

**INTERNATIONAL JOURNAL OF LAW
MANAGEMENT & HUMANITIES**
[ISSN 2581-5369]

Volume 4 | Issue 1

2021

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Right to Health as Human Right for the Elderly Persons in India

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ABSTRACT

The paper attempts to analyse the Human Rights of the Elderly Persons in India concerning the health care of the elderly as they are vulnerable and scant focus has been paid to this important aspect traditionally. Thus the purpose of this study is to review the human right perspective of this group. The paper focuses on analysing the international documents and the regional conventions in upholding the Human rights of the Elderly person to health care. Moreover, the resultant efforts taken up by India in this aspect are also studied in this paper. Based on doctrinal research methodology, the study attempts to address the Human Rights of the elder persons in terms of health care and basic determinants of well being. Several issues such as healthcare affordability along with health care efficiency, acceptability and reliability are analysed and discussed in this discourse. The chapter aims to combine principles, norms, and perspective from Human Rights in Health and Aging. Thus in filling in these gaps, the study focuses on ensuring recognition of older people's right to health and successful development and security of their associated Human Rights, which are essential to healthy enjoyment.

Keywords: Human Rights, Elderly Persons, Aging, Health Care, India.

I. INTRODUCTION

Human Rights are those rights which are inherent in our state of nature and without which we cannot live as human beings³. Since these rights belong to us because of our very existence, they become operative with our very birth and are inherent in all individuals irrespective of caste, creed, religion, age, sex, and nationality⁴. Article 1 of the Universal Declaration of Human Rights, 1948⁵ says that all human beings are born free and equal in dignity and rights,

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³ UNHR Document, United Nations, available at <https://www.bartleby.com/essay/Human-Rights-Is-A-Global-Issue-FK5GX2XY9C5W> (last visited on 2.11.2019 at 6:42 pm)

⁴ H O Agarwal, *Human Right 2* (Central Law Publication, Allahabad 2001); see also <https://www.scribd.com/document/258811565/vmou> (last visited on 2.11.2019 at 6:42 pm)

⁵ UNHR Document, United Nations, available at <https://www.humanrights.gov.au/publications/what-universal-declaration-human-rights.html> (last visited on 2.11.2019 at 6:42 pm); See also <https://context.reverso.net/translation/english-russian/endowed+with+reason+and+conscience+and.html> (last

and since we are endowed with reason and conscience we should act towards one another in the spirit of brotherhood⁶. The United Nations General Assembly proclaimed the Universal Declaration of Human Rights as a common standard of achievement for all persons and all nations and called upon all to secure their universal and effective implementation⁷. In 1976, three decades after this comprehensive undertaking was launched by the United Nations, the “International Bill of Human Rights” became a reality, with the entry into force of three significant instruments: (a) The International Covenant on Economic, Social and Cultural Rights⁸, (b) The International Covenant on Civil and Political Rights⁹ and (c) The Optional Protocol to the latter covenant¹⁰. The Human Right based approach or perspective identifies right holders and their entitlements and corresponding duty-bearers and their obligations and work toward strengthening the capabilities of right-holders to make their claims and of duty-bearers to meet their obligation¹¹.

There are certain groups of human beings that either by nature or because of deep-rooted custom is vulnerable such as child, women, disabled person, aged person, migrant workers or person belonging to a particular race¹². These are termed as “Group Rights” or “Collective Rights”, and a number of international and domestic policies and programs including conventions have been concluded under the auspices of the United Nations to protect their rights. The “Group Rights” or “Collective Rights” of elderly persons come under this arena¹³.

