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GERIATRIC HEALTH CARE ISSUES IN INDIA- DETERMINANTS, CHALLENGES AND JUDICIAL INTERVENTION

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Abstract:

The elderly population is increasing exponentially in our country and thus changing the demography. Maintenance by their offspring or relatives, pension, healthcare, economic insecurity & reemployment are some of the issues that the senior citizens face today. Unavailability of geriatric services, especially in primary and secondary levels of treatment is a taking a heavy toll on the health of the poor rural elderly. The insensitivity and callousness attitude of the government in reaching out to the healthcare needs of the aged population has drawn the ire of the Courts. The paper suggests that realistic and practical healthcare insurance schemes by both public and private insurers will help the elderly to tide over their financial pains in the treatment cost. The paper also envisages that a comprehensive care that includes physical, psychological, financial and social aspects will enable the elders not to be left behind in the progress of the nation.

Key words: elderly, geriatrics, healthcare, insurance.

Introduction:

Aging is a continuous or ongoing biological process. Reduced biological functions, more vulnerability to ailments and death, declining natural healing process and reproductive capacity are some of the features of normal aging. In India, the people who are aged 60 and above are called senior citizens¹. Elderly population in India is poised to increase to 11.1% in the year 2025. Though it may seem trivial, but is large in absolute numbers. It is expected to exceed the population of children of below 14 years in the year 2050, for the first time. The senior citizens face multifarious issues related to their health, familial, societal, legal and financial problems. Coupled with physical ailments, the elderly suffer from psychological disorders like depression, mental anxiety and cognitive impairment. The treatment expenses for the various illnesses that the elders are prone to are prohibitively high and calls for good fortune, causing huge financial burden on the family, as a result of which the children tend to abandon or neglect the parents. They start to consider the parents as an albatross around their neck. In spite of many policies and projects that were launched by the successive governments, the economic plight and healthcare issues of the elderly remain a serious concern to the society and the nation. There are many bottlenecks in reaping the benefits of many of the healthcare schemes and programs.

International Perspective and Ageing:

Universal Declaration of Human Rights which was adopted in 1948 by the United Nations enunciated that all the people, which includes mentally ill, have equal rights and dignity. International Covenant on Economic, Social and Cultural Rights, in its art. 12², asserts the right of all to the highest standard of physical as well as mental health. Several international covenants and regional human right declarations such as , art. 5 (e)(iv)³ of International Convention on Elimination of All Forms of Racial Discrimination in the year 1965, European

¹ Maintenance and Welfare of Parents and Senior Citizens Act, 2007 (Act 56 of 2007), s. 2(h).

² The International Covenant on Economic, Social and Cultural Rights art. 12 states:

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

³ The International Convention on Elimination of All Forms of Racial Discrimination art. 5 states that:

In compliance with the fundamental obligations laid down in article 2 of this Convention, States Parties undertake to prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law, notably in the enjoyment of the following rights:

(e) Economic, social and cultural rights, in particular:

(iv) The right to public health, medical care, social security and social services.

Social Charter in the year 1996, African Charter on Human and People's of Rights in the year 1981, Additional Protocol to the American Convention on Human Rights in the year 1988, arts. 11.1 (f)⁴ and 12⁵ of the Convention on the Elimination of All Forms of Discrimination against Women of 1979, and art. 24⁶ of the Convention on the Rights of the Child of 1989 etc. have acknowledged the existence of the fundamental right to health to everyone. Committee on Economic, Social and Cultural Rights has affirmed that the health rights include freedom, entitlements and the right to control one's health. In tune with the above covenants and conventions, India has right to health as one of its fundamental rights.

India has one of the most dynamic and organic constitutions, the document of governance, guarantying the fundamental rights of its citizens. The preamble of the constitution emphasizes social justice to the entire population which comprises public welfare, order, health and convenience. The right to life and liberty of a person which comes under the purview of art. 21 is the most cherished and widely interpreted among all the rights enshrined in the constitution. The right to life does not mean to lead an animal life, but to live with dignity and safely. The doctrine of right to life under the said art. 21 has been amplified in its ambit to cover right to work for subsistence and to lead a dignified safe life. One of the most important facets of right to life is the right to health. These entitlements enable a person to have access to the best feasible healthcare. It is duty of the government to come up with facilities to provide decent medical care to its citizens and residents. The criteria for a good healthcare system is that it should be efficient, patient oriented, efficacious, cost effective, unbiased, easily available, prompt, prudent and safe.

