

Abstracts

Medicine in Society

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Setting Priorities in the NHS: A Framework for Decision-Making. The Royal College of Physicians, London, 1995.

The R-word is out of its cage. The idea that demand for health services in the United Kingdom is outstripping the resources made available has been in the public domain for some years. Politicians of both major parties are unwilling to admit that some form of rationing in the National Health Service (NHS) may be necessary. The Labour Party does not want to be the first to suggest it. The Tories have introduced Orwellian Newspeak in the concept of 'Setting priorities', implying that some things might have to be delayed but nothing actually cut. Both parties assert that health care resources are limited but neither wishes to acknowledge that this is only because politicians limit them. At around 6.5% of the Gross National Product, the British NHS is one of the most parsimoniously funded health care systems in the civilised world. Until recently it had the virtue of a lack of bureaucracy and middlemen, which meant that compared with other systems, a much higher proportion of its funds found its way into patient care rather than into the pockets of accountants and entrepreneurs. Most workers in the NHS suspect that the costs of its recent massive growth of bureaucracy have not been offset by a corresponding improvement in the delivery of care to patients. Time might reveal; government statistics are unlikely to.

In the terms and spirit of its Charter, *The Royal College of Physicians* may not involve itself in political issues but is entitled, and indeed required, to pronounce on matters relating to the quality of care provided to patients. In producing a report on rationing, it has had to tread delicately around anything that might imply either criticism or approval of government or opposition policy. This Report does however start unequivocally with the view that rationing of health care will be necessary, and outlines the evidence that it is already occurring. At present rationing is being kept secret; decisions are being made locally behind closed doors or by nameless and unaccountable individuals, and without explicit attempts to set it in any kind of political or moral context. The College takes the view that rationing in the NHS, if it is to remain a national service rather than a loose association of local fiefdoms, must be explicitly related to economic and ethical principles, and that these are nationally acceptable and implemented locally in meaningful public debate. It emphasises that although rationing has come to be associated with ideas of cuts and restrictions, its fundamental purpose is equity of distribution, where equity subsumes fairness and appropriateness to need.

The Report goes on to point out that the ethical and economic issues involved are highly complex, controversial and hardly the normal stuff of tabloid debate. How many passengers on the proverbial Clapham omnibus

would care to face an examination question such as: 'Compare and contrast the patterns of health-care delivery likely to arise from the imposition of the Williams cost-hierarchy model of Quality-Adjusted-Life-Years and the public health model of maximising Healthy-Active-Life-Expectancy; and discuss the major ethical issues involved'. The passenger's acquaintance with ethical issues in health-care rationing is largely limited to the kind of mindless and irrelevant doctor's dilemmas posed by television presenters, newspaper reporters and, regrettably, the occasional social scientist. 'A woman of 90 years and a girl of 19 years fall into a river. You have only one life belt; which of them do you throw it to?' Such vapid questions are a good way of demonstrating prejudice and lack of intelligence among responders but scarcely provide a valid model for the working of the NHS.

The College suggests that what is needed is a *National Council on Health Care Priorities*, with a remit to identify possible approaches to rationing, to translate them into comprehensible form, and to set out the likely implications of their implementation. The aim would be to arm the public with intelligent questions to put to their local health care purchasers and to provide a common vocabulary for negotiation between customer and purchaser. It is important to note that the College envisages such debate taking place at local as well as national level. Different parts of the United Kingdom might have different health problems and different priorities in the allocation of health-care funds.

The College is not proposing a national body to make specific decisions on priorities or on individual cases; such must remain the responsibility of the elected government and its agents. An important feature of the proposal is that, in addition to making rationing decisions transparent, it would also make clear that responsibility for rationing does lie with the government, its placemen in health authorities and its clients, the General Practitioner purchasers. Predictably such transparency and public accountability is not popular with local or national politicians, and one anticipates that the government and the civil service will do their best to kill the Royal College's initiative. Whether the proposal or something similar will survive depends partly on the steadfastness of the College, but also on whether the public rises to the occasion.

