UNIT 6  GERIATRIC AND PALLIATIVE CARE

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6.0  INTRODUCTION

We have already discussed in details about problems of elderly, factors affecting and signs and symptoms and treatment in theory Course 1, Block 4, Unit 6 also.

An elderly person becomes susceptible to both the acute and chronic health problems including heart diseases, cerebrovascular diseases, respiratory diseases and cancer etc. Women are more likely to suffer from several chronic conditions such as dementia, osteoporosis and arthritis etc. Most of the time, many older people suffer from more than one disease.

This unit shall focus more on care for elderly in general and palliative care in particular. Palliative care is an interdisciplinary approach that focuses on preventing and relieving suffering. It supports the best possible quality of life for patients and their families
facing serious and incurable illness. It involves the coordinated efforts of various disciplines such as doctors, nurses, therapists, social workers, clinical psychologists, dietitians, pastoral care workers and volunteers. It intends neither to hasten nor postpone death.

6.1 OBJECTIVES

After completing this unit, you should be able to:

- define palliative care;
- discuss the concept of palliative care in relation to elderly person;
- assess the problems of elderly;
- apply the principles of palliative care while caring for elderly person;
- provide need based care to elderly persons; and
- discuss the domains of palliative care in elderly.

6.2 CONCEPTS OF GERIATRIC AND PALLIATIVE CARE

Let us now learn the definition, aims, need and risk among geriatric population, concept and principles of palliative care as given below:

**Geriatrics**

The care of aged is called geriatrics or gerontology. People more than 60 yrs are considered elderly. Old age is not a disease but a normal and inevitable biological phenomenon. Aging is a progressive and generalised impairment of body functions resulting in, loss of adaptive responses to stress and increasing the risk of age-related diseases

**Aims of Geriatric Care**

The aims of caring for elderly includes:

- Maintenance of health in old age by high levels of engagement and avoidance of disease
- Early detection and appropriate treatment of disease
- Maintenance of maximum independence consistent with irreversible disease and disability
- Sympathetic care and support during terminal illness

**Need for Geriatric Care**

It is important for you to understand why we should give consider about taking care of elderly, which includes following factors:

- Elderly population will keep on rising due to advancing medical technology.
- Diseases present atypically and at an earlier stage.
- Often a multi-organ system involvement
- Worsening of pre-existing diseases are frequent.
Geriatric and Palliative Care

Risk of Geriatrics

You should also know the following risk to which elderly are prone for:

- infections
- injuries
- psychological problems
- degenerative disorders
- increased risk for disease
- increased risk of disability
- increased risk of death

Concept of Palliative Care

Older people are more likely to have complex/multiple medical problems of varying severity and disabilities. Even minor problems may have a greater psychological impact in older people. They are usually at greater risk of adverse drug reactions, mental confusion, problems with bladder and bowel control, sight and hearing difficulties and dizziness all greatly increase with age. They need care that requires partnership and collaboration between different groups. Palliative care should be offered according to the needs of the patient regardless of clinical stage in an incurable illness. For example, an elderly patient facing a newly diagnosed Parkinson’s disease will probably require intensive counselling and support. Effective care must reach into the hospital, into people’s home and into the nursing and residential homes within the community.

Principles of Palliative Care

Principles of Palliative Care are universal. These are as given below:

Cancer is a disease of the elderly. Hence, common problems are: intellectual impairment, incontinence, instability and immobility. These problems should be kept in mind while taking care of elderly.

Nutritional needs of elderly should be planned as per individual persons condition, taste and duration of illness.

A holistic approach is the fundamental principle in which a “whole person” is taken care for rather than “organ specialist” approach.

Work together in a team to provide quality care to the patient.

The importance of community care includes having more of hospice, volunteers, day home palliative care services so that patient is with his/her near and dear ones in last journey of life adding life to years when years cannot be added to life. As improving quality of life is the ultimate goal.

Death and dying and associated ethics are important issues.
6.3 HEALTH PROBLEMS OF THE AGED

The health problems of the aged can be discussed under four areas – physical problems, psychological problems, social problems and economical problems.

