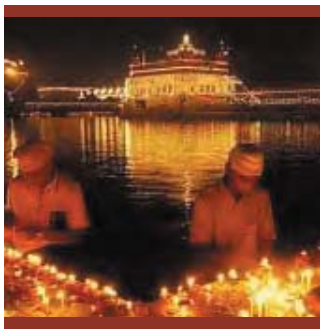

Letter From India: Caring for the Elderly

Arvind Modawal, MD, MPH, MRCGP, DTM&H

I was more than delighted to receive an e-mail from Dr. O.P. Sharma, the general secretary of the Geriatric Society of India, inviting me to give a guest lecture at the third, three-day annual international meeting in November 2002 in New Delhi, and also to be honored with the honorary fellowship of the society. It was enough for me to book the flight and plan for my trip to New Delhi. It was even more interesting as this was also *Diwali* (the festival of lights) time in India. Diwali marks the beginning of the new calendar year and is celebrated throughout the country with much festivity. It is a time to visit family and friends. I was also surprised to note that geriatric medicine has come of age in India, with the life expectancy at birth now approaching 65 years.

The meeting was well organized at a fine hotel in the heart of New Delhi, with a fair representation of international faculty, most of whom were from the United Kingdom, the United States, and Canada. At the meeting, polypharmacy was addressed, along with the usual geriatric syndromes of cardiovascular disease, depression, incontinence, visual problems, falls, balance problems, and osteoporosis. There was an abundance of traditional Indian hospitality and cultural essence in the scientific meeting, beginning with a prayer of *Saraswati*, the Hindu goddess of learning. The meeting had many mementos for the speakers and chairs of the sessions in recognition of their participation. The presidential banquet took place on the sprawling lawns of the India Habitat Center. Many dignitaries from the Ministry of Health and Family Welfare and the Vice-Chancellor of Indira Gandhi National Open University, a University based in Delhi, were also invited for presentations. The office bearers of the Geriatric Society and, above all, their families made sure that all the delegates enjoyed the meeting and their stay in New Delhi.

When I left India 20 years ago, there was little awareness of geriatric medicine, though there were always older people to look after. Even if you travel around India today, one does not see many older persons, as there are few basic facilities for the handicapped and disabled in many public places. The elderly avoid going out of their homes in cities due to traffic and crowds in the streets and markets. Expanded life expectancy is a great achievement for India since independence from the British colonial rule in 1947, when the life expectancy was only 32 years. At that time, there were only a few educational institutions of medicine, and a national health budget allocation of 6% of the gross national product was mostly spent on staff salaries and other infrastructure development since privatized medical care was minimal. Gradually, with the help of the World Health Organization, United Nations, and other agencies, many programs were introduced to control malaria, tuberculosis, leprosy, smallpox, cholera, and other illnesses. Soon thereafter, family planning programs began but were disrupted due to misadministration and political changes. Improvement in health and hygiene and public health measures of mass immunizations, nutrition programs, and the "green revolution" in the 1960s eliminated the country's depen-

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dence on foreign assistance for food and grains and led to a rapid increase in rate of population growth.

Currently, it is estimated that older adults in India over age 60 years make up 8% of the population; with the population of the country crossing the 1 billion mark in this millennium, the number easily exceeds 80 million. With further rapid growth anticipated, similar to the "baby boomers" in the U.S., rapid growth of elderly persons in India is creating a challenge to managing health care resources in the coming years.

Due to the concerns of the aging population, two societies were formed in the 1970s. The Geriatric Society of India and the Association of Gerontologists of India both began organizing annual meetings, often in conjunction with the annual meeting of the Association of Physicians of India. These educational efforts resulted in increasing the awareness among physicians of geriatric aspects of care and helped produce and nurture committed health care professionals.

