Many common ways of dealing with old people are unacceptable and inadequate, contends **Mark Cheesman**

Ageism in the NHS

The most telling statement we can make about the worth of … people who society does not hold in high esteem is to spend time with them

Few of us think of ourselves as old. Inside, we feel much as we did 10-20 years ago, or even longer back. We don't thank people for reminding us that we're ageing, and whilst jokes about the middle-aged remain fairly good-humoured, those about the elderly usually have a darker edge. One of my patients said to me the other day, 'Old age is not for cissies!' She was right, although the way she wagged her finger at me was evidence enough (if you needed it after ten minutes with her) that fighting spirit is by no means confined to youngsters.

There have never been so many old people in our society. Nor have people ever lived (on average) so long. Although Europe is now the 'oldest' continent, the greatest percentage-rise in elderly people is occurring in the developing world. The numbers of very elderly people (80 and over) in the UK will nearly double in the next five to ten years. Some of this extra life expectancy is bought at the expense of living with disability: at age 75 nearly half have some disability, and at 80 two-thirds do. We are not really prepared for this and it fills politicians and their accountants with dismay. What are we going to do with them all?

Traditionally, our society has not valued elderly people very highly. This has been particularly true in the last few decades where youth and freshness have taken precedence over experience and wisdom. Middle-aged persons, not just elderly men and women, have found themselves having a crisis of identity. Many feel less than useful, unsure of their niche in society. Even the automatic deference to elders common to Asian families in the UK has slipped to some degree, especially if the children choose British rather than Asian ways of running their lives.

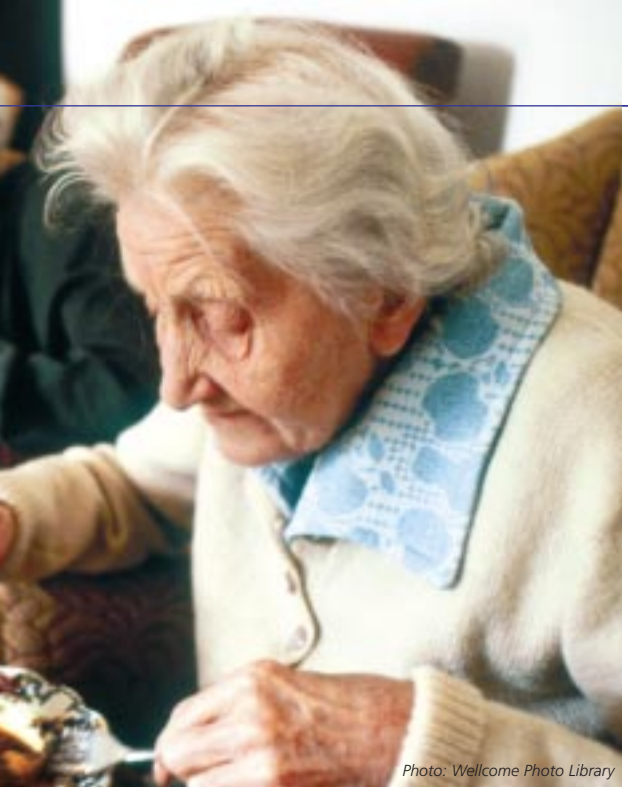
It looks as though we are in the midst of a revolution, forced by events and scandal (as, unfortunately, progress often is in the NHS). Overt

rationing by age is becoming difficult to sustain and, indeed, may even be found unlawful under the Human Rights Act. Many elderly care departments are still housed in poor buildings with poor staffing and resources: and it is the public who are now beginning to force the pace of change, finding many common ways of dealing with old people (and the resources for that) unacceptable and inadequate.

Things are already changing quite fast. 'Dinosaur' attitudes to elderly people are only expressed in private. Most coronary care units no longer have an age ceiling and most intensive care units have much older patients than before. In my hospital, the average age of the patients in the medical emergency intake is 73 and the average age in the medical beds is 77.

Many hospitals have a central admissions ward, through which all sick patients pass, regardless of age. We have an old person's 'Tsar' in Professor Ian Philp, and the National Service Framework for elderly people will no doubt be published eventually. Critical reports on elderly health and social care from the Royal College of Physicians, the Audit Commission, Age Concern and the Stroke Foundation have added their stir to the pot.

