary periods to provide a respite for their families.
- (d) Representatives of the elderly should participate in the operation and activities of long-term care institutions.

Principle 7. Senior centres

Senior centres, providing care during the day or at night for the elderly, have proven to be salutary and cost-effective alternatives to institutional care for both physical and mental illness.

Legislative strategies

- (a) Incentives and financial support should be provided by government to establish, staff and operate day-care centres and night-care centres for those elderly who, with appropriate part-time care in these centres, can continue to live in their own homes or with their families.

(b) A variety of therapeutic, educational and leisure-time services should be provided in such senior centres, including community-based rehabilitation services (physical, occupational and speech therapy), nutrition education, general health education, social work services and stimulating leisure-time activities.

(c) Day-care and night-care centres should have available a team of personnel of varying skills consisting of a well-trained geriatric nurse with highly motivated and specially trained ancillary personnel, physical, occupational and speech therapists as needed, social workers, nutritionists and health educators.

(d) Such day-care and night-care programmes should be encouraged to enlist volunteers from the community to develop discussion groups, handicrafts and other forms of activity, entertainment, stimulation and involvement of the elderly in community life.

(e) As noted above regarding long-term care institutions, senior centres should also provide intermittent care for the elderly to give respite to their families.

(f) Representatives of the elderly should participate in managing the operation and activities of senior centres.

5. Delivery of services

Principle 8. Prevention

A healthy lifestyle is important to diminish risks of disease and to promote physical and mental wellbeing of the elderly. Affirmative efforts are needed to provide instruction in good nutrition, suitable exercise and other daily living practices that advance physical and mental wellbeing among the elderly.

Legislative strategies

Physicians, nurses and other health care personnel should be encouraged to offer health education on daily living habits as part of regular health care for the elderly. Such encouragement may take the form of increased professional compensation for medical care of the elderly patients, assignment of additional auxiliary personnel to physicians caring for many elderly patients, provision of free continuing education and other measures.

Principle 9. Early detection of disease

Early detection and prevention of chronic disease may avert pathological processes, lower incidence of chronic disease and disability, prevent irreversible mental illness and improve the quality of life in later years.

Legislative strategies

(a) Public health agencies at both the national and local levels should organize and provide selective screening programmes to detect disease.

(b) Conditions detected and diagnosed should receive prompt and effective follow-up, and resources should be provided for this purpose.

Principle 10. Ambulatory care

Access to ambulatory care is essential to treat acute illness in the elderly, to prevent the onset of chronic illness and to alleviate anxiety about declining physical health. Financial and geographical barriers to ambulatory care should be minimized.

Legislative strategies

(a) Public sector services available to the total population should be strengthened to ensure adequate ambulatory care for all elderly persons regardless of ability to pay.

(b) Health facilities and health services are useless if the elderly cannot reach them. Transportation should be organized and financed to bring the elderly, particularly those too sick or too remote to use public transportation, to ambulatory care and other care facilities.

Principle 11. Essential drugs

Essential drugs should be available to meet the medical needs of the elderly. For many individuals, prescription drugs are life-saving or life-maintaining; yet elderly persons on limited incomes often find the cost of such drugs excessive and sometimes must choose between purchase of their medication and food.

Legislative strategies

(a) Official drug formularies should be established, with maximum use of generic drugs, so as to make essential prescription drugs available at reasonable prices.

(b) Training should be provided for pharmacists and auxiliary pharmaceutical personnel to enable them to educate the elderly on how to take drugs with minimum side effects and how to remember to take them at the time specified. Pharmacists should be alert to drug interactions and should advise physicians on these.

Principle 12. Aids to daily living

Aids to daily living should be available to the elderly for their many specialized health needs, including eye-glasses, hearing aids, foot care and various prosthetic and orthotic devices. Such aids to daily living are essential for optimal functioning and improved quality of life, but many elderly persons of low income are unable to purchase them.

Legislative strategies

Governmental support for vision care and eye-glasses, hearing aids, foot care and prosthetic and orthotic devices should be provided for elderly persons of low income. Governmental programmes have demonstrated that the cost of these aids to daily living can be substantially reduced through bulk purchasing.

Principle 13. Inpatient care

Inpatient services for the elderly should include both short-term general hospitals and long-term care facilities of varying levels and kinds.

Legislative strategies

Care should be provided to the elderly in acute care, rehabilitative, long-term care and maintenance facilities. The health and social needs of the elderly patient and his or her own preference should determine the type of inpatient facility selected, with transfer provided as health and social needs change. Informed consent by the elderly patient or his legal representative should be required for medical and surgical procedures.

