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STUDY ON PROVIDING GERIATRIC CARE SERVICES IN DIFFERENT COUNTRIES

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ABSTRACT

The aging of the population alters population structure and increases the need for care. Insufficient planning in this area will cause problems to worsen. The specific physical, emotional, social, and economical needs of the elderly necessitate special care, and they prefer to have services close to where they live. Compassionate, age-appropriate, and comprehensive services can achieve a lot at the primary level of care. community level, which is cost-effective for both the customers and the vendors. Furthermore, through advertising, prevention, and rehabilitation. The multi-morbidity status brought on by chronic disease conditions can be reduced with early detection, supportive care, and regular follow-up care for people getting treatment or with advanced disease conditions. Thus, comprehensive primary healthcare is necessary for older patients, both to boost access and affordability and to give them social support in the community.

Keywords:

Aging; elderly care; elderly services; support services; economical needs; affordability

INTRODUCTION

In the twenty-first century, population ageing has taken on a global trend due to economic growth and advances in medical understanding. Compared to other age groups, the elderly population is expanding at a greater rate globally. Finding appropriate and affordable elder care and assistance is challenging. Determining exactly what type of care will best fit elders' needs is a time consuming process that often requires consultation with medical and eldercare professionals. Locating affordable appropriate and reliable care options is also time consuming. Different types of care are available in different places, while costs and quality vary widely. Identifying and locating appropriate and affordable local elder care resources can become a full time job that is stressful for all participants. Even employers and co-workers

can be affected when the strain of eldercare planning makes caregivers less effective at their workplace. Research have revealed that the services offered by the global community are insufficient despite attempts. Research has also demonstrated that the quality of life for the elderly is drastically reduced in the absence of government assistance, intervention, planning, and policy-making.

To be able to create and provide a decent service package for the elderly by selecting the finest policy components from many policies and preferences while balancing politics and culture. As a result, it was chosen and researched from India, European nations including Iran , Italy, Austria, Sweden, as well as Asian nations like Turkey, Greece, Portugal, and Russia. By reviewing library materials and resources and conducting a thorough search, this study was created to improve the current policies and plans for the care of the elderly in the nation. The policies and plans of the eight developed nations around the world were chosen and examined in terms of the elderly experience.

INDIA

A glaring omission from the medical education curriculum is geriatric care. Similar to medical professionals, nurses and other paramedical staff workers lack formal training in caring for elderly people. In the majority of medical schools in India, there is no specialised training in geriatrics [1]. The least popular speciality among medical students and one with limited prominence in academia is geriatrics. Only a few facilities, mostly in metropolitan regions, and at very high cost, have a separate geriatric unit. Very few hospitals offer geriatric inpatient treatment. Even though there are hundreds of old-age homes, day care, centers, and mobile medical units that offer care to the older people, these establishments are run by NGOs or partially sponsored by the government, but they are located in urban areas, are expensive, or concentrate on tertiary rather than primary care [2].

The Indian government has recently made tremendous progress in securing the rights of the elderly. The Maintenance and Welfare of Parents and Senior Citizens Act was passed by the Indian parliament in 2007. It made it mandatory and justifiable for children or other relatives to provide support for their parents or senior relatives and included harsh penalties for abandoning them. In order to give the elderly easy access to preventive, promotional, curative, and rehabilitative services at all levels of the health care delivery system and to address the escalating medical needs of the elderly, the Government of India created the National Program for the Health Care of Elderly in 2011. According to the 2011 National Policy on Senior persons [3].

ITALY

"In 2017, life expectancy at 65 was almost 21 years old, which is one year longer than the EU average. However, much as in other nations, Italians experience some form of disability or health issue for somewhat more than half of their additional years after the age of 65. Italian women spend a bigger percentage of their lives in old age with various health concerns and disabilities, therefore there is a gender discrepancy in life expectancy at 65 years of age of around three years in favour of women, but there is no

gender gap in the number of healthy life years. In 2017, just under 50% of Italians 65 and older reported having at least one chronic illness. The majority of people can continue to live independently into old age, but one in six Italians 65 and older reported some impairments in basic daily tasks in 2017—like getting dressed and eating—which may necessitate long-term care help. An increased percentage compared to the EU norm, about four out of ten adults 65 and older reported having some symptoms of depression [4].

However, because different denominations and organisational models are used across Italian areas, including retirement homes, geriatric rehabilitation centers, etc., it is challenging to establish specific estimates. In general, RSAs are open-ended or transient housing options. at order to avoid isolation, the Ministry of Health has stated that they should be included into the already-existing urban fabric at places that are well-served by public transportation. The number of spaces they can hold, divided into modules of 20 people each, can range from 20 to 120. For residents with dementia, one-fourth of the available modules should be set aside. Alzheimer's sufferers can receive care in an area designated as the "Alzheimer's Nucleus" in some RSAs. Most RSAs are private. When a GP or hospital doctor requests one, local health authorities or social services control access to accredited or public RSAs, schedule visits to the geriatric evaluation unit, and control waiting lists. The SSN only covers health service costs, which vary depending on the amount of help given [5].

