

THE IMPACT OF CHRONIC DISEASES IN THE ELDERLY ON SOCIETY

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Abstract: The elderly make up the category of population the most exposed to the risk of diseases. Chronic diseases are responsible for six out of ten death cases of the elderly. These diseases generate dependency and expenses for medicines, medical and social services. The dependency of the elderly affects the time and the resources of the whole family. Sick old people become victims of abuse under various forms. Special services for the elderly, including the medical ones, are very expensive and require important efforts, including from the society.

Cuvinte

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cheie:

Rezumat: Vârșnicii constituie categoria populațională cea mai expusă riscurilor de îmbolnăvire. Bolile cronice sunt responsabile pentru șase din zece cazuri de deces ale persoanelor vârstnice. Aceste boli sunt generatoare de dependență și de cheltuieli pentru medicamente, pentru servicii medicale și sociale. Dependența persoanelor vârstnice afectează timpul și resursele întregii familii. Vârșnicii bolnavi sunt și victime ale abuzului sub diverse forme. Serviciile specializate pentru persoanele vârstnice, inclusiv cele medicale, sunt extrem de costisitoare și presupun eforturi importante și din partea societății

Due to the fact that the elderly represent the most exposed group to the risk of falling ill, because of the decreasing capacity to adapt and their increased vulnerability to harmful environmental factors, they also become the greatest consumers (sometimes excessively) of health care services and social services with serious implications for a reasonable and equitable distribution of public expenses.

Old people are exposed to situations and conditions of life that diminish their independence towards other people and increase their need for medical and social assistance.

Various chronic diseases, such as cardiac diseases, high blood pressure, diabetes, rheumatism, arthritis are not curable and the treatment costs are very high. According to the medical statistics, chronic diseases are responsible for at least six out of ten death causes.

An important consequence of chronicity is represented by the fact that such diseases require a very long and complicated treatment, entailing high costs. This situation affects primarily the elderly susceptible to chronic diseases and who do not have at their disposal the required financial resources for the treatment.

Another important consequence of the chronic diseases is the influence upon the structure and functionality of families, where several generations live together, disturbing thus the family roles, also due to the incapacities of the senior members.

The latter's dependence on the other members of the family affects the time and resources of the whole family.

Should the senior be confined to its bed, an active family member has to care for him/her, which sometimes leads to the dissolution of the family. Under these circumstances, the senior is taken out of the family environment and hospitalised in a special unit.

Another important aspect of chronicity is manifested in the changes of social behaviour and of some personality traits, characteristic for old people, as they often become a very heavy

"burden" on the shoulders of younger family members. Consequently, the devalorization as a person, the "minority", "marginal" and "disorganized" position becomes the main characteristics of the old person affected by chronic diseases.

There is also the possibility of certain families to abandon their sick old members by hospitalizing them in retirement homes or depriving them of all survival resources. In other cases of abuse, the elderly are evicted, thrown into the street, spending the night in the parks, train stations or in other public places. Unattended and sick, these people eventually die.

As a direct effect of increasing chronicity, the increase of the elderly number within the whole population is correlated with the increase of expenses for health care and social assistance. Generally, any disease generates economical losses and pressures upon the public health care system.

Specialized services for the elderly, including the medical ones, are very expensive and require considerable efforts from society. The phenomenon of "medicalization" of the ageing process is well known, thus generating profits for a whole pharmaceutical and cosmetic industry.

The medicalization of the old age has determined many seniors to contribute to their own dependency and to the tendency of excessive use of the medical services.

Health care policy emphasized exclusively the old age treatment as an individual problem, ignoring the social problems this age group is confronting with, among which discrimination, marginalization and stigmatization are the most prominent. This is why the care for the elderly among their own families, with the support of the community, would be far more useful than its hospitalization.

Social problems derive from the family situation, the living and marital conditions – lonely old people, elderly couple, seniors having descendants who live in the family or are put into retirement homes.

The persons lacking the necessary funds or caretakers, or chronic sick people who cannot be taken care of within the

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family are candidates for the retirement homes.

Admittance into a special institution (asylum, retirement hospitals for pensioners) determines an important trauma as it brings a radical change of life, a definitive abandon of certain habits which become more important to the senior with ageing. The pressure of admittance into a hospital is increased by the feeling of being abandoned and lonely, amplified by the lack of empathy and superficial attitude of the staff from all these units. Precarious medical assistance and care conditions, discrimination at admittance based on age, insufficient/inadequate treatment or care, sedation, all these correspond to medical abuse.

Abusive admittance of the elderly into a hospital, asylum, without their consent, represents a violation of their rights. Neglect occurs within the family as well as within the institutionalized environment and may be involuntary – the senior is left unattended, alone, isolated, deprived of food, water, care and hygiene.

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