Ageing is a process combined with different aspects and dimensions, and there is no unanimously accepted definition of it. However, Collin’s Dictionary of Sociology¹⁴ defines it as the last part of an individual’s life course, associated with declining faculties, low social worth, and detachment from previous social commitment¹⁵. Different countries have set up

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⁶ S K Kapoor, *Human Right under International Law and Indian Law* 1 (Central Law Agency, Allahabad 2001); see also <https://www.humanrights.com/what-are-human-rights/universal-declaration-of-human-rights/preamble.html> (last visited on 2.11.2019 at 7:00 pm)

⁷ Morsink and Johannes, *UDHR- Origin, Drafting and Intent* 19 (Oxford University Press, New York 2000); see also <https://socialprotection-humanrights.org/introduction-to-a-rights-based-approach/> (last visited on 2.11.2019 at 7:00 pm)

⁸ ICESER document, available at https://www.institut-fuer-menschenrechte.de/fileadmin/user_upload/PDF-Dateien/Pakte_Konventionen/ICESCR/icescr_en.pdf (last visited on 2.11.2019 at 7:00 pm)

⁹ OCHR document, available at <https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx> (last visited on 2.11.2019 at 7:00 pm)

¹⁰ OCHR document, available at <https://www.ohchr.org/en/professionalinterest/pages/opccpr1.aspx> (last visited on 2.11.2019 at 7:00 pm)

¹¹ Giriraj Shah and K N Gupta, *Human Rights Free and Equal* 127 (Anmol Publication, Delhi 2001)

¹² Human Right in Global Issue, available at <https://www.bartleby.com/essay/Human-Rights-Is-A-Global-Issue-FK5GX2XY9C5W> (last visited on 2.11.2019 at 7:00 pm)

¹³ Carol Devine, *Human Rights* 19 (The Oxford Press, Arizona 2000)

¹⁴ Dictionary of Sociology, available at <https://encyclopedia2.thefreedictionary.com/Senior+citizens> (last visited on 2.11.2019 at 7:00 pm)

¹⁵ David Jary and Julia Jary, *Collin’s Dictionary of Sociology* 87 (Collins Glasgow 2010)

different age specifications depending upon their development and average life expectancy of persons so as to determine who is an elderly person¹⁶. Particularly in western countries persons aged 65 or above are considered as aged and are retired from jobs¹⁷. But the National Policy on Elderly Persons in India¹⁸ and also the Maintenance and Welfare of Parents and Senior Citizen Act, 2007¹⁹ defines a person 60 years or above as an elderly person.

According to the United Nations²⁰ in 2015, there were 901 million persons aged 60 or over, comprising 12 percent of the global population. This segment of the population is growing at a rate of 3.26 percent per year²¹. Currently, Europe has the greatest percentage of the population aged 60 or over at 24 percent, but rapid ageing is predicted to occur in other parts of the world as well. In India, the age distribution of the population as per census 2011 records show 8.6 percent are in 60+ age group, that is, there are nearly 104 million elderly persons (aged 60 years or above) in India of which 53 million are females and 51 million males and projections point to an increase of 20 percent by the year 2050²². In absolute numbers, the population of the elderly is expected to be more than 315 million by 2050. The global phenomenon of Population Ageing brings with it a host of challenges, and it has been a crucial matter of concern. Population ageing is compared to a silent revolution that has a multi-dimensional effect over all facets of society²³ as this phenomenon of ageing of the population is occurring throughout the world²⁴.

According to “Report on Elder Abuse in India (2014)” by Help Age India, half of the elderly (50%) reportedly experiencing abuse. 48% of males and 53% of females reported the personal experience of abuse. According to the report, Verbal Abuse (41%), Disrespect (33%) and Neglect (29%) are ranked as the most common types of abuse experienced by the

¹⁶ Elderly persons Dependency, available at <https://pib.gov.in/newsite/PrintRelease.aspx?relid=70506>(last visited on 2.11.2019 at 07:01 pm)

¹⁷ Nomita Agarwal, *Jurisprudence* 325 (Central Law Publications, Allahabad 2016); see also <https://iosrjournals.org/iosr-jhss/papers/Vol19-issue6/Version-2/A019620104.pdf>

¹⁸ Social Justice of Elderly Persons, available at <http://socialjustice.nic.in/writereaddata/UploadFile/dnpsc.pdf> (last visited on 2.11.2019 at 07:01 pm); see also https://www.un.org/development/desa/ageing/wpcontent/uploads/sites/24/2017/07/UNDP_AARP_HelpAge_International_AgeingOlderpersons-and-2030-Agenda-2.pdf (last visited on 2.11.2019 at 07:01 pm)

