

The aged and the “chronics”

While it is not strictly correct to link the aged with those who are chronically ill in any discussion on the provision of a health service for the community, they may be grouped together because of the fact that special provision has to be made for them. The rising cost of the upkeep of hospital beds is one of the factors which make discussion necessary. At a recent meeting of one of the Branches of the British Medical Association in Australia it was stated . . . that the cost of upkeep of a bed in the teaching hospital . . . had risen to £14 14s. a week. This is fantastic, . . . Quite naturally one asks for how long the cost of hospital treatment is likely to increase and what will happen in the future. To use hospital beds at two guineas a day for persons suffering from chronic illness or for those who are helpless because of senile changes is not common sense. When these people have to be admitted to hospital special institutions are needed for them – what they want is nursing attention rather than any of the elaborate equipment used for diagnosis and treatment in the large teaching hospital. This is well known to all who have anything to do with hospital management; but, like so many other features of the present social order, it needs to be drummed into those not intimately acquainted with hospitals who are in a position to correct anomalies or to create public opinion about them.

Let us look first of all at the “chronics”, as the chronically ill are commonly dubbed. They are a large, and in many respects a pathetic, body of people. We plead for special institutions . . . where they may be nursed and treated. And it is right that we should do this, especially when we find that they tend to occupy beds in which acutely ill persons should be placed. But such an attitude accepts the position as it exists and does nothing to make the problem less acute for the future. Prevention should be the note — and we should realise that prevention of chronic illness is no less important in the community than prevention of the acute variety. If we could prevent chronic illness, we should be

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able to cease our clamour for “chronic hospitals”, we should be able to stem the ever-increasing expenditure on invalid pensions and we should have the satisfaction of knowing that many of our fellow citizens were able to enjoy life and make something of it. The most important of the chronic diseases have been named as heart disease, arteriosclerosis, arterial hypertension, nervous and mental disease, arthritis, kidney disease, tuberculosis, cancer, diabetes and asthma. It must be admitted that we are grossly ignorant of the causes of many of those conditions, but we must also confess that if everything was done that could be done, if all our knowledge was correctly applied, much suffering could be avoided . . . In the prevention of some of the diseases named . . . the practising members of the medical profession are largely dependent on the steps taken by governments to make provision for sufferers and their dependants. But there is ample scope for the practitioner to exercise a personal influence and even supervision in many matters . . . The treatment of a chronically ill person should be carried out with the same assiduity as is displayed towards the acutely ill, and the object must be to restore the patient so that he will be an independent and self-supporting member of the community. If his illness has progressed to such a stage that he is permanently incapacitated, every effort should be made to preserve his morale and even to increase it so that mental factors will not be added to a physical disability . . .

In this short discussion [we have drawn] attention to the problems of the chronically ill and the aged in the light of the constantly increasing costs of hospital management. These problems have their individual peculiarities and difficulties, but it is clear that each can be mitigated by the introduction and continuous use of preventive measures. Results will not be obtained at once, for prevention here, as nearly always, must be a long-range policy.

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