



Equality of care for the elderly

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Editorial

Heart and Metabolism last focused on the elderly in 2001 (issue 15), and it is timely to revisit what is becoming an ever-increasing clinical demand (and at times problem) as, certainly in the developed countries, men and women are living longer. While in this issue we adopt a very positive stance in improving health care in the elderly, sadly others lack compassion and practice age discrimination [1].

I quoted John F. Kennedy in that recent editorial, but I will not apologize for repeating his more than telling and appropriate words: "A medical revolution has extended the life of our elder citizens without providing the dignity and security those later years deserve" (July 1960). Then, in February 1962, he said, "Prolonged and costly illness in later years robs too many of our older citizens of pride, purpose and savings."

Over 50 years later these words still resonate as the ravages of conflict diverts our hard-earned tax income away from the contributors who are now the deserving. Politicians need not just to recognize the needs of the elderly, but to act on those needs, improving provision of care without financial penalty. As brave soldiers die in conflict, so do the elderly back home.

In this issue of *Heart and Metabolism*, we treat the elderly with the respect they deserve. From a better understanding of energy metabolism in the ageing heart, we envisage improved therapeutic strategies avoiding or delaying percutaneous or surgical intervention for ischemic heart disease. We illustrate this concept in the Hot Topics, Focus On, and Case Report sections.

The Main Clinical Article is a succinct and valuable practical overview of the problems and issues that occur in managing angina in the elderly. It introduces us to the importance of looking for comorbidities or co-pathologies, including aortic stenosis. This leads us to the very topical subject of transcatheter aortic valve replacement, which is reviewed by one of the major teams involved in this innovative treatment. As the population ages, cardiac CT in the elderly will become increasingly used as a means to guide clinical practice and it is therefore timely to review its strengths and limitations.

Finally and importantly, we address the issue of sexuality in older people, in an article by one of the authors of the booklets found on the website www.sexualadviceassociation.co.uk. Sex plays a valuable role in the lives of men and women, irrespective of age [2].

In this issue, we hope to establish an island of dignity and respect for old age, where equality of care is paramount and opportunity unrestricted. Old age should not be about waiting to die when there is so much that can be done to improve both quality and quantity of life. •

References

1. Jackson G (2010) The neglected elderly. *Int J Clin Pract* 64:1169
2. Kleinplatz PJ (2008) Sexuality and older people. *BMJ* 337:a239