The subject of training in Clinical Gerontology and Geriatric Research became one of the dominant themes of the 7th International Congress of Gerontology, Vienna, 1966. Nathan Shock of Baltimore, at the Opening Plenary Session urged the establishment of Research Institutes in association with Universities, to train course-teachers as well as to give routine instruction in the field and emphasized the need to present gerontology as a challenge to both medical students and postgraduates. Contributions to the theme were made either in addresses scattered throughout the conference proceedings or at the pre-conference colloquium at Semmering and repeated at a special session on Friday, July 1st. The points raised fell into four groups, i.e. the teaching of gerontology, research institutes, the training of research workers and lectures, and lastly the planning of research.

The problem of teaching geriatrics and gerontology is involved in the larger problem of teaching medical students in an expanding field, changed every 10 years by the advance of science (Groh215). To gain the sympathetic understanding of deans of medical schools, as well as of their students, it is necessary to persuade all concerned “how important and how exciting is the field of gerontology” (Schnaper2), that geriatrics is “a speciality of prime importance and interest” (W. F. Anderson216) and “to create a gerontologic conscience” (Antonini217). The problem, as Groh states, is not only one of feeding facts and associations, but of teaching the student logic and the art of thinking. General medicine is of course the basis of geriatrics and the tree of which geriatric medicine is an important branch. This implies not only the firm grounding of the geriatrician in general medicine216, but of the resident internist in geriatric and rehabilitative procedures (Harrell219): this latter needs badly to be taught. As Harrell points out too, all physicians need to be familiar with the gerontologic aspects of their discipline or specialty, though the realization of this seems to lie in the rather distant future. Meanwhile, the state of the literature on gerontology deserves consideration. Goldman219 reviewing the literature concludes that it is not always relevant to the need, articles being either too general or elementary or alternatively too specialized. In general, he feels that “the need for material now exceeds the productive capacity of the research establishments”. As to the actual technique of teaching students, this can either comprise formal instruction in geriatric methods, or a ‘slant’ throughout general medical teaching. Some speakers, notably Harrell219 preferred the latter approach, which may well be preferred where all instructors are enlightened and capable of presenting their entire subject. Even so, certain aspects of geriatrics, such as the care of the dying (C. S. Sounders219) require individual consideration. A judicious combination of both methods would appear most appropriate.

It was generally agreed that gerontological institutes should work in close association with university departments and do so to their mutual advantage (Shock1). Schnaper2 observes that where geriatric hospitals such as those of the U.S. Veterans’ Affairs Department work in close association with medical teaching schools, an improvement in clinical standard occurs in each.
Close liaison is clearly essential. “Of primary importance is the recruitment of clinical investigators” (Goldman213) and when such investigators work in research institutes which are not confined to a study of the ageing process, “a legitimate full-time gerontologic preoccupation” must be possible.

The reference numbers given as superior figures indicate the number of the abstract or paper in Proceedings of the 7th International Congress of Gerontology, Vienna, 1966 (Vienna Academy of Medicine).

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for them. The teaching-requirements of post-graduates vary from country to country, as do other aspects of old age and this fact makes a standardisation of methods of organising institutes impossible. Professor Antonini217 who himself stresses that “there is not one criterion good for every country in the teaching of gerontology”, described the courses established in Florence firstly for the undergraduate late in his training and secondly for postgraduates currently employed as practicing physicians in the hospital service. Because of their major medical commitment, the postgraduate students attend for periods of one week each month over a period of two years in all, the total being 12 weeks of sessions, at the end of which a diploma may be gained. The results so far obtained suggest that considerable medical and social benefits are being obtained. Harrell2W points out the value of training students in the care of ambulant patients and with this in mind, visualises specially designed wards having the atmosphere of a home rather than of a hospital, as planned for the new Hersley Medical Center of the Pennsylvania State University. In such an ambience, the student would work alongside members of the allied health professions who will later be his colleagues. This project would seem to be analogous with the teaching of medical students within Day Hospitals. Views on the training of research workers have already been indicated. Goldman™, in this connection, asked the relevant question, “is it more likely that a clinical gerontologist with an interest in cardiology will provide sophisticated information, or that a cardiologist with an interest in gerontology will do so? All the evidence and logic favor the latter”. This conclusion appears reasonable. Groh2U recommended standardisation of methods of gerontological research at an international level through the participation of W. H. O. He also recommends interchange of research personnel between different institutes both nationally and internationally.

In their contributions, most speakers indicated aspects of gerontology which should be specially presented to medical students and postgraduates. Dr. Cicily Saunders219, as mentioned above, described her approach in teaching care of the dying patient. Busse21i, Duke University, Durham, U.S.A., mentioned the need for research into cerebral deterioration and for teaching medical students as well as practicing physicians regarding the functional psychosis of old age (depressive reactions and hypochondriacal responses), a field in which knowledge of therapeutic value seems to have been inadequately disseminated. Experience in U.K. would seem to suggest that this observation is of more-than American relevance. Psychosocial aspects also need further consideration, both as a matter for teaching and as a factor in planning geriatric services. While the ‘sick-role’ as a temporary state may be acceptable to the individual and society, the long-term occupancy of such a role produces community responses as a result of which the patient’s former participation in home and community activities becomes superseded and his position eliminated. The social implications of this problem require further study. Busse’s summary can usefully serve as a text for this report: “If elderly people are going to receive the level of medical care which is within reason equivalent to that provided for younger adults, considerable effort must
be made to develop research competence so that the clinical problems of the elderly can be given adequate attention.”
References to speakers and to abstracts