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**PACKAGING GERIATRICS**

Jean Martin Charcot¹ (1825-1893) of France, Ignatz Leo Nascher^{2,3} (1863-1944) of America and Marjory Winsome Warren^{4,5} (1897-1960) of Britain have often been credited with being the pioneers of modern geriatric medicine in the West⁶⁻¹⁰. The term "geriatrics" was coined by Nascher, an American born in Vienna. When he was a medical student, he was deeply impressed by an incident, in which an old woman, limping up to his clinical tutor with complaints of aches and pains, was sent away unsatisfied. The tutor said, "She is suffering from old age. There is nothing to be done to her." In a visit to an old people's home in Vienna, he was impressed by their good health and longevity and was told, "It is because we treat our old patients in the same way as paediatrician treat children." This statement inspired Nascher, in 1909, to create a special branch of medicine that he called geriatrics, a name recommended by his friend, Dr. Jacobi, who had managed to get paediatrics accepted as a specialty after a long struggle. "Geriatrics, from *geras*, old age, and *iatrikos*, relating to the physician, is a term I would suggest... to emphasize the necessity of considering senility and its diseases apart from maturity and to assign it a separate place in medicine."²

Recently, there have been much debate and discussion¹¹⁻¹³ concerning the name "geriatrics", in relation to the future direction of geriatrics as well as the perceived negative connotations this name may have acquired. In the United Kingdom, attempts have been made to "rehabilitate" the term "geriatrics" by changing its name. Thus a plethora of bewildering names have been coined as alternatives to "geriatrics" or "geriatric medicine": *geratology*¹⁴(Greek for the study of ageing), *gerocomy*¹⁵(Greek for old, tending), *elderology*^{11,13} and its variants(Care of the Elderly, Health Care of the Elderly, Medicine for the Elderly, Elderly Care Medicine), *eld health*^{11,16}(archaic/poetic old, health) and lastly *frailtology*¹¹(to emphasize that the targets of care are frail elderly people). It seems that heterogeneity is the hallmark of geriatrics, whether in terms of the patients served, the styles of practice, or even the names of the profession. Our American colleagues have packaged their "geriatric evaluation and management" programs as GEM¹⁷, though whether they can convince their policy-makers that their programs are as valuable as "gem" is another matter. Ever since the establishment of geriatric service in Hong Kong 21 years ago, the term "geriatrics" has been in use locally up to now. This year, our society name has just been rejuvenated from "Hong Kong Geriatric Society" to "Hong Kong Geriatrics Society". Sixteen years from its birth, our Society is certainly not "geriatric", and in fact has just passed the growth spurt.

In a culture in which the marketing orientation prevails, modern men's happiness consists in the thrill of looking at the shop windows. "Attractive" usually means a nice package of qualities which are popular and sought after on the market¹⁸. So we need to be good salesmen to survive. Perhaps we should start selling "geriatrics" as "G-E-R-I-A-T-R-I-C-S: G for general, E for excellent, R for restorative, I for individualistic, A for artistic, T for total, R for respectable, I for intelligent, C for caring, S for scientific!"

There is a Chinese saying, "Fear not a bad birth, but fear a bad name". To Nascher, "geriatrics" must be a good name. Has the spirit of Nascher been changed since the birth of the name "geriatrics" 87 years ago? Can the fate and fame of "geriatrics" be changed by simply packaging it with another name? Whatever title we would like to call ourselves, be it geriatricians, elderologists, or physicians for the care of the elderly, the substance of our profession will remain the same. Thanks to the dedication and efforts of our predecessors, a special knowledge base in geriatric medicine has been built up to meet the needs of our elderly people. Instead of changing the name of our profession, it is much better to change the fame of geriatrics by educating our medical fraternity, the general public and policy makers about the content and

substance of geriatrics.

Hans Christian Andersen had an amusing fairy tale - "The Emperor's New Clothes." An emperor who was so fond of smart new clothes that he was well dressed but without self. The most beautiful cloth was finally made for him but the weaver told the Emperor that the cloth had the remarkable property of being invisible to anyone except the wise. The Emperor ended up naked in his procession!

So, what is geriatrics without clothes? To quote from Professor Peter Millard¹⁹, "Geriatrics spearheaded the attack on bed rest and transformed wards full of bed-bound patients into active treatment units. Geriatrics developed treatment services where there were none.....Think of the health care state you would not want in your old age. Old, alone, unwanted, sick, confused, incontinent and catheterised in a cot-sided bed in a general medical ward or lying on a trolley in an accident and emergency department. Or continually falling at home, faecally incontinent and a strain on your family and friends. This is our stock in trade, this is the very reason for our being." A similar echo has been provided by Professor William R. Hazzard's²⁰ response to the question "What is the typical geriatric patient?": "Think of your oldest, sickest, most complicated and frail patient." The number of disease processes and interactions which can result in these geriatric presentations are enormous and their detection and management intellectually challenging. The complexity of the deficits, however, inspires anxiety rather than interest in those not trained in the trade so that these frail elderly patients are too easily rejected as "incurable", mislabelled as "social problems" or "bed-blockers", and finally dumped in nursing homes or infirmaries. The commitment of a geriatric service to its patients actually begins where that of traditional medicine seems to end. Only geriatricians, equipped with the special knowledge, skills and attitudes, can provide an answer to meet the needs of these frail elderly people. I believe that "geriatrics" will survive as long as our culture has not degraded to one in which "gerontophobia"²¹ and "geriatricide"²² prevail; but rather life is respected and valued from beginning to end.

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