¹⁹ Social Justice of Elderly Persons, available at <http://socialjustice.nic.in/writereaddata/UploadFile/Annexure-X635996104030434742.pdf>(last visited on 2.11.2019 at 07:01 pm)

²⁰World Population Prospects, United Nations, available at <https://www.un.org/development/desa/publications/world-population-prospects-2019-highlights.html>. (last visited on 2.11.2019 at 7:00 pm)

²¹ UN Population Document, available at <https://quizlet.com/105575754/cfa-36-cost-of-capital-flash-cards/>(last visited on 2.11.2019 at 07:01 pm)

²²Census Report, India, available at <http://www.censusindia.gov.in/2011Census/pes/Pesreport.pdf> (last visited on 2.11.2019 at 07:01 pm); see also <http://vikaspedia.in/social-welfare/senior-citizens-welfare/senior-citizens-status-in-india>

²³ Bennet, *International Organisations* 258 (Blackwell Publication, Cambridge 1996)

²⁴ UN Report on elderly persons, available at <https://www.theguardian.com/global-development/2015/jul/29/un-world-population-prospects-the-2015-revision-9-7-billion-2050-fertility>(last visited on 24.3.2019 at 5:57 pm)

elderly. According to one survey, 11% of 60+-year-olds have experienced at least one type of elderly abuse (Physical 5.3%, Verbal 10.2%, Economic 5.4%, Disrespect 6%, Neglect 5.2%)²⁵.

II. HUMAN RIGHT BASED APPROACH TO HEALTH

The Preamble of the Constitution of the World Health Organization (WHO) 1946 defines health broadly as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"²⁶. The right to health is recognised in several core international and regional human rights treaties, and national constitutions as the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC) are some of the central human rights instruments for the protection of the right to health²⁷.

All international, regional and domestic documents of policies and programs of upholding Human Rights are to be interpreted and construed in such a way that the human right of right to health can be upheld and in particular the human rights of the elderly persons to health can be achieved not only effectively but also resourcefully. Thus, the aims are primarily within the confines of the efficient interpretation, analysis, and conclusion with suggestions and recommendations by adopting this approach towards the policies and program to achieve the end of upholding the human rights of the elderly persons²⁸.

III. INTERNATIONAL PROTECTION IN UPHOLDING RIGHTS OF ELDERLY PERSON

In 1982, the General Assembly organised the first World Assembly on Ageing, which created a 62-point "Vienna International Action Plan on Ageing." This called for specific action on topics such as health and nutrition, defense of the aged, housing and environment, families, social welfare, income security and jobs, literacy, and the compilation and review of research data²⁹.

In 1991, the General Assembly adopted the Principles for Older Persons of the United

²⁵ *Help Age India Report 2014*, available at <https://www.helpageindia.org/pdf/highlight-archives.pdf> (last visited on 24.3.2019 at 5:57 pm)

²⁶ Constitution of World Health Organisation, available at https://www.who.int/governance/eb/who_constitution_en.pdf (last visited on 24.3.2019 at 5:57 pm)

²⁷ Human Right based approach to health, available at https://www.who.int/hhr/news/hrba_to_health2.pdf (last visited on 24.3.2019 at 5:57 pm)

²⁸ WHO Report, available at https://www.who.int/hhr/news/hrba_to_health2.pdf (last visited on 24.3.2019 at 5:57 pm)

²⁹ United Nation and Aging, United Nations, available at <http://www.oldageinternational.org.6738292736.html> (last visited on 24.3.2019 at 5:57 pm)

Nations³⁰, listing 18 entitlements related to independence, participation, care, self-fulfilment and dignity for older persons. The International Conference on Aging convened the next year to follow up on the action plan, introducing a statement on ageing. The UN General Assembly proclaimed the International Year of Older Persons in 1999 despite the suggestion of the Conference. Every year, the International Day of the Elderly is celebrated on 1 October³¹.

