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THE UNIVESAL CHALLENGES AND FUTURE OF GERIATRIC MEDICINE DISCIPLINE

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Presently, the discipline of geriatric medicine is facing many challenges to keep up with advances already achieved by other health care services at the beginning of the 21st century.

In response to the needs and demands of an aging population, geriatric medicine has to develop new models of care, advance the treatment of common geriatric conditions and to advocate for the health care of older peoples.

During the last decade, the world medical societies had set some goals aimed to improve the health of older persons through improving the geriatrics discipline these are:

- Ensure equal and high-quality health care for all and every older person worldwide.
- To expand the geriatrics knowledge base
- To increase the number of healthcare professionals who employ the principles of geriatric medicine in caring for older persons
- To recruit physicians and other healthcare professionals into careers in geriatric medicine
- To unite professional and lay groups in the effort to influence public policy to continually improve the health and health care of seniors.

Collaboration with the government, organizations, agencies, foundations and other partners is essential in accomplishing these goals.

Recently, American geriatrics society (AGS) declared that, doctors who specialize in treating the elderly are in short supply and this shortage is expected to get worse as 70 million baby boomers turn 65 by 2030. The main reasons behind this shortage are, the less reimbursement of Medicare for the most part and lower compensation the geriatricians are getting compared to their colleagues in other medical and surgical discipline.

Add to the fact that geriatricians, after doing an extra one year medical training to become board certified, are making little headway with graduating medical students because the practice lacks the life-saving heroics of other specialties and often means making patient comfortable rather than providing a cure

Because the consequences of inaction will be profound, many schools of medicine nowadays offering mini-fellowships to teach educators how to provide comprehensive care to the elderly. They in turn, will go back to their hospitals and pass on what they have learned.

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