

Editorial

Ageing and its Social Dimensions

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"Indeed what I enjoy most is talking with men who are really old. It seems right to enquire of them, as if they had traversed a long journey which perhaps we will have to traverse, to ask what the journey is like, rough and difficult, or easy going and smooth." PLATO, The Republic

The ancient Greeks used to say that: 'ageing does not come alone; it brings disaster with it'. This pessimistic view can still be found today, where the physical and psychological changes that are due to the normal process of ageing, are regarded as 'negative' or 'disastrous' changes.

Changes in the physical appearance such as wrinkling of the skin, altered facial architecture and stooped body posture, together with sensational changes like diminished vision, hearing and taste, slower psychomotor performance, altered sleep patterns and mild memory loss, often influence heavily our perceptions of the elderly and may result in a tendency to consider them depressed or dysfunctional (Cruz-Jimenez , 2017).

Recent studies argue that even experts, such as General Practitioners or even Geriatricians are not always able to interpret the normal ageing process and corresponding changes in physical and mental health or energy and functional levels. Consequently it is well known that misinterpretations, misperceptions and nihilism against the elderly have resulted in a well-established age-bias in many societies and communities around the world (Burnes et al., 2019). Although bias in itself is not a new and striking concept, there is something particularly interesting about the age-bias concept. Unlike gender or racial biases, age-bias is rather legitimized as it has gradually and implicitly reached a state where it is acceptable and even justifiable to demean the elderly. Furthermore, although some people may recognise and accept the fact that there is

a certain age-bias in situ, they seem to comply with it, ultimately forming a negative social construct towards the elderly and are therefore reluctant to speak out against it (Harris et al, 2018).

Along these lines, we frequently assume that older patients are satisfied with the health and care service they receive. Yet, older people's views are increasingly important as the proportion their numbers is increasing globally. Moreover, they are known to be a growing group of health services consumers. However, there is research showing that their level of satisfaction with care is questionable.

Greece is a relatively developed country which still relies overwhelmingly on the informal networks of family kinship and neighbourhood support for the care of the elder or dependent person (Sapountzi-Krepia et al., 2008). However, the demographic changes (fast ageing population, lower birth-rate, greater longevity and migration) together with major social changes (brain drain, urbanisation, unemployment) over the last few 'austerity' decades, coupled with constant pressures from incoming migrant and refugee populations, have created many problems for the elderly by altering the traditional contributions of Greek society in the provision of services for ageing citizens.

Furthermore, the patriarchal or extended family is gradually being transformed into a nuclear family whilst at the same time little is being done to provide alternative forms of institutional care, with few convalescent

homes, a dearth of hospices and shortages of long term care facilities, or home care support for the elderly and their family carers. Consequently, virtually the whole weight of care rests on informal carers, whilst a marked shortage of alternative care and support services has implications for the availability of acute medical care which is overstretched. Thus many elderly patients are remaining unnecessarily in hospital for longer periods, resulting in an overuse of services, and consequently a widespread dissatisfaction with the health service is felt.

It is widely noted that in hospital general medical wards a large number of beds are occupied by elder patients. In some instances the staff may be impatient with these patients as their behaviour is sometimes perceived to be 'difficult' and their care a 'heavy task' (Papageorgiou et al., 2012). In these lines, the stigma coupled with limited resources for the Greek family which sends its elder members to live in a nursing home, keeps the percentage of those in residential care to 0.6% - 1% (Economou et al., 2017; Boufou, 2009). This percentage is the lowest in Europe where in most western European countries it lies between 8% - 11% (Fernández-Carro & Vlachantoni, 2019; Lüdecke et al., 2018).

Conclusions

Current global changes in ageing populations are resulting in a significant increase of those aged 75 years and over. Moreover, by the middle of this century, in most countries, it is widely speculated that a significant number of this ageing population group will suffer some degree of ill health and will require hospital services accordingly. Therefore, further research in this area is crucial if appropriate services are to be planned, organised and offered in order to keep the elderly not just healthy, but happy too!

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