6.3.1 Physical Problems

Let us now go through the assessment check list to identify physical problems of elderly persons as given below:

<table>
<thead>
<tr>
<th>Assessment of Physical Problems</th>
<th>Effects on Elderly</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cataract</td>
<td>Blindness</td>
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<tr>
<td>Glaucoma</td>
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<td>Retinopathy</td>
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<tr>
<td>Nerve deafness</td>
<td>Deafness</td>
<td></td>
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<tr>
<td>Conductive hearing loss</td>
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<td></td>
</tr>
<tr>
<td>Fibrosis, Osteoarthritis, Rheumatoid arthritis, Myositis, Neuritis, Gout, Spondilitis of spine</td>
<td>Mobility problems</td>
<td></td>
</tr>
<tr>
<td>Dementia, Parkinsons disease, Alzheimer’s disease, Atherosclerosis, Thrombus formation, Myocardial Infarction, Hypertension</td>
<td>Slow activities</td>
<td></td>
</tr>
<tr>
<td>Chronic bronchitis, Asthma, Emphysema</td>
<td>RTI’s and pneumonias</td>
<td></td>
</tr>
<tr>
<td>Dementia</td>
<td>Syncope Heart failure</td>
<td>Stroke</td>
</tr>
<tr>
<td>Parkinsons disease</td>
<td></td>
<td></td>
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<tr>
<td>Alzheimer’s disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atherosclerosis</td>
<td></td>
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<tr>
<td>Thrombus formation</td>
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<tr>
<td>Myocardial Infarction</td>
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</tr>
<tr>
<td>Chronic bronchitis, Asthma, Emphysema</td>
<td>RTI’s and pneumonias</td>
<td></td>
</tr>
<tr>
<td>Senile wrinkles, Scaly lesions, Scaly dermatosis, Blistering diseases, Neoplastic disorders</td>
<td>Wrinkling Alopecia and baldness</td>
<td></td>
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<tr>
<td>Peptic ulcer</td>
<td>Poor absorptionand deficiency states</td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td></td>
<td>Hepatic failure</td>
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<tr>
<td>Ulcerative colitis</td>
<td></td>
<td></td>
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<tr>
<td>Carcinoma of GIT</td>
<td></td>
<td></td>
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<tr>
<td>Frequency and urgency of micturation</td>
<td>Accumulation excretion of toxins in the bodyUTI</td>
<td>Frequency</td>
</tr>
<tr>
<td>Nocturia</td>
<td></td>
<td></td>
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<tr>
<td>Dysuria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enlargement of prostate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6.3.2 Psychological Problems

Psychological problems among elderly patients includes they are less willing to talk about the problem. Hence, you must pay attention to these symptoms: anxiety, physical discomfort and inability to adapt to a new lifestyle, lack of Sleep, lack of Interest, Guilt feeling (“Are you a burden to others?”), lack of Energy, Concentration, Appetite, Psychomotor changes, Suicidality (“Do you wish you could die?”).

In depression you can observe the following symptoms and signs of depression among elderly. Cognitive Psychomotor Retardation, Psychomotor Agitation which can lead to suicide and deliberate self harm, Personality disorder, Schizophrenia, Delirium Anxiety Depression, Alzheimer’s disease etc.

6.3.3 Social Problems

The social problems include abuse, dependency, insecurity and rehabilitation.

Abuse refers to ill-treatment of an elderly person. The abuse may be of a physical nature, it may be psychological (involving emotional or verbal aggression), or it may involve financial or other material maltreatment. It is a very sensitive issue and requires a high index of suspicion.

Abuse is generally having the following categories:

- **Physical abuse**: dependency, physical, financial, functional and other dependency has a major affect on the self esteem of the old.
- Psychological abuse,
- Financial abuse,
- Sexual abuse.

**Sexual abuse**: Non-consensual sexual contact of any kind with the older person.

**Financial or material abuse**: The illegal or improper exploitation or use of funds or resources of the older person.

**Neglect**: The refusal or failure to fulfill a care giving obligation. This may or may not involve a conscious and intentional attempt to inflict physical or emotional distress on the older person.

**Insecurity**: Insecurity of being abandoned by their children.

**Rehabilitation**: This is one of the main problem of old age.

6.3.4 Economical Problems

Total economical dependence on children for their daily needs and no or inadequate source of income. Financial abuse which leads to illegal or improper exploitation or use of funds or resources of the older person.

