



Acute Geriatric Medicine (Modern Geriatrics Series)

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Most patients in developed nations with medical problems requiring hospital care are elderly. Increasingly the dividing line between general internal medicine and acute geriatric medicine is becoming more blurred. It is, nevertheless, apparent that some elderly patients on medical or sub-specialty hospital wards become 'bed blockers'. Why? Also, why are 'bed blockers' less of a problem on an acute geriatric ward? Many clinicians believe this is related to a faster access to the long-stay beds of the geriatric unit. Even a brief study of hospital operating statistics will show this is not and cannot be the case. When geriatricians are asked to see elderly 'bed blockers' on colleagues' wards they approach with anxiety because these patients often have to be placed on a long waiting list for these scarce and very expensive continuing care beds. Do geriatricians see different acute medical problems compared with their colleagues? The answer is not immediately obvious, though geriatricians are likely to receive more potential 'bed blockers' than their general medical colleagues. How is it then, that geriatricians seem to cope better than their colleagues? All geriatricians have experience of general internal medicine but the opposite unfortunately does not hold. This book is written in the hope of redressing the imbalance.

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