Introduction

The gradual aging of the population in modern industrial society has wrought profound changes within the constituencies served by the practicing professions. In the United States, as the number of people aged 65 and over has multiplied fivefold since 1900, so too the numbers of older people in church congregations, hospitals, or mass media audiences have multiplied. These changes arise not only from growth of the entire population, but also from especially rapid increases in older age groups: Over the century, the proportion of the total population who are aged 65 or older has risen from 3 per cent to nearly 10 per cent, and the proportion who are aged 45 to 64 has grown from 10 per cent to 20 per cent. Thus there has been a continuing rise in the likelihood that the physician or nurse must treat the chronic ailments and disabilities associated with senescence, that the architect must provide housing for older couples or widows living alone, that the social worker must deal with persons no longer absorbed in occupations or other socially valued roles, or that the lawyer must advise on the estates of persons who can expect to live well beyond the age of retirement.

This long-term intrusion of aging and its concomitants into the clientele of the professions has been gradual, subtle, and often un-
remarked by persons engaged in practice or in preparing others for practice. Many a physician has been surprised at the number of geriatric cases among his patients, for example; many a community planner has come unexpectedly upon the extensive need to house family units that do not consist of young parents and dependent children; and many a financial adviser has been confronted by the fact that nowadays not merely the favored few but the great mass of workers must make provision for retirement.

In the chapters of this book, however, the impact on the professions of the changing age composition of the population becomes strikingly clear. Available knowledge has been codified in Aging and Society: An Inventory of Research Findings and summarized in Chapter 1 of that volume. Utilizing this knowledge, the several authors of the present volume assess the characteristics associated with the growing numbers of older people, define the needs and the potential of the aged, and discuss programs and policies to meet these needs and develop this potential for both current and future generations of older people.

The authors have approached in diverse ways their mandate to write interpretative essays on the implications of social science knowledge of aging for their respective fields. The chapters vary both in content and in scope, depending upon the situation in a given profession as well as upon the interests and perceptions of the particular interpreter. In Chapter 2, on social work, Robert Morris treats a wide range of topics, setting the stage for much of the discussion in the ensuing chapters. A number of concerns touched upon by Professor Morris are expanded in Chapters 3 through 5, which examine the health fields. While Louis Lasagna and Doris Schwartz deal with the various issues arising in the treatment of aged patients by the physician and the nurse respectively, Mervyn Susse explores the entire social environment of older people to assess its impact on their state of health. Certain aspects of the broad economic problems of labor force participation and income maintenance are investigated in Chapters 6 and 7 by Harold Sheppard and by Juanita Kreps. In Chapter 8, John Madge examines the challenge to architects and planners presented by the needs of older people for appropriate housing and service facilities. Economic, health, and housing problems are then set into a wider framework in Chapter 9, in Merton Bernstein's far-reaching discussion on the legal implications of an aging society. In contrast, Chapters 10 through 12 concentrate more on the social-emotional aspects of old age, as Philip Hammond surveys the role of the church in the lives of older people. Lowell Eklund stresses the potential of continuing education, and Wilbur Schramm suggests the possibilities of the mass media for involving older people in society and for facilitating the aims of specialists in all fields dealing with the aged.

Different as these chapters are in specific detail, they all consider in one fashion or another three fundamental questions that cross-cut the boundaries dividing professions and emphasize the interdependence of professional concerns. First, what can be done about the condition of older people? What possibilities for professional service are suggested by social science knowledge about aging as a process and about the meaning of age for the individual's psychosocial adjustment and his position in society? Second, what, if anything, ought to be done about the condition of older people? How can social science knowledge be brought to bear in selecting and evaluating programs and in allocating resources? What standards and values are implicit in the plans and goals of the several professions? And third, how can the desired changes in the condition of older people be accomplished? How can a balance be struck between the needs of increasing numbers of older people and the availability of services? What changes may be indicated in professional training or in the structure of the professions?

Present versus potential condition of older people

One major principle emerging from the Inventory is relevant for any assessment of professional services to older people. This principle stresses the importance of differentiating between the present condition of older people, who are in some ways disadvantaged, with the potential condition of older people in the future, provided that increased scientific understanding leads to appropriate action by professional groups. Thus a basic distinction must be made among the state of being old, the process of becoming old, and the changing prospects of successive cohorts (sometimes loosely called generations) of the aged. In programmatic terms, the existing ills of people who are old today call for therapy, whether through individual treatment or through manipulation of the relevant environment. But the future ills of persons not yet arrived at old age still allow the possibility of prevention, whether through deliberate action or as an indirect consequence of existing trends.