⁴ The Convention on the Elimination of All Forms of Discrimination against Women, 1979 art. 11 states that:

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of women and men, the same rights, in particular (f) The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction.

⁵ The Convention on the Elimination of All Forms of Discrimination against Women, 1979 art. 12 states that:

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.

2. Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

⁶ The Convention on the Rights of the Child, 1989 art. 24 states that:

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

Geriatric Health care issues in India

Normally, the senior citizens are prone to suffer from both communicable and non-communicable diseases and also from chronic maladies necessitating prolonged medication, even till the end of their life. Dwindling immune capacity increases the chances of contracting communicable diseases like Tuberculosis. There has been a shift in the disease pattern. Earlier, the communicable diseases used to be major cause of worry on the health front of elderly. However, these have been replaced by non-communicable chronic diseases and have proved to be very expensive and out of reach of ordinary man on the street, particularly elderly. As per a survey, about 8% of senior citizens were confined to their homes or bed⁷. It has been found that the elderly more prone and suffer from chronic illness rather than acute illness. They suffer from chronic maladies such as pulmonary diseases including bronchitis, asthma, pulmonary fibrosis, pneumonia, and lung cancer, urological maladies, diabetes, gastrointestinal infections, hypertension, ocular maladies, hearing impairments, rheumatism, accidents, skin diseases and dental impairments, depression, incontinence, to name a few. Due to varied socio economic conditions, on which morbidity is dependent to certain extent, across the width and breadth of the country, the nature of the maladies of the aged in different regions are not uniform. This makes it difficult for the government to formulate a uniform plan to address the healthcare needs of the senior citizens. Presence of co-morbidities further complicates the treatment process and it requires an across the board and collaborative treatment procedure.

It is not uncommon to find that the elderly suffer from more than a single disease. This takes a heavy toll on the health care system of the country. It also causes huge economic burden on the families. It is sad to note that the poor elderly do not have access to proper aid and care. If they are able to get an access to it, the costs are prohibitive and beyond their means. In spite of increased financial independence and changes in familial structure, the familial care decides the access to health care of the elderly. The joint family system which was the bedrock of the support to the elders is disintegrating and this is causing an impediment in accessing health care. It is seen that poor and indigent elderly are more likely to live alone or in old age homes compared to that of their wealthy peers. This lack of care from children is offset, to certain extent, by the community help for accessing health care. However, the issues and regular health care requirements of these neglected elders largely remain invisible to people who offer support

⁷ Ramesh Verma and Pardeep Khanna, "National Program of Health-Care for the Elderly in India: A Hope for Healthy Ageing" International Journal of Preventive Medicine (2013) last visited on June 16, 2022.

during a health crisis. It is the quality of care rather than the quantity of it has a bearing on the health of elderly. It is sad to note that the elderly poor have to surmount two issues viz. access and affordability, while seeking health care.

Accessibility: One of the most important obstacles in accessing health care is the diminished mobility due to weakness or ill health. This curtailed mobility aggravates the already existing health issues and this becomes a vicious circle repeating itself ad infinitum. According to a data, 28.3% of the elderly in rural areas, while the figures are 36.8% in urban areas, are estimated to suffer from ailment⁸. This does not be construed that rural elderly are healthier. Since geriatric services are concentrated in urban areas, health seeking is more compared to rural areas. Even in those places, where geriatric services are at hand, it has been found that there exists a lack of awareness among the people on the availability of such welfare services. Added to this, around 9.5% of rural elderly does not have access to regular medicines and it is 4.2% in the case of their urban counterpart, as per a survey report⁹. This is almost twice to that of lack of access to food and clothing.

Affordability: The comparatively unreliable, inept and ineffectual public healthcare system is the genesis of a strong, unmonitored, but efficient private health care system in India which accounted for around 83% of the total medical expenses during the past decade. However, the latter is expensive, rendering the poor elderly not able to afford. Accessing the service of private sector leads the already poor elderly into utter penury. Thus they are caught between Scylla and Charybdis. Hence the informal workforce face the conundrum of trying to remain healthy as well as continue to be employed for a longer years. Even for those persons with a pension, the spiralling inflation provides a meagre leeway to spend on healthcare. For those with neither a pension or government social welfare measures, their assets or whatever little nest eggs that they have built over the years will be the only sources of insurance for healthcare. The insurance policies cover a few numbers of diseases and maladies and are also limited by low coverage conditions. The insurance sector blackballs the elders on varied reasons of age limit or pre existing morbid conditions. It is an irony that the companies shut out the people, who needs insurance most, from its purview. More over the insurance cover does not include medicines, but covers inpatient hospital expenses only. Even those elderly who just manage

⁸ National Sample Survey 52nd Round Report, "The Aged in India: A Socio-economic Profile, 1995- 96" (Ministry of Statistics and Programme Implementation, 1996).

