Public Health and Aging, Maximizing Function and Well-being

Steven Albert and Vicki Freedman are Professor of Behavioural and Community Health Sciences and Research Professor at the Survey Research Center at the Universities of Pittsburgh and Michigan, respectively. Both are experts and have extensive publications in the field of aging research and well-being in older people.

In their 11 chapter book, accompanied by a full 40 pages of references and aimed at all health professionals, they discuss the demography of aging, the public health consequences, health promotion and chronic disease in older populations and issues around measurement (e.g. of disability) and links between capacity and performance. They argue that simple health promotion and disease prevention are not enough to address the challenges of aging and that what is needed is effort to maximize function and well-being.

Whilst some sections are unlikely to be of interest to a UK reader, such as those regarding Medicare benefits, the vast majority of chapters and sections are equally relevant in the UK and Europe as in the USA. These include data on trends in physical and cognitive functioning, quality of life and mortality. I particularly liked the section, which described how conventional methods of assessing ability to undertake activities of daily living completely lacked inclusion of the impact of the family in helping people undertake those activities. Some thought-provoking material for anyone looking at the impact of conditions such as dementia and mental ill health on families of carers.

But this is not the only thought-provoking section—in one of the final chapters on dying there are some startling statistics—that it is actually the medical management of dying which is very expensive, not the cost of living to an advanced age with a high chronic burden of disease. The books cites research that states that 30% of all Medicare expenditure occurs in the last year of life and the consistency of this proportion has spanned decades and is not just a recent phenomenon as end of life care and care services have developed.

The final chapter on ethics in Public Health and Aging discusses one theory that age can be used as a criterion to the rationing of healthcare and provides the argument against such a proposition suggesting instead that it would be fairer to base rationing on what works and what society can afford (are there echoes of NICE here?). It also encourages readers to review what they think about patient autonomy given that older people desire fewer choices than younger people, seek less information in health decisions and desire less responsibility for decisions and suggest that maybe autonomy means different things at different ages.

All in all a good read, quite compelling in parts, it would interest occupational physicians with interests in aging, public health, health services research and ethics. Not suitable for the bookshelf of every occupational physician but well worth reading due to a fluent and engaging style.

Rating
★★ (Reference only)

Nerys Williams