6.4 HISTORY AND PHYSICAL EXAMINATION

History taking and physical examination are important aspects before planning care for the elderly.
6.4.1 Preparation and History Taking

- Wash your hands to prepare for the history taking and physical examination.
- Go through the records before seeing the patient.
- Think about the timing i.e how much time will be taken for history taking and examination.
- Use both non-verbal as well as verbal communication.
- Take care of your manners, physical position with regards to the patient’s, and your body language as this contribute to the outcome.
- Be relaxed and smile to radiate confidence.
- Apologise to the patient if there is a long waiting period.
- Avoid writing whilst the patient is talking to you. If required to note down, let the client know the purpose of recording the findings/history.
- Be careful while extracting information Clients may be anxious and may manifest in many ways: the quiet patient, the apparently over-confident patient, the angry patient, and the returning patient.
- Stay focused during the interview for recording history.
- Record past history of illness.
- Note if person is on any medication in the present.
- Family history is important as many conditions do have a genetic component, including coronary heart disease (CHD), diabetes, atopic eczema, autoimmune disease, glaucoma and some cancers.
- It is important to know the social history as to who takes care of them.
- Occupation may be very relevant to the aetiology of the disease and its management. It also indicates the person’s level of education and hence ability to comprehend certain issues.

6.4.2 Assessment of the Elderly

Aims of assessment of the elderly includes:
- Providing quality care up to the maximum satisfaction of the user
- Maintaining the elderly active
- Cost effective use of services

Protocol for each system should be followed. Competence in assessment or general examination is key to elicit all information. Refer Unit 3 of this Block for further details to identify the problems of the elderly. Use an appropriate assessment form covering examination of the following areas given below:
- cardiovascular system, including auscultation of the heart.
- respiratory system.
- abdomen.
- hernia and lumps in the groin and scrotum.
- lumps.
• Neurological history and examination.
• Tender, hot swollen joints.
• Gynaecological history and examination.
• Breast lumps and breast examination.
• Peripheral pulses.
• ENT and Eye examination.
• Mental state examination

6.4.3 Investigations

The objective of the investigations is to improve the quality of life. Under or over investigations to be avoided. The health team should be aware of the age related variables while interpreting the results.

Usually Non-invasive tests are preferred than invasive. Investigations are done to exclude or confirm a diagnosis, reassure the patient and satisfy the priorities and local protocols of the hospital/health care facility to whom you may refer the patient.

6.5 DOMAINS OF PALLIATIVE CARE IN ELDERLY

Let us now go through the major domains for taking care of the elderly such as:

Physical domain includes pain and symptom management, comfort, psychological and social problems which includes communication, clear information and a coherent package of care. Keeping these domains to care can help the elderly to lead a quality and meaningful life.

6.5.1 Symptom Management

You have to deals with problems such as bladder and bowel control, sight and hearing difficulties and dizziness all increases with age, limited activity, fatigue, physical discomfort, pain, dyspnea, constipation, nausea are the most commonly reported symptoms by the elderly people. The general management of the most common symptoms in older adults is discussed as given below:

Pain management

Pain is a common problem for older adults which lead to:

• depression,
• decreased socialisation,
• insomnia,
• gait instability, and
• loss of functional capacity.

**Remember:**

In non-cancer conditions, it has been increasingly shown that the judicious use of opioids for pain can be safe and effective.

Similar to cancer pain the WHO analgesic ladder can be followed (Table ). It provides general framework for choosing and approach to pain management in chronic illness.
**Table 6.1: Pain Management as per WHO analgesic Ladder**

<table>
<thead>
<tr>
<th>Degree of Pain</th>
<th>Medication</th>
<th>Precaution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild pain</td>
<td>Acetaminophen, non-steroidal anti-inflammatory medications, less commonly aspirin and tramadol</td>
<td>Should not be given on an empty stomach because it can lead to gastritis. Should ask for history of gastritis/ peptic ulcer in which case these should be avoided. Avoid overdose to prevent end organ damage.</td>
</tr>
<tr>
<td>Severe pain</td>
<td>Opioids such as morphine, hydromorphone, fentanyl, and oxycondone.</td>
<td>Opioids have no ceiling dose. Dosing is guided by past exposure to opioid medications and systemic dose escalation is done based on pain.</td>
</tr>
</tbody>
</table>

The starting point of mild pain is acetaminophen, non-steroidal anti-inflammatory medications, and less commonly aspirin and tramadol are recommended. Medications in both of these categories have ceiling doses based on maximum daily doses to prevent possible end-organ damage.