THE STATE OF BEING OLD

It is clear from the Inventory that, in certain respects, older people are at any given time deprived relative to younger people. Accordingly,
the essays note at various points the professional implications of older people's comparatively higher rate of morbidity, their relative economic impoverishment, and their lower levels of educational attainment, labor force participation, and social participation in general.

To be sure, such relative deprivations must not be overemphasized (as they have been overemphasized in numerous fallacious interpretations noted in the Inventory). The old do not differ from the young in every respect, nor are the differences always to their disadvantage. Older people, by virtue of their longer years of life, have acquired both experience and, perhaps, wisdom; they appear quite as adequate as the young in performing various aspects of their familial, occupational, religious, and political roles. Furthermore, the majority of older people hold a positive self-image that does not stress unfavorable comparisons with the young, and thus they may not perceive themselves as deprived even though objectively disadvantaged.

It is not surprising, therefore, that a common theme of these essays is a general rejection of the traditional view of old age as a situation of utter and inevitable disadvantage. By pointing to the many areas of independence and to the lack of serious physical disability among the majority of today's aged, each essay contributes to the erosion of some aspect of this negative stereotype. Moreover, discussions of the relative deprivation of the older population as a whole are balanced by examples of the relatively salutary status of specific segments of this population. There are many older individuals who enjoy high education, good health, and adequate income. There are also many older individuals who exhibit high levels of adjustment, of morale, and of interaction with their fellows. Such examples serve importantly both to deny the intractability of the current problems of the elderly and to suggest areas in which ameliorative effort is likely to produce needed solutions.

THE POTENTIAL FOR DEVELOPMENT

In rejecting both the completely negative image of old age and the notion that the invidious features of aging are inevitable, the authors stress instead the potential for change and adaptation, noting the older person's demonstrated ability to learn, to develop, and to adjust to new circumstances and new roles. Here the contributors to this volume are developing a second perspective emerging from the Inventory, one which focuses upon the aging process rather than upon the current status of the aged. Very little is yet known about aging as a process, either about the extent of the individual's capacity for change or about the conditions for fulfillment of this potential. Yet, several of the proposed programs and goals proceed on the assumption that not all age-related ills are intrinsic to aging and are thus preventable through intervention at earlier stages in the life course.

For example, the unrealized abilities of the aging individual is a basic premise of Eklund's essay on education. If man has an almost unlimited capacity for learning and educational achievement, the aim of any educational system, Eklund insists, must be to produce individuals with motivation for continuous learning. Such an aim obviously requires implementation of programs at early ages as well as the creation of a system of continuous education for adults. In a somewhat similar vein, the criterion of unfulfilled potential is clearly, if not explicitly, invoked by Schramm, who raises the provocative questions of how the mass media might operate more effectively not only to maintain the link between older people and the larger society, but also to provide appropriate and compelling programs for the continuous development of the older person. Further, the importance of continued learning in the form of retraining is enunciated both by Sheppard and by Bernstein in their discussions of devices for maintaining employment among older workers. Ideally, such retraining must start at the early stages of work life, for, as Bernstein notes, rapid technological advance creates the necessity for "periodic retooling." Consequently, a person no more than forty may already be classified as an "older worker."

Belief in the potential for continuing personal growth is further illustrated by numerous suggestions for new roles that might be assumed by the elderly. Whether proposing new occupational arrangements, new civic and volunteer activities, or new ways of using leisure time, the authors seem convinced not only that the aged display a capacity for development, but also that such development may be an important key to a satisfying old age. Moreover, in discussing ways of training and socializing people to new roles, the authors underscore the importance of implementing programs well in advance of the onset of old age. Thus Morris proposes that employers and unions support auxiliary organizations (even "spin-off corporations") for the early practice of semi-retirement and for the anticipatory acquisition of hobbies and skills of various kinds, including the organizational and administrative skills required for independent business enterprises or for important civic roles.

The potential of the middle years as preparation for old age is also emphasized by contributors concerned with early planning and counseling. Whether the authors are dealing with personal health care, adjustment to retirement, potential accumulation of savings, estate...
planning, or preparation for changing housing needs, they tend to concur in the proposition that many of the negative features of old age may be avoided by "anticipatory socialization" and, when necessary, by professional intervention at earlier stages in the life course of the individual.

