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MEDICAL PRACTICE

NEWS AND NOTES

SUPPLEMENT

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CORRESPONDENCE

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters should be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included.

"The Rising Tide"

SIR,—I support the plea against the formation of demonstration centres, areas, or districts made by Professor Tom Arie and Dr David Jolly (29 January, p 325). The fact that one aspect of the service for the care of the elderly is better provided with resources can cause an imbalance which may have many adverse effects on the service as a whole. The less well provided services tend to protect and husband their limited resources, with the result that those working in the better provided section feel that they are carrying the bulk of the service care burden alone and feel resentful. As a result collaboration between services is impeded and the elderly patient/client/person suffers.

Moreover, demonstration models tend to become stereotyped, and while they demonstrate good practice in one set of circumstances that practice may not be applicable to another area or district or even fit in with another service. Consequently, they may actually hinder progress and the provision of overall better standards of care for the elderly, whether this be social, psychogeriatric, or geriatric. Indeed, they could even perpetuate bad practices in other services. They can also be expensive and demand more and more of the share of the cake.

The components needed to provide a good service for the care of the elderly are well known and are present in all health districts. What varies is the proportion and amount of resource in each district, as do the human attributes and attitudes of those who work in the statutory, voluntary, and private sectors. To try to make these fit a demonstration model might be quite impossible and attempts to do so would only cause friction and prevent collaboration.

A higher standard of care for the elderly will be achieved only if those in control of services—social, housing, and the various elements of health—collaborate to formulate, with the voluntary and private sectors, policies that integrate and achieve the best use of the resources available and make their own plans for the development of a comprehensive service which meets needs and fits the traditions and customs of their own society.

The new money available might therefore be best spent not only as development awards, as Professor Arie and Dr Jolly suggest, but also in developing a system of performance review, which would monitor and audit the service provided so that policies can be adjusted and plans modified to meet the changing needs of the elderly and society. Only in this way is there a chance that the whole service provided for the elderly, not just the geriatric or psychogeriatric service, will be sufficiently flexible and appropriate to meet demand.

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Congenital hip dislocation

SIR,—We had anticipated that our paper (27 November, p 1527) would spark off renewed interest in the incidence, screening, and treatment of congenital dislocation of the hip. Perhaps I can reply to some of the epidemiological points raised in the correspondence.

Dr P M Dunn (11 December, p 1737)