

A Stepping Stone

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About 2500 years back, the sight of old age led a prince to renounce all pleasures and powers of royalty in search of the ultimate truth. Our perception of old age has not changed much even today. There are two views to the status of older people in the modern day world. From a developmental and socioeconomic point of view, being old often means to be ill, nonproductive, poor, weak, demented, unattractive, dependent and abused. On the other hand, there are also people who age gracefully, with financial security, good health and a vibrant social network for emotional security. One often meets such people and aspires to have a similar destination of the life process as well.

The concept of “usual ageing”, which at individual level, denotes the degeneration of the physical structure and functions of organs, disease and disability along with lack of financial and emotional security. Consequently, we abhor “usual ageing” with apprehension and trepidation. We all aspire to “age successfully” with minimal physical disability, a few age associated diseases, with our mental faculties intact, rid of degenerative diseases and pain, connected with our surroundings, caring while receiving care, with no fear of death, contributing the family, community and society, and a brief terminal event to extinguish the flame of life.

This state of health in old age depends on one’s genetic endowment, the surrounding environment and the kind of lifestyle that one has lived during childhood and adulthood. The question is, can one alter one’s susceptibility to disease and disability with the help of interventions? Though not much evidence is available to support this hypothesis, many of the health problems of old age are known to result from an unhealthy lifestyle and are therefore potentially preventable with a life course approach. Long-term studies in developed societies have indicated that avoidance of smoking, not adopting a sedentary lifestyle and freedom from obesity can go a long way in preventing ill-health and inducing prosperity in the later years of life. In poor resource settings such as India, where most people slog throughout their lifetime for a mere day-to-day existence, exhaustion and malnutrition prove to be more powerful

determinants of poor health. How do we make the sunset years of life something to look forward to at both the individual and societal levels? Is the provision of emotional and physical well-being in the last stages of life an individual or collective responsibility?

Why are we talking about old age and older people so much these days? It is not for nothing that the world has taken notice of the growing phenomenon of population ageing. Social structures in most countries across the globe are changing drastically. Families and communities now comprise of many generations living together. There is a global concern whether this multigenerational existence will be harmonious. Two decades ago, the world community realized that the changing structure of society might lead to a conflict of interests in terms of allocation of resources and maintenance of societal structure. The United Nations has, time and again, highlighted issues affecting the lives of older people and has held two general assemblies, in 1982 and 2002, to guide Member States to focus their attention on measures for the welfare of older people. At the national level, at the instance of institutions of civil society, the Government of India adopted a National Policy on Older Persons in 1999. Though the implementation of the policy has been slow and tardy, it nonetheless provides an opportunity and a framework for the initiation of a debate on issues concerning older persons as well as for the formulation of guidelines for preparing programs that will provide relief to older people.

There is a need for an affirmative action to ensure the basic needs for a comfortable existence in old age, i.e. shelter, financial security, health care and social support. Is it all the responsibility of the state? What role the institutions of the civil society will play in these affirmative actions? What should physicians individually and collectively do to improve the quality of life of older people? Do physicians show enough concern towards their older patients while providing care? Do they strive hard to enhance their skills in dealing with older patients? Each of us needs to address these questions.

Why is geriatric medicine not considered a glamorous subspecialty of medicine? Is it because caring for older patients does not make economic sense? From a World Bank/ IMF point of view the answer is yes; as they are in no situation to return the investments. We believe that caring for older people

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in an organized manner can be a big economic opportunity for employment generation, providing market for the health industry and pharmaceutical industry. Currently older patients are a major utilizer of health services though their participation remains invisible. The demand for services will rise substantially in future with increase in number of older people in 70+ and 80+ segment. Thus geriatric medicine will be the subspeciality of the future. A country known as a major global power in pharmaceutical and health industry, India needs to show directions to other developing nations and developed nations in building health systems for older population. Health professionals individually and collectively have a great role to play in developing such a system which is affordable, culturally acceptable and effective. Professional associations such as the Indian Academy of Geriatrics will have role to play in this direction. The Journal of the Academy will be the voice of health professionals caring for older people. The authors look forward to a situation in near future when, the Journal from its humble beginning today emerge as a major

academic forum for defining therapeutic guidelines for diseases and syndromes of old age, for providing evidence base for scientific management strategies and for guiding health and pharmaceutical industry as well as the government in developing models of care of older people. We are acutely aware that managing a scientific journal is a tough task. The effort of the Indian Academy of Geriatrics needs to be considered as necessity for development of Geriatric Medicine in India. The editors look forward to quality contributions from authors at regular interval and indexing of the journal as soon as possible.

The ultimate goal of research and development is to prolong human life and make it pleasurable. Once that is achieved, longevity poses its own challenges that need innovative interventions never conceived before. The only alternative to ageing is dying, and nobody wants to die young.

Let us celebrate old age and the birth of Journal of the Indian Academy of Geriatrics.