One difficulty, however, that arises from assumptions of potentiality involves the definition of limits to capacity for development in specific respects. Particular authors may assume these to be finite and measurable or infinite and unmeasurable, but the supporting evidence is rarely available. Susser handles this problem in his discussion of the unfulfilled health potential by indicating a minimum margin for improvement. Analyzing the potential for gains in longevity and for avoidance of age-related organic deterioration, he explores the difficulties of distinguishing inevitable biological effects of aging from environmental effects which may be susceptible to manipulation. The evidence required for making a clear-cut distinction is not at hand. Nevertheless, a minimum margin for improvement may be established, not upon a definition of what might be possible under ideal conditions, but upon empirically observed variation in disease and mortality rates, with the lowest known rates providing a standard toward which public health programs may be directed. At the level of individual therapy, similar notions underlie the chapters on medicine and on nursing, where Lasagna and Schwartz respectively note the possibilities of improving the health of those with apparent "chronic" ailments through earlier attention and care on the part of health professionals.

PROSPECTS FOR THE FUTURE

Quite apart from the possibilities of professional intervention in the environmental and institutional context of older people or in the process by which individuals age, broad social changes are continually taking place that affect the preparation for old age of successive generations of individuals. Many of the essays converge in accenting, as a third perspective emerging from the Inventory, the importance of such social changes for estimating the future prospect of older people.

It is quite clear, for example, that husbands and wives today live together independently for a longer period of time than was the case even several decades ago. The implications of such a fact for housing needs, family roles, income maintenance and insurance coverages, leisure activities, and myriad other aspects of the lives of older people cannot be ignored.

Other societal trends, such as urbanization, increased geographic mobility, and the growth of suburbs must be taken into account in the planning and location of housing and service facilities. Moreover, such changes in the spatial distribution of the population, both old and young, will affect the social and political attitudes, the patterns of consumption, and many of the activities of older people.

Important changes are also occurring in the educational attainment of the population. The differences between old and young in the level of formal education, though striking at the present time, may perhaps be less pronounced when the better educated younger generations of today become the aged of the future. At the very least, tomorrow's aged will have had more years of formal schooling than their present-day counterparts. Programs designed for the future must give attention not only to this rise in educational level but also to the broad consequences for the situation, behavior, and attitudes of individuals.

Equally profound resultants of social change are associated with increases in the productivity of the economy. The long-term trend has been toward declining labor force participation and earlier retirement of the older population. If such a trend continues, it can alter drastically the organization of work and leisure, the supporting values, and the total role complexes of individuals at all ages. Although such possible alterations are difficult to estimate, they must receive serious attention in the creation of programs for future cohorts of aged.

Not only are the long-term effects of broad changes difficult to estimate, but the impact may not always be beneficial or may have differential effects on various age groups. Thus it is not entirely clear that future cohorts of old people will have fewer problems or be better off in every respect than those now old. For example, Kreps points out that, although tomorrow's aged may experience increases in real income as a result of continued economic growth, their position relative to other age groups may not improve or may even deteriorate. Ekland makes a similar point with regard to education. The negative effects of relative deprivation, though differing in kind, may be as severe as those of absolute deprivation. Lasagna provides a further illustration when he questions the social costs of prolonging the lives of large numbers of aged who are especially subject to disabling chronic ailments. And Susser's analysis of public health problems, though pointing to advances on certain fronts, notes the possible deleterious effects of certain aspects of the urban environment, such as increasing air pollution.

Thus, changes in the attributes of future cohorts of aged and in the general societal context of aging are of fundamental importance to a full consideration of the needed professional services. However
The implications can be currently foreseen, it is very clear throughout these chapters that the forces of social change are not only constantly intervening in the aging process, but are also bringing new influences to bear on the situation and characteristics of persons who are old.

When the problems of aging are seen in this dynamic perspective, the relevance of a common theme of these essays becomes apparent. By focusing on the distinction between the present condition of older people in contrast with what the status of future cohorts might be, these essays suggest the possibilities of professional intervention for meeting the challenge of both individual potential and social change. Intervention, however, is not contingent solely upon knowledge of the situation of the aging, as this may be supplied by the inventory or by further scientific research. Such action also requires policies and programs. Thus the authors of these essays propound for their respective professions a wide variety of long-range goals and practical procedures that involve basic questions of standards and values.

