

**Editorial****Geriatric Healthcare in Pakistan**

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Editor

Pakistan is beset with a paradox when it comes to care of the elderly, a discipline termed ‘geriatrics’ in medicine. On the one hand, there is absence of care-giving institutional support in the public system, while on the other, there is a strong culture of family support, with members of the immediate family inevitably serving as care-givers for the elderly.

It may take a few years before support for the elderly in Pakistan declines to the extent seen in the west, where families tend to be much more atomized and scattered. They are hence more unlikely, unwilling, or unable to care for old and ailing parents in the comfort of their own homes.

Care of the elderly is slipping down the list of priorities as men and women submit to long grueling hours and chase impossible targets.

Declining family support is not the only factor that increases the vulnerability of the elderly in a developing country such as Pakistan. In many western countries, robust health-related social support systems are in place to ensure care for people who cannot afford exorbitant fees.

In the UK, for instance, acutely sick elderly who require temporary hospitalization get free treatment and food via the National Health Service (NHS), which is funded from compulsory taxation. Long-term hospital beds are available for elderly patients suffering from terminal illnesses. Moreover, there are residential hospices that offer palliative care, as well as free treatment and food. Although funded by charities, patients and their

friends are encouraged to make donations to hospices, if affordable for them.

In Pakistan, on the contrary, health shocks frequently drain families of their hard-earned savings and expose them in heavy debts. And those who neither have savings nor ways of borrowing money simply die sooner.

“More than 73% of the population in Pakistan pays out-of-pocket to access healthcare,” an internationally acclaimed public health specialist.

The absence of decent health care facilities for the elderly in public and private hospitals is a critical gap that needs to be bridged. While it would be over-ambitious to expect designated in-patient or community facilities for patients beyond the age of 65, efforts must be made to meet at least the barest minimum standards of care.

The nursing staff in most hospitals lacks the very basics of compassionate handling of the elderly. Psychosocial counseling remains a distant dream. Elderly patients are seen queuing up for hours for diagnostic tests or medical consultations, with hospital administrations unconcerned.

Pakistan’s elderly make up only 7% of the population. Interventions that could provide them with a comforting environment do not require a mammoth investment. Whilst it is critical for the government to step up effective social support and protection for the elderly as it takes stock of its policy, it is also important that we revisit our changing societal values, which impact our homes, families, and loved ones.