⁹ DR. S. Irudaya Rajan, "Population Ageing and Health in India" Centre for Enquiry into Health and Allied Themes, Mumbai, 18 (2006).

to purchase an insurance cover left stranded because of the crippling and unbearable medicine and outpatient treatment expenses.

Executive, Legislative & Judicial Intervention on Geriatric Health care: Welfare measures for Elderly:

The National policy on Older Persons was set in motion in the year 1999 to assure monetary and food security, shelter and medical care along with other necessary wants of the senior citizens. Equitable share in development of the society and the nation, safe guarding from abuse, neglect and exploitation, social security, intergenerational dependence, manpower training, ensuring the availability of quality services are some of the objectives of this policy. The urgency of reforms in national health policy was contemplated by the Planning Commission and it formed a high level expert group, in the year 2010, to formulate necessary changes in purchase of medicines, stipulate norms for human resources (that comprise doctors, nurses, support staffs), role of the community and financing of health care system. It was recommended to employ more trained staff at the sub-health centre level and community workers in village and low-income urban areas. The importance of placing the non-communicable diseases under control was stressed. It was emphasised that the social and physical impediments to access healthcare should be obliterated in conjunction with the village (and urban) health and sanitation committees. It stressed the utmost importance of strengthening the primary health centres, the first port of call for poor elderly. The introduction of national health card was suggested so as to promote cashless services at all points of service. The recommendations prioritized early detection of diseases, promotion of healthy living, and regular testing for the aged to avoid institutionalization. The Ministry of Social Justice and Empowerment has launched The Integrated Programme for Older Persons scheme with an aim to improve the life style of elderly population by providing them basic facilities including food, shelter and healthcare. For the aged people belonging to below poverty line category, the government provides physical aids and assisted living devices through Rashtriya Vayoshri Yojana scheme. The policies purchased till 31st March, 2022 under the Pradhan Mantri Vaya Vandana Yojana scheme, a retirement and pension plan, had earned the senior citizens a

pension of 7.4% payable on monthly basis¹⁰.

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 has enabled the elderly, who are unable to maintain themselves to obtain maintenance from their children/ relatives. The Act has made provision for the establishment of old age homes in every District in order to provide shelter for indigent senior citizens. It also covered the issues regarding the healthcare¹¹ of the senior population. An amendment in the year 2019 was enacted to cover the lacunas in the original Act. Added to this, the government launched the National Program for the Health Care of the Elderly with a vision to provide smooth access to prophylactic, conducive, restorative, recuperative and rehabilitative healthcare at the point of delivery. It laid a special emphasis on the training of medical professionals and care takers for both long and short term care¹². The visions of the NPHCE are:

(1) To provide accessible, affordable, comprehensive, dedicated and high quality long term care services to an ageing population; (2) Creating a new “architecture” for Ageing; (3) To build a framework to create an enabling environment for “a Society for all Ages;” (4) To promote the concept of Active and Healthy Ageing.

They say that there is nothing new under the sun, but this might be a new one. It was proposed under this programme to shore up healthcare systems in around 100 districts and to establish geriatric departments in all regional geriatric centres. These regional institutions will provide support to district level geriatric units which in turn will provide support, coordinate and monitor the functioning of the geriatric activities at primary health centre, community health centres and rural sub centres. Till the year 2017, about 930 CHCs, 4438 PHCs and 28,767 sub centres have been brought under this programme. The program is disruptive, but could not yet be called definitive in its performance in ending the healthcare issues of the elders.

Universal health coverage:

To alleviate the concerns of the poor elderly about their exclusion from the private insurance companies, the central government has launched some insurance schemes to provide them

¹⁰ Somya Jain, "Government's lethargic attitude towards senior citizens in India and the reparative role of the judiciary" available at: <https://blog.ipleaders.in/governments-lethargic-attitude-towards-senior-citizens-india-reparative-role-judiciary> (last visited on July 7, 2022).