Standards and values

Any determination of what ought to be done to reduce the deprivations of older people or to enhance their potential strengths requires evaluative judgments. The substance of professional policy can be formulated only with reference to immediate aims and ultimate goals, and such ends are invariably derived, even if not explicitly, from basic notions about what is good or desirable or aesthetically appropriate. Thus countless questions of standards and values underlie the professional solutions discussed in these essays.

On some issues, there is near unanimity of value position among the several authors. One after another of the contributors asserts the desirability of keeping older people in the community rather than in institutions, and of discharging to the community the maximum feasible number of old people currently institutionalized. Indeed, so strongly entrenched is the aversion to institutional living that there is little exploration of the possible benefits of such arrangements except as an alternative of last resort.

There is consensus also on the importance of freedom of choice, as this freedom might be fostered by a diversity of programs for older people. Considerable attention is paid in the essays to the wide variations among older individuals in education, rates of aging, or preferred activities. There are frequent warnings that programs aimed at stereotypes of the aged can have little chance of success. Instead, the authors recommend arrangements that would maximize choice, and propose information or referral systems that would make older people aware of available alternatives.

Despite important areas of agreement among the professional fields, there is considerable heterogeneity in the normative prescriptions and standards of evaluation utilized in the several essays. The normative issues involved range from specific judgments about minimum standards to the raising of inscrutable moral dilemmas.

Standards for Allocating Resources

Proponents of particular programs for providing older people with a more adequate fraction of the nation's scarce supply of goods and services employ several different criteria of adequacy, including minimum standards that are arbitrarily set and proportional standards that would guarantee to older people a "fair" share.

Minimum standards Minimum standards are discussed at some length in regard to housing, for example, as Madge lists specifications that would protect older people against various hazards. Several authors stress the necessity of minimum standards for nursing homes and geriatric care facilities. And Kreps discusses the desirability of income transfers that would maintain above some prescribed level of adequacy the financial integrity of those older people who are extruded from the labor force and can no longer claim a share in the nation's increasing economic productivity.

As the phrase implies, minimum standards define the status of the aged and the professional services rendered them not in terms of what is possible or ideal, but according to arbitrary criteria of what seems acceptable in the opinion of some particular person or group. The value of what is to be provided is not itself explicitly assessed. Rather, desiderata such as good health, good housing, or financial security are simply taken for granted, and the professional aim becomes one of supplying these desiderata to the aged in accordance with established criteria of adequacy. One difficulty of this approach, of course, is that minimum standards can change over time as conditions in the general society change. For example, if the income of the population as a whole shows improvement over time, support programs based on earlier definitions of a minimum standard may no longer be adequate.

"Fair shares" A second type of standard against which goals for the aged may be set demands a fair share relative to other age groups in the distribution of goods and services. Studies of the relatively deprived status of older people are often utilized to show the need for redress of imbalances as, for example, when Morris points
out that the elderly are underrepresented and underserved by various welfare agencies, or when Kreps analyzes the inferior economic status of the aged, and Sheppard examines their relatively unfavorable employment situation.

A somewhat similar method of evaluation takes as its standard of fairness, not younger age groups, but earlier stages in the individual's own life. Here the goal is to minimize the difference between the middle years and the later years in the life course through the preservation of the aging individual's health, for example, through the smoothing out of income differences between the two stages, through continued employment, or through maintenance of preexisting friendship and kin relations.

It might appear at first glance that some such standard of proportional sharing of scarce resources would find little opposition in the context of the American value system. Nevertheless, there is a major difficulty with such a standard, formulated by sociologists in their theories of distributive justice, which often leads to alternative bases of assessment. The norms of a society regarding the fair or just allocation of resources do not always prescribe a simple proportional distribution of goods and services, but recognize certain special claims of some groups. Distributive justice in a particular society may require, for example, that the young should receive a disproportionately large share of health services and support. Indeed, in some societies, the aged and infirm are left alone to die. By such a standard, it would be regarded as "unfair" if the chronically-ill aged were to command an ever-increasing proportion of the medical dollar.

Underlying the precepts of distributive justice is an insistence upon the differences among various groups in their needs or in their social contributions. For example, the argument is sometimes offered that older people do not need as high an income as younger people or that older people do not deserve as high an income because they no longer contribute to production. Such assertions lead away from the aims of redressing the relative deprivations of older people or of smoothing the flow of resources over the life course, and tend to imply goals couched in terms of minimum standards of adequacy.