**Non-pharmacologic treatments**

For mild, moderate, and severe pain categories, consideration of non-pharmacologic treatments like
- massage,
- aromatherapy,
- music therapy, and
- adjuvant medications like anticonvulsants, antidepressants, and steroids, and interventional procedures, if indicated, is recommended. Hot and cold fermentation for joint pain have also proven to be beneficial in elderly people.

**Assessment and care for Dyspnea**

Dyspnea is a subjective discomfort while breathing. It can vary from mild to severe with activity. It can be commonly assessed by history of shortness of breadth, trouble catching ones’ breath and chest tightness. Ask for if breathing exacerbated by fear, anxiety and depression. The underlying cause of dyspnea should be treated. Hence, take thorough history of the patient.

**Treatment and care for Dyspnea**

Oxygen, opioids and anxiolytics are the main components of dyspnea management. Oxygen should be used therapeutically when patients exhibit hypoxemia with appropriate titration. In patients without hypoxemia, oxygen can also be used for symptomatic relief. Airflow from directed fans and from open windows across the face is thought to be quite helpful for some patients.

Anxiolytic medications should also be considered in the management of dyspnea, particularly short-acting benzodiazepines like lorazepam and alprazolam. Given the potential side effects of sedation and confusion, especially in geriatric patients, these medications should also be used with caution. In the case of refractory dyspnea or in
patients with significant components of anxiety, however, titration of initial low-dose short-acting benzodiazepines may be appropriate.

Elevating the head end side of the bed at 30 to 45 degree may be helpful in relieving the symptoms in elderly people.

**Assessment and care in Constipation**

Constipation is common in advanced illness and its prevalence increases with age. Assessment includes asking for factors leads to constipation in elderly people such as:

- being immobile or remaining in bed due to various causes,
- side effect of certain medications,
- lack of appetite,
- not eating high fiber foods,
- poor fluid intake,
- overall weakness,
- difficulty in ingesting the food,
- tumors or masses blocking the intestines,
- haemorrhoids that cause pain when having a bowel movement, and
- difficulty reaching a toilet or commode.

Constipation can cause nausea, vomiting, pain, and a general feeling of not being well.

**Treatment and Care**

It is very important to prevent it and if it occurs to relieve it effectively at the earliest. Screening and assessment of bowel function should be made a routine part of all the elderly patients. All patients on opioids need to receive a prophylactic bowel regimen of stool softener and stimulant laxative. The other preventive measures for constipation include

- increased fiber in the diet,
- increased fluid intake,
- making toileting easily accessible either by the patient or by quick response by the caregiver and encouraging the patient to be as active as is possible,
- sometimes, the patient may be given suppositories or enemas to try to stimulate the bowels.

**Nausea**

Nausea and vomiting are commonly caused by multiple factors like the disease process with which the elderly may be suffering from or the side effects of various therapies. So, it is important to assess the likely cause before treating it.

**Assessment and care for Fatigue**

Fatigue hits everyone at some time or another. During assessment, ask for causes such as

- stress,
- lack of sleep,
Skills for Management of Common Conditions and Emergencies

- poor diet, or
- too much work.
- In addition to the above causes, patients receiving palliative care may have fatigue from the illness itself or the side effects of the treatment can also lead to fatigue.

Fatigue can affect a patient both physically and psychologically. Physically, someone who is fatigued may not have the energy to physically participate in his or her own care such as eating or drinking by self. Sometimes, the patients with fatigue may avoid spending time with family and friends, and can easily become depressed. Someone who is fatigued may have a very hard time sleeping which further increases tiredness.

If someone isn’t getting a good, proper rest, this could be helped by prescribing sleep aids, encouraging good sleep habits, adjusting medications during the day that don’t result in excessive napping, and minimising the number of disturbances to the patient throughout the night.

6.5.2 Communication

Communication between health care professionals and patients is a cornerstone of palliative care. Communication is an ongoing process for patients who have chronic and acute illnesses. Effective communication between health care provider and patients is associated with range of health outcomes including improvement in psychosocial health, general symptoms and better control of pain. The ability of the health care professionals to communicate effectively with families, and involve them in decision making, consistently emerges as an important contributor to their satisfaction with care.

Ideally, discussions concerning wishes and goals should start early, by a primary provider, and before patients are too ill or impaired to make decisions. As illness advances, discussions can focus on broad goals; treatment objectives should stay consistent with these goals by weighing the burden and benefit of each intervention.