¹¹ Maintenance and Welfare of Parents and Senior Citizens Act, 2007 (Act 56 of 2007), s. 20.

¹² Jaya Prasad Tripathy, "Geriatric care in India: A long way to go" 5 Journal of Mid-life Health 205 (2014) available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4264287> (last visited on July 5, 2022).

sufficient health coverage¹³.

1. *Pradhan Mantri Jan Arogya Yojana or PMJAY (Ayushman Bharat Scheme)*: This scheme is known as bellwether of all other insurance schemes since it took initiative to safeguard all the poor people from having to spend a fortune on their health issues. It envisages universal health coverage as advocated by National Health Policy 2017 and is of the latest and largest health schemes initiated by the state for the below poverty line elders. It offers a healthcare coverage up to 5 lakhs for a family in a year for secondary and tertiary level hospitalization in public and private hospitals. The scheme provides cashless access to healthcare at the point of service, i.e. the hospital. The notable point is that all the pre-existing conditions are also get covered by the scheme. All the family members are eligible to access health care under this scheme.

2. *United India Senior Citizen Health Insurance*: This scheme is provided by the United India Insurance Company, a state run company. Senior citizens of age between 61 to 80 years old are eligible to get health cover from 1 lakh to 3 lakhs under this scheme. In cases of hospitalization for more than a day, the expenses are covered by this scheme for both treatment and surgeries. In cases of domiciliary hospitalization for more than 3 days, the expenses are covered by this scheme.

3. *Varistha Mediclaim for Senior Citizens*: National Insurance Company, another state run agency, offers mediclaim policy for the elderly of 60-80 years old. Under this policy, expenses up to 1 lakh occurred during hospitalization and critical sickness treatment expenses up to 2 lakhs get covered. Another salient feature is that pre-existing maladies of diabetes and hypertension are also covered. Unlike private mediclaim policies, this scheme covers the expenses as a fall out of pre and post hospitalization.

4. *Health of Privileged Elders (HOPE)*: A medicover scheme exclusively for the elderly is offered by the Oriental Insurance Company. It also covers expenses occurred for alternate medicine treatments such as Ayurveda, Siddha, Unani, Homeopathy, Naturopathy and Yoga in AYUSH hospitals. Any elderly of 60 years old and beyond can avail the policies for expenses between 1-5 lakhs. However, the drawback of scheme is that it covers specific diseases only. The notable feature is that telemedicine expenses are taken care by the policy.

¹³ SBI General Insurance, "Health Insurance Schemes for Senior Citizen from Government" available at: <https://www.sbigenral.in> (last visited on June 24, 2022).

5. *The New India Assurance Senior Citizen Mediclaim Policy*: This is another exclusive scheme for elders between 60-80 years old. The sum assured is 1 lakh or 1.5 lakh per person. Also, it offers limited coverage for hospitalization during homeopathic and unani treatments in public hospitals. In this scheme also, conditional coverage is provided for pre existing conditions and maladies like diabetes, hyper tension, mellitus and other complications related to them.

Judicial Intervention:

The right to live with dignity, as assured by the art. 21 of the constitution includes, inter alia, nutrition, health, clothing and shelter¹⁴. The said article draws its élan vital from the arts. 39, 41 and 42 in the Directive Principles of State Policy. Of course, it has not mentioned the right to health of elders specifically. But it includes them since they make mention of right to health and strength of people, it should be taken that they incorporate the elderly also. Art. 41, in particular, dictates that the state should provide assistance in the arenas of unemployment, old age, sickness and disablement, among a host of other needs, to its people. Recognizing the agony, humiliation and misery of the senior citizens, the Courts have tried to ameliorate their sufferings by expanding the scope of the arts. 21, 39, 41 and also the scope of the Maintenance and Welfare of Parents and Senior Citizens Act. It has been liberal in interpreting the various clauses of the Senior Citizens Act to provide protection to the fullest extent possible. Apart from health care issues, it has given its views and rulings extensively on implications and implementations of various other sections in the Act. Maintenance of elders by their children or relatives, establishment and functioning of old age homes, eviction of sons and daughters from their property etc. are some of the other areas in which the judiciary has shown its keen interest, concern, anxiety and care in the well being, safety of life and protection of property of the elderly community. It went even to the extent of ruling that the doctrine of alternative remedy, as mentioned in the Act, need not be rigorously exerted on the elderly and any writ Court should come to the aid of elderly in a given case. Where the provisions of the Senior Citizens Act is in conflict with the interests of others who themselves are protected by other similar welfare Acts, the Court emphasized the necessity of harmonizing both the laws and to create a balance between the conflicting provisions. In many cases, the Court ruled that the senior citizens Act and Protection of women from domestic violence Act of 2005 should not override each other since both cater to the interests of afflicted segments of the society. Depending on the circumstances of each case, it should be determined which carries

¹⁴ DR. Ashwani Kumar v. Union Of India, Writ petition (C) No. 193 of 2016 (Supreme Court of India).

preponderance over the other and is specific to each case¹⁵.