ETHICAL STANDARDS
In addition to practical problems of setting minimum standards or determining equitable allocations of resources, certain ethical dilemmas arise. Some of the chapters are concerned with decisions that transcend specific questions of allocative standards and deal with what is "right" or morally defensible according to prescriptions embedded in professional codes and in the society at large. Such dilemmas arise when the consequences of contemplated action, though judged beneficial according to one set of values, are perceived to be in conflict with other, equally compelling, ends.

The question of death A notable instance is the discussion by Lasagna of the patient's legitimate claim to a dignified death. Here the dilemma for the physician lies in the tension between the ethical strictures to preserve life and those to relieve suffering. Many patients are themselves capable of taking action and many do, in fact, contribute to their own deaths by removing intravenous feeding devices, failing to take prescribed medicines, or otherwise thwarting the efforts of medical experts to prolong their lives. Are these patients to be considered suicides? Shall physicians be indicted for malpractice or manslaughter if they contribute to such actions or withhold treatment from such patients? Who is to decide when and when not to terminate treatment of any given patient? These are the kinds of predicaments confronting doctors and nurses, patients, and patients' relatives as they contemplate the meaning of death vis-à-vis the meaning of life.

Individual versus society Another set of evaluative questions ask whether a given program or policy is designed to foster the well-being of the aged individual or of the society as a whole. Often the two aims coincide. Thus provision of jobs for older people in sectors where there is a shortage of personnel can redound to the good of the entire economy. Similarly, as Morris and Susser attest, programs that make older people feel useful and adequate can at the same time ease strains within the family.

Nevertheless, some programs designed for the benefit of society may work to the disadvantage of the individual. Institutionalization of the older person, for example, may be convenient for the family or other social groups but may constitute a great deprivation to the individual.

Moreover, some programs designed to benefit older people may prove to be of questionable social utility. Thus Lasagna questions the advantage to society of diverting millions of dollars for the treatment of certain comparatively rare disabling diseases afflicting the aged. And Kreps contends that federally sponsored programs for maintaining retirement incomes may not always be compatible with broad national policies concerning economic growth, full employment, or price stability.

In parallel fashion, certain programs designed to benefit the young may have detrimental consequences for older people or for society at large. Thus the improvement of health programs for infants can allow
increasing numbers of individuals with organic defects to survive into senescence. Or encouraging the early retirement of still competent older workers in order to give their jobs to the young can at once curtail the occupational rewards to the displaced individuals, add to the dependency burden on the society, and waste the potential human resources thus displaced.

**The balance between needs and services**

Despite certain unresolved issues of value positions, the authors in the several fields proceed to discuss pragmatic approaches toward implementation, at either the clinical or the policy level, of particular programs that bring into conjunction knowledge of what can be done with notions of what ought to be done about the condition of older people. An overview of these programs and approaches suggests certain areas of discrepancy between the emerging needs of older people and the professional services available. Constructive planning might help to redress this imbalance through establishing priorities among the needs that are to be met, through developing interdisciplinary approaches to the performance of certain functions, through filling gaps in the present structure of the professions, and through modification of existing curricula in the professional schools.

**Priority of needs**

One serious difficulty that becomes apparent from the series of essays is the present lack of clear priorities as to which services to older people should command the scarce resources at hand. Among the many programs for the aged proposed by the different professions, which are the more worthy?

To a great extent, of course, choices among programs will be made on the basis of comparative costs and other practical considerations. Beyond this, attempts to establish priorities among the needs to be filled must rest both on value judgments and on understanding of the facts. Thus whether the need for friendship should have precedence over the need for income may be in part a question of basic social values. Most authors set at least as high a premium on the psychological satisfaction and morale engendered by a program as on its filling of tangible needs.

Once value decisions have been made, however, other questions may be answerable through understanding of the relevant facts and their causal connections. For example, if it were to be established that good health derives from a high standard of living, then it might be argued that income maintenance must be accorded a higher order of priority than the expansion of health services. That is, if one area of need is found to result from another area, then both will be served by attacking the area of primary causation. Unfortunately, the available evidence often fails to establish the causal connections among important areas of need and many of the required answers must await the future execution of carefully controlled research studies.