Principle 14. Mental health services

Mental health care for the elderly requires a range of resources, including outpatient clinics, beds in short-term general hospitals, mental hospitals and sheltered residences for those requiring special protection. Every effort should be made to avoid admission of harmless, senile patients to large, impersonal mental hospitals.

Legislative strategies

(a) Wherever possible, mental health services for the elderly should be provided on an outpatient basis with a minimum of emotional trauma and dislocation.

(b) A system of involuntary admission to mental hospitals should be devised, in which initial admission is a medical (not juridical) procedure, as to a general hospital, with prompt and periodic legal reviews to ensure that no one is improperly deprived of his liberty or unnecessarily retained in the hospital.

(c) Legal standards for mental health care should ensure the right to treatment, should require attendance by sufficient numbers of properly trained professional and ancillary personnel and should protect the privacy and dignity of patients.

Principle 15. Dental care

Adequate dental care should be available to handle the frequent and distressing dental problems of the elderly: loss of teeth, ill-fitting dentures, periodontal disease and pain. Adequate dental care can make the difference between comfort and suffering, between enjoying wholesome, varied meals and poor nutrition.

Legislative strategies

- (a) Public dental programmes should be organized and financed in order to provide specialized dental care to the elderly and to make available good dentures at affordable prices.
- (b) Auxiliary dental personnel should be trained to assist dentists with the dental care of the elderly. Dental technicians or denturists should be authorized to provide full dentures direct to the elderly patient (without the intervention of a dentist). Experience in a number of countries has shown such services to be of good quality and less costly than services by a dentist.
- (c) To benefit future generations of the elderly, public water supplies should be fluoridated. This inexpensive and effective preventive of dental decay benefits all population groups.

6. Economic support

Principle 16. Financing

The elderly are particularly disadvantaged with respect to paying for medical care because they have less income and generally greater need for health services than the rest of the population. The high cost of health services, particularly for long-term care, and the low incomes of many elderly persons mandate some form of social financing of health services for the elderly.

Legislative strategies

- (a) Provision should be made to finance health services for the elderly, in whole or in part, from socially derived funds - either government revenues or social insurance or both.
- (b) Measures to enhance financial resources of the elderly, such as adequate social security benefits and continued earnings through deferred retirement and post-retirement work, permit better food, better housing and more recreation. Reasonable income also contributes to a sense of involvement in society and a feeling of self-worth as well as enhancing the status and role of the elderly.

7. Promotion of health-related activities

Principle 17. Nutrition

All elderly persons should have a nutritious and tasty diet. While many factors affect the nutritional status of the aged, none is more important than poverty. The benefits of good nutritional programmes are not only physical but also serve to increase socialization and prevent depression and loneliness.

Legislative strategies

Government should encourage and support the organization of nutrition programmes for the elderly. Components of such programmes are information and referral, publicity, distribution, outreach, home-delivered meals, transportation, congregate meals served in senior centres, low-cost meals for the elderly in community centres and improved nutrition in institutions.

Principle 18. Housing

Appropriate housing is vital to the physical and mental health of the elderly who spend so much time at home.

Legislative strategies

- (a) According to experts on human settlements, a variety of options in housing for the aged should be available. Different decisions are possible with respect to location, design, integration with housing for other age groups, provision of communal resources and accessibility of medical care.
- (b) Since many elderly persons are poor, proper housing requires governmental subsidy.

Principle 19. Social work services

Much of the theory and practice of geriatric care is derived from the disciplines of social work and social welfare. Social work programmes and services are intimately related to health services.

Legislative strategies

- (a) Social work services for the elderly should be directed to ensuring access to health care, to assisting the choice of appropriate forms of care for individuals in different circumstances and to maintaining the mental and emotional wellbeing of the elderly and their families.
- (b) Social workers should be members of teams providing health and related services to the aged.

Principle 20. Transportation

Transportation for the elderly is essential to ensure access to health care and general mobility.

Legislative strategies

- (a) Transportation to health care resources should be provided for the elderly who are infirm and poor and for the rural elderly remote from health care.
- (b) Mobile medical and dental services should be provided for the elderly in rural areas.
- (c) Low-cost transportation should be available to facilitate participation of the elderly in civic and cultural affairs.

Principle 21. Education and recreation

Life-long learning is coming to be a hallmark of modern society. Educational programmes, cultural events and other leisure-time activities have enormous potential for improving the quality of life of the elderly.