Admittance of two successive PIL petitions before the Apex Court is a pointer to the annoyance of the Court over the inept and inapt implementation of senior citizens Act and the lackadaisical attitude of centre and state governments by not providing appropriate healthcare, non-establishment of old age homes, undue behindhand in pensions payments and failure in securing the life and property of the elderly population. Mr. Sanjeeb Panigrahi, an advocate, filed the first petition, in August 2015 seeking a directive by the Court to the centre and state governments to draw up a befitting plan and legislation for “taking care of the thousands of the aged on the verge of starvation and reduced to begging, either deserted by their families or left to fend for themselves because of poverty”. He reasoned that since India does not have a social security policy as in western nations, it is the duty of the government to reach out to the poor, downtrodden and indigent elderly. Mr. Ashwini Kumar, former Union Law Minister filed the second petition in April 2016 urging for the implementation of the Act. The petitioner contended that the art. 41 of the constitution makes it obligatory on the part of the government to secure the welfare of the aged persons. He solicited the Court to issue directions to the government to enforce the Integrated programme for Older Persons scheme to safeguard the interests of the elderly. He cited the number of Court rulings in which the Court asserted that the meaning of right to life embodied in the art. 21 is much more than a mere survival or existence. The right encompasses all aspects that make a life worthwhile, purposeful, meaningful and positive. The petitioner had argued that no serious and sincere efforts were made by the governments to achieve the desired medical facilities and geriatric treatment to the needy elderly, in spite of the fact that it had been more than a decade since the Senior Citizens Act was passed. The government is duty bound to protect the fundamental right to health as well as enforce it and make sure that it is made available to all its citizens, especially elders. The petitioners found fault with the government’s excuse of financial crunch for non-implementation of many healthcare facilities to the elders, as envisaged in the Act. The government would have been aware of and taken into account of the financial implications of the Act when it was tabled in the Parliament. Now, it could not defend for non-implementation and inaction hiding behind the veil of financial restraints. Even if it was unable to safeguard the fundamental rights, the statutory rights of the aged people had to be recognized and put into force. The petitioners claimed that the medical facilities and geriatric care were not conferred

¹⁵ Vinay Verma v. Kanika Pasricha, (2019); S. Vanitha v. Deputy Commissioner, Bengaluru Urban District, Civil Appeal No. 3822 of 2020 (Supreme Court of India).

the requisite attention by the government. If the elderly, who are in need of healthcare than any other segment of the society, are not provided with health assistance and care, it is a breach of their constitutional right. He also pleaded for the establishment of old age homes in every district as intended in the Act. The petitioners further lamented that there was no authentic data on the number of beds reserved exclusively for geriatric treatment both in government and private medical sector. There was lack of information on establishment of exclusive geriatric centres.

The government informed the Court that it has instituted the National Programme for Healthcare of the elderly during the year 2010-11. It aims to dispense committed, specialised and separate healthcare services to the elderly at the all levels of healthcare delivery system, including outreach service. Outreach services mobilize health workers to impart services, away from the places where they perform their duty, to the people at their dwelling places. The government argued that the programme is being implemented and an ongoing one and it is difficult to achieve the objectives overnight. The petitioners were fain to concede the positive aspects of the programme, but their grouse was that it was not being convincingly and efficiently administered and questioned the extent of implementation. Like many ill managed schemes, it foundered on the rocks of practicality.

The Apex Court ordered the central government to collect data on healthcare facilities and geriatric care facilities available to the elderly in each district from the respective state governments and UTs and held that NPHCE had to be executed with all the fervour it needs, by both the central and state governments by working in tandem, to avoid being another government scheme just on paper alone. The Court noted that there was a requirement to constantly keep watch on the progress on the implementation of the right to health of elders as mandated in the constitution and in the senior citizens Act. Hence, it issued a continuing mandamus to the government to ensure the geriatric care and medical facilities are made available to the elderly. It was of the opinion that it is the only way to ensure the rights are recognized, respected, enforced and social justice which is mentioned in the Preamble is provided with a meaning and teeth.

