



Geriatric Medicine Matters

The added value for Older People and Civil Society

Geriatric Medicine is the area of medicine that focuses on the health and care of older adults – addressing physical health, memory and thinking, daily functioning, social needs, prevention, recovery, and end-of-life care. It goes beyond treating individual conditions – it supports the whole person.

People are living longer than ever before. This is good news – and the body of knowledge created by Geriatric Medicine is key to making those longer lives healthy, active, and full of life. This knowledge base is not a specialty for the few - it is an essential part of good quality healthcare for older people. Living longer should not only mean adding years to life but also preserving the ability to live independently and be treated with respect and dignity while sustaining an overall good quality of life.

This brief sets out why Geriatric Medicine principles matter, what needs to change, and how we can all play a part – as individuals, communities, and organisations – in making geriatric care more visible, more accessible, and more valued.

Key messages

Ageing is a shared human experience – and living longer is becoming a reality for more and more of us. Health systems must adapt now to meet the full range of needs that come with longer lives.

As we age, our health needs become more complex. Geriatric Medicine exists precisely to address this – taking a **whole-person approach** that supports **physical health, mental wellbeing, autonomy, and quality of life**.

Older people deserve the same quality of care as everyone else, regardless of age. They often require different approaches to diagnosis, treatment, rehabilitation and communication. **Expertise in caring for older people is not optional – it must be the standard.**

Many people wrongly assume that confusion, memory problems, falls or needing more help with everyday activities are simply “normal ageing,” and this can delay diagnosis and treatment. Better understanding of ageing – in terms of what is normal and what requires medical evaluation – **empowers individuals, families, and communities** to recognise problems early, seek the right help in time, and age well.

Older people should not just passively receive care – they should participate in creating it. **What matters most to older people should matter in their care and to their carers.**

Investing in geriatric care benefits not just older people, but families, caregivers, and society as a whole.



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I. Why Geriatric Medicine Matters?

AGEING IS A SHARED HUMAN EXPERIENCE WITH SEVERAL KEY CHARACTERISTICS | There is growing recognition of the need for a better understanding of ageing with its physical, mental, and social aspects. Greater understanding of ageing can help individuals, families, and communities recognize age-related changes and support **healthy, independent ageing and staying active for longer**. Older people deserve that their needs are understood and appropriately supported.

GERIATRIC MEDICINE ADOPTS A WHOLE-PERSON APPROACH | The knowledge created by Geriatric Medicine focuses on the health and care of older people, through a whole-person approach. It looks at how well someone can manage their daily activities, mental health, and social situation. The goal is to support what matters most, including **quality of life, independence, dignity, wellbeing, and involvement in society**. This kind of care works best when a team of different professionals, such as doctors, nurses, and social workers, work together with patients and carers to provide coordinated and personalised support.

OLDER PEOPLE'S VOICE NEEDS TO BE HEARD | Older people want to have a say in their own care and set their own priorities – but current healthcare systems do not always make this easy. Too often, older adults are not given sufficient information, time, or opportunities to shape what happens to them. Geriatric Medicine asks, "What matters to you?" not just "What is wrong with you?" This is what good care should look like.

INVESTING IN GERIATRIC CARE MAY BENEFIT BOTH INDIVIDUALS AND SOCIETY | Better geriatric care helps people stay active in the community and live independently in their own homes for longer, supports families and caregivers. By spotting and managing problems early, unnecessary hospital visits and moving into a nursing home or care home can be reduced. This also helps make healthcare facilities more efficient for everybody.

II. What should be done to provide older people with the best possible care?



**Change how we think
and talk about ageing**

Negative stereotypes about ageing are still common, both in healthcare and in everyday life. This may negatively affect access to diagnostics, treatment and rehabilitation for older people. Raising awareness and changing these attitudes should be a priority of all actions related to ageing and the dissemination of Geriatric Medicine principles, ensuring that older people are treated with respect, fairness, and dignity at every level of care. **Growing older is a natural part of life – and a chance to keep living fully while contributing to society with wisdom and experience.**



**Build public understanding of
ageing and Geriatric Medicine**

People and community organisations should have access to clear, simple information about what Geriatric Medicine is, what it offers, and how it helps people stay healthy, active, and independent as they grow older. This should also include basics of the ageing process itself, including which changes may occur with ageing and which may be signs of health conditions requiring medical assessment (such as dementia or incontinence). **Better understanding means fewer misconceptions and faster access to appropriate care.**



**Listen to older people and
ensure their experiences
shape care**

What matters to older people, what they expect, and what they need should guide how services are designed, how professionals are trained, and how policies are made. **Good geriatric care cannot be designed without the people it is designed for.**



Inform stakeholders about Geriatric Medicine principles and support those who care for older people

