What can someone say about health who is neither doctor nor pharmacist, care-giver nor researcher, but only "the patient" – the sufferer at the receiving end of illnesses and their remedies? What can such a person contribute on the subject of our relationship to our body? Because obviously it is the body which sends out the signs and signals that indicate whether we are in good health or bad; the body, that arch traitor that sometimes lets us down and abandons us.

In most dictionaries, health is just the state of being healthy, being in good health. WHO itself considers it to be "a complete state of physical, mental and social well-being," and the French writer René Dubos defines it as the capacity of the individual to function to the maximum in his or her environment. I prefer the last two concepts because they are more dynamic and have the additional advantage of relating the individual to his environment and not being restricted solely to the physical. That of René Dubos gives us an inkling of the extent to which health remains a relative thing – relative, that is, to the environment, whether physical, political, emotional or social. The same individual may be in good health in one environment, in poor health in another.

Health problems tend to occur with the greatest persistency in childhood and in old age. These are two periods when the most severe demands are made on the organism and the psyche, which have to adapt to new external and internal data.

The infant has had to pass from a protected, liquid environment to one on terra firma where it must breathe air and face up to the rich variety of experiences that are part of the development process. Old age, on the other hand, confronts the individual with new problems of adaptation – to new physical, psychological, emotional and social aspects of life. But whereas the infant must come to grips with only a two-fold heritage, his heredity and the social environment into which he is born, the elderly person must cope with a triple heritage – not only his heredity and his environment but also his personal life history, the choices he has made (more or less freely, it is true), his joys and sorrows.

More than at any other time the health of the elderly person is a convergence of the physical, psychological and social, and of the consequences that derive from these multiple interactions.

Better living is an adventure for which present generations of old people have not been prepared. They did not expect it, and they have spent a lifetime without considering that eventually they would be old, even very old. Yet today, each individual must be prepared to deal with old age, to meet it serenely, without necessarily having to suffer the anguish of dependence and lost self-esteem in the anonymity of a home for the dying.

It can never be said too often, according to figures from developed countries, 95 per cent of old people die without ever having known what it is like to be...
bedridden. We die more and more often on our feet.

It is not a question of struggling against the inescapable process of ageing. But the fact remains that individuals can age in the best possible way, and the day is not so far distant when we shall die quite simply of "old age" without any other apparent cause, just as we are born after nine months because the time has come.

Since in many parts of the world - whether rich or poor - we are now able to live better lives, we must prepare ourselves mentally, psychologically and emotionally for this adventure, just as we prepare to take up a career by acquiring the skills of our chosen profession. We should not be content simply to take care of our bodies through a better understanding of how they work, but should also keep in

Intellectual pursuits constitute another way of living positively with the adventure of old age.

Photo WHO/Zafar
mind the need to comprehend our own social life, to look dispassionately at our emotional life and to pay attention to our intellectual life.

It seems to me that we give too much heed to the prevention of physical pain in a narrow concept of what health involves; and that old age has become imprisoned in a limited medical framework where it is no longer viewed as the final stage of development, but rather as a sort of obstacle race in which many dangers have to be overcome: physical disability, illness, handicaps, atrophies, weakening or loss of functions.

In this desperate race the doctor appears as the ultimate recourse, the magician who can make time stand still. Yet we well know that this is a delusion. There is no chance of recovering from ageing; even under the most favourable circumstances, things will only get worse. But we can participate actively in the ageing process by adopting a sensible and active approach to it.

To grow old is therefore to live; to interact with our environment; to accept a form of give and take with it, whether physically, intellectually, emotionally or socially. To grow old, hence to live, means also to nourish oneself, to reflect, to love and to make friends with our fellow human beings.

There is nothing particularly new or original in all this, unless it is that most social discussion on the subject of ageing tries to prove that ageing curtails activities in all domains. We seem to be stuck somewhere in the 19th century when the medical wisdom of the day was that, in order to live to a great age, we must use our energies sparingly, avoid excesses, give up inclinations and passions; and, of course, sexuality in old people was taboo. In a word, it was necessary to vegetate.

All this prejudges the elderly as persons apart from the rest of society, and seeks to justify all the ghettos and exclusion zones that the old have had to endure. All the talk is about the diet, the sexuality and the living conditions of the Third Age – that is, of retired people. I believe it is high time that, in order to stay healthy, elderly persons should refuse to tolerate this social seclusion – a road, like the one to hell, that is paved with good intentions.

I want to say to my contemporaries: "For heaven's sake, let us grow old in our own way. Let us eat our fill (our appetite is small), work as much as we wish and at our own pace (which is slow), cogitate in silence (and not with a "walkman" and a loud hi-fi channel), love according to the rhythm of our own heart (which has the right to race), and make love when we feel like it. Too much fussing kills us! Give us the freedom to adapt to our age. We shall do it very well. Mankind was programmed for a lifetime of apprenticeship because the survival of the human race depends on its capacity to learn and to think, unlike the animals who apply only fixed and unalterable instinctive responses to their own problem of survival."

Everyone likes to hold forth on the subject of ageing, gives advice on what to do and not do, according to the speaker's profession and moral, political or religious value system. But who possesses the ingrained knowledge of ageing that comes from an experience being lived? The only ones we don't hear from at all are: the ageing, the elderly, the old. They may be silent, but alas they are not deaf.

"At your age, you mustn't..." "At your age, you don't think of it..." "At your age, it is out of the question..."

Little wonder that when they do talk, they repeat what they have heard: "At my age I cannot... at my age I mustn't... work, go dancing, make love..."

Is there a healthy way to prepare for ageing? By living with it, in all its dimension; by adapting to losses, without resigning ourselves to fate; by struggling to keep a place in society, and that means by refusing to be self-effacing; by coming to terms with bereavement and somehow "re-investing" in society. Old age has its laws and its joys, its view of the world and its value system. It is for us to make them known, to bring them to life by living them. Then and only then, despite the encroachment of age with its illnesses and infirmities, we shall be healthy because we shall be in harmony with our environment.

Who knows better what old age is all about, if not the ageing, the elderly, the old themselves? Photo WHO/Zafar