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REVISTA IBERO-AMERICANA DE SAÚDE E ENVELHECIMENTO
REVISTA IBERO-AMERICANA DE SALUD Y ENVEJECIMIENTO

EDITORIAL

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VOL. 1 N.º 2 AUGUST 2015

The acceleration of contemporary socio-cultural changes in itself implies instability, non--fixity and fluidity of norms, attitudes and behaviours, generating a continuous movement of changing meanings and social practices. At the same time, it is important to note the aging of the world population, which will require the redefinition of old age itself and the process that it involves: gradually, a static view of a today based on yesterday, which was characterised by the obsolescence of the elderly, is being surpassed, with aging being viewed as a movement of life made in time, space and relationships. Against this background, the social construction of aging is gradually emerging.

It should be emphasised that this social construction occurs against the backdrop of a globalised neoliberal economic model incorporating intricacies of an exclusive productive process into the day to day reality of health and social policies that emphasise social exclusion: like other excluded persons, the elderly person has been sidelined, as they are not recognised as a person, an agent of their own destiny, a citizen who demand and requires respect.

In the field of health, aging in postmodernity is accompanied by the emergence of the concept of quality of life, which has gradually become a frequent social demand given the changes in the demographic, epidemiological, and social background resulting from people living longer. Disputes are caused by the institution of health policies that respond to the demands and needs of the group and the resulting socio-political and economic impacts: this demands the proposition of new explanatory categories and social practices related to the aging process, to meet the current multiplicity of conditions of life and individual or collective aspirations. Added to these claims are those related, for example, to the ethical issues arising from poor health care coverage, the growing demand for long-term care and the absence of effective responses, the precarious nature of social security and the organisation of cities, among others.

The complexity of this situation gives rise to some considerations and questions: just as paediatricians say that a child is not a small adult, geriatricians tend to say that an old person's body is different from that of an adult, and cite a series of physiological characteristics that support such an affirmation. However, assuming this statement is correct, are the decisions and practices arising from it consistent and coherent? Are diagnostic protocols and treatments based on studies designed to take account of these considerations? Is the development of clinical, psychological and social evaluation proposals guided by this? Considering more specific aspects of aging: does difficulty in locomotion affect the elderly person's quality of life in the same way as it does an adult's? Or is loneliness a more serious factor? Is it likely that an adult will accept losing a little of their quality of life in return for gaining another 20 years? Would a man aged 90 - whose life expectancy is much lower - not rather live a shorter life with higher quality? This range of issues could be broadened,

but the key is to make clear the importance of getting to know this ignored and silent world a little better.

Corroborating these brief considerations, there has been a tendency to focus upon the various aspects involved in assessing the effectiveness of interventions in the health sector, which has proven inadequate in the search for comprehensive care, emphasising the necessary interdisciplinary and intersectoral nature of these initiatives. This complexity becomes increasingly evident when considering lengthening life spans. In the area of health policy, the differences in concepts, directions and approaches towards intervention have been reported by various researchers, confirming the need for research projects capable of explaining the influence of various cohorts in the preparation of projections regarding the incidence and prevalence of disease, longevity and the finitude of life. These research projects could also contribute to relevant understanding of the relationship between social inequality and disease, today a greater determinant of morbidity in old age than in childhood, even in situations of extreme poverty.

If the main challenge in medicine during the twentieth century was to prevent death, the guarantee of quality of life has come into play in the process of redefining the aging process. In this process, one must agree with Milton Santos[1], who pointed out that "life would not only be longer, but also more dignified" (p. 310).

1 Santos, M. (2003). Health and development in the development process. *Ciênc. saúde coletiva* [online], 8 (1), p. 309-314.