SWEDEN

In Sweden, the percentage of people 65 and older is currently 19.5%; it is predicted to rise to 20 to 25% of the total population in 2030. By 2040, the percentage will have doubled for people 80 and older, who will account for 10% of the population. The expense of healthcare in Sweden currently accounts for 11% of GDP. In Sweden, there are 4.1 doctors for every 1000 residents. Sixty percent of the population 65 and older receives social services, and 23% also receive housekeeping and other services. Although the service is offered publicly, the private sector also takes part. In Sweden, primary care, psychiatric, hospital care, and the municipality have joined forces to establish one entity[6].According to research, Sweden will better utilise the global prospects provided by digitalization and e-Health in 2025 to facilitate the development and strengthening of excellent and equal health and well-being as well as the expansion of people's freedom and engagement in social life[7].

In Sweden, the public sector is in charge of caring for the elderly and providing medical care. Hospital and primary care are handled by city councils, while elderly and health care are handled by the municipality. Local or federal taxes pay the majority of the expenses. About 4% of aged care and 3% of medical services are covered by the fees paid by service consumers (Association of specialists and local areas of Sweden, 2006). The municipal social welfare committee appoints a care director to evaluate the needs of the elderly [8].The management and planning of elderly care is split among three authorities: the federal government, city councils, and local governments. Each unit has a different role, but the Swedish welfare system is where it really counts. They have the right to fund their taxes and costs within the parameters of social service regulations and are directly chosen by political representatives [9].

TURKEY

Turkey has a younger population than much of Europe. The population is getting older, nevertheless. The ageing population in Turkey has resulted in a sharp rise in health care expenses and the demand for long-term services. The Ministry of Family and Social Policy offers senior care services in compliance with the following rules:[10].

Rules for Private Nursing Homes and Senior Nursing Home Care Facilities: This regulation's goal is to specify how nursing homes and nursing home care centres for the elderly are supervised and closed by particular legal entities. According to these regulations, an elderly person is one who is at least 55 years old and has a social need for physical or mental support. It also specifies the procedures for obtaining permits, service standards, individual status, operating conditions, costs, and cost controls. Although the Ministry of Health's official Nursing and Rehabilitation Care Centers have a 60-year-old entry age requirement, private nursing care has a 55-year-old requirement [11]. The Rules of Establishment Principle and the Establishment of Nursing Homes, which open within government agencies, as well as the Compensation for Disabled and Elderly in Social Services Organization monthly allowances paid at no cost to ministry social service agencies, according to the eligibility criteria for care services provided by organisations, are additional regulations that go along with these ones. These regulations govern how nursing homes are established and how they must adhere to certain rules [12].

AUSTRIA

The long-term care system in Austria often combines cash benefits with offering self-service. The federal and state LTC pension payments make up the bulk of the scheme. Cash benefits are therefore the most significant in comparison to other European countries. They do, of course, share a point with Germany. Financial benefits can be used to repay informal care or to pay for formal care from public or private providers. The provinces must also offer home care services, day and night care, and facilities for institutions. However, the social welfare plan will make up the difference if the recipient's income (including care allowance) and assets are insufficient to pay for these services [13].

Older people now need to be cared for and protected, and this has become a major concern in Austrian social policy. In addition to those who require care, their family and loving relatives also require assistance because they shoulder a huge load and contribute significantly to society. Everyone involved in providing home care for a loved one faces a significant task because each person's needs are unique based on their health, family situation, and other [14].

IRAN

The ratio of Iranians 65 years of age and older is 6.1% of the total population, according to the findings of the general population and housing censuses conducted in 2016. The Ministry of Health and Medical Education is in charge of overseeing policies for the elderly across the nation. Among its responsibilities are providing policy-making for the elderly's health and well-being, approving plans for the

elderly in executive agencies, and coordinating executive agencies to organise elderly affairs and carry out specified plans [15].

The Iranian Welfare Organization is another organisation that provides services to the aged in the country. These services include offering educational and rehabilitation assistance to persons who are disabled, elderly, suffer from chronic psychosis, and have autism spectrum disorder. This firm also offers solutions to modify urban and residential settings for the elderly and disabled. The duties of this organisation include complementary insurance for those who are elderly and in need but are not covered by another organisation. According to estimates from the nation's Welfare Organization, the organisation has provided continuous services to more than 420000 aged and disabled persons who are in need, taking into account the continuous and non-continuous help to the families of the needy. The elderly are currently served by 272 facilities around the nation, approximately 21% of which are in Tehran and the remainder are located in other provinces, according to data from the nation's welfare organisation.The Imam Khomeini Relief Committee is another organisation that offers services to the elderly and crippled. Due to the significance of the problem and the pressing needs of the underprivileged members of society, one of the key plans of the Imam Khomeini Relief Committee is to provide insurance and health services for the needy [16].