The Allahabad High Court¹⁶ was severe in its criticism on the state of affairs of rural medical

¹⁶ Snehata Singh @ Salenta v. State Of U.P., PIL No. 14588 of 2009 (Allahabad).

centres and apathy of the higher officials over its functioning. The pernicious apathy and prejudice of the bureaucracy was making the lives of poor and elders miserable. It was of the opinion that the reason for their indifferent attitude was due to the reason that they are not affected by the inefficiency of those centres. These bureaucrats do not access these centres for their health care and they believe that these are for a class of people different from them. It may not be impudent or a stretch of wild imagination to call their insouciance as a class discrimination. Their negligence and utter disregard for the sufferings of the indigent and elders is the reason for the stalemate in the system. The bias in the system has affected the most disadvantaged in the society and has robbed off their rights. The Court lamented that the people are at the mercy of poorly run, ill maintained and quintessential extract of mediocre state run hospitals, looked down as guinea pigs, become victims and losing their lives in the process. The agony of the Court was visible when it opined that the lives or death of an indigent poor or elderly is merely a statistics in the eyes of an unmindful government.

The Supreme Court has reiterated that social justice, the foremost and crucial form of justice, has been given the prime place in the Preamble of our constitution and is the touchstone of nation building. The organic nature of our constitution and the dynamic functioning of the Court have resulted in many momentous progresses in the realm of social justice¹⁷. The negligent attitude of governments in handing out the pensions in time has been censured by Courts¹⁸. The Court strongly opined that the pensions are given for the services rendered by the employees in past and they are entitled to receive them without undue delay. The Court ordered the government to remit the payments with interest. Thus, the judiciary has come innumerable times to the rescue of senior citizens on noticing their plight in the hands of their own children, relatives, government and bureaucracy. It had the backs of the elders whenever they were handed out a raw deal. The duty of Court is not yet done yet, not by a long shot. It still needs to turn a lot more rocks to achieve anything substantial and has to keep vigil over the rights of elders not getting trampled.

¹⁷ PTI, "Rights of elderly must be recognised and implemented, says SC" Business Standard, December 13, 2018 available at: https://www.business-standard.com/article/pti-stories/rights-of-elderly-must-be-recognised-and-implemented-says-sc-118121300830_1.html (last visited on July 4, 2022).

¹⁸ State of Andhra Pradesh v. Dinavahi Lakshmi Kameswari, 2021.

Lacuna in the implementation of programs, schemes & providing Geriatric Healthcare:

It is heart rending to know that India ranks very low in its care for the elders when compared to other countries. It ranked 71 out of 96 nations on the question of how the elderly cope with the prevailing circumstances. And it is much worse on the topic of elderly healthcare and was placed at a pathetic 87th rank of out of the said 96 nations¹⁹. The NPHCE has not really solved the issues of the elderly. The modus operandi of the scheme has not really helped to get over the crisis. Only a miserable 7% of the budget allocated, under this programme, has been spent. Most of the patients prefer private sector for their healthcare than public hospitals. The private sector accounts for 75% of outpatients and 50% of inpatients in providing healthcare, in spite of massive amounts spent on public healthcare system. Though the pension schemes are laudable ones, it is found that the government is flat footed in proper implementation of the schemes. Often the pensions are the only economic source to indigent elderly persons past their working age. Inordinate delays in availing the pension and unavailability of pension assistance to deserving candidates make the lives of those pitiable souls, miserable.

The caregivers and basic medical care providers generally view ill health of the aged people as a part of aging process. Treatment is often found to be mechanical without taking account of their age factor in mind. Due to the paucity of geriatricians, general physicians attend to the sick elderly persons in the inward section of the most hospitals. General support staff like nurses, who are ill equipped to provide care to the elderly due to lack of training, are made to attend to the needs of them. This results in more deterioration and complication of their sickness and thus, probably, a restorable geriatric condition goes untreated. The country's healthcare system has limited experience and knowledge in acute clinical care for the elders and needs the services of geriatricians. India has not woken up to this reality. Study of geriatric care is not a much sought after occupation or field of medical study and is fairly a new branch in the field of medicine in our country. In fact, a very few institutions offer this programme as a specialisation as a result of which the number of practicing geriatricians both in government and private sector is very less, thus appallingly insufficient to assure a fair healthcare system for the afflicted aged persons. Apart from the hospitals, nursing homes, long care homes, old

