From the Editor's Desk

SENSE, SENSIBILITY AND OLDER PEOPLE

Communication is at the centre of effective health care — and yet this critical dialogue can be problematic, especially when trying to forge links between the languages of two disparate worlds: society and medicine.

Medicine has a distinct language, which enables doctors to communicate among themselves with relative ease. To participate within this framework, medical students must learn a second language, and on graduating they will have amassed some 55000 new words upon which to draw.

Despite its professional utility, "doctor speak" also involves the use of jargon, which instantly captures clinical circumstances but can be insensitive and even alienating. Examples include the use of *crinklies* and *crumblies* for older patients, *dements* for patients with dementia, and *bedblockers* for older patients in acute hospitals awaiting placement in nursing homes; and there are more.

It is interesting to note that this dehumanising language is mostly used for older people; some argue that this reflects their vulnerability and loss of power. But a backlash is now underway.

A recent Europe-wide survey of older people revealed a strong preference for the use of *older* or *senior* in describing themselves. Terms such as *elderly*, *aged* and even *old* were found to be unwelcome and unacceptable. *Elderly*, in particular, provoked immediate censure. Such sentiments are in line with the deliberations of the United Nations Commission on Human Rights.

Despite this finding, the public media, medical bodies, and journals persist in the use of *elderly*, with its implicit connotations of functional decline, frailty, disability, and being a burden on families and society. The term *elderly* effectively ignores the positive aspects of older people, such as their experience, wisdom, creativity and emotional resilience.

Perhaps we should all be attuned to the sense and sensitivity of the language we use — for none of us are immune from growing *older*.

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