Family members who look after loved ones and care professionals are often the main point of contact for older people. They need clear, practical education about geriatric care and what good care for older people looks like. Additionally, caregivers often experience emotional, physical and financial challenges and should receive support and recognition. **When carers are informed and supported, they are better able to support older people.**



Empower older people to ask for and expect the best care

Older people and their families should be able to know whether healthcare professionals are trained in geriatric care, and they should feel confident asking for this expertise. Clear systems for recognising and certifying such training would help people make informed choices and support access to appropriate care. **Knowing how to care for older people should be the standard, not an exception.**



Bring Geriatric Medicine into everyday life and encourage communities to age well

Communities should be supported to understand how ageing affects health and daily life, and what can be done to stay active and independent for longer. Visibility of Geriatric Medicine beyond hospitals and clinics should be a part of this. Community-based geriatric support can help older people continue to live independently, staying connected and engaged within their own neighbourhoods. **“Ageing well” starts in our communities. Preventive care and the right support at the right time can make a real difference. It is never too early, and it is never too late to start taking care of the way we age.**

III. How can we move from words to action?

1. DEVELOPMENT OF PUBLIC EDUCATION AND AWARENESS CAMPAIGNS ABOUT AGEING AND GERIATRIC MEDICINE

- Working together to produce clear and simple information for everyone about what happens as we age, how to stay healthy, and what geriatric care can offer.
- Making sure this information covers which changes are a normal part of ageing and which are not – helping people recognise health problems that need attention, and early warning signs such as confusion, falls, medication problems, and worsening memory, understand when and where to seek help, and know how Geriatric Medicine can support them.

2. GIVING OLDER PEOPLE AN ACTIVE ROLE IN SHAPING GERIATRIC CARE

- Encouraging and supporting older people to actively participate in shaping the care they receive – not just as recipients of care, but as partners in designing it. Involving older people is particularly essential when they are living with several health problems or cognitive difficulties.
- Including more older people in health research so that new treatments and healthcare work well for them too.
- Transforming health and social care facilities to age-friendly environments, promoting dignity and respect.
- Including the experiences and voices of older people and caregivers in professional training, health research, and regulations.

3. STRENGTHENING EDUCATION FOR CAREGIVERS AND CARE PROFESSIONALS

- Developing and delivering training programmes for family caregivers, professional carers, and long-term care staff.
- Focusing on the basic principles of Geriatric Medicine, prevention, early identification of problems, and ensuring continuity of care.

4. RECOGNISING AND PROMOTING EXPERTISE IN PRINCIPLES OF GERIATRIC CARE

- Advocating the development of clear, recognisable certifications that show which healthcare professionals are trained in principles of geriatric care.
- Advocating for specialist healthcare for older people to be made available in countries where it is not currently provided.
- Calling for the information about geriatric competencies of healthcare professionals to be publicly available so that older people and their families can choose qualified professionals and ask for the care they deserve.
- Supporting teams of healthcare professionals trained in caring for older people and helping them work closely together across healthcare and community services.

5. INTEGRATION OF PREVENTION AND HEALTHY AGEING ACROSS THE LIFE COURSE

- Including messages on prevention and healthy ageing into all social, cultural, educational and advocacy activities - starting from midlife and even earlier, not just in older age.

6. PROMOTING PREVENTIVE CARE, HEALTH LITERACY AND PUBLIC HEALTH AWARENESS

- Spreading easy-to-understand information through TV, radio, websites, social media, leaflets, talks and community events, including information on vaccination, healthy eating, physical activity, social connections and age-friendly communities that support people as they age.

7. ENGAGING WITH COMMUNITY GROUPS, CHARITIES AND ADVOCACY GROUPS

- Partnering with older people's organisations, patient groups, and voluntary organisations to design community-based activities that meet real needs and reflect lived experiences.
- Using these partnerships to strengthen advocacy efforts and influence policymakers and secure support and funding.

Key Conclusion

Geriatric Medicine and the body of knowledge created by this specialty has a clear and proven value – **for older people, for families, and for society as a whole**. Healthcare systems must now adapt to the realities of societies with growing number of older people. Making the most of longer lives means investing in the right care, building awareness, and changing how we think and talk about ageing – in our communities, in healthcare, and in policy. **Older age is the common future of all those who live long enough!**

The path forward is clear. But it requires action from all of us – individuals, communities, healthcare professionals, and policymakers alike.

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MORE RESOURCES (available at www.cost-programming.eu/):

1. PROGRAMMING Advocacy Briefs: Geriatric Medicine matters: The added value for... Healthcare Systems and Policymakers | Healthcare Professionals | Healthcare Educators and Curricula Developers 
2. PROGRAMMING COST Action 21122 publications 
3. 90" video on what PROGRAMMING COST Action 21122 is 
4. Short video explaining Geriatric Medicine 
5. PROGRAMMING Glossary of Geriatric Medicine terms 



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