Aging health policy questions are now frequently raised in India. The migration of populations for jobs and livelihood from rural areas to urban areas and between cities has led to the breaking down of the age-old traditional "joint" or "extended" family system in India. Such family systems provided good supporting structure for the care of older persons by keeping families together, pooling financial resources, and making family members available in case of need. At present, there are no social schemes or federal or central government mechanisms for funding of health care for the aging population, and the reliance is currently on the private sector, voluntary organizations, and indigenous programs that deliver about 80% of health care (the remainder is from government hospitals and municipal corporations). The medical infrastructure to handle the substantial number of older adults is lacking. Nongovernmental organizations (NGOs), Help Age India, and many others have started community housing and medical programs, and the government has taken measures to give pension discounts to older people in several areas, particularly for railway travel, public transportation, and air travel.

Addressing the aging of Indian society is a mammoth task for the government and the NGOs, considering that persons who are disabled make up 10% of the total Indian population of over 1 billion and the fact that 10% of India's population is tribal, living in inaccessible areas with a poor health care delivery network. There are no provisions for organized long-term care for the chronically sick, except for the rapidly growing number of upper-middle class and the rich who can afford to provide good care at home with some professional help. Otherwise, the informal care at home given by the spouse, children, in-laws, or other relatives of older persons is the norm and is culturally acceptable and desired. Due to the economic realities and limited employment, children continue to live with their parents into their adulthood, and they see it as their duty to reciprocate. The employable children bring their aging parents from the rural areas to the cities to live with them or house older parents after their retirement. This can create housing difficulties for the family because of lack of space, though it can improve the quality of life for older persons due to their association with the younger generations and the role they may play in their lives. Hence, there is a call by the government and NGOs for the revival of the family system that is so crucial for the caring aspect of old age and to create jobs in rural areas to reduce migration of young adults seeking jobs and leaving behind their older dependents.

There is now recognition by the Medical Council of India (the main governing body) of the need for geriatric medicine as a specialty, and there are plans to introduce special sections of geriatric medicine into nearly 150 recognized Indian medical schools. The traditional Indian system of medicine of *Ayurveda,* represented in most medical schools, is also gearing toward new treatments and research on aging. There is only one medical college in the entire nation, in the city of Chennai (previously Madras) that has a department of Geriatric Medicine for postgraduate training and qualification in geriatrics. A diploma course at the Indira Gandhi National Open University has been started as an early effort toward a formal certification in geriatrics for physicians and future gerontologists. At pre-

sent, only one comprehensive textbook on geriatric care is available in India. There are sketchy, disease-related population statistics on older adults or databases for research on geriatrics. A perception exists that the educational, clinical, and administrative issues of geriatrics in India are becoming similar to the ones seen in many developed western nations, but it is more challenging due to the population size and lower incomes.

There is enthusiasm in government, the NGOs, and other agencies to help the cause of the elderly. Despite the progress and technological and informational advances, there remain plenty of paradoxes and conflicts. There are specialized hospitals in major cities with state-of-the-art technology for diagnostic and therapeutic interventions, and there are hospitals and clinics in many areas without enough medicines or staffing to meet the needs of the poor and the frail. Despite having the third largest economy in Asia and twelfth largest in the world, the average national annual per capita income of the population is around US $250, according to recent estimates. There are no resources of an organized managed health service, nor are there large federal programs like Medicare or Medicaid.

Fortunately, as I heard from the practicing physicians, the elderly in India are not demanding, do not wish to have all their problems fixed, and do not have a desire to prolong life. Perhaps the ancient Indian philosophical view of life, still believed and practiced by many, may help solve the problem in the end. In India, the last stage of life is one of renunciation and devotion to god (*Sanyasa*), which prepares one to give up this world and all worldly possessions in readiness for the next spiritual life. (This may be the saving grace for many who will not be able to afford or have access to health care in old age, particularly in remote areas.) I am sure that this ancient society, where respect of parents and elders is integral, will find its own solutions to the problem. However, it will require effort at all levels. ✧

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