

TECHNOLOGICAL ANSWER TO THE EUROPEAN SILVER PAPER

It is with a degree of bewilderment that I write to you about this issue of the Journal. Whilst I welcome the participation of our Polish colleagues and others concerning their excellent baseline contributions on gerontology¹ I am utterly mystified by the total lack of any reference to technology. To me it is like Shakespeare's Hamlet without the key player. After all that is the very title of your respected Journal. Your mission statement emphasises this more clearly: gerontechnology “.. has a clear-cut commitment to tuning the balance between **Ageing, Technology** and the **Emerging Knowledge-Based Society**”².

Till my recent intervention and editorial in the Journal of the Indian Institute of Design for All³ it had very little content focussing on design and even less on anything to do with India. I blamed the editor for a total lack of world view or a professional approach to the topic. This does not apply one bit to your Journal with its respected professionalism, research focus and a holistic approach to the topic. Hence my bewilderment.

Firstly, I am puzzled by the statement on bibliographical references which are all lumped together under the rubric ‘paper based on reports by’ followed by 42 names. Secondly, I am astonished by the lack of imagination of the contributors. If you know your subject that well, which they undoubtedly do, it does not take much effort to link technology to basic research, assessment, training, care or health promotion. I maintain that technology is so pliable and pervasive that it would take a degree of determination to ignore it.

For instance, I knew all about the iBOT wheelchair theoretically but it was an eye-opener when I saw it being used recently at the Frank Gehry's display in Hyde Park, London. In forty years of working in the field I had never fully experienced the

‘Rolls Royce factor’. Yet, here were 400 so-called ordinary individuals who were totally entranced by a user of advanced wheelchair technology⁴. Surely any consideration of quality of life or care has to consider technological props that help the carer or the individual.

The contributors fail to recognise that design of our surroundings, products and services contributes to discrimination by neglecting the needs of older citizens. These barriers are equally debilitating as the medical problems encountered by their subjects. As researchers and academics the least they could have done was to make some reference to the World Health Organisation's International Classification of Functioning, Disability and Health, which in its latest revised version includes classification of environmental factors that influence disability and health⁵.

One of my major criticisms of the contributors is their top-down approach to their topic. Older people are objects of study and intervention. They appear to have no life of their own. There is not a single statement that recognises this fact. Empathy is usually the first sign of understanding. They are unaware of developments in equal opportunities: Nothing about us without us.

As an evaluator for various European Commission programmes focused on older people for 21 years I can state that the contributions of the authors does progress the state of knowledge on gerontology but the links to gerontechnology are tenuous. Many of their statements pertinent or proximate to technology were written up by others as long ago as 1989^{6,7}. To these I can easily add hundreds more but two will suffice: The Aging Mind of 2000⁸, and Perspectives on the Economics of Aging⁹. A number of links are also relevant to the topic of this issue¹⁰⁻¹³.

References

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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-