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Surgeon General Koop Draws Attention To Long-Term Care, Senile Dementia

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"That's the first interview I've ever had where I was approached as a member of the aged population," declared C. Everett Koop, M.D., the new Surgeon General of the United States and Director of the Public Health Service, following a conversation in mid-December, shortly after his confirmation in office.

"I don't feel aged at all," the former Surgeon-in-Chief of Children's Hospital of Philadelphia said with the hint of a smile. "I feel like I did at forty-five."

That feeling, however, does not diminish his enthusiasm for wrestling with the problems of aging and the aged. He recognizes the concerns of a graying America as his own concerns, and one of his first duties was attending the White House Conference on Aging. He is chairman of the Long-Term Care Work Group, with Dr. Robert Butler of the National Institute on Aging as vice chairman.

"One of the things that I have enjoyed most in Washington is working with Bob Butler," he said. "We're very much on the same wave length. [This task force] is going into [long-term care] in as much depth as we can. You know these task forces have met with every administration. The trouble is they write a report and nothing ever happens. We're determined that something is going to happen."

Charles Everett Koop was born October 14, 1916 in Brooklyn, New York. He was graduated from Dartmouth College and received his M.D. degree from Cornell University Medical College in 1941. After serving as an intern at Pennsylvania Hospital, he pursued postgraduate training at the University of Pennsylvania School of Medicine, Boston Children's Hospital, and the Graduate School of Medicine here, where he received an Sc.D., in 1947. He was named Assistant Surgeon at the Hospital of the University of Pennsylvania that year,



—DHHS photo

C. Everett Koop, M.D.

and in 1948 he became Surgeon-in-Chief at Children's Hospital of Philadelphia. He joined the faculty of the University of Pennsylvania School of Medicine in 1942, and became Professor of Pediatric Surgery in 1959, gaining that rank at the Graduate School in 1960.

Dr. Koop is considered a pioneer in the development of surgery of newborn babies. The C. Everett Koop Surgical Center on the fourth floor of Children's Hospital attests to his stature in the medical community. He and his wife, Elizabeth, now live in Washington, although they have a home in Gladwyne, Pennsylvania, where this interview took place.

For the past thirty-five years he has been concerned with the health and well-being of

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children. When asked what changes in work "style" he might have to make in moving from the hands-on narrower role of a pediatric surgeon to the broader role of Director of the Public Health Service, he said that the transition from the old to the new is not as dramatic as one might expect.

"I have been involved in some very broad health problems. In my old job I acted, in a sense, as an advocate for individual patients and for their families in time of distress and had a lot to do with finding the answers to the problems myself. In my new job I still act as advocate, but I do it for segments of the population: children, the disabled, the elderly, and I am not able to do the things myself that I can do for individual patients, but I can bring to bear upon the problems at hand the expertise of my colleagues in the Public Health Service and, therefore, this is a rewarding response to a challenge and not quite as different from my old life as you might think."

He anticipated questions about a philosophy of aging and early on in the conversation made it clear that at least two special concerns of gerontologists—improvement in long-term care and alternatives to nursing homes—were among his own priorities. Emphasizing a desire to see research in the areas of senile dementia and incontinence expanded, he cited the fact that many persons in institutions are there because of dementia and that if individuals who are otherwise healthy could be helped so they could stay at home, we could remove a heavy burden on our resources.

A year ago he was named Deputy Assistant Secretary of Health and it was made known that the President intended to nominate him Surgeon General, a position then restricted to an appointee under sixty-five. Enabling legislation thus was needed to permit his appointment. Following are his comments.

Center for the Study of Aging (CSA): Dr. Koop, how do you react to the delay in your appointment caused by your age?

Dr. C. Everett Koop (CEK): "Well, the delay was caused mainly by my age because the appointment needed legislation removing the age restriction. But it was also caused by my stand on abortion; the press attacked me for my stand on abortion."

CSA: At 65 many persons do retire, and it is probably safe to say that few have an opportunity to accept the kind of exciting

challenge that faces you. How do you feel about this challenge and the fact that it comes to you at "retirement" age?

CEK: "It is an exciting challenge and a wonderful opportunity. I am very pleased to serve the country and to put some of the skills that I have developed to work in a slightly different fashion rather than just retiring and not being active any longer in the field of health."

CSA: As an active surgeon you frequently had an opportunity to feel the reward of success. But the problems facing you now are immense and broad with the prospect that frustration may frequently be the reward. How do you react to the possibility of frustration after a lifetime of success?