¹⁹ Vipul Kumar & Shireen Moti, "Protecting the Elderly in India: Hits and misses under the recent legislative and judicial framework" Bar and bench May 30, 2020 available at: <https://www.barandbench.com/columns/protecting-the-elderly-in-india-hits-and-misses-under-the-recent-legislative-and-judicial-framework> (last visited on July 4, 2022).

age homes, rehabilitation centres for the aged are located only in the urban centres. The urban-rural disparity in socioeconomic factors coupled with the dearth of geriatric facilities in hinterland will make it a daunting task to provide equitable healthcare system, as envisaged in the directive principles of our constitution.

Non or under utilization of funds, shortage of medical personal, indifferent attitude of the human resource persons, wide spread corruption almost at all levels, absence of supervision, lack of infrastructure etc. are few of the reasons for the malfunctioning of our health care system. As fate would have it, the people who endure the hardship of this system are the ones who need it most - the impoverished and the elderly. One cannot shut those people out: that is not the best way of governance. Government, on the other hand, has turned a blind eye to the trauma of the poor and elderly. Judiciary has noted that India has become as a medical hub and offering world class treatment at a fraction of expenses that would occur in western countries for the similar treatment. Unfortunately, all these developments are happening in private sector. People from neighbouring and other countries are visiting India under the name of 'medical tourism' to attend to their health issues. However, the cost of treatment in these private hospitals, though cheaper compared to western nations, is beyond the wildest dreams of a man in the street or a proletariat or a plebeian. Government, on the other hand, has chosen to give the cold shoulder to the problems of poor and sick people, including the elderly for the reason best known to it. And in India, the Court lambasted that, the public health has become a twin class service. The progress of a nation should be synchronised with the welfare and development of all the sections of its population, particularly the elderly and they cannot be left out²⁰.

Way Forward:

When much of the world was **heading down the Corona virus rabbit hole**, the outbreak of the infection has made the policy makers and health care professionals to give a thought about the efficacy of existing system in dealing with the healthcare issues of elderly. The aged people were more susceptible to the viral infection. It resulted in hospitalization, necessitating intensive care with ventilators and finally to death in many cases. About 65% of the deaths in first wave and majority of those in the second wave were attributed to the old age and its

²⁰ DR. Sughan Bhatia, "Maintenance and Welfare of Parents and Senior Citizens' Act, 2007, Need-to-undertake-a-decadal review" All India Senior Citizens' Confederation 2016,

associated factors. Regrettably, the afflicted elders, whose respiratory infections were the major cause of their demise, were treated in the same way as a younger man with a similar malady. The inherent healthcare system viewed the whole set of patients from a general point of view rather than based on the age factor that contributed to the intensity of the sickness. The pandemic was an eye-opener to the limitations that exists in our system to treat the frail elders who are more prone to such infections and pandemics²¹. It is a wakeup call for the healthcare system to correct its course; it may be all doom and gloom for the elderly if another pandemic, God forbid, strikes the country again. A positive aspect was of the pandemics was the possibility of providing homecare to the elders. The concept of “ageing in place” took its roots during this tough period. Elders yearn to stay at home, an atmosphere they are accustomed to, rather than in a hospital. The ability to stream in resources for their well being like medical advice, delivery of drugs etc. to their home made the concept a reality. Technological developments enabled the elders to access even the physicians from their home itself. It showed that technological developments, strong community bonding and wilful participation of healthcare professionals will make long term home care a possibility, in our country.

Ex facie, most of the government programs and initiatives are good and satisfactory, in general. The administration needs to double down in their implementation. The existing wide and strong public healthcare infrastructure should be augmented by a strong force of specially trained medical professionals in geriatric care. The old age dependency ratio which is a pointer to the number of senior citizens to the number of working age people stood at 0.132 in the year 2012 and is expected to rise to 0.20 in the year 2050. It means that more people will be obliged to support and provide care to the elderly at home and in the community²². Another statistics reveals that in the coming years, the number of elderly people of more than 65 years old would be double to that of children of age of 5 years old or below. This in turn means that the country would require more geriatricians than paediatricians. There is no need to read the tea leaves to know what lies ahead if imminent action is not taken. Geriatrics is not managing the diseases alone, but also to improve and maintain the physiological well-being of the elders. Before attending to the sickness of the aged patients, geriatric physicians have to, first, promote basic health condition. The physician has to continuously observe, monitor, evaluate and review the effects of the drugs and their toxicity to minimise the side effects to the elderly patient. Geriatric

²¹ Govindraj Ethiraj, "India Must Ensure Elders' Security, Sustenance, Access To Health" India Spend, September 24, 2021.

