

# Presidential Oration

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Planet Earth had never had so many elderly in human history. The increased longevity is a triumph of science and civilization. The phenomenon of graying population is global, while Japan currently has 26% of population over 65 years, USA is projected to have 20% of population over 65 years by 2030, India is projected to have 145 million elderly (60 years and above) by 2025 (12% of population).

At present longevity is a mixed blessing both for person and society. Longer life means greater morbidity and socioeconomic problems. NSSO data (1995) suggests almost 50% elderly being ill and 2/3<sup>rd</sup> having more than one illness. The ageing is characterised by physiological decline, disuse which alters clinical presentation and management of diseases. Elderly health problems are highly complex and requires special skills for management and hence the need for Geriatric medicine subspeciality.

Enhancement of life is not to be synonymous with prolonged suffering and Geriatric health issues need to be addressed at national level. Geriatric health care comprises of prevention of diseases and promotion of health ( Preventive Geriatrics ), management of various diseases and disorders, rehabilitation, long term care, palliative care and terminal care.

There is no national immunization schedule for elderly, no national screening programme for diabetes, hypertension, dyslipidemia, various cancers nor there is planning for formulating these programmes.

For the care of ill elderly, Govt. of India proposes to reserve a ward in each Govt. district hospital, but there is no planning to train manpower to treat elderly. In India there is only one Deptt. of Geriatric Medicine training postgraduates. There is distant learning programme (PGDGM) by IGNOU which is not recognized by MCI and is grossly inadequate to fill the great vacuum. As advocated by MCI in 1999 (year of Elderly) there is an urgent need to establish a Deptt. Of Geriatric Medicine in each Medical College in the country and to begin postgraduation programme (MD) in Geriatric Medicine earnestly. Besides these we need

large scale training and continuing medical education programme to reorient practicing physicians in Geriatric Medicine, to deliver better health care to elderly.

We also need to train manpower in Geriatric rehabilitation and physiotherapy and other aspects of health care. We need research and studies to understand our geriatric health problems, epidemiology, management issues, diet, screening and immunization schedules required for our elderly.

But unfortunately, except a few personal efforts, no comprehensive national plan is underway for Geriatric health care. I feel, this is time to begin earnestly in this direction with a multiprong approach, otherwise we would have added years to life but not life to the years of our elderly.

Looking forward to meet you.