COMMON SPEAKING EXPERTS

October 1th is the International Day of Elderlies. Out of this occasion we created this Conference where interprofessional cooperation can be facilitated with respect towards our grandmothers, grandfathers and great-grandparents. This is the consensus of the Conference.

Geriatrics is a specially applied medical science which cooperates with other co-professions and enhances the knowledge of those to aim the elderly people’s optimal care. Our target is to mediate solutions towards decision makers, co-professions and families who take care of elderlies in a challenging social and health care environment.The career and the responsibility of geriatrics’ are very similar to pediatrics’. The demographical trends are also alike which put these two areas into spotlight. At the end of the industrial revolution the increase of the number of children per one working person was the driving power towards the demand of pediatrics. Today the expansion of the number of elder people per one working person means that demographical happening which leads the society and professions towards adapting to the situation and finding new solutions.

Geriatrics and helping professions - social work ;developing social science discipline- to have common definitions and use common thinking is essential to supply the growing care needs to adapt, to be financed by the care systems.Gerontology and geriatrics as sciences and practical professions give the main axis to this adaptation at a social level.

In the care of the elder people the main challenges are :

* increased number of diseases with intellectual declines (dementia)
* increased dependency in activity of daily living (barriers in the movement)
* incontinence

Experts need to define the necessary actual and future activities and changes according to these bullet points towards decision makers, co-professions and the whole of the society.

Essential elements for interprofessional elderly care becoming a practical, social and economic value:

* treating the elderlies as a member of the family in the whole society
* result orientated structure, processes, funding techniques and quality assurance systems
* coordinated cooperation and creating priorities among professions including health and social care decision making
* appropriate health information – telemedical systems, modern tools for the everyday work

By reaching the above mentioned bullet points the actual key priorities and the basics of the cooperation of geriatrics work need to be interpreted to decision makers, co-professions and the whole society at the same time. This is only possible in that language which is understood and applied by the cooperating teams. In this way finding and forming the common sound and language is a prerequisite for every upcoming result.

First of all it must be understood that the elder self-sufficient people are one of the greatest values for the mature society. The body of the family trees that we can be proud of. From this aspect helping elder people bound to bed or wheelchair who fight problems cannot be a burden but a noble act which will be and can be solved together with the state care systems and families.

In the past geriatrics revealed its professional and theoretical principles and shared them with co-professions. Now the main challenge is to present the special healthcare, social and economic points in the political decision making processes.

The big challenge of the future is to adopt these in the daily routine and grab the interest of the public, people and the whole society.

The domestic care system’s structure took shape in a particular way not only because of funding and maintaining, but also of some social and cultural reasons.

Common usage of professional language between geriatrics dealing with elderlies and co-professions developing as social science discipline are essential for the system which has to adapt to the increasing demands and financial support.

Elderly care focusing on the person and its welfare means a higher quality of lifewhile it goes beyond each and every profession towards an interprofessional cooperation. This co-work is getting wider and wider, there are initiatives and innovative solutions which are internationally acknowledged; but there are many opportunities for optimizing about the conversation with the decision makers, about education and social acceptance.

The main challenges of the present days are to introduce the particular healthcare, social and economic aspects in the political decision making. Furthermore a task for the future is to make it a part of the everyday practise and to reach the public, the people and the entire society.

The principle of interprofessionality is not only valid at the time of the healthcare, but during the education of the experts responsible, at every level and phase of graduate and post graduate trainings. The efficient correspondence among health care, social education, operation and funding is an essential requirement. The reality of this shall happen alongside common professional basics and knowledge.

There is a universal need to provide the policy and funding to enable the implementation of innovative interprofessional educational iniciatives and practice models that will help us assure an ongoing workforce to meet the interprofessional health and social needs of the new global population majority (these 65 years+)

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