6.5.3 Physical Exercise

Usually people who are very old will probably not be moving around very much. So, sometimes, the simple acts of getting up in a chair to sit by a window, having a shower, or being brought outside can provide enough exercise to stimulate a good refreshing rest. As per the capability of the individual, he/she should be motivated to do the active range of motion exercises.

6.5.4 Nutrition

The aged people usually have poor appetite. Sometimes because of certain disease process, s/he may have no appetite or may want to eat but may have lost the sense of taste. A lack of taste reduces the enjoyment that someone gets from eating or drinking favourite foods. Ill-fitting artificial denture could be another problem.

The elderly people should be encouraged to eat. Offer the food keeping in mind their likings and disliking. Serve the food in small amounts but frequently and in an attractive manner. Give enough time for them to finish the food. There should not be any hurry-burry. The consistency of food may be changed as per the need. The elderly should be encouraged to have their food in the dining room along with other family members. The drugs leading to side effects must be reviewed. Some appetisers may be added. Refer theory Course 1, BNS-41, Block 2, Unit 3 for more details.
6.5.5 Depression

Many people who are depressed find themselves feeling very fatigued. It is not unusual for someone with depression to sleep for whole of the day. The feeling of exhaustion is very physical although the cause may be psychological. Loneliness might be the major cause of depression amongst elderly. Try to find out the reason for depression. Some of these people do well with anti-depressants and/or with counselling.

6.5.6 Anxiety

Anxiety can be a tiring state. Someone who is anxious is often in a heightened state, waiting for something bad to happen or fretting over what has happened. As with depression, some of the elderly people do well with anti-anxiety medications and/or with counselling.

6.5.7 Psychosocial and Spiritual Realms

Addressing the psychosocial and spiritual needs of elderly patients and their families is a core component of palliative care. Patients may experience suffering that is not physical. Non-physical suffering can take a toll. For some patients, concerns like guilt, hopelessness, fear and loss may lead to significant distress, even contributing to worsened physical symptoms (i.e. pain and anxiety). Loved ones may manifest similar distress. Supporting families and care givers with tolerant listening and appreciation by the organised service providers is also crucial to help them fight the depression and anxiety associated with an ailing dear one.

6.5.8 Grief and Bereavement

When you are involved in taking care of dying person, you must identify those bereaved persons at high risk for complicated grief and those who need treatment. More over these persons can be given psychological support by sympathetic and respectful attitude from family members, friends and neighbours.

6.6 Barriers to Palliative Care for the Elderly

It is also very important to know the barriers so that you take measures before hand and help the elderly in providing quality care.

Certain barriers to palliative care for elderly exist. We need to overcome these in order to provide quality care to the elderly.

- A lack of awareness and knowledge of the scale of problem of the elderly.
- A lack of health policies for palliative care, both for older people and for the diseases they commonly suffer from.
- Faulty assumptions about the needs of older people and their desire or ability to cope without special forms of help.
- Failure to implement simple proven effective measures.
- The complexity of linking care packages across different settings and between health and social support and care.
- A lack of resources and outdated pattern of care and health systems of delivery.
6.7 PREVENTIVE HEALTH CARE OF THE ELDERLY

The role of prevention in geriatrics is to delay the onset of age-related de-compensatory problems of body functions. It includes- Primary prevention, Secondary prevention, and Tertiary prevention.

Primary prevention

Keeping in mind the demographic profile, the following areas need attention.

Calcium and Vitamin-D supplementation, Osteoporosis prevention, Tetanus, Pneumococcal, Influenza Immunisation, Easy and safe access to water. Low level switches, Railing/holding bars in bathrooms, Flat shoes, Bright lighting, Keep the floor dry, Removal of obstacles, Burns accidents and falls should be prevented adequate sleep, and exercise.

Secondary prevention – Screening for early detection and treatment is an important step in secondary prevention of disease and disability. Screening helps in early detection of modifiable risk factors and their adequate management. Areas are eyes/ears, nutritional deficiency states, infections, cancers, drug adverse effects, dental problems, hyper/hypotension, diabetes mellitus.

Tertiary prevention: Rehabilitation team includes; a physician, a physiotherapist, an occupational therapist, a speech and language therapist, a psychiatrist, a dietitian, a nurse and a social worker. Rehabilitation is a problem solving process focused on the patients functional abilities. It deals with rehabilitation and caregiver support.

Interventions in rehabilitation include soft interventions like listening, encouragement, counselling, Education, advice, speech and language therapist, and Hard interventions are aids and adaptation, occupational therapy, physiotherapy and drugs.

