

Editorial

Tony Townsend has been a general practitioner for 30 years. Although he has dabbled in medical politics, medical ethics, community-based teaching, university-based teaching, quality improvement and assessment, his passion remains clinical general practice. He is currently a full-time general practitioner in Whangamata.



We are delighted to be able to use Kieran Sweeney's Conference presentation as an editorial for this issue of the journal. General practice is at a crossroads. This does not necessarily mean that we are lost but it does mean that we need to make some decisions about our future direction. I am not sure that we have completely lost our professional moral standards (our anomie) but there are some indications that there is confusion about the future of our discipline.

One major influence on the direction that we will need to take is the ageing of our population. The Ministry of Health has published estimates¹ that the number of people over the age of 65 will increase from 461 000 in 2001 to nearly 792 000 in 2021. The number of residential care beds will need to double from about 46 000 in 2001 to between 84 500 and 94 500 by 2021. Not only will there be this large absolute increase, but the proportion of people in residential care who are aged 80 and over will increase from 69% to between 73 and 75% over that same period of time.

As I have inevitably aged at about the same rate as my patients, I have found that my interaction with my older patients has undergone some subtle changes. I now talk about those skin lesions that accompany maturity rather than 'age-spots'. We discuss wisdom and experience rather differently from when my peer-patients had young children. I am able to more easily empathise with those

who suffer lumbar root compression from degenerative discs. My younger patients remind me more of my grandchildren than my kids. I observe the lives of older people in residential care more personally than I used to. You get my drift.

The care of older people is the theme for this issue of the journal. Ngaire Kerse, who has made a major contribution to the understanding of general practice involvement with older patients, introduces the theme papers. Sally Keeling and her colleagues discuss some changes to needs assessment processes for older people. This is followed by Ngaire and Graham Davison commenting on the important but confusing issue of assessing fitness to drive. Valery Feigin is an international expert in the assessment and management of stroke patients and he summarises his thoughts on this for *NZFP*. We have also managed to include two CME papers relevant to the care of older people; the use of acetylcholinesterase inhibitors for dementia and the management of hypothyroidism in older patients. Although the communication skills useful for dealing with challenging patients are not confined to consulting with older people, they do have relevance for this group. Susan Hawken

provides us with several strategies as a follow-up to her communication skills paper in the June issue. Our final CME paper reviews the current management of gout and hyperuricaemia, which appears to be another manifestation of the ubiquitous metabolic syndrome.

There is a certain irony to the situation that the better we practise prevention, the more likely we are to have an increasing number of older patients requiring care in their later years. Cornwall and Davey, in their background paper for the MOH, published in December 2004,² state that the New Zealand health sector can expect increased health expenditure and demand in the coming two decades from cardiovas-

cular diseases, cancers, strokes, diabetes mellitus, chronic obstructive pulmonary diseases, osteoporotic fractures and musculoskeletal diseases. They also predict that the demand for disability support services

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will be increased by visual and auditory limitations and that the rates of dementia are likely to increase significantly. Their data also indicates that Maori and Pacific peoples' health demands will increase significantly as larger numbers are represented in the older age groups. All of this will inevitably impact on our discipline as it evolves over the next few decades.

References

1. [http://www.moh.govt.nz/moh.nsf/0/E6EE108D0901CAD8CC256F73000F1F9A/\\$File/nzierreport-ageingnzandhealthanddisabilityservices.pdf](http://www.moh.govt.nz/moh.nsf/0/E6EE108D0901CAD8CC256F73000F1F9A/$File/nzierreport-ageingnzandhealthanddisabilityservices.pdf)
2. [http://www.moh.govt.nz/moh.nsf/0/AEC304E31ADE4DA2CC256F720009123A/\\$File/cornwallanddavey.pdf](http://www.moh.govt.nz/moh.nsf/0/AEC304E31ADE4DA2CC256F720009123A/$File/cornwallanddavey.pdf)