Throughout 2002, when the Second World Conference on Aging³² took place throughout London, debate on terms of ageing began. This introduced a Political Declaration and the Madrid International Action Plan on Aging to develop an international policy on ageing for the 21st century. The Plan of Action called for improvements to behaviours, policies, and practices at all rates to meet the twenty-first century's immense ageing capacity. The specific action guidelines give priority to older people and progress, promoting safety and well-being into old age, and being environmentally friendly and supportive³³.

World Health Resolution (67/13)³⁴ provides a comprehensive Global Strategy and Action Plan on Ageing and Health. The Strategy and Action Plan is based on World Ageing and Health Report evidence and builds on existing activities to address priority action areas. Healthy ageing commitment requires awareness of Healthy Ageing's value and sustained commitment and action to formulate evidence-based policies that reinforce older people's abilities and Alignment of health systems with older populations ' needs to be more structured around the needs and preferences of older people, designed to enhance their inherent potential of older people, and coordinated through care providers and environments. Actions in this area are closely aligned with other work across the Organization to reinforce universal health care and integrated health services centred on people. It also provides for developing long-term care systems requires the development of governance systems, infrastructure and capacity for the workforce as the long-term care research of the World Health Organization (including palliative care) is closely aligned with efforts to improve universal health coverage, tackle non-communicable diseases, and establish people-centred and sustainable health services. In the aspect of building an environment that is age-friendly and require

³⁰UN Report on elderly persons, *available at* <http://www.olderpeoplewales.com/en/about/un-principles.aspx>(last visited on 24.3.2019 at 5:57 pm)

³¹ UN Report on elderly persons, *available at* <https://www.un.org/en/events/olderpersonsday/>(last visited on 24.3.2019 at 5:57 pm)

³² Assembly on Aging: United Nations, *available at* https://www.un.org/en/events/pastevents/ageing_assembly2.shtml(last visited on 1.4.2019 at 3:55 pm)

³³ United Nation and Aging, United Nations, *available at* <http://www.un.org/en/sections/issues-depth/ageing/>(last visited on 1.4.2019 at 3:55 pm)

³⁴ Assembly on Aging: United Nations, *available at* https://apps.who.int/gb/e/e_wha67.html(last visited on 1.4.2019 at 3:55 pm)

action to counter ageism, promote independence and endorse sustainable ageing in all policy and government at all rates. These activities build on and complement the work of the World Health Organisation over the past decade to develop age-friendly cities and communities, including the development of the Global Network of Age-Friendly Cities and Communities and an interactive Age-friendly World information sharing platform. For a wide range of ageing problems, concentrated analysis, modern measures and analytical methods are required. This work builds on the extensive work world health organisation has done to improve health statistics and information, e.g. through the global ageing and adult health study³⁵

IV. RIGHT TO HEALTH AS HUMAN RIGHT FOR THE ELDERLY PERSONS IN INDIA

Specifically, in India, the question of elderly care and respect has never been pondered much owing to the traditions and values of the Indian heritage wherein they are treated with reverence. Old age and its related issues have never been a problem or a matter of concern for Indian value-based society since the joint family system is supposed to prevail. Indian culture has always been respectful and supportive of elders. Since the Vedic Age, and continuing to Shrutis and Smritis, the Hindus have been following the ashram concept (i.e. *Brahmacharya*, *Grihastha*, *Vanaprastha*, and *sanyasa*) where a person's life is divided into four distinct stages and the rights and duties were attached to it. The legendary account of the four sights of Lord Buddha that prompted him to become an ascetic and resultant preaching of Buddhist religion were- Old Age, Disease and Death as compared to an Ascetic. Thus, both our scripture and tradition reveal that old Age and death were very much concerned upon and our Holy Book Gita devotes volumes of pages and work on old age and death. Similarly, other religions of the world also primarily concerned with old age its resultant suffering and death.