The issues affect particularly the older population. Surveys of the general public indicate that older people are regarded as carrying low priority for health-care, and it has been urged that health priorities might legitimately follow such public opinion. We might reasonably suspect that the general public, if consulted confidentially would also give low priority to ethnic minorities, not to mention drug addicts and illegal immigrants. The general public perhaps needs some tutoring in the ethical basis of the society whose privileges they are happy to enjoy. Health economists also have little time for older people whom they see as having relatively short life expectancies and as being no longer economically productive. Again one wonders about the ethical propriety of judging people on their contribution to the Gross National Product. Democracy depends not just on people having a vote but on their being literate in the issues on which their opinion can be expressed. *The Royal College of Physicians* has raised a standard to which we would do well to rally.

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Learning in the Third Age**Frank Glendenning**

Malcolm L. Johnson, Lessons from The Open University: third-age learning. *Educational Gerontology*, 21 (5): (1995), 415–427.

Johnson begins this article by rebutting the negative stereotypes that circulate about the cognitive performance of older people. These assume that performance declines rapidly in later life, that the capacity to learn for adults who are beyond their mid-20s is inferior to those in traditional school and university age bands, and that entrance to university should be allowed only to those who have acquired a prescribed set of academic qualifications at specified levels. He notes that since the 1980s, Labouvie-Vief and others have suggested that evidence of deficits in cognitive ageing result from models which focus on youth-centred, formal-logical standards of thinking and may be the result of more complex and highly differentiated skills. Studies that focus less on the efficiency of recall and more on the way that adults select, store and distil usable knowledge have uncovered processes that are the result of maturity and not of decline. He goes on to refer to the findings of the Berlin Ageing Study (Baltes *et al.*, 1993), which have shown that some of their most able subjects were in the highest age groups. Johnson comments, ‘it is safe to conclude that learning throughout the life-span is something that can be achieved by virtually anyone... (but) the level and complexity of that learning will differ widely’. He goes on to observe that when older people are motivated, receive encouragement and are in a good learning environment, they flourish. The most successful are either life-long learners who have kept their skills in good order or those who left formal education early, even at 13 years, but became self-taught learners. Thus they may come from any part of the social spectrum, as do Open University (OU) students.

The OU is 25 years of age and recognised worldwide as the leading distance-learning institution. Since 1969, a million people have studied with the university and, by 1994, 114,000 had graduated for bachelor’s or higher degrees. There are no academic prerequisites for entry. Most study is undertaken at home in a guided and scheduled way, with interactive study texts linked with audio-tapes, radio and television programmes and specially published material. Science students also receive ‘Home experiment kits’. The learning materials are extensively tested and supplemented by mandatory participation in a tutorial group at one of 225 study centres. There are more than 7,000 tutors. Written assignments are commented on in detail and graded by the tutor, within ten days of receipt. These grades are added to the results of a final 3-hour examination under controlled conditions. Students have telephone access to tutors, help-lines and student-peer groups. Many courses include a summer school.

These forms of open learning appeal to older students who can work at their own pace. The students have been predominantly middle-aged, with some in their early-20s, and a persistent group completing courses successfully in their late-60s. In 1982, there were some 3,000 students aged over 60 years (4.4% of OU students and 90% of over-60s enrolled in higher education). By 1992, there were nearly 5,000.

The *Older Students Research Group* has produced two detailed studies of older

students in the United Kingdom. The 1984 report showed that at the OU, 54% of over-60s were male. Both men and women were found to have had a largely positive experience of education in earlier life and a positive wish to resume study. In contrast to the general experience of their contemporaries, 79% had received further education or training in the previous five years. Half the men and a quarter of the women had had their education interrupted by World War II. 41% lacked educational qualifications normally required for university entrance. One third of the over-60s had retired. Of the rest, the largest group were women who described themselves as housewives (34% of all women); 10% described themselves as professionals; 11% as teachers; 9% as clerical and office workers; 7% as administrators and managers; and 3% were manual workers. This, says Johnson, shows that one in three had waited for retirement to commence degree studies and that many others were using their studies as a bridge from work to life after work.

