

Ageism in doctor`s practice

Work with elderly people in Church.

Advances in medicine over the last 10 years allowed to increase the life expectancy of the population, which in turn led to his aging. By the beginning of the 2013 individuals 65 and over in Russia was 13 %, and in some regions 28 %. According to forecasts, the share of elderly persons in 2050 will be 21% globally and in Russia 65 years and older by the beginning of 2021 should be 22.9 million person; 80 years and over 5.5 million and 100 years and older 7266 people. The aging of the population poses new challenges for social and health services. Russian Professor Mudrov said that it is necessary to treat not the disease itself but the cause of the disease and the patient. Many specialists are trying to find and treat their disease. Comorbidity¹ leads to polypragmasy², i.e., the simultaneous appointment of a large number of drugs, which makes it impossible to monitor the efficiency of the therapy increases the material costs of the patient and therefore reduces their compliance. Older leads to the development of undesirable side effects of the drug. However, doctors often consider this as a comorbidity and prescribe more drugs. So vicious cycle develops.

You should take into account:-age-related changes of pharmacodynamics of drugs

- somatic and psychiatric comorbidity, reduction of cognitive function and low learning patients; comorbidity as a rule, leads to depression;
- social factors: loneliness, helplessness, poverty
- the use of drugs, when pharmacotherapy is not recommended, the wrong choice of medication, which is not recommended to old people;
- insufficient use of effective medications, the use of inadequate dose or duration of treatment.

Interaction diseases in old age and drug pathomorphism greatly modifies the clinical picture, the nature and severity of complications, worsen the quality of life, increase mortality, increase the risk of falls in the elderly.

Therefore, the doctor it is important to identify the main (i.e., which can lead to death), and background disease. For this there is a scale CIRS-G (Geriatric Index comorbidity) developed in 1991 by Miller M.D. et al.

Often the elderly have to deal with the hospital from the General Practitioners to specialists, clinics, and pharmacies. It is often the elderly who need treatment does not get a proper service. Doctors sometimes refuse to treat or clarify the diagnosis, because they are convinced that it is a waste of resources. During the economic crisis, the costs for social and economic needs are often, reduced .Often in Russia the elderly cannot buy drugs in pharmacies because the

¹ Comorbidity - combination of impairments.

² Polypragmasy - prescription of variety drugs

drugs are expensive, and free drugs are not available. Often non-working pensioner wonders if he needs to buy on his pension equal to 120 US dollars, food, or to pay for housing, or buy necessary medicine.

Many doctors believe that treating the elderly is useless; the old people cannot fully recover. In addition, the old people are treated with disrespect, when addressed to them, allow yourself excessive familiarity treated as foolish children. Many people do not give themselves the trouble to talk to them to understand their situation. Often deaf elderly man taken for mental disorder. Complaints of the elderly are often not taken seriously and put the wrong diagnosis. Sometimes ignoring the poor health of the patient has led to serious consequences, which could have been avoided. Much time is spent until the patient sit, stand, undress-this causes irritation of the doctor. And the social services available to pensioners (increase in the pension or other preferential documents) is almost impossible to access (long queues and difficult bureaucracy).

There is a perception that old people are a burden resource users are not able to give anything to society. The elderly consider themselves to be a burden for society and for families.

An important function of a doctor in Church is not only concern about the physical condition of older persons but psychological support and spiritual rehabilitation especially persons undergoing vascular catastrophe. Active spiritual activities include Bible reading prayer, fellowship and helps to prevent organic lesions of the brain. One of the forms of active ageing is to care for the elderly in the Church, their involvement in active (mainly prayer) work. In my Church, there are many forms of involvement of elderly:

- organization of the choir of the elderly;
- conducting recitals where everyone can freely over a Cup of tea to read your favorite poems to sing something to tell;
- caring about the rest of the elderly in the Church :a one-day field trips, as well as outreach prayer meetings(2-3 days)
- participation in festivals (e.g. the elderly bless the young for the marriage, etc.) Moreover, young bless them on the day of birth visit at home those who are unable because of infirmity to attend Church organize in their homes home groups. So on the principle of continuity of generations and marks the Word in the Epistle of James 2:26 "faith without works is dead". And even seeing the last path gives confidence to the elderly, especially lonely, that have someone to take care of their burial.

All this helps the elderly to feel care of the Church about them, it shows the individual value of each member helps them to think positively about themselves. The elderly are not excluded from business and Ministry, often they are examples of sacrifice, and they have higher cultural level, more spiritual experience. The value of life of the elderly is an example of wisdom, spirituality, evidence that they experienced in God.

The Church needs the elderly, who support it with their prayers.