BULLETIN OF
THE NEW YORK ACADEMY
OF MEDICINE

VOL. 61 NO. 6 JULY–AUGUST 1985

INTRODUCTORY REMARKS*

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ON behalf of the New York Academy of Medicine, I would like to welcome you to the Eleventh Symposium on Medical Education, "The Geriatric Medical Education Imperative." In 1972 the Committee on Medical Education of the Academy began a series of symposia devoted to medical education. These symposia have addressed such subjects as training of the physician, financing medical education, the academic physician, the role of hospital residents in the care of private patients in teaching hospitals, ethical concerns in medical education, prospective medical manpower requirements, graduate medical education, and continuing medical education.

The subject today bears the title, "Imperative" and why is it imperative that we discuss medical education in geriatrics? What has brought this about? Obviously, there is a change in the demography. In 1900 it was estimated that 4% of the population was more than 65 years of age. Today that group constitutes approximately 11.5%. It is estimated that when we enter the 21st century, that number will be 14%. The group in our population that is growing at the greatest rate is the over 75. We are a youth-oriented society, and yet those over 65 now represent a larger share of the population than teenagers. It is necessary to re-orient our societal directions. These patients

*Presented as part of the Eleventh Symposium on Medical Education, *The Geriatric Medical Education Imperative*, held by the Committee on Medical Education of the New York Academy of Medicine, October 11, 1984.

are increasingly a larger part of physicians' practice responsibilities. We must look once again at how we should be preparing our physicians to deal with this population.

In a review of my own practice of clinical cardiology over a period of a month, I found that, although the population has 11% over 65 years of age, 60% of the patients whom I saw in my office were older than 65. Since older patients often have chronic multiple system problems, they will demand more of the attention of the medical profession in the future.

New York City has become a medical and academic center for the study of geriatrics. The only Department of Geriatrics at a medical school is located here, there are several institutes of geriatrics and gerontology at our academic medical center, and several centers devoted to the study of the nonmedical aspects of gerontology—social, economic, and legal— are located in the city. The physician must be trained not only by physicians but by other professionals who are expert in these fields.

What is the scope of the problem confronting the exposure of physicians to the field of geriatrics? In 1980 126 schools of medicine in the United States graduated approximately 15,000 physicians annually. Therefore, a group of approximately 60,000 are now undergraduate medical students. Approximately another 60,000 are in residency programs where they can receive some training in geriatrics. However, many of the approximately one half million practicing physicians in the United States never received any formal training in geriatrics. Continuing medical education offers the best avenue to the present generation of arrived practitioners. My own geriatric experience in medical school 40 years ago consisted of a single visit to an "old age home" during the course in preventive medicine.