GREECE

The service looked at the circumstances behind the patient's visit to the hospital emergency room as well as the family's support and involvement in decision-making. Interviews with 12 frail elderly people with complex health and socioeconomic issues and/or their carers showed that there are not enough alternative social and medical support services, which results in inappropriate hospital use, challenges and moral ambiguities for family caregivers, and insufficient care for elderly people who are isolated.

These succinct and policy-relevant Profiles are based on an open, dependable process that employs both quantitative and qualitative data and is nimbly tailored to the specifics of each EU Member State. The editions from 2021 concentrate on the COVID-19 pandemic's effects and how national health systems handled various resilience issues relating to mitigation strategies, response capability, and governance [17]. Traditionally very strong role of family. Mainly informal care provided by family and/or personnel namely immigrant women without any specific training. Community-based resources across the country but limited to the extremely poor older persons without solid family support mainly for delivery of meals, help in hygiene and home care and social support [18].

PORTUGAL

In line with the global trend, older persons make up the majority of patients seen in oncology practises in Portugal, where more than 60% of newly diagnosed cancer patients are 65 years of age or older. The goals of this study were to evaluate geriatric oncology practises in Portugal and look into the needs and attitudes of medical professionals towards the care of old cancer patients 62.6% said their institutions did not

offer geriatric oncology or geriatrics consultations. Of the 14.9% who had guidelines for treating older cancer patients, just 4.5% had geriatric oncologists on staff. 23.4% of geriatric evaluation instruments were reportedly used. Oncologists and doctors who practised in the south of Portugal (p = 0.054) and those in medical specialties (p = 0.009) were more likely to employ geriatric evaluation. The unmet need for geriatric oncology education and training was acknowledged by 95.0% of responders. According to the findings of the inquiry, geriatric evaluation may be helpful in defining a therapeutic approach (85.1%), identifying frailty (77.5%), predicting toxicity, and enhancing quality of life (73.4%)[19]. In Portugal, there is a dearth of knowledge and training in geriatric oncology, although there is a rising awareness of the importance of geriatric assessment and desire for education. Portugal will make progress in this area during the coming years with the help of the recently established Geriatric Oncology Working Group [20].

RUSSIA

Russia faces various issues from other European nations. For example, the life expectancy in Russia is more than 10 years lower than in other Western European nations, but the retirement age is also lower (60 for men and 55 for women) than in the majority of European nations. Traditional elder care has placed a significant emphasis on families, but this is changing as more young people move to cities and as lifestyles change [21].

With the passage of Federal Law 442 On the Foundations of Social Services for Citizens of the Russian Federation, the government launched an initiative to modernise support services. The 2015-enacted law is applicable to persons who have "fully or partially lost the ability or opportunity to care for themselves, to move about independently, or to provide for their basic needs due to illness, injury, age, or disability." Contrary to earlier restrictions, the new law required institutional and home service providers to develop a "individualized programme" to suit the requirements of older and disabled individuals [22].

However, basing eligibility for free services on family income makes the assumption that the elderly person will have access to a sufficient portion of that income, which may not be the case. Instead of seeing older persons as unique, autonomous rights holders, it might perpetuate or create conditions in which they are financially and/or emotionally reliant on family members. Instead, Human Rights Watch recommended that the government use each person's income to determine who is eligible for free services [23].

DISCUSSION

In order to use their experiences to enhance the health status of the elderly in Iran, the research's goal was to identify the main policies, strategies, and goals for senior care in the researched countries. The study's findings demonstrated that Iran's Ministry of Health and other authorities lack a comprehensive macroeconomic strategy for the old and lack the special cohesion and integrity that can be found in the majority of the other investigated countries, where there are several plans and policies for the elderly. Population of older people increases rapidly in all countries especially of people aged 80 years and over. Between 2007 to 2018 in Greece percentage of people 80 + increased from 4.3 to 6.9% (+ 62.3%), in Portugal

from 4.46 to 6.4% (+ 44.4%), in Russia from 3.0 to 3.7% (+ 23%), in Turkey from 1.2 to 1.7% (+ 41.7%). This clearly demonstrates the trend towards an increase in the number of older old people across all countries, even if the demographic profile is relatively younger and stresses out the pressure already inflicting health care system [24].

Conclusion

How to care for elderly people when they can no longer live freely is one of the biggest issues that many families have to make. Families come up with a variety of various plans for dealing with eldercare requirements. Finding eldercare solutions requires them to take into account a wide range of variables, such as how to assess the needs of the elderly, where to find care resources that can meet those needs, and how to handle the financial and legal issues involved in moving the elderly into care arrangements. They must assist their elders and themselves during the trying transition into care after finding appropriate care . Transitions in eldercare are difficult and emotionally taxing for both elders and their families. All parties involved in the eldercare resource research and search process can feel more sure that the decisions and arrangements they ultimately make represent the best practical solutions available by paying close attention to detail at each stage of the process.

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