In the contemporary 21st century, the concept has changed its dimension, and the concept is not about old age and death and the religious aspect of it, but upholding the fundamentals and basic human rights of elderly persons³⁶. The post-independent Indian society as influenced by various factors such as urban development, regional variations of development along with glamorising of the materialistic values, breakdown of the joint family system, migration of working population to urban areas depicts that the elderly person's human right of right to health is adversely affected and they are at the most vulnerable end. Those older individuals

³⁵ Aging and Health, available at <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health.html> (last visited on 3.11.2019 at 8:15 pm)

³⁶ Aging and Health, available at <https://www.un.org/en/sections/issues-depth/human-rights/> (last visited on 3.11.2019 at 8:15 pm)

who remain with joint families regularly experience the ill effects of senior maltreatment³⁷. In the aspect of the institutional care system, the facilities are rather confined to developed metros meant for upper and upper-middle-class only. Moreover, the rest of the elderly population has to be primarily dependent on their family care and community care for upholding their human right of right to health. Poor infrastructure along with social insurance framework, no medicinal administrations, and absence of safe drinking water, wasteful electric network, and non-attendance of reliable 24 hours supply of power, and terrible sanitation affects the elderly the most. Many elderly people in India have at least one chronic disease, including asthma, angina, hypertension, dementia, and diabetes. The aging of the population of India suffers from the prevalence of chronic conditions such as diabetes and hypertension, among others, and it is rapidly increasing. India's poor health insurance scheme protects only those aged 65 or under, making the elderly in India particularly vulnerable.³⁸ Similarly, the lack of appropriate nutrition, medical care, water, and electricity could cause serious Human Rights issues.

Thus there is a growing need to develop a model of social care in tune with changing needs and times for older people. The components of the old-age care policy could be the method of formulating policies and approaches, concentrating on primary health care, age-friendly social services, active involvement of the older population in society, improving human resources for quality care, creating and maintaining multidisciplinary networks to promote elderly care, research, surveys and organisation studies.

Moreover, the Senior citizens ' national policy 2011 is based on factors such as a demographic explosion, changing economy and social environment, advancement in medical research, science and technology, and high levels of poverty among the elderly poor. In addition, government norms are in essence, an age-integrated society. It seeks to integrate senior citizens and promote the concept of home ageing rather than last resort institutional care.

Long-term savings strategies are also being focused on. The basic structure of health care services will be public health coverage by primary health care, and it would also be the responsibility of the PHC Nurse to monitor the elderly and facilitate geriatric health care. It also calls for the establishment of the Senior Citizen National Council. The National Program for Elderly Healthcare offers senior citizens with advanced and holistic healthcare at various

³⁷ Aging and Health, *available at* https://social.un.org/ageing-working_group/documents/sixth/AgeWellFoundationHumanRightsOfElderlyInIndia.pdf (last visited on 3.11.2019 at 08:01 am)

³⁸ Elderly in India, *available at* http://mospi.nic.in/sites/default/files/publication_reports/ElderlyinIndia_2016.pdf (last visited on 3.11.2019 at 08:01 am)

levels of the state healthcare delivery system and is supported by the Ministry of Health and Family Welfare, Government of India.

Preventive and educational health care services, such as regular physical fitness, balanced diet, vegetarianism, stress management, committed outdoor and indoor patient facilities, will be established at PHCs, CHCs, District Hospitals, and Local Geriatric Centers to treat chronic and elderly illnesses by offering central government assistance.

V. RIGHT TO HIGHEST ATTAINABLE STANDARD OF HEALTH IN INDIAN SCENARIO

The Constitution of the World Health Organization (WHO) was the first international instrument that enshrined the “highest attainable standard of health” as a “fundamental right of every human being”³⁹ and it is a complex agenda and it primarily depends on four basic aspects- availability, accessibility, acceptability, and quality of research⁴⁰. Availability⁴¹ and right to health mean that the government must ensure the availability of certain medicines and services as without such facilities it would amount to gross human rights violations of the right to health. In India, the high prices of essential drugs are a matter of concern and though the concept of generic drug has been introduced the effectiveness and efficiency of it still remains to be analysed and through this aspect of the human right to health, the human rights of the elderly persons can be upheld.

Another important aspect of it is the issue of accessibility right to health. In the Indian scenario, it can be observed that elderly persons are inadvertently excluded from the right to health. Particularly, the elder women, indigenous elder person, elder migrants and elder LGBTs and there are several factors contributing towards it and most prominently the issue of accessibility and right to health address this particular dimension and through it, the elder persons right to health can be effectively and efficiently upheld. An elderly person does have specific needs towards health information and intervention in improving the literacy of the elderly persons is also an important dimension to the right to health of elderly persons.

