

COMMENTS

HEALING AS A TEAM

To the Editor: We have read with interest the paper by Tinetti¹ in which she discusses the need for geriatric medicine to “develop a unified vision of who we are and what we do.”

Consistent with Tinetti’s interpretation, Italy is experiencing confusion in defining what a geriatrician really is. On more than one occasion, after practicing their profession in a nursing home for a certain period of time, physicians will require to be recognized as specialists in the field of geriatric medicine, despite the existence of a specific postgraduate residency program. The issue has generated debate across Italy and, until now, no official position statements have been released. To date, the Italian Gerontology and Geriatrics Society (SIGG, <http://www.sigg.it>) and the Italian Society of Hospital and Territory Geriatricians (SIGOT, <http://www.sigot.org>) are committed to disseminating the multi-faceted competences required for young doctors to specialize in geriatric medicine, which require training in several areas dedicated specifically to the care of the elderly.

A geriatrician has been trained to care for details, interpret long medical histories with complex symptomatology, handle polypharmacy, help promote healthy lifestyles, and work productively in teams with other specialists. However, we must review this last point and expand our horizon when it comes to the concept of “teamwork.”

We are living in a period of huge and partially unexpected shifts in the world’s demographic structure; and thanks to its high life expectancy and relevant portion of people reaching very advanced ages, Italy could be among the protagonists² (22.1% of the population were ≥65 years old in 2016, with 5.2% aged ≥90 according to ISTAT³). It is time to concentrate even more on disseminating geriatric skills and principles at all levels (like geriatricians already did for three decades with impressive outcomes) to drive policies and to develop a single geriatric curriculum. SIGG has already taken steps in the right direction by developing a set of minimum geriatric competences and a comprehensive manual that will act as a guide for specialists, primary care attendants, residents, trainees, and all professionals involved in the care of the elderly.

We therefore concur with Dr. Tinetti. Geriatric medicine is actually at a crossroads between being mainstream or going towards extinction. As a matter of fact, as Dr. Tinetti correctly pointed out, the real-world evidence is that there will be an increasing number of older people everywhere, but there will never be enough geriatricians to care for all of them. In order to not break up the efforts, we acknowledge the urgency to address different priorities

for the immediate future^{1,4} without worries about shrinking the population of patients we care for—the most complex, disabled, and frail among the oldest old-ones.

We are aware of these priorities and we are confident that geriatricians will be able to ride the approaching tide, inch by inch. As the coach said in a famous 1999 sport movie, “now either we heal as a team, or we will die . . . as individuals”. Not just any given Sunday, but every day.

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COMMENT ON EFFECT OF RESTING HEART RATE ON ALL-CAUSE MORTALITY AND CARDIOVASCULAR EVENTS ACCORDING TO AGE

To the Editor: We have read the article of Li and colleagues published in *Journal of the American Geriatrics Society* in December 2016 enthusiastically and meticulously.¹ The authors aimed to evaluate whether the