CEK: "Well, first of all, let me say that my former life as a surgeon was not free of frustration. The second thing that I would say is that although I did spend my professional career working one-on-one with children, and being of counsel to their families, there were other broader aspects to it that really were, in a sense, public health as that field pertains to children. So, the switch is not nearly as different as one might presume at first. Although the frustration level is high in government, working with slow-moving bureaucracies, I do have to say that there are things that one can do where an immediate result is seen, and therefore, there are rewards day by day in this job, just as there were in my old one."

CSA: Would you define your job as you understand it.

CEK: "Well, that's very hard to do because I don't think my job is totally defined yet by the Secretary [of Health and Human Services, Richard S. Schweiker]. You see the person who was the last Surgeon General was also Assistant Secretary of Health and it has not been since 1966 that there has been the separation of these responsibilities into two jobs: that of Assistant Secretary of Health and that of Surgeon General. However, the Surgeon General has traditionally been the spokesman for health for the country. He stands, in a sense, at the narrow part of the hourglass between the public and the government in reference to health. He talks for the government to professional medical and health societies and he goes back to the government with the concerns of those societies.

He is mandated by statute to promote health of the American people and to prevent disease and to speak out on whatever occasion he finds it necessary to do so to see that the mandate is carried out.

"In addition, there are all sorts of things that the Surgeon General assumes for the period of his appointment.

"There are also special assignments. One of these has to do with the disabled and one of them has to do with the elderly. Insofar as the disabled are concerned, I am attempting to draw a road map of the available services for the disabled so that we can eliminate overlap and duplication because I think only in this way can we provide quality of service with the reduced budgets that we face in days to come. Insofar as the elderly are concerned, I have been working closely with Dr. Robert Butler of the NIA, have represented the Public Health Service in part at the White House Conference on Aging, and look forward to doing whatever I can to help this country develop a philosophy about aging."

CSA: What do you identify as the most important health care issues for the aged, and overall, what are your priorities as far as older Americans are concerned?

CEK: "Well, I would love to see this country develop a philosophy about aging. Now, what I mean by that might be better described with an analogy. If you are discussing abdominal pain as a symptom in children you can focus in on abdominal pain and get lost in 'looking at trees because you don't see the forest.' On the other hand, if you try to develop in a young pediatrician a philosophy about abdominal pain in children, he sees the symptom of abdominal pain as one of the heralding problems in many childhood illnesses and therefore, gets the whole system in perspective. So it is with aging. Caring for old people just isn't a very popular thing. In one of the recent surveys that the AMA did only six physicians in a thousand acknowledged a particular interest in gerontology. We have to start early on, perhaps even in pre-medical education, but certainly in medical school, revising the attitude that medical students, and therefore, later the whole profession, have toward older people. They have to recognize, first of all, that aging is part of growing older, and that *everyone who is now young will be aged*, and the problems that now look distant will indeed

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be that individual's in days to come. Secondly, we have to teach medical students and young physicians that some of the most fascinating problems come in elderly people as they face the derangement of physiologic processes that now have gotten out of whack. *You can't take the attitude that somebody who has been admitted to the hospital, at age seventy, for the tenth time, is an old crock.*

"As to specifics, I think we have to focus in on some alternatives to long-term care in institutions. If we could keep people independent, take care of their incontinence, we could prevent the problems of institutionalization, which are so abhorrent to many. And of course, whenever anyone speaks of independence, you have to talk about the support of research, because if we could get down to the basics of the cause and therefore the treatment or prevention of something such as senile dementia of the Alzheimer's type, then we could maintain a tremendous number of otherwise physically healthy people in an independent state."

CSA: What specific efforts will you be directing toward long-term care improvement?

CEK: "Well, one of the things that I would like to look at is an experimental model directed toward incontinence. Last year the United States government spent about \$32 billion on long-term care in institutions. This wasn't all for the elderly, but the bulk of it was. I think that approximately half of that expenditure has been estimated to be associated in some way with incontinence and its complications. One is by biofeedback methods that teach individuals to stay clean and dry, and the other is by surgical procedures which either provide a new type of continence or substitute a different type of arrangement for an incontinent rectum or an incontinent bladder. Certainly if I were incontinent and in my present state of physical health, I would be willing to do anything in order to remain clean and dry and to stay active and interested in what goes on in society.

"This is certainly one effort that we could mount that would prove how much better it would be for the quality of life for the individuals concerned as well as for their families, and also there would be economic benefits. Just think how many people, who are in institutions only because they are incontinent, could be much better and more cheaply cared for in the midst of their fami-

lies if incontinence were not a problem.

"So frequently I hear of families who are caring for an elderly person only to have them say, 'I had to put grandma in a nursing home because she became incontinent.' Certainly if I became incontinent today and the choice was having a colostomy and staying with the family or going into a nursing home, I would certainly choose the colostomy. I think so often we build tremendous fears around colostomies because in days gone by they were seen as a prelude to terminal illness and so on, but colostomies can be managed in such a way today that they make life extraordinarily better than incontinent life with one's own anatomy. The same of course could be said for techniques in managing urinary incontinence and I have not even mentioned the newer operations that are available for direct attacks upon incontinence."