Welcome as these changes are they do not address many of the day-to-day problems. Battles over resources go on. The problem of intensity of treatment as life approaches its end, requires the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wisdom of Solomon and the kindness that reflects the compassion of our Heavenly Father. This is immensely challenging and often painful for those concerned. Finding out what old people really want for themselves means time at the bedside, and that means not going to useless meetings or filling our lives, as healthcare professionals, with paperwork and committees. For perhaps the most telling statement we can make about the worth of any group of people who society does not hold in high esteem is to spend time with them.

Dying elderly people are the most unwelcome to many of our colleagues - and perhaps the ones we should be most seen with. The Lord spent his time with the real and social lepers of his day (and was roundly condemned for it), and it would be good if we generated the same criticism. Living prophetically in this way will cost us, both in time and probably also in prestige. This will not earn anyone a discretionary point or a merit award - but who cares about that, if it causes joy in heaven?

Elderly people have a knack of exposing hypocrisy and unreality, for which we owe them thanks. If you believe only in evolution and natural selection, then supporting the weaker and vulnerable is a wasteful and counterproductive activity: but after five minutes chatting to a sparky old lady, none of us in our heart of hearts can go along with that.

If you value people in terms of their economic usefulness, then old people score negatively again: but we are human beings, not human doings, and few people really believe that this is an adequate way of looking at an old person. Humanists often have a caring and compassionate outlook on elderly people, wanting to make life as good as possible, and to celebrate the moment. But humanists have little to say to the person who is dying, other than to celebrate their life, and make their end comfortable.

Christians have a different agenda, although they share many common points with humanists. The biblical concept of a person is the 'image (*ikon*) of God' - that we bear the mark and some of the characteristics of our Creator, however much these may be marred by a fallen world. Once you begin to think like that, the frail person in front of you looks different: there is a new dignity and status in such an image.

Death and dying are coming out from the closet. The recent picture of bodies on a hospital chapel floor shocked people much more than one would expect from yet another under funding story. Death 'in your face' has always been difficult, but is a rare subject of conversation. It has replaced sex (not such a rare subject in conversation) as an unmentionable. Try it at the next dinner party to which you are invited.

Christians themselves often need to come to terms with their own mortality, whatever their head-knowledge of the resurrection and heaven. How will Christian healthcare professionals fare in the bewildering speed of change? How do you feel adequate in the face of large amounts of unmet need? It would be good to discard, at an early stage, the notion from 1960s and '70s Christianity that the Christian doctor will be the best one around technically, in competence and in availability. It is most surely more important to be like the Lord Jesus than to have all the answers. In any case, if you think you have all the answers it will usually only take one elderly person to disabuse you of the notion.

Compassion and kindness is a language the deaf can hear and the blind can see. People around us need to see Jesus in us. No, there is no substitute for competence in medicine - nor any substitute for spending time in God's presence so we can reflect him. The only way we as Christian doctors will spend time in our Heavenly Father's presence is by timetabling it in: and, probably, dropping some activites in our work administration and in our local churches.

The Bible says that there is a tragic grandeur about us: we are immortal beings made for our Creator and forever unsatisfied without him. It teaches that God so loved us that he sent his Son Jesus to be one of us, talk with us, teach us, die for us and rise again: so that we could not only walk with him in this world but rise from the dead and be in his presence for eternity. And the Bible assures us that, inadequate as we are, we can bring the grace and presence of God to each other.

Old people are often kind, patient, and understanding: and often delighted to interact with us if only we will slow down to be with them. The Christian concept of seeing the Lord in other people and caring for them out of love for him is a powerful driver for good, if we will embrace it.

A bit different when you look at it all like that, isn't it?

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KEY POINTS

Our society does not value elderly people very highly, but with the growth of old age charities, the appointment of an old person's Tsar and more media coverage of non-treatment 'scandals', overt discrimination against old people is much more difficult to sustain. However, attitudes change more slowly and Christians need to take the lead in living prophetically. Treating elderly people as beings made in God's image involves more than just showing clinical competence. It means slowing down to spend time with them. And as we do we will find they have much to teach us.