Adult students at degree level are highly motivated. Older students explain that they wish to have a second chance. Some wish to prove that they can actually do it and some are seeking stimulation. The 1984 OU report showed that the three main sources of motivation were the pleasure of learning (17%), stimulation (76%) and a sense of achievement (67%). Johnson points out that most third-age students have learned so little science previously that to engage in science-based disciplines is beyond their expectation or competence. Yet for a 1982 course entitled *Science and Belief: From Darwin to Einstein*, 25% of the students were 57 years or older. As far as academic performance is concerned, that of older students does differ from younger ones. Their grades on tutor-marked assignments, prepared in the students' own time, are on average higher, while on unseen 3-hour examinations their grades are lower.

COMMENT

This review is in line with educational gerontologists' opinion for the last twenty years. Baltes and his associates have merely confirmed the findings of other longitudinal studies. These empirical findings, developed from the work of the OU Older Students Research Group, continue to raise the awkward question, why has so little attention been paid in higher education to the life-long learning needs of older people? For years, life-long learning has been confused with in-service training, nowhere more crudely presented than in the government's 1995 consultation document *Lifetime Learning*, which is concerned with skill levels in the workforce to further national competitiveness. For many older adults, learning is about self-fulfilment and self-actualisation. The ageist attitudes of policy makers has militated so much against this that the self-help education movement for older adults has forced its way into existence, largely without organisation and co-ordination, with few resources and with an underdeveloped philosophy.

One surprising finding in the 1984 research was that on the whole older students had positive feelings about their earlier educational experiences. This may be accounted for by the nature of the sample. From the 1970s Mark Abrams gave his attention to education and found clear evidence of the unfavourable image of early schooling, with its corporal punishment and

teaching by rote. This view is shared by numerous adult educators who struggle to reach the educationally deprived. Britain should take justifiable pride in The Open University. The evidence presented in this paper, supporting the cognitive ability of people in later life, is timely.

Clennell, S. (ed.) *Training Opportunities for Older Adults: Selected Case Studies from Four European Countries in Voluntary Work and Employment*. Regional Academic Services and School of Health and Social Welfare, The Open University, Milton Keynes, Buckinghamshire, 1995.

The title of this study hardly entices the reader and might be ignored after a casual glance. That would be a mistake, for it is full of interest and information about what is happening in the voluntary sector. There has been much discussion recently about the research potential of older people. The OU recognised this potential when in 1981 it founded the United Kingdom *Older Students Research Group*. In 1986, the group became part of the *European Older Students Research Group* which produced two reports in 1990 and 1993 on older students in Europe and their employability. The European Commission supported the publication of this third report.

The study examines the paradox that while employment for older workers is likely to decrease, there is a vast amount of 'social' work which will not be done unless it is performed by volunteers. A pension gives older people freedom to choose what they want to do. Volunteers increasingly find however that they are interviewed and assessed, and have to learn actively in their responsibility as a volunteer. It is now likely that their unpaid task will involve not only further training but be supervised as well: quite different from the traditional stereotype of the voluntary sector as amateur, inefficient, cash-strapped and full of 'do-gooders'. The current market culture has put an end to that.

This report provides a selection of case studies in Belgium, Britain, France and Germany. The characteristics, backgrounds and pattern of current activities, both in employment and in voluntary work, proved to be remarkably similar. Three of the examples involved *The Red Cross* in Belgium, Britain and France. There are 1,800 volunteers in Brussels, for example, in the main women over 50 years of age. In France, there are 100,000 volunteers available for work at home and abroad, with 150,000 a year being trained in first-aid, the majority of whom are over 50 years. In the United Kingdom, there are 93,000 all of whom give a minimum of ten hours a year, including many in their seventies and eighties, although active first-aiders must retire at 70 years for insurance purposes.

Another case example, from Britain, is *Third Age First*, a scheme in Swindon which provides recruitment and training services for people over 50 years, placing them in gainful employment, self-employment and further training and education. The project was a response to the large number of redundancies that occurred when the town's railway works closed in 1986. Also from Britain, there is discussion of the volunteer training programmes mounted by *The*

Citizen's Advice Bureaux, *The National Trust* (two-thirds of the 28,000 volunteers are over 50); *The Alzheimer's Disease Society* (the majority of volunteers have passed middle-age); *Cathedral Volunteers* (nearly half a million, mostly retired); *Bodleian Library (Oxford) Volunteers* (many of whom are retired). These examples give a flavour of the variety of projects in which British third-agers are involved as volunteers.