Other areas that aid in preventive rehabilitation include Counselling by the caregiver, hospitalisation in case of chronic illness, Organisation of “day care centers”, Physicians support, Social attitude and Supporting the caregiver.

Let us summarise the aspects for prevention as given below:

Primordial prevention

Pre geriatric care

Primary prevention

Health education

Exercise

Secondary prevention

Annual medical check-up

Early detection (Universal approach, Selective approach)

Treatment
Tertiary prevention

Counselling and Rehabilitation

Welfare activities (Sanjay Niradhar Yojana, Vridhashrama etc.)

Chiropody services to improve quality of life of elderly.

Cultural programme

Old age club

Meals-on wheel service

Home help

Old age home

6.8 WELFARE SCHEMES AND SERVICES BY THE GOVERNMENT

The welfare schemes and services that have been provided for the elderly group are listed below:

<table>
<thead>
<tr>
<th>Section</th>
<th>Content/Text</th>
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<tbody>
<tr>
<td>Section 125(1) (d)</td>
<td>If any person having sufficient means neglects or refuses to maintain his father or mother, unable to maintain himself or herself, a Magistrate of the first class may, upon proof of such neglect or refusal, order such person to make a monthly allowance for the maintenance of his wife or such child, father or mother, at such monthly rate not exceeding five hundred rupees in the whole, as such Magistrate thinks fit, and to pay the same to such person as the Magistrate may from time to time direct. Laws in India to protect the old people</td>
</tr>
<tr>
<td>Section 125(3)</td>
<td>If any person so ordered fails without sufficient cause to comply with the order, any such Magistrate may, for every breach of the order, issue a warrant for levying the amount due in the manner provided for levying fines, and may sentence such person, for the whole or any part of each month’s allowance remaining unpaid after the execution of the warrant, to imprisonment for a term which may extend to one month or until payment if sooner made</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name of the Ministry/Dept</th>
<th>Name of the Facilities/Benefits given to Senior Citizen</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ministry of Social Justice</td>
<td>Ministry of Social &amp; Empowerment Justice &amp; Empowerment announced the National Policy on Older Persons which seeks to assure older persons that their concerns are national concerns. The Ministry is also implementing following schemes for the benefit</td>
</tr>
<tr>
<td>Sl. No</td>
<td>Ministry/Dept</td>
<td>Name of the Facilities/Benefits given to Senior Citizen</td>
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<tr>
<td>1</td>
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<td>of Senior Citizens: a) The Scheme of Assistance to Panchayati Raj Institutions/Voluntary Organisations Self Help Groups for Construction of Old Age Homes/multi-service centres for older persons. Under this Scheme, one time construction grant for old age homes/multi-service centre is provided. b) An Integrated Programme for Older Persons has been formulated by revising the earlier scheme of “Assistance to Voluntary Organisations for Programmes relating to the Welfare of the Aged”. Under this Scheme, financial assistance up to 90% of the project cost is provided to NGOs for establishing and maintaining old age homes, day care centers, mobile medicare units and to provide non-institutional services to older persons.</td>
</tr>
<tr>
<td>2</td>
<td>Ministry of Rural Development</td>
<td>Under the National Old Age Pension Scheme, Central Assistance of Rs. 75/- p.m. is granted to destitute older persons above 65 years. This Scheme has been transferred to the State Plan w.e.f. 2002-03. 2. Under the Annapurna Scheme, free food grains (wheat or rice) up to 10 kg per month are provided to destitute older persons 65 years or above.</td>
</tr>
<tr>
<td>3</td>
<td>Ministry of Social Justice &amp; Empowerment</td>
<td>Ministry of Social Justice &amp; Empowerment is the nodal Ministry responsible for welfare of the Senior Citizens. It has announced the National Policy on Older Persons covering all concerns pertaining to the welfare of older persons. The National Policy on Older Persons recognises a person aged 60 years and above as a senior citizen.</td>
</tr>
<tr>
<td>4</td>
<td>Ministry of Finance</td>
<td>Income tax rebate upto an income of Rs. 1.85 lakh p.a. Higher rates of interest on saving schemes of senior citizens. A Senior Citizens Savings Scheme offering an interest rate is 9% per annum on the deposits made by the senior citizens in post offices has been introduced by the Government through Post Offices in India doing savings bank work</td>
</tr>
<tr>
<td>5</td>
<td>Ministry of Road Transport</td>