²² DR. Bhupinder Chaudhary, DR. Rachna Kumar, "Issues in Geriatric care in India" 7 International Journal of Research in Social Sciences (2017).

healthcare services have to be patient–centric. The peripheral and community health workers in villages and primary health centres need to be schooled to identify the problems of the elderly patients and refer them to geriatric centres for a prompt and appropriate treatment. Qualified physicians of alternative medical courses like Ayurvedha, Unani, Siddha, Homeopathy etc. can be properly trained to supplement and extend the geriatric services to the needy patients, where there is a dearth of geriatric medical personal, particularly in rural areas. Suitable referral chain arrangements in villages and tribal areas should be established with the help of Ayush workers. A regional strategy of the NPHCE scheme should be incorporated, in addition to the national vision, since the healthcare requirements and the demography are not uniform throughout the country. Also due to variations in socioeconomic conditions across the country, morbidity statuses also vary and thus necessitating to have a regional approach in this regard. It is important to initiate training of para medical people, health workers and volunteers in geriatrics. Frequent screening camps for common ailments like cataract and dental problems, in addition to the awareness camps for cardiovascular and respiratory maladies and diabetes should be organized. Both physical and psychological rehabilitation facilities and physiotherapy care centres should be established in towns, at least.

There is an urgent need to include geriatric pharmacotherapy as a branch of pharmacology in the undergraduate medical courses to understand fully the effects of various drugs on the elderly patients. The elderly are yet to avail the services of mobile geriatric units which will eliminate the necessity for the patients under home care to go hospitals, both in rural and urban centres. Sufficient numbers of home care personals are not being trained and there is a pent up requirement for these people. Hence, there is always a risk of untrained people getting employed for this job, to fill the gap, which will put the life of elders at risk. There is an urgent need to the establishment of hospices to provide palliative care to those patients with severe functional and cognitive disabilities. The hospices care services that are available in few urban centres admit only terminally ill cancer patients. Also separate facilities for dementia patients are required. The two challenges to geriatric healthcare are the furtherance of general well being in health leading to longevity of life and treatment and care for the sicknesses that are associated with ageing. Appropriate management of these two aspects will lead to a comfortable and gracious ageing.

Conclusion:

The elders have been the backbone of the economy during their hey days. It cannot be justified to neglect these people, who constitute 10% of the population, deeply mired in the economic and health issues while the balance people enjoy the fruits of their past hard work. The country has to strive for the improvement in the lives of every single individual which includes elderly also and leave no one behind in nation building. Proper implementation of various pension schemes, improving the working of the National Council of Senior Citizens, broadening the reach of National Policy on Older Persons and creating wide spread awareness about the NPHCE will help to realize the goals of the government in augmenting the well being of elder persons. This will lead to general improvement in geriatric healthcare. It must be accepted that there have been astounding improvements in addressing the concerns of the elderly and the country has come a long way since the days of independence. There is clearly a fundamental shift in the perception of the government; a turn away from ignorance and indifference to the bind the poor elderly are in. The lengths and depths taken by the legislature to alleviate the sufferings of elderly are notable, if not remarkable. And at the same, not sufficient enough. There is a canyon of gap between what the government has intended and what it did achieve. A gritty, no-nonsense approach is required without giving into political expediencies. The government needs to get its ducks in a row before being snowed under with other issues, so as to ensure there are no further hiccups in the implementation of various programs that are related to the welfare of elders. With the positive transformation in the attitude and aptitude of ruling class, policy makers and bureaucracy that exists now, it is possible to achieve the goals of comprehensive healthcare to all the elders. The nation has to follow a different strategy from the one it was used to. Last but not the least, sustainable socio economic support mechanism for the senior citizens should be put in operation to promote a healthy and active ageing. Climbing up the ladder of life should be a joyful experience to them. Let them revel, savour their past as well as enjoy the present, before shuffling off their mortal coil.