The pattern is similar in Belgium, beginning with the *Association Pour Le Volontariat*, which has 400 non-profit making organisations in membership; the *Telephone Helpline* in Brussels (a listening service with continuous training for the volunteer listeners, 17% of whom are retired); *Reading and Writing* (a Brussels literacy programme; the volunteers receive 750 hours training a year and 30% are retired); and *Friends of the Royal Museum of Fine Art* (many members are volunteers; the average age is 55 years and there is both compulsory and recommended training).

Four projects are presented from France. One is concerned with working with the non-sighted, another is the Toulouse *Open Door* for the lonely and distressed. The staff is almost entirely voluntary and most are in the third age. There are also *Resettlement Services* in both Toulouse and Nantes to assist people who, for a variety of reasons wish to settle in the locality. The *Security Service for Old People* in Toulouse provides a listening and escort service for old people, with the help of mainly third-age volunteers. There is also a national movement of employers, *Intergenerational Collaboration on Employment and Enterprise*, which seeks to put heads of small and medium-sized businesses in touch with retired executives and managers who want to pass on their expertise and to contribute to local development and the maintenance of employment. There are 23 regional management teams and nearly a hundred *Départements* are represented in the national federation.

In 1993, the Federal Republic of Germany issued *A First Report on Age* which saw voluntary social activity, self-help activities and social networks as important areas for development. In response, the federal association of seniors' organisations called for the recognition of the wide variety of experience and competence which the older generation has acquired. The Institute for Social Work in Frankfurt has well-developed services and research training to meet the needs of the older generation. Since 1992, the Institute has been working on a project to match seniors with voluntary work activities and by the end of 1993 they were working with 250 organisations to achieve this end, covering diverse activities including debt counselling (by people who had formerly worked in a bank), assisting the victims of crime, help in museums and archives, and travel information for trains and buses (from former railway workers). *Telephone Pastoral Care* is a help-line organized by the churches, based on the model of the British *Samaritans*. There are 6,000 volunteer-trained counsellors, the majority of whom are over 50 years. Several universities have study programmes for seniors with a special emphasis on preparing them to take up voluntary work.

COMMENT

Much of this interesting and valuable resource paper is reminiscent of our

century-old tradition of voluntary work in Britain. At the turn of the century, *The Workers' Educational Association* under the influence of R. H. Tawney and others was preparing its students for responsible participation in society. It was not surprising to discover some years ago from the archives of the North Staffordshire WEA that in 1960 or thereabouts, they had begun to arrange courses to train their older members for voluntary work. Nor is this far from Peter Laslett's (1989) plea for 'the proper use of time in the Third Age'. He too noted the growth of voluntary organisations around institutions of learning and culture. While the outcomes from these projects is very encouraging, we do well to reflect on some of the report's conclusions, namely that there may in some cases be an uneasy relationship between professional and voluntary workers (the report might have added between younger and older workers when working together), the threat of volunteering to those in employment, the need to review constantly the relationship between the voluntary and the statutory sector, the lack of continuity in the funding of voluntary work, the importance of seeing voluntary work as good in itself and not simply cheap labour.

References

- Abrams, M. 1981. Education and later life. In *Research Perspectives in Ageing*. Age Concern England, Mitcham, London, pp. 2–3.
- Baltes, P. B., Mayer, U. M., Helmchen, H. and Steinhagen-Thiessen, E. 1993. The Berlin Ageing Study: overview and design. *Ageing and Society* **13**, 483–516.
- Laslett, P. 1989. *A Fresh Map of Life: The Emergence of the Third Age*. Weidenfeld and Nicholson, London.
- Older Students Research Group 1984. *Older Students in The Open University*. Open University Regional Academic Services, Milton Keynes, Buckinghamshire.

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