Our Guest Editor

GREGG WARSHAW
"Medical professionals must reach out."

THE SUCCESS OF MODERN medicine at keeping more people alive into old age has led to new challenges in providing good care for the growing numbers of elders who live with chronic conditions. This issue's guest editor has been at the forefront of efforts to meet those challenges. He has been instrumental in enhancing the specialty of geriatrics and in promoting collaboration between geriatricians and other professionals in aging.

Gregg Warshaw is director of the Office of Geriatric Medicine, professor in the Department of Family Medicine, and the Martha Betty Semmons Professor of Geriatric Medicine, University of Cincinnati College of Medicine. He was among the first fellows in geriatric medicine in this country. Warshaw was drawn to older people when he worked in a nursing home during his pre-med days, he says, but was surprised that no doctors were around. "The older adults were not given enough attention. There was so little medical care."

He started thinking about ways to improve the situation as a family medicine resident at Duke, where he met the pioneering gerontologists George Maddox and Harvey Cohen, who became his early mentors. In Durham in 1978, there were not many American-trained geriatricians, so doctors from other countries filled the bill. "They became my role models," he says. "They were most aware of patients from the standpoint of medical and social issues."

Now, as a past president of the American Geriatrics Society and the Association of Directors of Geriatric Academic Medicine, and current director of Cincinnati's Geriatric Medicine fellowship training program, Warshaw is well aware of the progress of the field, but also of the remaining difficulty recruiting young doctors.

"The students we attract are top quality, and they love it," he says, "but we still have a challenge for several reasons. These days, not many are going into family and general medicine [from which geriatricians are drawn], but that ebbs and flows. Partly, it's reimbursement difficulties—Medicare pays less. And partly it's a result of stereotypes about aging. People still ask me if working with older adults isn't depressing. Interestingly, though, surveys show that geriatricians are among the most satisfied specialists.

"Older people are more inspiring. And the diversity of the older population is fascinating." In his practice and at the continuing care facility where he is medical director, Warshaw sees the whole spectrum of function—from "amazingly healthy" elders, to patients in acute care, to the many who live with a number of chronic conditions.

To address this situation, he says, healthcare has to change. "The system and Medicare devote most resources to acute care, but that's not where most older people are. It's not just the treatment of individual diseases. The key now is to focus on prevention and care coordination. We know how to do it in some specific settings, but too often it's not happening.

"The weak link is the separation between medical and community-based services. The 80-year-old woman with four chronic illnesses needs someone to look at the big picture and manage her care. People in social services must take an advocacy role. They are often the first to see older people; they need to make referrals to doctors and nurses who can help. Medical professionals must reach out to social service agencies. It requires a team effort." ∽

—Mary Johnson

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