In the absence of more compelling alternatives, a number of practitioners would hope to establish priorities in the light of older people's own preferences and desires and the relative importance to them of their varying needs. This position stems from the commitment to preserve freedom of choice for the aged in the creation of special programs to serve them. Here too, however, the evidence is all too often either absent, conflicting, or patently unreliable. For example, is it important to older people to be integrated into age-heterogeneous neighborhoods or housing units? The evidence suggests that, although older people consider age-heterogeneous kinship relations to be of primary importance, they also tend to choose age mates as friends; and, as Madge points out in assessing the success of segregated retirement communities, there is some reason to believe that the aged may desire a degree of separation from younger people. What actually is the case? Or, to take another example, are social-emotional needs more important to older people than instrumental needs? Hammond suggests this in discussing the ministry of the church, and a similar implication underlies Eklund's notion that one very important aim of adult education should be the enhancing of the enjoyment of leisure. In contrast, however, Sheppard's treatment of manpower development seems to assume that the instrumental need for continued employment may be the more crucial one. Again, what actually is the case? Further research on such points would clearly be useful, not only because general tendencies to choose one or another alternative may be revealed, but also because systematic differences among older people in their preferences may be specified. Such specifications should be of considerable value in developing a range of alternatives within which older people may satisfy their needs.

Research can be useful too in providing insights into possible unanticipated consequences of professional attempts to fill particular needs. What future ramifications can develop, both for older people and for society, from pressures to keep alive more and less healthy individuals? Or to retain more and less healthy individuals in the labor
force? An understanding of such latent possibilities is important to the rational establishment of priorities in serving the needs of older people.

**NATURE OF AVAILABLE SERVICES**

In addition to revealing various uncertainties about the competing needs of older people, even in some instances an unawareness that priorities must be set, the essays also afford considerable insight into the professional procedures and structures designed to satisfy these needs.

**Levels of approach**

Attempts to meet the needs of older people are undertaken at various levels: at the individual level, through professional attention to the individual; or at the social level, through reform of institutions or through changes in public policy and legislation. Although it might be anticipated that most authors would discuss programs addressed to both the individual and the institutional or policy-making levels, it is significant for the current status of the professions that solutions of the latter type seem to command the major emphasis.

With respect to income maintenance, for example, although individual responsibility and initiative continue as central values, both Kreps and Bernstein stress the necessity of programs at the governmental and corporate levels. Regarding social work, Morris insists that the elaboration and administration of social welfare as an institutional sphere is of greater importance than the development of professional competence in individual counseling and therapy. In assessing the ministry, Hammond suggests that, while pastoral counseling and other expressive concerns may be central to the church’s role vis-à-vis the aged, a restructuring of religious institutions is required for effective enactment of such a role. In the field of architecture, Madge devotes more attention to the provision of suitable postretirement housing than to the preparation of individuals for their own later-life housing needs. In discussing manpower development, Sheppard, while concerned with individual betterment through retraining and employment service counseling, aims also at the provision of suitable job opportunities for older people through programs for job redesign and legislation against age discrimination in hiring. Indeed, the underlying rationale of a majority of the solutions proposed in this volume seems to be reflected in Bernstein’s emphasis upon the special significance of the lawyer’s function as architect of the law. To be sure, lawyers practice in a variety of roles in relation to the aging; but, he insists, the changing age composition of the population and the accompanying profound social changes present the lawyer with the primary task of establishing new legal arrangements.

Even though the essays express major concern with policy matters, they are replete also with exhortations for more sophisticated treatment of the individual. Social workers are taken to task for their failure to recognize the developmental capabilities of older people; nurses are castigated for allowing unnecessary depersonalization of aged patients; educators are chided for overlooking the significance of the learning potential in continuing education; ministers are scolded for their uncritical acceptance of the belief that people become increasingly religious as they grow older; and architects are called to account for their lack of strategy for dealing with the living requirements of the bereaved spouse. New norms and procedures of many kinds are demanded by the essayists: clear guidelines for dealing with the dying patient, public health techniques for identifying susceptibilities in older individuals, feasible aids to estate planning for persons at all income levels, facilities for occupational guidance of retired persons, and creative utilization of the mass media to link the isolated older person to the larger community.

