

## EUROPEAN SILVER PAPER AND GERONTECHNOLOGY AT LARGE

In old age, health is of basic concern. It is on the basis of a good health that freedom of choice, independence, mobility, social activities, in short a full human life, can be realized. On the contrary, a poor health does not only prevent such a life of one's own choosing, but also commands a great deal of self-attention, so withdrawing physical and mental resources from more satisfactory activities and longings<sup>1</sup>. It is in this context that the Silver Paper<sup>2</sup> addresses a basic issue for the demographic ageing that society is facing. It analyses problems and suggests solutions, particularly in the area of public health, and more specifically, in medical gerontology and geriatrics.

In society, technology is a means to an end. Technology is for people, i.e., for human purposes. Technology is a servant, or, if you wish, a butler<sup>3</sup>, or a myriad of helpful dwarves. Mobile phone and e-mail serve human communication; electric bike, train, and car serve mobility; spectacles and LCD-lighting serve human vision. The basis of technology innovation is needs of people in society, and professional researchers, technologists, and business people work to answer those needs. Therefore, technology has to remain at the background. If technology itself commands attention, something is special. The technology may be brand new and invite curiosity or it may be difficult to use and cause irritation. Proper daily technology is just the reliable environment infrastructure that we enjoy and take for granted.

The Silver Paper<sup>2</sup> falls in this category. Rather than focusing on means, i.e. technologies, it lists ends, i.e. functions. It defines human problems in understanding certain ageing processes and it proposes European actions in the public domain for solving such problems. In particular it addresses the present content of public health in our era of ageing. A reliable technology infrastructure is taken for granted.

It is the task of gerontechnology to define such public health infrastructure and see to it that indeed it becomes available and indeed it attracts no attention to itself. This requires a great deal of professional work: to define what technology is available and what can be done to turn it into a reliable infrastructure. The Silver Paper analyses what ageing purposes in public health should be pursued; the sub-task of gerontechnology is to work towards the technological infrastructure that serves and supports such purposes. In gerontechnology, we distinguish proactive prevention, compensation of individual restrictions, and care support as proper goals related to health<sup>4,5</sup>. This constitutes an interdisciplinary, translational task, because a proper understanding of gerontology and geriatrics is essential for defining and developing the proper technological products, services, and infrastructure and making it available at reasonable cost.

After receiving the Silver Paper, several colleagues wrote letters addressing such issues, and in particular the efficacy and effectiveness of several components of the required technological infrastructure. Some of our colleagues made general remarks on gerontechnology in relation to medical gerontology and geriatrics<sup>6,7</sup>. Others address specific goals of gerontechnology<sup>4</sup>: care support and organization<sup>8-12</sup>, compensation and assistance<sup>13-18</sup>, and prevention and engagement<sup>19-25</sup>. Although the Silver Paper is based in Europe, its issues are valid in ageing societies all over the world. Obviously, gerontechnology respects no such boundaries and comments on the European Silver Paper come from Asia and America as well.

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