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GERONTECHNOLOGY BEYOND GERIATRICS

The 'European Silver Paper on the Future of Health Promotion and Prevention Actions, Basic Research and Clinical Aspects of Age-Related Disease'¹, a public domain position document² reproduced in this issue, elicits an important and fundamental question: does and should gerontechnology incorporate the field of geriatric medicine?³

The Silver Paper, authored, in the main, by geriatric medical practitioners and adopted as a consensus report by experts at the European Summit on Age-Related Disease⁴, presents a particularly medical perspective concerning aging research, pure and applied. The notion of technology barely is addressed in the paper. Token mention of the role of technology appears with respect to informal care support and geriatric assessment, but this really does no justice to the significant contribution of gerontechnological research over the last decade. The lack of emphasis and elaboration of the technology's role could be taken at face value to indicate that, in the opinion of the authors, technology in gen-

eral and gerontechnology in particular do not fall, explicitly at least, within the remit of the discipline of medical geriatrics. This would be an entirely valid position if we accept that geriatrics and gerontechnology are distinct and separate domains, concerning the latter of which the Silver Paper presumably was never originally intended to address in detail. Nevertheless, without at least the support of citation references, it is difficult to second-guess the authors' intentions in conspicuously omitting technology's role in addressing several of the central issues highlighted in the paper, such as falls prevention, mental stimulation, and social activity – each of which are prominent and active areas of research and development in gerontechnology.

The journal's editorial position for showcasing the Silver Paper is along the lines that the underlying role of technology in serving the medical, safety, and autonomy needs of older people is so pervasive and axiomatic, that it hardly need be mentioned and should be taken for granted. Nevertheless, the paper leaves me won-

dering what is the authors' agenda in virtually ignoring the element of technology?

This question, I believe, exposes the critical point that in the end makes the Silver Paper so relevant for reproduction in this journal, as a catalyst for discussion concerning the identity and future of gerontechnology; and the point is: whether geriatric medicine and gerontechnology should be considered as two distinct fields, albeit with considerable interaction. More specifically, does and should gerontechnology encompass all disciplines concerned with aging, whether or not they expressly include a technological dimension (in which case, geriatric medicine is fair game for inclusion into the gerontechnological pantheon), or should gerontechnology focus specifically on technological interventions to promote functional independence and societal inclusion of older people? The Sil-

ver Paper then compels us to revisit our definition of 'gerontechnology'.

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