COMMENT

This small study is a useful contribution to the debate over private or public care. Cost is without doubt an important aspect of providing services for older people. Unfortunately it is not the only aspect, otherwise decisions would be relatively easy to make. The difficulty of reaching sound conclusions about the viability of private care does not rest on financial considerations alone. Quality of care remains a central issue, both for people in institutions and people living at home. Cheaper options in both the private and public sectors might be politically attractive, but cheaper options probably mean an increase in the number of institutions exhibiting characteristics of the total institution – something we have all been trying to get away from for the last thirty years.

NOTES

1 Goffman, E. 'Asylums', In *Essays on the Social Situation of Mental Patients and Other Inmates*. Anchor Books, New York, 1961.
2 Townsend, P. *The Last Refuge. A Survey of Residential Institutions and Homes for the Aged in England and Wales*. Routledge & Kegan Paul, London, 1962.
3 *Ibid.*
4 Schutz, A. *The Phenomenology of the Social World*. Heinemann, London, 1972.
5 Goffman, E. *The Presentation of Self in Everyday Life*. Doubleday, New York, 1959.
6 Goffman, E. *Frame Analysis*. Harper Colophon, New York, 1974.
7 Tönnies, F. *Community and Association*. Harper & Row, New York, 1957 (orig. 1887).

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Primary Health Care — David Wilkin

G. Ford and R. Taylor. 'The elderly as underconsulters: a critical reappraisal'. *Journal of the Royal College of General Practitioners*, **35** (1985), 244–247.

In this review article Ford and Taylor challenge the widespread belief that underconsultation is a problem among the elderly. They review the accumulated evidence from many studies conducted during the 1960s and 1970s. Most of the early studies conclude, on the basis of evidence of reported morbidity, that underconsultation is a serious problem. However, the authors draw upon evidence from more recent work, including their own longitudinal study of ageing, to show that

elderly people are as likely to consult their doctors for recognised illness as are younger age groups. Comparisons of 'young' elderly and 'old' elderly show no systematic difference either in the average number of chronic conditions per consultation or in the ratio of the number of common ailments to the number of consultations. Overall, the elderly people in the study averaged one consultation for every 2.0 chronic symptoms and every 3.2 common ailments. The data presented also provide no support for the commonly held view that elderly people who are preoccupied with long-standing chronic conditions do not consult their doctors for more minor common ailments. The authors looked specifically at consultations for arthritis and rheumatism. They showed that patients' self-rating of the severity of symptoms provided a good indicator of consultation rates. Of those self-rated as 'severe' 74% had consulted in the previous year compared with only 29% of those self-rated as 'mild'. Again there is no evidence that old people were neglecting to consult their general practitioners in relation to recognised health problems.

The authors conclude that underconsultation among the elderly is exaggerated. They suggest that the reasons for this are a reliance on early studies which no longer describe the current situation, and uncritical use of estimates based on the prevalence of disease rather than self-reported illness. The implications for health services of rejecting the assumption of underconsultation are considerable. If self-referral is a more effective means of identifying illness than has been supposed, then routine screening and assessment of old people may be unnecessary as well as very costly. Ford and Taylor recommend a combination of self-referral and screening for low-contact and high-risk groups.

COMMENT

This paper deserves serious consideration by those concerned with planning and provision of primary health care for the elderly. A large part of the organisation and delivery of primary health care is based upon established custom and practice rather than systematic evaluation of the procedures adopted and the assumptions underlying them. Ford and Taylor have seriously undermined one of the central planks in the rationale for the provision of comprehensive screening for the elderly. The costs of such screening make it imperative that we evaluate the need for it and its effectiveness. However, there is another set of issues raised by this paper which the authors do not discuss. Given that, for all age groups, only about one in every three ailments is reported to the doctor, it is arguable that patients are exercising a choice in deciding whether

or not to consult. Routine screening and surveillance denies the individual that choice. If the propensity of elderly people to consult their doctor is similar to that of other age groups; in deciding not to consult they are exercising choice in the same way as other patients. A patient-centred approach to health care demands that the patient retain some right to define his or her situation and to seek or not seek medical care.

D. A. Jones, C. R. Victor and N. J. Vetter. 'The problem of loneliness in the elderly in the community: characteristics of those who are lonely and the factors related to loneliness'. *Journal of the Royal College of General Practitioners*, **35** (1985), 136–139.

The authors report some of the results from a survey of 1,286 people over the age of 70 years drawn from the records of two general medical practices in Wales. One of the practices was situated in an urban area and the other in a rural area. Information on contact with friends, relatives and services and experience of loneliness was obtained using a structured questionnaire. Less than a quarter of elderly people said that they felt lonely, but more of those who lived in the urban area experienced loneliness. Women were more likely than men to feel lonely. There was a trend of increasing loneliness with age, and the recently widowed were most likely to feel lonely. Degree of disability was strongly associated with feelings of loneliness, and this relationship existed independently of age. There was no consistent relationship between subjective feelings of loneliness and the amount of contact with relatives and friends. However, feelings of loneliness were associated with whether respondents thought that they saw enough of relatives and friends and the existence of anxiety and depression.

In concluding, the authors suggest that general medical practitioners have a unique opportunity to reduce the suffering caused by loneliness. They suggest that doctors are the professional group most likely to come into contact with lonely old people and that they can play an important role in making referrals to other services including voluntary organisations.

COMMENT

Unfortunately, this paper adds little to our understanding of the problems of loneliness tackled. In discussing the results, the authors conclude that their findings are consistent with those reported in other

studies. Whilst such confirmation may be useful, it is disappointing to find that the paper does not discuss the many issues raised. Differences between men and women, younger and older people, married and unmarried, able and disabled raise questions about the causes of loneliness, different experiences of it and its relation to feelings of dependence and powerlessness. The fact that contact with relatives and friends was unrelated to subjective feelings of loneliness is very important, but it is dismissed in one sentence.

It appears that the authors have selected those findings which showed statistically significant associations, having little thought for what these might mean. I am not sure that the findings presented tell general practitioners much more about the problems of loneliness in old age. The exhortation that doctors should do more for their elderly patients may be justified, but this paper adds nothing new either to aid their understanding of loneliness or to suggest how best to alleviate the problem.

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