**Organization of services**

When the several professions are viewed as a whole, they appear to duplicate or compete with one another in some of the services they now provide or contemplate providing. Thus churches and government may both sponsor housing for the aged. Architects, social workers, and health personnel may each wish to decide the location of health services. Social workers and nurses may each aim at developing and staffing referral services and at providing administration of residential institutions. Physicians, lawyers, social workers, and personnel managers may all lay claim to special competence in counseling on problems of work and retirement. Professional educators, specialists in mass media, and practitioners in various substantive fields may all think it their peculiar function to regulate the content of adult education and the utilization of mass communications to implement desired ends!

To a certain extent, of course, such overlapping may be only apparent, reflecting the separate contributions of the professions to different facets of a problem. In the field of health, for example, it is well recognized that special contributions are required from the physician, the nurse, and the public health official. To these professions must be added many others who also deal with the health of older people: the architect or planner in designing hazard-free homes and the location of health facilities, the educator and the mass communicator in providing health care information, the social worker in identifying and
referring cases to proper health agencies and possibly in administering health facilities, and both the financial expert and the social worker in insuring that the cost of health care is not beyond the means of the elderly. Beyond this, various other professionals not directly concerned with health, such as the chaplain or the family case worker, make frequent contributions to the scope of professional practice within health institutions.

To the extent that efforts of this kind lack integration, however, there is a danger that scarce resources may be wasted through duplication or through competition for administrative influence and control. Coordination by means of interdisciplinary structures can forestall such dangers as well as foster the emergence of new and imaginative solutions to many problems. Appropriate interdisciplinary approaches also could help to facilitate decisions concerning the relative competence of agencies to perform needed functions, establish priorities among competing needs, and point to gaps in existing services. Such coordination may require a conceptual approach that would look upon welfare services as a single system rather than as a collection of separate institutions and agencies.

Gaps in existing services If in some areas several professions are performing similar services to older people, there are other areas in which the structures of existing professions have not yet adapted to meet developing needs. The economic requirements of older people present one glaring instance: There are no clearly established professions devoted to matters either of retirement or of income maintenance. A range of specialists, from government officials to personnel managers, concern themselves with selected aspects of the older worker’s participation in the labor force or his withdrawal from it. Similarly, advice on financial management is proffered by a number of specialists, including bankers, lawyers, investment counselors, and life insurance agents. Yet, there is typically no single source of unified advice for the individual who is planning whether and when to retire or who is attempting to understand the intricacies of social security, pension benefits, insurance and annuities, real property, and other assets. This gap becomes increasingly apparent as the mass of today’s workers confront the necessity of planning for retirement. Thus the question arises whether the striking growth in the proportion of potential clients may not encourage the emergence of a new financial management profession and the development of personnel managers trained to deal specifically with the occupational and retirement potentials of persons in middle and later life.

SOCIAL CHANGE AND THE PROFESSIONS
The possibility that entirely new categories of professional practice may emerge in response to the rising needs of the aged calls attention once again to the wide-ranging consequences of social change, not only for the aged as the client population, but also for the very structure of professional services. As institutions in society, the professions are not more immune to the impact of change than are the clients they serve. Thus the authors of this volume are acutely aware of the necessity to consider the future from the double perspective of aging and the professions. They point to numerous ways in which social change is affecting professional practice and its institutional settings. For example, the joint survival of the husband-wife pair and the tendency for older couples to maintain independent households have forced changes in the traditional functions of old age homes. The proliferation of insurance-based programs for income maintenance, both private and public, may in time free public welfare departments from their current preoccupation with financial assistance. The ever greater specialization and differentiation of the entire social structure, including the professions, have resulted in many appeals to the professions for integrative solutions. Perhaps one of the most difficult problems awaiting solution is how to resolve strains between the demands for neighborhood location of service facilities and the centralizing tendencies of increasingly complex institutions. One emergent trend is toward decentralization of services within centralized administration. Further experience with such an arrangement should indicate whether it represents a solution or merely creates additional strains in the provision of services.

Thus the writers of these chapters set forth many policies and programs to meet the needs of older people, but they also highlight many questions of professional standards, organization, and training. As they are aware, it will not always be simple or easy to arrive at answers to such questions. In particular, they foresee a future of continuing social change in which the professions must be capable of adapting to new circumstances. Accordingly, they emphasize the need for new kinds of professional training that will stress administrative, organizational, and coordinative skills. Their strong plea is for practitioners, both those now in training and those already established, who are flexible enough to meet the immense challenges posed by the aging population.