

# BRITISH MEDICAL JOURNAL

SATURDAY 23 OCTOBER 1976

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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

## Admission of old people to hospital

SIR,—It is appropriate that Professor A G M Campbell (2 October, p 812) quotes *King Lear*, which is still the most explicit statement of the problems of elderly people in society written for the expressive arts. However, *King Lear* was in no way the recipient of euthanasia, fast or slow. Lear made the first of his mistakes in retiring before he was ready for it. The progressive "un-roling" of elderly people, which starts at retirement and which is accompanied by a different treatment of them by society because they are "old," is the underlying feature of much mental illness.

The second mistake he made was to go and live with his children. Far nicer daughters than Goneril and Regan have become broken down by the close proximity of their parent, their love turned to despair and rejection by the life style of the elderly person—Lear's daughters were concerned not about his habits but the habits of his hundred knights, who were, of course, part of his royal person.

The *King Lear* syndrome is familiar to every general practitioner and hospital doctor. If there had been old people's homes and psychiatric hospitals Regan and Goneril would have been putting their GP under tremendous pressure to "do something." (They would certainly never have paid for a private home.) They committed the same fundamental error which we commit today—ascribing all his symptoms to his age, which thus excused them, and removed any stimulus for action:

"Never afflict yourself to know the cause;  
But let his disposition have that scope  
That dotage gives it."  
(*King Lear*, Act I, Scene IV)

This is the same attitude which makes us interpret all symptoms in old age from visual failure to breathlessness as being primarily due to "their age." The *King Lear* syndrome can be prevented; although it is not possible to change quickly the role of elderly people in society, however, we must aim to make it possible for them to move to live near their children—because almost every local authority considers people from outside its area ineligible for rehousing. The excellent study by the Department of the Environment<sup>1</sup> has shown how well "granny flats" work. If we are to keep the health and social services going we must bring together extended families who wish to come together, and then support them. The housing policy which allows elderly people to move to the vicinity of their families must be an integral part of our health policies. The tragedy of *King Lear* is enacted every day, and it will drive more people mad until we tackle the fundamental housing problems of the elderly and allow *King Lear* to live near Cordelia.

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<sup>1</sup> Tucker, A, *Housing the Elderly: How Successful are Granny Annexes?* Department of the Environment, HDD Occasional Paper 1/76.

## The elderly in a coronary unit

SIR,—Dr F F Thompson in his letter (2 October, p 814) claims that our suggestions

(21 August, p 451) could deprive older patients of this type of treatment. It is difficult to understand how he arrives at this interpretation. In many coronary units in Britain there is an age bar at 65 or 70 years, but since our unit opened seven years ago we have accepted patients without respect to age, and we are still operating this policy. We considered our experience sufficiently unusual, if not unique, to make it worth while reporting; hence our publication.

Morbidity and mortality after myocardial infarction are considerably higher in the elderly, but we did indicate that our results still made the effort worth while. Our argument in the last paragraph that intensive coronary care for the elderly shows less cost effectiveness was in the nature of devil's advocacy. We would wish to direct Dr Foster Thompson's attention to our *conclusions*—that ethical and moral considerations would not allow us to withhold treatment from the elderly. This has always been, and still is, our philosophy and our policy.

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## Coronary care units

SIR,—I read the article by Dr M F O'Rourke and others (9 October, p 837) with interest, but hope that this collection of beliefs and suppositions will not be misconstrued as evidence of the efficacy of the "new generation coronary care units." The inadequacies of the data and their processing are both manifold and obvious, but perhaps I may make a few points.