Acceptability and right to health refer that whether the services are age-friendly and cater to the needs of the elderly persons, taking into account contemporary Indian society scenario of its diversity and faces varying degrees of health risks and circumstances⁴². The quality of the

³⁹ World Health Organization (WHO). (1946). *Constitution of the World Health Organization*. Geneva, Switzerland: World Health Organization

⁴⁰ Gerontology and Human Rights, available at https://academic.oup.com/gerontologist/articleabstract/56/Suppl_2/S206/2605654 on 04 February 2019

⁴¹ Human Rights Watch. (2011). *Global state of pain treatment*. London: Human Rights Watch

⁴² Palliative care of Elderly Persons, available at, http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/CAN/CO/7&Lang=En (last visited on 3.11.2019 at 08:01 am)

services forwarded towards elderly persons also needs to be focused on. It includes the plan of action in meeting the health needs of the elderly persons along with training to achieve the desired result. The proper utilisation of legal framework and implementation mechanism for protecting the human rights of the elderly person's right to health also needs to be determined⁴³.

The Indian Constitution under Articles 14, 15, 21, 38, 41 and 46 provides for the care and welfare of the elderly persons. Articles 14 and 15 provide for equal justice; and Article 21 right to life and personal liberty which encompasses the right to health of the elderly persons. Moreover, the Directive principles though not enforceable provide for the right to health of the elderly person and facilitate governmental policies and programmes in this direction. The Maintenance and Welfare of Senior Citizen Act 2007 also provide for the security of health, life, and dignity as guaranteed in Human Rights jurisprudence. Through innovative social security measures, it strives to provide a holistic approach to the right to health of the elderly persons. Moreover, the Medical Council of India and the Department of Alternative Medicines such as Ayurveda, Unani, Siddha, and Homeopathy are also committed to the welfare of elderly persons to provide adequate medical services.

VI. PALLIATIVE CARE OF THE ELDERLY PERSONS IN INDIA

Palliative care is fundamental to human integrity and well-being and is a basic human right recognised to uphold the right to health of elderly persons. Good palliative care for the elderly includes patient and family considerations as well as medical, psychosocial, legal help among others. The need for palliative care for older people is increasing worldwide and in India also its requirement is widely acclaimed⁴⁴. Physical health declines with age, but this does not necessarily imply the illness in older people⁴⁵. Cancer and heart failure are among the most severe diseases that cause discomfort and allow elderly people to receive palliative care. Respect for human rights must adhere to older persons' palliative care as a right to health as human rights for the elderly person in India could not be upheld if it is not provided for as both the issues are correlated to each other. Moreover, Legal services are also an important component of palliative care for older people as the right-based approach is the only solution to this situation in this contemporary society scenario.

⁴³ Palliative care of Elderly Persons, *available at* <https://slideplayer.com/slide/10544336/> (last visited on 3.11.2019 at 08:01 am)

⁴⁴ Palliative care of Elderly Persons, *available at* http://www.euro.who.int/__data/assets/pdf_file/0017/143153/e95052.pdf (last visited on 3.11.2019 at 08:01 am)

⁴⁵ Palliative care of Elderly Persons, *available at* <https://apps.who.int/iris/bitstream/handle/10665/274559/9789241514477-eng.pdf?ua=1> (last visited on 3.11.2019 at 08:01 am)

