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Editor's Choice

Conquering old age

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"Old age," said Confucius, "is a good and pleasant thing. It is true you are gently shouldered off the stage, but then you are given such a comfortable front stall as a spectator." Nigel Hawkes invokes the ancient sage this week to question the decision of the UK's General Medical Council to start charging an annual retention fee from doctors who are over 65 (p 145; doi: [10.1136/bmj.a809](https://doi.org/10.1136/bmj.a809)). The GMC may be helping to make old age less good for some, but since a key objective of modern medicine and public health is that more of us should reach old age, we should do all we can to make it as good as possible.

One pleasure that's often assumed to dwindle with age is sex. But a study in this week's journal reminds us that sex plays an important part in many older people's lives. Indeed if the cohorts of 70 year olds reported by Nils Beckman and colleagues (p 151, doi: [10.1136/bmj.a279](https://doi.org/10.1136/bmj.a279)) can be generalised beyond Sweden (which some may doubt), the self reported quantity and quality of sex among older people has improved over the past 30 years. Yet doctors are often uncomfortable talking to their patients about sex, especially if the patients are elderly. As Peggy Kleinplatz says in her accompanying editorial (p 121, doi: [10.1136/bmj.a231](https://doi.org/10.1136/bmj.a231)), doctors should ask—and be trained to ask—every patient, regardless of age: "Any sexual concerns?"

A few years ago the *BMJ* asked its readers to vote on a list of non-diseases, defined as "a human process or problem that some have defined as a medical condition but where people may have better outcomes if the problem or process was not defined in that way." Ageing came top of the list (www.bmj.com/cgi/content/full/324/7334/DC1). This raises the intriguing idea that ageing can be separated from the increased susceptibility to disease that goes with it. So might delaying ageing be more profitable than tackling individual diseases? Two articles this week say that it might. Colin Farrelly recognises that some will think it is wrong to divert scarce public funding into tackling ageing (p 147, doi: [10.1136/bmj.a414](https://doi.org/10.1136/bmj.a414)), but he argues that, given the growing health burden of an ageing population, we can't afford not to. Robert Butler and colleagues say the disease specific model of research has diminishing returns, and they call for substantially more research into mechanisms for extending healthy life (p 149, doi: [10.1136/bmj.a399](https://doi.org/10.1136/bmj.a399)).

In the meantime, what should medicine's approach to elderly people be? On pages 78 and 79 of last week's journal we published a Head to Head debate on whether geriatric medicine should remain a specialty (*BMJ* 2008;337:a515, doi: [10.1136/bmj.a515](https://doi.org/10.1136/bmj.a515), *BMJ* 2008;337:a516, doi: [10.1136/bmj.a516](https://doi.org/10.1136/bmj.a516)). The subsequent poll on [bmj.com](http://resources.bmj.com/bmj/interactive/polls) came out strongly in favour (<http://resources.bmj.com/bmj/interactive/polls>), though we don't know how many of the votes were from geriatricians. Two cases reported this week remind us of the complex realities of treating elderly people who are taking a pile of drugs for a range of diseases and perhaps non-diseases too (p 173, doi: [10.1136/bmj.a425](https://doi.org/10.1136/bmj.a425)). And,

having started with the words of a Chinese sage, let me end with a link to our celebration of one of his 20th century compatriots, Qiu Fazu, who has died at what may one day be considered the ripe young age of 94 (p 180, doi: [10.1136/bmj.a812](https://doi.org/10.1136/bmj.a812)).

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