CSA: A modest estimate is that families give seventy-five percent of the home health care received by the aging. It is clear that this Administration wants to keep older people independent. You are well-known for your support of families; what do you have in mind to encourage families, to support them in their efforts for the elderly? Will a policy regarding families emerge?

CEK: "I think it is inevitable that a policy about families will emerge and I think it will come about, as so many things will in the future, because of economic necessity. A family can take care of an elderly person at home, which is better for the elderly person, for about one-third of what it costs to institutionalize that person. Now obviously, families need help to do this, and when I say 'family' I don't necessarily mean just the family that we know traditionally, but even an extended family. I think what it means in the long run is that we are going to have to provide help for families at home so that elderly people can be taken care of at home at a lower cost than is possible in an institution. I think that is the wave of the future: we have to be more flexible and not just focus in on health care *only* if it is institutionalized. This may mean that we have to train helpers the way we now have mothers' helpers to assist a mother overburdened with several children, take care of her newborn when it comes by having someone come in and take care of the older children.

"Although your question didn't quite address this, I would like to raise one of my

great concerns. People who are about the age of my children [three children in their thirties] are seeing increasing numbers of divorce in reference to marriage. That means that families do not have a long time to become cohesive units, and it also means that children of today may end by having been through not just four grandparents, but perhaps eight or even more grandparents. I can't help but believe that this will add one further problem down the road as we look to families to take care of grandparents because the loyalties, I think, will be somewhat attenuated and we will have to find some way of addressing this issue and make the larger so-called family with all these grandparents somewhat more cohesive so that the older folks do not fall in the middle between two sets of younger people who say this is the other group's responsibility."

CSA: If Medicaid is to cover home health care it could mean further stretching of those funds. There are limits being put on Medicaid expenditures and even if the level of funding is kept the same, it is going to be a shrinking resource because of inflation. How do you reconcile these limits with the needs?

CEK: "If Congress doesn't appropriate the money because of their concerns about fiscal problems, we have to make do with what we have and that requires innovation, new ideas, help from the private sector, help from nonprofit groups and as several people at the White House Conference said, we are so intent on the separation of church and state that we have neglected one of the great sources of help, which is the church. And initially, a century ago, it was the church that did all the things that we're talking about. I think that this is a tremendous resource that has to be tapped and there are already instances where we in the Department of Health and Human Services providing, say, health care for migrants, have relied on the churches and it works very well in the partnership. Also, I have a feeling that things in the future are going to be somewhat the way they were when I first started in medicine and that is that we did an awful lot of free care."

CSA: Many of our readers, whether biomedical or social scientists, are engaged in research projects and would like to know to what extent you will be supporting research and training programs. With budget cuts,

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where do you think research efforts should be directed?

CEK: "Well, I have already mentioned some of the areas. I certainly would to the best of my ability support not just the present, but an expanded expenditure for research, not only in the clinical investigation of some of the problems of aging, but particularly in basic research directed toward senile dementia."

CSA: Let us suppose that there were no shortage of money to spend. What would you do for older people in such a case?

CEK: "In carrying on from where I left off, I think the first thing I would do would be to expand the amount of funds for research into aging and I would concentrate more on molecular biology because of the exciting things that are being learned in that field, and I would try to direct them toward the study of dementia.

"Secondly, I would do some experimental models on the control of continence and I would try to be as original as possible along those lines.

"And finally, I would try to set up, community by community, systems of what I would call responsibility so that elderly people would not feel that they were shelved but that they had a purpose in our society, and I would do my best to find ways and means experimenting with the

delivery of the expertise of the elderly to service for other people. It would have an added dividend: much of it could be done on a volunteer, but organized basis, and this would do a lot to relieve expenditures for other aspects of social service, so we would win on both ends."

CSA: One last question, Dr. Koop, would you comment on your own aging. How do you feel about this stage of life, and what encouragement can you pass on to others?

CEK: "I have already said that I feel like I did at forty-five, and it's very hard for me to believe that I am in that category of people called aged or elderly because I don't feel any different about it at all. I think that there are two—'goals' I guess—that keep you young. One is to feel contemporary with younger people, which I do, and I associate with younger people all the time, and the other thing is never to give up having some goal or some project in life. I have seen so many of my contemporaries, those five years older than I, look forward to retirement and all they think about is fishing and hunting and reading and in about three months they have the screaming meemies and they wish they could get back to doing something. So I think that even if it is just voluntary work, you have to find something that gives you a purpose in life and has a rewarding outcome for you."