Legislative strategies

- (a) Workshops and handicraft rooms should be provided for aging men and women who wish to work with their hands.
- (b) Free or low-cost educational programmes, cultural events and other leisure-time activities should be available to the elderly.

Principle 22. Legal protection

Protective intervention in the form of legal guardianship or conservatorship should be available to elderly persons disabled by mental incapacity when needed.

Legislative strategies

- (a) Protection of the person and property of elderly persons who are disabled by mental incompetency or incapacity should be provided only to the degree that such protection is needed. The need of the elderly person, rather than a legal finding of incompetency, should determine the powers of the guardian or conservator in order to minimize the stigma of guardianship and to ensure flexibility in the functions of the guardian or conservator.

(b) All legal proceedings to provide protective intervention to the elderly disabled by mental illness or incapacity should be conducted in a nontraumatic way and with full recognition of the rights of the elderly to manage their own affairs and to live independently and with dignity as long as possible. Only if the elderly person cannot care for himself or his property by reason of mental weakness or mental illness should protective intervention be provided.

8. Administration

Principle 23. Management

Competent management of health services can promote equity in the distribution of available resources and can enhance the quality of care.

Legislative strategies

- (a) Provision should be made for administrators and supervisors with appropriate qualifications to manage programmes and facilities for the elderly.
- (b) Management personnel should have the benefits of continuing education.

Principle 24. Coordination

Effective coordination of the many types of service for the elderly is important to prevent gaps and duplications in service. Coordination should be provided among agencies and also for the individual elderly person.

Legislative strategies

- (a) The central national agency, with representatives from various ministries of government, described in Principle 1 above, should be authorized to coordinate services for the elderly at the national level and to monitor coordination at local levels of government.
- (b) The task of coordinating services for the elderly at the local level should be assigned to local councils on aging and other agencies in local government.
- (c) Participation of elderly persons and representatives of their organizations should be an essential component in coordinating services.

Principle 25. Regulation

Regulation of health care for the elderly is essential to ensure that providers of care comply with legally required standards to prevent discrimination against and exploitation of the elderly.

Legislative strategies

- (a) Effective implementation of licensing laws governing health personnel is important to protect the elderly.
- (b) Especially important is control of the quality of facilities, which should be safe, clean, efficient and cheerful. Government should provide adequate funding and appropriately trained personnel to ensure surveillance of the quality of care for the elderly.

Principle 26. Evaluation

Health services and health-related services for the elderly should be assessed and evaluated periodically in order to make recommendations concerning their continuation, modification and improvement.

Legislative strategies

The national agency on aging and local councils on aging should be authorized to inaugurate and carry out periodic assessments and evaluations of services for the elderly and to make recommendations for any necessary improvement.

Principle 27. Innovations

Innovations in health care for the elderly should be through research and demonstrations.

Legislative strategies

Government should encourage and provide support for research on health problems of the aged and for demonstrations of new ways of providing needed services. Multidisciplinary and multinational approaches to research and demonstration should be explored.

9. Conclusion

Throughout this statement on basic principles and legislative strategies to promote the health of the elderly, several recurrent themes emerge. Since these themes apply in many contexts, it may be helpful to reiterate them by way of summary.

- (1) Options and alternatives are needed in health care for the elderly to meet the varying needs of different individuals and of the same individual at different times of his life.
- (2) The elderly should be encouraged to participate in decisions about their own health care and in shaping policies that affect the aging.
- (3) Every support should be provided to enable the elderly to remain independent, active, involved and alert whether they live at home in their own communities, with their families, in communal living arrangements or in institutions.
- (4) The close link between medical and social problems of the elderly requires a comprehensive approach to their health care by personnel with specific training in this field.
- (5) New social attitudes are working in two directions. In affluent countries, present policies are seeking to integrate the well elderly into community life and to provide adequate protection for the vulnerable elderly. In poor countries, development risks the erosion of former patterns of closely integrated families, including their aged members. These social attitudes are important if loneliness and neglect in old age are to be effectively combatted.

A fundamental basis for strengthening protection of the health of the elderly is sound legislation. Official policies are generally expressed in laws. When a government adopts an official policy through enactment of legislation, implementation can begin energetically. Even if personnel, facilities and financing for services are limited, steps can be taken to organize and utilize existing resources in improved ways. Highly motivated health workers and others can move forward, and the authorization and direction provided by legislation can provide a strong springboard for their efforts.

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