

Geriatric Medicine perspectives from the United States

Dear Sir,

I wish to congratulate the SMJ on dedicating the October 1997 issue to Aging. Singapore will be one of the few countries in the world that will see doubling of the aged by the year 2030. The Western world today is struggling with issues of how best to provide healthcare for seniors and these issues will be Singapore's one day, if not already here.

I work as a Geriatrician in a geographic region in the United States that has 18% of its population above 65, and 52% of its veteran population above 65. In this part of the country, the "American madness" does not quite exist as referred to by Dr Philp in his article⁽¹⁾. Most, if not all of the patients that I care for have advance directives; and 95% view resuscitation and life support systems as unnecessary should they develop cardiopulmonary arrest. There are very diverse culture groups in the United States and denial of mortality may be culturally based even within a nation⁽²⁾. In addition, the denial of mortality often is not from the patient himself but by the healthcare provider especially those trained in a biomedical rather than a psychosocial model. However, many morbid conditions and even mortal ones can be easily reversed in the elderly⁽³⁾, and one should not have an ageist attitude.

There has been in existence within the Veterans Healthcare system for several years now the Geriatric Evaluation and Management Units (GEM). The function of these interdisciplinary Units is to increase independence and decrease reliance on traditional nursing homes⁽⁴⁾. Nursing homes in the United States at this moment are not reimbursed based on dependency levels as mentioned by Dr Philp⁽¹⁾. However, there might be this reimbursement model in the future for Veterans Administration nursing homes for purposes of equity, not so much for discouraging rehabilitation.

Finally, I believe the model of healthcare that Singapore chooses for her

seniors will be one based on the prevailing culture, which on one hand is distinctly Eastern, and yet one that thrives in Western systems. The strong family system should be encouraged and reliance on universal socialistic healthcare like in the UK and perhaps the USA discouraged. Unfortunately, the paradox of good Geriatric Healthcare may be reliance on a good socialistic support system.

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Re: SMJ vol 38 DEC 97

Dear Sir,

The new format of this newsletter seems to have brought with it a new breath of life. More and more, we discover that doctors in Singapore are able writers and wide readers, not just of medical journals. The recent Christmas issue is a collectors' item. It has trinkets of articles worth reading, from ethics to mountain climbing to a medley of book reviews.

The human in the doctor is seldom seen by the patients. We wear the mantle of mystery, miracle and authority, lest the patient loses his confidence. It is the humanity that really separates us from the CD-ROM that puts medical information so coldly to the patient.

Thank you for this Christmas issue, showing the human vulnerability that we all share.

May I wish the President, the Editor and all the SMA staff a merry Christmas and happy new year.

DR LAWRENCE NG