<td>i) Reservation of two seats for and Highways senior citizens in front row of the buses of the State Road Transport Undertakings. ii) Some State Governments are giving fare concession to senior citizens in the State Road Transport Undertaking buses and are introducing Bus Models, which are convenient to the elderly</td>
</tr>
<tr>
<td>6</td>
<td>Ministry of Health &amp; Family Welfare</td>
<td>Separate queues for older persons in hospitals for registration and clinical examination.</td>
</tr>
<tr>
<td>Sl. No</td>
<td>Name of the Ministry/Dept</td>
<td>Name of the Facilities/Benefits given to Senior Citizen</td>
</tr>
<tr>
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</tr>
<tr>
<td>7</td>
<td>Department of Telecommunications</td>
<td>i) Faults/complaints of senior citizens are given priority by registering them under senior citizens category with VIP flag, which is a priority category. ii) Senior citizens are allowed to register telephone connection under N-OYT Special Category, which is a priority category.</td>
</tr>
<tr>
<td>8</td>
<td>Ministry of Railways</td>
<td>a) Indian Railways provide 30% fare concession in all Mail senior citizens aged 60 years and above. b) Indian Railways also have the facility of separate counters for Senior Citizens for tickets. c) Ramps for wheelchair movement are available at the entry to important stations. d) Specially designed coaches with provisions of space for wheelchairs, handrail and specially designed toilet for handicapped persons have been introduced.</td>
</tr>
<tr>
<td>9</td>
<td>Ministry of Civil Aviation</td>
<td>1. Indian Airlines is providing 50 per cent Senior Citizen Discount on Normal Economy Class fare for all domestic flights to Indian senior citizens who have completed the age of 65 years in the case of male senior citizens and 63 years in the case of female senior. 2. Air is offering discount to senior citizens of 60 plus on flights.</td>
</tr>
<tr>
<td>10</td>
<td>Ministry of Consumer Affairs</td>
<td>i) Under the Antyodaya Scheme, Food and Public Distribution families which also include older Distribution persons are provided food grains at the rate of 35 kgs. per family per month. The food grains are issued @ Rs.3/- per kg. for rice and Rs.2/- per kg. for wheat. (ii) Under the Annapoorna Scheme being implemented by the States/UT Administration, 10 kgs. of food grains per beneficiary per month.</td>
</tr>
<tr>
<td>11</td>
<td>MCD (municipal cooperation department)</td>
<td>(i) MCD, has opened a separate of India) counter to facilitate the senior citizens for submission of property tax bills. (ii) A rebate of 30% of the property tax due on the covered space of a building up to one hundred sq. mtrs. of the covered space has been allowed by the corporation in the case of any self-occupied residential building singly owned by a man who is 65 years or more in age.</td>
</tr>
<tr>
<td>12</td>
<td>Miscellaneous</td>
<td>(i) Courts in the country accord priority to cases involving older persons and ensures their expeditious disposal. (ii) Under the Old Age Pension Scheme, monthly pension is given at variable rates to the destitute old by various State Governments/UT Administrations.</td>
</tr>
</tbody>
</table>
HELPAGE INDIA

Helpage India supports the following programmes to make life easier for older people:
1) Free cataract operation
2) Mobile Medicare units
3) Income generation and micro-credits
4) Old age home and day care centers
5) Adopt a grant parents
6) Disaster mitigation

6.9 LET US SUM UP

In this unit we have discussed concept of palliative care and domains of care for elderly persons.

Many older people live in well good health into their old age, but there remains a significant number for whom growing old includes the development of complex physical and social needs, requiring both health and social care. However, this is also a fact that the older people face prolonged courses of chronic diseases and gradual decline. Palliative care focuses more on the quality of life of patients and relatives than on prolonging life. Thus, as a health care professionals you need to be expert in the domains of palliative care so that these patients and their families can receive the best quality of care while they are still living full lives and later as they approach the end of life. At the end of the unit we discussed certain barriers which you may overcome so that you are able to provide adequate care to the elderly person in need.

6.10 ACTIVITY

1) Prepare an assessment form for elderly patients who attend the clinic based on the guidelines of assessment.
2) Assess 10 male and 10 female elderly patients.
3) Prepare a health education programme for the elderly group in the community emphasising on preventive aspects and welfare activities and schemes provided by the Government.

6.11 REFERENCES