Palliative care is also a recognised element of the human right to the highest attainable medical level that is covered under Article 12 of the International Covenant on Financial, Social and Cultural Rights⁴⁶. The 2015 Inter-American Convention on the Protection of Human Rights of Older Persons (IAOP)⁴⁷ is the first human rights convention to expressly recognise the right to palliative care and it is defined as a procedure that enables older persons to indicate their advance will and the future course of their health care interventions, including palliative care as enshrined in article 11. International policies and standards recognise the right to palliative care for older persons and both recognise that health systems should provide a continuum of care that includes and extends to the appropriate treatment of chronic health problems and effective palliative care for older persons. Moreover, the Council of Europe Recommendation on the Promotion of Human Rights of Older Persons dedicates a specific title to palliative care, in which it sets out that older persons should be entitled to access palliative care in a setting consistent with their needs and preferences, including at home and in long-term care settings⁴⁸. It is also a pertinent fact that without urgent and concerted efforts to make palliative care available for older persons, vast suffering will continue⁴⁹. Thus a national palliative care strategic plan must be evolved with a specific focus on the needs of older persons, particularly the need for palliative care and social care, including care that supports the individual choice to live in the community. Palliative care for older persons must be integrated into the curriculum and training programs of medical, nursing, and other health care professionals—with training in geriatric illnesses and oriented toward ensuring that health care provided to older persons is based on free and informed consent.

VII. CONCLUSION

It is a harsh reality that the Elderly Persons in India are lacking a formal institutional care system and they primarily have to depend on family care or community care. Moreover, their suffering is rather directly proportional to the levels of caste, creed, and gender, regional development and sickness. Instances of elder abuse could be seen more in urban areas and metros rather in rural areas⁵⁰. With a rapidly growing proportion of the elderly of India's

⁴⁶Gender Equity for Elderly Persons, available at <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>(last visited on 3.11.2019 at 08:01 am)

⁴⁷Gender Equity for Elderly Persons, available at <https://www.who.int/gender-equity-rights/news/convention-for-older-persons/en/>(last visited on 3.11.2019 at 08:01 am)

⁴⁸Gender Equity for Elderly Persons, available at <http://www.myshared.ru/slide/1172686/>(last visited on 3.11.2019 at 08:01 am)

⁴⁹ Gender Equity for Elderly Persons, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2598220/> (last visited on 3.11.2019 at 08:01 am)

⁵⁰ Gender Equity for Elderly Persons, available at <https://www.helpageindia.org/wp-content/themes/hel>

national population, older people also seem to be fighting for their proper share of the mainstream. Unlike decades ago, the profile of the elderly has significantly changed. They also include well-educated, active, capable, experienced, well-informed, well-placed senior citizens⁵¹. Through dramatic changes to their image, their definitions of requirements and, ultimately, the freedoms have also shifted dramatically.

In India, problems of old age are transforming into greater challenges due to this segment of the population's exponential rate of growth. Well-designed strategies and their execution are urgently necessary, backed by strong political and bureaucratic willpower. The government has taken a lot of steps late and directed its stakeholders to include the elderly in their social agenda. Many initiatives and services for the protection and education of older people have been implemented over the years. It seems that our government is under increasing pressure to address issues of the country's elderly. Despite rapidly changing socio-economic conditions and a redefined traditional value structure, most elderly people are left without a base of social support and older people are at the receiving end. The social security system, old-age health care, empowerment of older people and protection of the human rights of older people are issues that need to be addressed as a matter of priority. There is an urgent need to devise such frameworks that could ensure a friendly environment for the elderly in society, where people can lead a life with respect and grace in their old age. There is a need to create and disseminate awareness about the rapidly changing needs and rights of older people, educate and sensitise younger generations about old age issues, and empower older people through different media. All of this will help society as a whole understand the issues, learn from the past, and also plan for the future.

The drawbacks of this paper are that when doctrinal research approach is implemented, the inevitable criticism may emerge, but an effort is made to mitigate criticism at a very low level and empirical research method is not only realistic but also not feasible instead. Legislation functions only as a means of social reform, so policy can only provide a support mechanism to address this issue, but the situation would not be different unless and until the people's attitude towards it does not shift. But an effort is made to improve the legal mechanism in order to uphold and maintain the elder's privileges. It will also serve as recognition of it and at least something can be achieved instead of not being confronted with this harsh reality. And so it can be concluded by an anonymous old age saying that life is too short to do something, and that life is too long to do nothing.

pageindia/pdf/state-elderly-india-2014.pdf (last visited on 3.11.2019 at 08:01 am)

⁵¹ OCHR Documents, *available at* <https://www.ohchr.org/EN/issues/Pages/WhatareHumanRights.aspx> (last visited on 3.11.2019 at 08:01 am)